**Partnership Working Health & Voluntary Sector**

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## Introduction

Amy is the Health and Wellbeing Partnerships Manager. She is based at an organization called Swansea Council for Voluntary Services (SCVS).

Her role is to promote partnership working between voluntary groups and statutory health services, the health board and local clusters. This is how Amy has been involved in some of this work. Amy describes how the model developed and her involvement with it from a voluntary sector perspective.

## Background

The model has been developing for over ten years; In 2015 the cluster identified a need for more services related to mental health. They were seeing significant mental health needs coming through from patients in the cluster.

It started when the cluster looked to invest some money to improve mental health services. Following that, they looked at funding therapeutic counselling provision specifically for adults at the time. This, from a GP perspective, was seen as a safe option because counselling comes under NICE guidelines. It was the first step in developing a relationship with the third sector. It was a third sector organization or voluntary organization that ended up delivering the service.

There was a huge number of referrals into the counselling service; Patients presenting with mental health issues to their GP were primarily referred straight into the counselling provision. This was seen as the route to address mental health. There was a recognition that counselling isn't for everyone and there are other services that need to be in place to support mental health and wellbeing. One of the GPs looked at alternative mental health provision. This is where the social prescribing service come in. A questionnaire was undertaken of what patients said they needed to support their mental health and wellbeing. About 20% of patients said they were presenting at the GP practice with something they felt could be better met by a non-medical source of support, as opposed to prescription medications or anti-depressants.

From that feedback social prescribing was developed. This is something already available across other parts of the UK, but relatively in Wales. Social prescribing is a more holistic approach to supporting people with their health and wellbeing needs. There was a high demand, and people were coming through with significant needs around domestic abuse and high-level mental health needs. Social prescribing service was set up for this as it was designed for more low-level mental health needs. Along with supporting data and information, the development of the complex needs service evolved to support individuals with domestic abuse, substance use, and more complex mental health issues. This included individuals with co-occurring needs.

To develop the model further, triage workers (as were named at the time) we taken on to triage patients being referred for mental health support and link them with appropriate sources of support. People saying that they needed to speak to someone face to face resulted in the role developing to wellbeing practitioners. The patient could come in and see somebody up to three times so rather than solely the triage element they were able to do face to face work as well.

## THE HUB MODEL

The model is always evolving; developing over time with roles redeveloped when needs have been identified or changed. The most important thing is the patient. They are very much at the heart of the Hub Model which comprises of three levels:

## Level One: Cluster-funded services: either directly funded through the cluster or already based within the hub (Strawberry Place Surgery).

* ***Wellbeing Practitioners*** - The linchpin of the service holding it all together. Any initial referral for mental health related support comes from the GP practice via an email accessed by the wellbeing practitioners. They then contact the patient by phone initially and have a conversation and assess their needs. They use the Core Ten score for this.

Should that individual require a face-to-face appointment, they may be called in to work directly to support them up to three times then link them into other support services.

* ***Social Prescribing Service* -** To support people with non-medical needs. This is a holistic service, which can complement medication. It can be an alternative option for people that may not want to take antidepressants and want to look for other avenues to support their mental health and wellbeing. It is a low-level source of support meant for individuals with low level mental health issues. Not a service designed to create dependency, it is more about supporting and empowering individuals to take control of their own health and wellbeing, supporting people to give them the tools to access help in the right way. This is a six-week source of support.
* ***Complex Needs/Cwmtawe Pathways Service* -** Supports individuals with more complex needs. Such as individuals experiencing domestic abuse, substance use, or more complex mental health needs. They work together in a team around the family drawing in services to support the individual in the best way.
* ***Therapeutic Counselling Provision* -** This is an all-age counselling provision which covers ages three and above. It provides play therapy for children and young people, and adult based counselling for those over 18.

## Level Two: Services working directly within the hub not necessarily funded directly through the cluster.

* ***Community Psychologist* -** A relatively new role within the hub and within the cluster. This role is primarily doing work within the local communities. It is about empowering and supporting organisations and individuals to work in an asset-based way, as well as developing that important insight work in terms of what the needs are in the community. Defining the issues within the community and reflecting these in the services developed by the cluster.
* ***Local Area Co-Ordinators –*** A Local Authority service working to support the hub.

## Level Three: Outer tier, services within the community and the wellbeing offer.

* ***Third Sector Services*** - It is important there is no displaced demand into the third sector without resource. Services within the hub (social prescribing, complex needs, counselling and the wellbeing practitioners) are reliant on referring into services within the community. There are other services out there to support too so this only increases demand on those community services. The cluster is looking into opportunities to directly fund some of those services.
* ***The Wellbeing Offer*** - A grant scheme administered by SCVS. Previously funded *Happy Head Work*, around improving resilience and wellbeing. It has also funded *Drumming, So fit*, a physical activity and feel-good dementia cafe.
* ***Partnership working*** - Aside from funding organisations, the cluster is working in partnership with other organisations to create the Wellbeing Model. This has primarily been voluntary groups, looking at how to work together. That may not be about funding but how that service can operate differently. A good example of services is *The Swansea Carers Centre* who have a worker based within the hub. This is not about resourcing that person to be in the hub, they are just working differently and are co-located in the hub to provide the best support to carers. That is just one example of some of the voluntary groups that work within the hub.

## Three critical success factors of the Model:

**The patient at the centre.** The patient is at the heart of everything that is done within hub. It is about the needs and aspirations of the individuals and then the services working together to wrap around that individual.

**Resource following need**. Whilst it is not always about resource, it is key when working within the voluntary sector that investment into the sector is acknowledged. The cluster identified significant needs around mental health, so a lot of priorities funded have been through mental health. Including the work done with the wellbeing practitioners. There has been significant investment into the voluntary sector to support mental health. Acknowledging a social model approach to wellbeing, and that it does not all have to be delivered through statutory mental health services.

42% of the cluster budget has been resourced or funded into the third sector to support mental health and wellbeing, which is a massive investment and shows true partnership working. The value the cluster placed on the third sector to be seen as an equal partner, but not just an equal partner, but a key delivery partner in this hub.

**Integration.** The importance of co-location. Bringing all the organisations together in a central location and not seen as separate fragmented services working all these linear referral pathways. It is working in a circular fashion; individuals can be referred around services, removing sectorial barriers. Delivering together in true partnership, encompasses statutory mental health provision as well as third sector provision.