Evaluation
Voluntary and Community Sector representatives in Proactive Care Multi-Disciplinary Teams
May 2017

Summary

Voluntary and Community Sector (VCS) representatives joined Proactive Care (PAC) Multi-Disciplinary Teams (MDT) from January to March 2017. The aim was to test if this made a difference to the support a patient received by increasing the role of the VCS and de-medicalising the support offered.

A short evaluation survey gathered the views of 17 PAC MDT members from a range of professions, GP, community nurse, mental health nurse, care coach and VCS representative.

What we learnt

75-95% of those responding agreed that the impact of the pilot was to

- share knowledge of VCS services
- build links between health, adult-social care and the VCS
- focus on what matters to the patient
- bring a non-clinical voice to meetings
- offer more innovative ways of providing services

90% of respondents said they had learnt more about the services that the VCS provide and 70% said they knew how to find about VCS services in the future.

Ideas on how to meet what matters to a person in a simpler, non-service specific way
HERE account manager

Engagement with VCS is vital for sustainability of demand in primary care to avoid medicalising presentations that have a strong psychosocial component.
PAC GP

Providing alternatives to cycles of prescribing/referral and discharge and offering long term support with less harm.
PAC GP

They proposed solutions based on their capacity which others did not know they had.
PAC GP
Recommendations for the future

1. VCS representation in each Cluster
2. Educate clinical staff about VCS offer
3. Clearer ways to access the VCS such as a one stop shop

95% said the VCS should continue being part of MDTs

95% said a pool of VCS organisations should offer support to MDTs

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**The pilot should be made a permanent feature and not be phased out**
Mental Health Nurse

**They take work away from GPs which we are less suited to do**
PAC GP

**The service is invaluable for Primary Care needs**
Mental Health Nurse

**It is a retrograde step to remove VCS involvement as we are starting to effect cultural change in how professionals value and understand the non-health outcomes for the patient**
Care Coach

**We can’t expect different outcomes if we continue to use the same ingredients**
PAC GP
Background

Proactive Care multi-disciplinary teams (MDTs) meet in each of the six GP clusters to look at patients with more complex needs. These patients are mainly identified via a risk stratification tool which looks at those people who are most at risk of losing their independence.

Care Coaches from Age UK Brighton and Hove meet with each person to understand what matters most to them and carry out a whole person assessment (WPA). The people with more straightforward needs are discussed at small goal planning meetings where the support they need is identified by a Care Coach, the Proactive Care GP and another clinician.

The people with more complex needs are discussed at a regular full MDT meeting. MDTs are made up of a wider mix of people including a Care Coach, Proactive Care GP, social worker, account manager from Here, pharmacist, community nurse, physiotherapist and mental health nurse.

Each Cluster has different characteristics according to its patient population. As a trial, in Cluster six and for some time in Cluster one, this also included a representative from Community Works whose role has been to build connections with the voluntary and community sector and to encourage a non-clinical approach. Feedback from this input has been positive especially around supporting a person-centred approach, focusing on what matters to people and identifying key voluntary sector organisations whose work is particularly relevant to Proactive Care.

The Pilot

Proactive Care sought to widen the involvement of the voluntary and community sector in order to strengthen cross-sector connections.

The pilot ran from January to March 2017 by extending the involvement of the voluntary sector across all six clusters with each MDT including a representative from both Community Works and a key voluntary sector organisation.

The aim of the pilot was to test whether having this representation from the voluntary sector at each MDT made a difference to the range of support patients receive. This might involve increasing the involvement of the voluntary and community sector and de-medicalising the support available.

The role of the representative from Community Works was to hold an overview of the sector so that they can signpost to relevant VCS organisations, support the introduction of the representative from the voluntary sector organisation and encourage a person-centred, holistic, non-clinical approach.

The role of the representative from the voluntary sector organisation was to bring the expertise of their own organisation to the MDT discussions and to share their understanding of the sector and person-centred approach to health and social care with the MDT.
Everyone at an MDT brings their own expertise and a willingness to put what matters most to the patient at the heart of the support offered. There is openness to thinking creatively and acting in a sustainable way. The model is based on understanding the person, supporting them to rebalance and then maintaining that equilibrium. There is more information on the Proactive Care website http://www.proactivecare.org/

**Approach**

Representatives from Community Works attended the MDT meetings for all six clusters. They were joined by a different VCS representative for each Cluster

Cluster 1 - Southdown Housing [http://www.southdownhousing.org/about-us](http://www.southdownhousing.org/about-us) and Brighton Housing Trust [http://www.bht.org.uk/]

Cluster 2 – Age UK B&H [http://www.ageuk.org.uk/brightonandhove/](http://www.ageuk.org.uk/brightonandhove/)


Cluster 5 – Brighton Women’s Centre [http://www.womenscentre.org.uk/](http://www.womenscentre.org.uk/)


MDTs were planned as below. They were cancelled if there wasn’t a patient who needed a full MDT discussion and, where possible, goal planning meetings were attended instead.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Time</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mondays 1-2.30pm</td>
<td>3 MDTs per month split by IPCT cluster</td>
<td>Pavilion, Wellsbourne and Park Crescent</td>
</tr>
<tr>
<td>2</td>
<td>Thursdays 10 to 11.30, may change to Tuesdays</td>
<td>every 2 weeks</td>
<td>Brighton General Hospital D1</td>
</tr>
<tr>
<td>3</td>
<td>Wednesdays 1 to 2.30</td>
<td>every 3 weeks</td>
<td>Beaconsfield in Library</td>
</tr>
<tr>
<td>4</td>
<td>Thursday 1 to 2.30</td>
<td>every 3 weeks</td>
<td>Mile Oak or Wish Park</td>
</tr>
<tr>
<td>5</td>
<td>Monday 10 to 12 or Thursday 2 to 4</td>
<td>alternating every fortnight</td>
<td>Moulsecoomb Health Centre</td>
</tr>
<tr>
<td>6</td>
<td>Tuesdays 9.30 to 11.30</td>
<td>normally monthly</td>
<td>Here</td>
</tr>
</tbody>
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Survey Results

17 people, from a wide range of professional back grounds, responded to the survey, which ran from the 4th to 15th May 2017.

Role within Proactive Care

- Age UK Care Coach lead
- Community Nurse
- Mental Health Nurse
- Proactive Care Pharmacist
- Here account manager
- VCS Representative
- Proactive Care GP
- Age UK B&H Care Coach
Impact of VCS representatives at MDT and goal planning meetings

- Lateral thinking and good understanding of people and the challenges they have in their lives. (PAC GP)

- The service is invaluable for Primary Care needs (Mental Health Nurse)

- I have been surprised by how little is known about VCS services at these meetings and how desperately needed the information about additional services in the community is to the statutory sector. There seems to be a great need for additional/alternative services and staff at the meetings are very grateful for any support or information available through the VCS. (VCS representative)

- Altered health professionals perceptions of what the VCS have to offer in complimentary services and in delivery of better health outcomes. Ensured VCS is present as a delivery partner in the minds of health professionals in a more relevant way than it would otherwise have been. Illustrated the relevance of wider health determinants in setting care plans in a practical way.

- Built links between health, adult social-care, and VCS

- Focused on what matters to the patient

- Brought a non-clinical voice to meetings

- Offered more innovative ways of providing services
Examples of ways a VCS representative’s contribution has made a difference

PAC GPs
- They proposed solutions based on their capacity which others did not know they had.
- Knowing how to support someone reluctant to get out because of worrying about their pets.
  - Ideas and knowledge of community activities and voluntary services e.g. casserole club.
  - Understanding benefits system and how to help people navigate this.

Mental Health Nurses
- They have great local community knowledge for those with primary care needs which helps to
  normalise and aid integration into the local community

HERE account managers
- Deepening the knowledge of what is available to the community. Also providing another voice/
  viewpoint to look at a patient’s situation from a different perspective which has been very
  helpful
- Ideas on how to meet what matters to a person in a simpler, non service specific way.

Age UK B&H Care Coaches
- Offered other community service advice to help towards a clients’ goal.
- Supporting the Care Coach Team with ideas. It is impossible for the Team to know all the services
  available within the City. Helps to provide that 'lateral thinking' as well as forging links with the
  voluntary sector.
- New ideas of where to refer people to
- Contributed a great array of services in the city that might be appropriate for the client after
  listening to Whole Person Assessment. Shown a keen interest in understanding the client from a
  non clinical perspective. Which helped in the client having a more holistic approach to 'what
  matters' alongside health needs.
- Linked me in with people who can help. Gave good advice and information.

VCS Representatives
- Explored alternative, therapeutic, person centred ways of supporting women with multiple
  complex needs
- In a discussion I had been part of; the solutions available were stalled by the patient's reluctance
  to accept help for themselves despite having fixed on outcomes which were easily achieved by
  interaction with the VCS. In focusing on the intelligence about the importance of the patient’s
  family to them as a source of social interaction we were able to suggest support options for the
  family rather than for the patient - enabled a discussed where solutions which befitted the
  family were seen as a good solution for a patient who was reluctant to engage. Shifted the
  perspectives of those around the table and encouraged a different perspective.
- Support offered to a carer.
Learning from having a VCS representative involved in MDT and goal planning meetings

- Very useful information about what is in the 3rd sector for patients. (PAC GP)

- Engagement with VCS is vital for sustainability of demand in primary care to avoid medicalising presentations that have a strong psychosocial component and providing alternatives to cycles of prescribing/referral and discharge but offering long term support with less harm. (PAC GP)

- Having another persons point of view when presenting a clients' issues (Age UK B&H Care Coach)

- How well bringing in the voluntary sector works. (Mental Health Nurse)
Recommendations for VCS representation in the future

PAC GPs

- To increase education to clinical staff about what services they provide. It would be very helpful to have talks on GP practices about what is available.
- Clusters should have a link representative with VCS who acts as signposter and knowledge hub to serve primary care. Having a VCS board at each practice. Having VCS session time for pts to drop into for advice and GPs to access for advice e.g. my pt likes music and is lonely ...any ideas?

Mental Health Nurses

- One representative per new cluster would be most useful

HERE account managers

- Monthly representation in each cluster.
- The PAC project encourages people's views and ideas and the VCS representation was a great example of the way that it worked. Despite being non-clinical, opinions and viewpoints were offered and helped give options and pathways to support people who may be struggling. Even if the discussion was not in their particular area of focus, all suggestions were welcomed and useful.

Age UK B&H Care Coaches and Lead

- Rotation of organisations in the clusters.
- No recommendations as such but it would be fantastic and truly beneficial if this could continue...
- Clearer ways to access the sector is a priority which is constantly requested by the participants. We need to respond to this beyond saying the sector is complex
- A one stop shop for enquiries about which VCS organisations can help with different issues faced by clients
- Continued support would be invaluable.

VCS Representatives

- Support better engagement with Health and Social Care and evidence the added value and social capital of this involvement.
- Continuation at goal planning level
Should VCS Reps continue to be part of MDTs?

PAC GPs

- They take work away from GPs which we are less suited to do.

Mental Health Nurses

- They have a very valuable role and play a crucial part if we try and take a non medical view to a patient

Age UK B&H Care Coaches and Lead

- I have found that the VCS representative will always do some research and come back to me with good advice on how to support people
- It is a retrograde step to remove VCS involvement as we are starting to effect cultural change in how professionals value and understand the non-health outcomes for the patient. We are also achieving valuable working relationships which lead to more integrated working. Loss of those relationships could lead to silo working and an inability or reluctance to work towards integration as it has already started and to abandon it now would cause a lack of motivation.
- Bringing together the integration of voluntary sector and health. Demonstrating this in an MDT setting works really well and more importantly it gives the client a chance to have a more holistic approach to 'what matters'. Brings more weight to the non-clinical perspective already highlighted by the Care Coach.
- Really need a strong voice for what matters to the client

VCS Representatives

- Useful at goal planning stage
Should there be a pool of VCS organisations that were able to offer support for MDT meetings?

PAC GPs

- We can't expect different outcomes if we continue to use the same ingredients. This is a new input which supports patients as people in a community not just physical bodies to monitor and treat.

Mental Health Nurses

- The 'pool' should only be 2 or 3 workers per cluster otherwise you lose the building of relationships within the cluster team

Age UK B&H Care Coaches and Lead

- The continued support will bring a huge positive value to the work by PAC.
- Broad engagement demonstrates the variety of the sector and the depth of knowledge held. Having different faces and personalities in the room can stimulate different discussions.
- Always good to know what is available; by having a pool of people we are able to share knowledge.
Other Comments

PAC GPs
- Good input from VCS - much valued. Thank you.
- Open minded, patient, knowledgeable, wise and experienced. They have been a great contribution.

Mental Health Nurses
- The pilot should be made a permanent feature and not be phased out

HERE account managers
- Flexible, easy to deal with, enthusiastic and really helpful. It is missed since the participation has ended.

Age UK B&H Care Coaches and Lead
- I have found the VCS representation to be invaluable in helping me to support people.
- Please stay involved
- May this continue for the clients!
- Care Coach Team ALL said it was really helpful

VCS Representatives
- It has been a valuable exercise but it can be difficult to find the time - scheduling can lead to an inability to take part as the MDT's are often scheduled around the health professional's availability as opposed to others in the group.
VCS Review meeting  February 2017

What are we learning?

1. VCS has a role. It is more personal than medical. VCS helps to focus on the person. Services can be tailored to people’s needs. We bring a new perspective from outside of health

2. There needs to be a feedback loop and about what worked and what didn’t. The learning from the pilot needs to be embedded. This needs to be formalised as currently not following up on learning by knowing what worked for other people who have already been discussed. Difficult to plan and identify gaps. Who is accountable?

3. VCS will hold someone until a solution is found. VCS interprets between clinicians and the person.

4. Clusters are doing different things, with different processes. This is difficult to navigate for clinicians, VCS and patients. Clusters are designed to meet local need but need a common framework and consistency

5. VCS knowledge is held by individual reps. Participating in the MDTs needs skills and experience and training. It can’t just be anyone.

6. We could identify the top 10 VCS organisations that can make a difference. Perhaps set up shadowing with these orgs?

7. Promote an asset based approach, building on people’s strengths and skills. We need to make sure the patient feels heard, this may not have a clinical impact

8. VCS offers a non-medical model. We don’t work in silos and can help with changing the conversation.

9. Goal setting meetings are useful to be at as more preventative activity is possible. Impact is more likely, although it is never too late to make a difference and have an impact.

10. Efforts are to maximise impact in a world of diminishing resources