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| Exploring the ways Community Connectors in SABP’s GPimhs and MHICS services map their clients’ needs |

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Summary

This report has been created to present the findings of interviews with community connectors working for SABP’s GPimhs and MHICS teams. Community connectors were asked how they identify and utilise the resources and services that are available to the person using community mental health services, including collaboration with other community connectors, and gathering feedback.

The main findings of this report are as follows:

Each community connector has their own approach to creating, using, storing and sharing their lists of community assets. There is a reluctance to share lists with others, due to a sense that they will not be relevant for people in other PCNs, and that the lists are not in a presentable format. Most community connectors say they do not have time to maintain and update their lists.

Google is the preferred method for researching community assets, as respondents said it is quick and easy to search for relevant results.

The SABP Community Assets MS Teams channel is unpopular, as community connectors feel the lists of those working in other PCNS are not relevant to them, and there has been little engagement when questions have been asked in the chat. The organisations directly employing the community connectors often have their own communication channels which are better utilised and therefore considered more efficient. These other channels have similar names, which causes confusion when discussing the SABP channel.

Opportunities to gain feedback on community assets is limited, due to the short-term nature of community connector engagement and the long waiting lists of the services people are bridged to. Community assets rarely provide any feedback on people bridged to them.

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# 1 Introduction

This report presents the findings of interviews with community connectors working in Mental Health Integrated Community Service (MHICS) and General Practice integrated mental health service (GPimhs) teams for Surrey and Borders Partnership NHS Foundation Trust (SABP). Each person was asked a series of questions about how they create, store, use and share their knowledge of community assets, how they bridge people to services, and their approach to gathering feedback. This was an opportunity to understand which approaches work well for them, and which do not. Many community connectors also provided additional feedback and comments, which are included in this report.

## 1.1 Method

The results come from 17 qualitative interviews. Those community connectors working in Primary Care Networks (PCNs) which have only just launched, or are not yet live, felt unable to answer the questions. A small number of community connectors did not respond to emails requesting an interview. In some cases, interviews were scheduled to take place several weeks after being arranged as community connectors had such heavy caseloads that this was their first available half hour timeslot.

## 1.2 Terminology

Community connectors variously use the terms “patient”, “client” or “service user” to refer to the people they are working with. Previous engagement work by Surrey Coalition with people with lived experience of using mental health services has revealed that each of these terms can be seen as undesirable to the group of people they are referring to, for various reasons. For the sake of clarity, the word “client” will be used in this report, as that is the term used by the majority of community connectors.

## 1.3 Aims

The initial aim of these interviews was to establish a profile of unmet need in each PCN by analysing the lists of community assets, to better understand who is not using the GPimhs and MHICS services and how barriers to access could be addressed. This approach has not been successful, as the community connectors are employed as part of the community mental health transformation programme so they are only seeing the people who are accessing the service, and identifying the community assets needed by those people. This means they may be unaware of the needs of those who are not accessing the service, and their lists are of limited use when trying to establish a profile of need in each PCN of those who are not engaging.

# 2 Key Questions

## 2.1 What approach is taken to find out about community assets available in each PCN?

15 out of 17 people said Google was their first option. Searching for “service needed” plus “location” yields relevant, up to date results more quickly and easily than referring to a list, even a list curated by the community connector.

Another popular option was asking colleagues for recommendations, either members of their GPimhs or MHICS team, or other community connectors working for their organisation. Some community connectors would also reach out to services offering something similar to what they need, to ask if they could suggest something appropriate.

Some community connectors attend team meetings with guest speakers from local organisations, who can build relationships and provide an update on their range of services and how to bridge or refer people to them. Not all community connectors have this opportunity, it seems that only some PCNs invite speakers to their meetings, and others have very low attendance at their meetings which limits the opportunities for those new to the role to network and find out what different services do.

Many community connectors said they already know what community assets are available in their area, based on previous experience or lists created when they first started their role. Clients often present with similar challenges, so the community connectors will bridge people to the same services they have used previously. Relying on resources used before and not spending time updating lists may mean community connectors are unaware of new services and missing out on opportunities, unless they are brought to their attention by others, such as clinical leads, other community connectors, emails from services, MDT meetings, etc.

Some community connectors in newer teams said while waiting for their PCNs to go live, they had proactively contacted local organisations, arranged networking meetings, and visited groups. They looked at other teams’ lists and aimed to identify where gaps had previously been, and which services might fill them. It was only possible to invest this amount of time and effort as they were not seeing clients yet.

The community connectors employed by Catalyst have their own network which distributes information.

Some local councils have directories of services on their websites, and some towns have wellbeing centres or hubs which will also share knowledge of community assets.

## 2.2 How is an up-to-date contact list for all the community assets in the PCN maintained?

Most community connectors say they do not have time to regularly review and update their lists of community assets. They will add information about newly discovered services or update if they find a service has stopped or changed its offer. This frequently means they are working with out of date lists, sometimes inherited from other people, but have no time to update them.

One community connector said “*In an ideal world it would be a nice, neat spreadsheet*.” In reality, there are too many changes, so lists are quickly out of date. New systems roll out, services are discontinued and new ones introduced, organisations shut down, eligibility criteria change, and community connectors are not kept informed. The only way to stay up to date would be to regularly contact all the services used to check for updates. Community connectors could only do this by blocking out time and seeing fewer clients. This supports the preference for using Google as that is usually up to date.

Those working in new teams have said they are working on developing a list in between clients, but when they have full client capacity they anticipate they will have no time to work on their list.

Some community connectors said they try to update their list every year, but it takes weeks as they are doing it in between clients. They cannot dedicate time to that task without taking client consultations out of the diary.

Several community connectors have said they cannot see this improving without the creation of a central role in which someone is employed specifically to maintain and update a list for entire SABP area, continually checking for changes.

Several community connectors say they have not compiled a list but rely on their own knowledge of existing services, and use Google on the occasions when they need to find something new. One community connector said they had created a list when starting their role but had never used it as they always rely on Google. One uses a noticeboard on the wall as a visual aid in preference to their computerised list, and another said they use an Outlook folder with emails about community assets, as this includes the referral forms.

## 2.3 How are lists of community assets shared with other community connectors?

Around a quarter of community connectors said their list is stored on their work laptop and not shared with anyone.

Almost 60% of community connectors said they share their list with their PCN team, either by storing it in a shared folder, or by emailing it or uploading it. Two of those people have shared their lists on the SABP Community Assets MS Teams channel, and another two have shared them with their organisation’s Community Connectors channel. The community connectors in the four PCNs in Hampshire have a shared list, which each community connector will update if they learn of a new service or find something out of date.

The remaining 3 community connectors say their lists are only stored in their own memory.

Compiling lists of community assets is seen by many as a resource that will only benefit the person creating it, and potentially the mental health practitioners and lived experience practitioners working in their PCN. Some community connectors had not considered the idea that they could share their lists with other teams in the GPimhs and MHICS service. Many community connectors feel there is little point in sharing their lists, as services local to their PCN will not be relevant to people in other parts of Surrey or North East Hampshire, and other community connectors will already have their own way of working.

There is a reluctance amongst some community connectors to share a list that is a work in progress. Some said their lists were “*too messy*” or “*won’t make sense to others*”. The idea of preparing their lists to share with others was seen as an extra pressure on a workforce that is already very busy.

One community connector said there is no template for how lists should be created and maintained, so each community connector creates their own format. Some PCNs involve their admin in maintaining lists, while others do not. This lack of uniformity could be seen a barrier to sharing lists with others.

## 2.4 What experience have Community Connectors had with Surrey Information Point?

For the community connectors working in Surrey, three quarters have used Surrey Information point. 40% of those only used it when initially mapping the community assets in their PCN, and 30% do not use it directly but are often directed there by Google or updates sent by their organisation. They explained that many of the search results produced by Surrey Information Point are not relevant, so they find it more efficient to search through Google but may prioritise looking at Google results from Surrey Information Point, as the information is often very useful.

A quarter of the community connectors in Surrey said they had never heard of it.

Two of the community connectors listed Surrey Information Point as a useful resource when asked how they find community assets.

There is a sense that after searching Surrey Information Point once, community connectors now know what it contains and do not need to check it again. This approach may mean they are unaware of new services that have been added more recently.

It is generally seen as primarily listing groups running activities, which several community connectors said they feel is not relevant when they are being asked for support with issues such as debt, housing and unemployment. One community connector said she had found it useful for information about the cost of living crisis.

For those community connectors working in Hampshire, there is no equivalent of Surrey Information Point.

## 2.5 What experience have Community Connectors had with the SABP Community Assets MS Teams Channel?

There is confusion around the SABP Community Assets MS Teams channel, not least because of similarly named channels used by the organisations employing community connectors. Catalyst’s Community Connectors channel was mentioned by multiple people as a good source of knowledge, and as it sees much more activity people prefer to use that for asking questions or looking up information, rather than the SABP Community Assets MS Teams channel.

Three community connectors stated that they frequently ask questions on the Community Assets channel, or share their lists there, but there is no record of these on the channel, so they are likely confusing this with their organisation’s Community Connectors channel, or similar.

75% of the community connectors say they never use the channel. Of those people, 4 had never heard of it, including one who had not been added to it.

Two people said they have uploaded their lists, and one said they will add information if they think it might be useful to community connectors in the wider SABP area.

Only one of the community connectors mentioned the SABP Community Assets MS Teams channel as a way of finding out about local resources, when initially mapping resources in their PCN. All other community connectors said they never search the database, including the 2 people who have uploaded their lists.

The database is widely seen as being irrelevant, as it cannot be searched by area in the way that Google can. Most entries are not relevant for other community connector’s areas, so they feel there is little point spending time searching through lists compiled by other people to find something that meets their need, when they find Google much faster and more efficient.

Two people said they will look at the channel if someone posts a question. Another two said they would use it to ask questions, although one of those said this would be a last resort if they were really stuck. Few questions are asked on the channel, and those often get no response. Community connectors have said they will get faster and more relevant responses by asking their own teams.

Those community connectors based in Hampshire felt it was not relevant, as the majority of PCNs are based in Surrey and those services are often not accessible to people living in Hampshire.

If the SABP Community Assets MS Teams channel is going to be useful, time would need to be spent improving the information available, followed by a campaign to promote its use. There is doubt that it would ever be more useful or efficient than Google. If people try to use it, and get no response to a question, or find no information, they tend not to try again.

## 2.6 How are people bridged to community assets?

After discussing the client’s needs in the initial consultation, the community connector will suggest some services that could be appropriate and provide the client with information so they can make an informed choice. Once the client has agreed on a course of action, if the service requires a professional referral, the community connector will put that through. If the service is self-referral, the community connector will encourage the client to complete that process themselves. Some community connectors are more proactive in offering support to someone who finds self-referral difficult, including sitting with them while they complete the forms, or completing the forms on the client’s behalf, depending on the individual’s need and level of distress, and the length and complexity of the referral form. Bridging or referral often takes place in the second or third appointment, depending on the length of time needed to find an appropriate service, and the client’s motivation to progress.

This information is recorded in the consultation notes on SystmOne. If there are safety concerns, this will be recorded in the GP notes. Catalyst collects data on how many people have been bridged to their own services, as a monthly report of numbers. One community connector also keeps a spreadsheet of which services they have referred individuals to, which contains no personal identifiable data. Two community connectors stated SystmOne can collect information on referrals to certain services, for example MEP takes a single button press, and has tick boxes for the type of service someone is bridged to, but this is not extensive.

## 2.7 How do Community Connectors know whether a person has engaged with the community asset?

If the client has a follow up appointment after being bridged, the community connector will ask if they have heard anything from the community asset. Due to the short term nature of the community connector service (an average of 4 appointments) clients have often finished their appointments before starting with the community asset.

Some community connectors will follow up with the community asset to check the referral has been received and find out where the client is on the waiting list. Others say they do not have time to do this.

IAPT services tend to keep community connectors informed about the progress of referrals they have made. Most other organisations do not.

One community connector said they try to refer only to services with short waiting lists, so the client is not left in limbo between finishing appointments with the community connector and starting with the community asset. Another said they try to delay the final session with a client in the hope that they will have started with the community asset by then.

Some clients on long waiting lists have referred themselves back to the community connector as they worry they have been forgotten about, since most community assets do not keep clients informed about their progress on a waiting list.

## 2.8 Is any outcome or experience feedback captured from a person bridged to a community asset?

As mentioned above, due to the short term nature of the community connector service, and the length of waiting lists for community assets, the client has often finished seeing the community connector before they have started with the service they have been bridged to. This means there are limited opportunities to collect feedback during appointments. Community connectors say they do not have time to contact people they are no longer seeing for feedback once that person has engaged with a community asset.

Most community connectors said they would record any feedback in the consultation notes on SystmOne. Three said they only record negative feedback, so they could try to avoid bridging people to that service in the future.

Feedback received is usually positive, especially about the Managing Emotions Programme, the Recovery College and Richmond Fellowship. Negative feedback tends to be about waiting times, and from people who are unhappy with the way they are spoken to by the community asset, feeling unwelcome or not respected.

## 2.9 Is any feedback captured from the community asset after a person has engaged with them?

It is very rare for community assets to provide feedback about people bridged to their services. In most instances this is if there has been a problem with that individual, such as them not engaging or an identified risk.

When organisations like Richmond Fellowship are invited to team meetings, they might give feedback in those sessions, although this tends to be about the service rather than any individual.

IAPT providers often update community connectors about the progress of a referral, sometimes including copies of emails or letters. One community connector said the chances of hearing back from IAPT are about 50/50. Some referral forms include a box to be checked if the community connector would like updates on the referral, but most community connectors say they usually hear nothing from the community asset despite ticking the box.

Feedback received during team meetings would be recorded in the minutes, emails received would be stored in the communications log on SystmOne, and any other feedback would be entered in the consultation notes on SystmOne.

# 3 Additional Comments

## 3.1 What areas of unmet need have community connectors identified which are lacking groups or resources?

Community connectors are faced with a challenging situation when someone needs support but they can find nothing to offer.

The following areas were identified as needing more provision:

* A longer term service for people with more complex needs who do not meet the threshold for secondary services but require more support than community connectors can offer.
* A named person to “hold” people who have been referred or bridged to services with long waiting lists after their sessions with community connectors end.
* Support for neurodivergent people. There are few organisations offering targeted support. Those that work with autistic people, such as Aspire and Assist, usually require a formal diagnosis for which there is a long waiting list. Some organisations will offer support for self-diagnosed autistic individuals, but only if this is paid for and funding is hard to find. There is a need for one to one support for people with autism and ADHD. They are often directed to CBT, which may not be appropriate. People with ADHD may be offered medication after diagnosis, but there is a lack of therapeutic input.
* Free or low-cost counselling services, throughout Surrey and North East Hampshire. Many services have recently increased prices or started charging, and waiting lists can be very long. Clients wanting face to face counselling are often unable to find anything in their locality, and not everyone can afford to travel to other areas.
* Support for people who have experienced complex trauma, who are too complex for IAPT but do not meet the threshold for secondary services. They are sometimes offered psychotherapy, but the waiting list for this is very long.
* Support for people who have experienced emotional or psychological abuse and controlling behaviour.
* Support for male survivors of domestic abuse. They are usually refused access to support groups as this may be triggering for the women who attend. One community connector was told there was “*no way to tell if he [the client] was the perpetrator*”. Men are invited to the Respect group, but this is for people needing support with managing their emotions and anger and is seen as providing support for abusers rather than survivors.
* Support for young mothers with post-natal depression which combines counselling and groups.
* Some community connectors said there was a shortage of bereavement services in their local area.
* Support for transgender people, especially during their transition. There is an online peer support group in Surrey, but a lack of provision for face to face groups which would provide connection and a sense of belonging.
* Ongoing support for people with emotional dysregulation. The MEP programme has been highly praised for its psychoeducational courses which are a limited duration. There may be a lack of awareness of the SUN network among community connectors, or there may be a need for face to face meetings to be held in more locations.
* Support with housing difficulties. This issue impacts people’s mental health, but community connectors feel they are unable to help further than contacting an individual’s housing officer.
* A face-to-face advocacy service for everyone, which could provide someone to physically attend appointments. One service recently limited itself to people with a diagnosis of autism after their funding stopped.
* Safe Havens in more locations. Spelthorne is underserved in this regard, the nearest Safe Haven is in Woking, which is a long distance for someone in crisis to travel.
* A free transport service for people in rural areas, on low income, with disabilities or other needs which make driving or using public transport unrealistic. Many people are unable to engage with community assets as they cannot physically attend.
* More peer support groups, and social opportunities such as coffee mornings for older people to reduce social isolation. Some areas are well served by these, while others are severely lacking.
* Groups for members of the Gypsy Roma Traveller community. They are put off from services which require them to fill in forms or disclose personal information at the outset, as it takes time for them to build trust. For cultural reasons, they may be reluctant to engage with anything with the label of “mental health”.
* Free and accessible English for Speakers of Other Languages (ESOL) courses to help people learn and practice English. Once people are more confident in their ability to speak English they would be more confident to join groups.
* Interpreters and translators to allow people who do not speak English to engage with groups and services.
* Support for parents whose children have been removed by social services. They have said they feel they are left with nothing when coping with the removal of their children.
* Services to support refugees.
* Support for families with older children and teenagers, without going through social services which many people see as threatening.

## 3.2 SystmOne

Many of the community connectors said they find SystmOne difficult to use and time consuming, with “*lots of little things that don’t work*”.

These include the system logging people out if they are inactive for more than 5 minutes, not reading cards and needing to reboot frequently, and being very “*admin heavy*”.

Problems when writing letters to GPs include SystmOne automatically pulling through information from the initial consultation, even on the client’s final session, which community connectors need to amend manually to ensure it is relevant. It also changes quote marks to a question mark in a box which needs manually correcting. These problems take 5 to 10 minutes to correct for every letter, which adds to the workload.

One community connector said 3 different pages needs to be completed when doing a consultation, which means writing up takes at least 20 minutes on top of the 30-minute assessment, especially if SystmOne regularly stops working.

Other issues include referral forms for other services being added to the system which “*don’t seem to go anywhere*”, and a risk assessment form which community connectors were told to ignore when they asked for training on how to complete it, so risks are now just added to consultation notes.

It has also been noted that SystmOne is far less accessible for community connectors with ADHD than the previous system, which was simple, colourful, efficient and could be searched more easily.

## 3.3 Relationships with GPs

Communication with GPs could be improved. While some are great advocates for the GPimhs and MHICS service, others seem to have a limited understanding of its relevance and usefulness. Some GPs do not reply to emails from community connectors, which creates a barrier in understanding and supporting the needs of the client.

Clients are sometimes referred to community connectors by GPs without being told what the service can offer. This can mean they attend with unrealistic expectations and feel disappointed when the limitations of the short-term service are explained to them. This also uses up time in the first consultation when the focus should be on assessing the client’s needs.

Some referrals from GPs can be inappropriate, for example someone with no mental health concerns who wanted social support would have been better referred to a social prescriber than a community connector.

Some referrals from GPs come with very limited information. In one example, the only information provided to the community connectors was “*diagnosis of PD/PTSD*”. More clarity on what was needed or expected from the community connector would have been helpful.

Some PCNs such as East Waverley have access to rooms in surgeries throughout the week for offering face to face appointments. This has resulted in good engagement, as people feel at ease in a location which is familiar from attending GP appointments. Other community connectors find it much harder, sometimes almost impossible, to access consultations rooms for appointments. This is a known problem which SABP are seeking to address, but in the meantime, it is having a negative impact on those accessing and providing the service.

## 3.4 The role of community connector

Concerns have been raised that the method of working is not sustainable. It is designed as a person centred, recovery focused service, yet community connectors are allowed only 30 minutes per assessment with many forms to complete. A limit of four appointments per client further restricts the community connectors’ ability to meaningfully identify the client’s concerns, find appropriate support, and bridge the person to relevant community assets, especially if the person is facing challenges in more than one aspect of their life. Some community connectors feel there need to be more realistic expectations about what is achievable within this time frame.

Some community connectors feel they often end up being pushed into care co-ordinating, even though this is not their role, as their client is unable to access that support elsewhere.

There is concern among some community connectors that they could be used to “*pick up the slack*” of complex cases which they are not equipped to handle due to the pressure on CMHRS.

## 3.5 Inclusion

Community connectors, and those in lived experience practitioner roles, are less likely to have a medical background and may initially be less familiar with the jargon and acronyms used by mental health practitioners and clinical leads. One community connector said they spent their first month working with a team who made no effort to explain anything to them, which created an extra and unnecessary obstacle to navigate when first starting a new role. They transferred to another team, who have ensured that they explain anything that is not clear. This highlights the importance of clear and accessible communication not just with people who use services, but also with peers and colleagues.

The fact that community connectors are employed by either Catalyst, Mary Frances Trust, Richmond Fellowship or Andover Mind rather than SABP can be seen as an obstacle to integration. Some services for SABP employees are only available to those directly employed by the Trust.

One example of this is the Connect Network, for members of staff with emotional and psychological needs, which until very recently was only open to those employed directly by SABP. Community connectors and lived experience practitioners could benefit from accessing this support network, yet they were excluded. They could join the Peer Support Network, for those working in roles which involve sharing their lived experience, but this is a different entity which has a different focus. An agreement has now been reached that individuals working for SABP can join Connect even if they are employed by a VCSE, but this policy change is not widely known and may not extend to other SABP support networks and services.

# 4 Analysis of Community Asset Lists

Of the seventeen community connectors interviewed and asked to forward their list of community assets, nine lists were provided. These were all in different formats, ranging from spreadsheets to word documents, to an email with names of organisations.

Some of the lists were far more comprehensive than others. The majority of the community assets listed fell into the categories of IAPT services, substance misuse, bereavement, employment, finances, and domestic abuse. Some lists also included support for carers, older adults and veterans. Most services were provided by regional or national organisations, some of which only offer support via a national phoneline or website. A few lists include local branches of national groups, such as Age Concern and the Citizens Advice Bureau. There are major disparities between the lists, with several Surrey-wide organisations included on some lists and not others.

One list contained numerous local groups, including walking and running groups, gardening, book clubs and choirs. Another list included two services for refugees, indicating a need identified in the local population. Most of the other lists had few, if any, local groups. This may be because some areas are better served by independent charities and VCSE organisations than others, or it may represent the level of research in some community connectors approach to mapping their area. This does not necessarily mean community connectors are not bridging people to local groups, as all of those interviewed said they use Google to find local services for clients.

Lists tended to feature one entry for each organisation or charity, rarely mentioning specific services or local groups. They are categorised by theme, with many VCSE organisations marked as “general mental health support”. This means services which cater to multiple needs or demographics are not highlighted, and specific groups or services in the local area are not mentioned. For example, Oakleaf Enterprise offers several groups for different demographics, such as a women’s group and ethnic minority support group, but these are not apparent from the list as the organisation itself just sits under the heading of “mental health”.

Several lists were out of date, demonstrating the statement from many community connectors that the lists they work from are often out of date as they have no time to maintain them.

Lists did not specify if a charity’s services were free or at cost, which means community connectors would need to spend time checking this before suggesting that option, in order to avoid a client being bridged to an organisation only to find out later that they could not afford it.

One notable absence from the lists was green social prescribing, which offers evidenced benefits for mental health. Last year, numerous green social prescribing scheme were funded in Surrey as part of a pilot scheme. Surrey’s green social prescribing team have said they have not had referrals from community connectors and are not aware of how they could contact them.

# 5 Recommendations

## Recommendation 1 – Review the SABP Community Assets MS Teams Channel

Assess whether the SABP Community Assets MS Teams Channel would genuinely be useful to people, by asking community connectors what benefits they would like to gain from it, what would make them more likely to use it, can it meet a need that is not already met elsewhere. There would be little point investing time and resources into developing and promoting the channel if people will not use it. If the responses are positive, the spreadsheet of community assets would need to be developed and expanded to comprehensively cover every PCN. This must be searchable by organisation name, type of service, catchment area, and must include weblinks. If community connectors are expected to do this work themselves, they must be allocated time in which to do it, as most say they do not even have time to update their own lists while managing caseloads of clients. Guidance should be issued on standardising the format of these lists, to ensure they would integrate well when combined. Once the spreadsheet is up to date, there would need to be a comms campaign to raise awareness and encourage people to use it.

Someone must regularly check the chat in order to respond to any questions that are asked. Many community connectors have said this would only work if someone was employed specifically to maintain and update the lists, to ensure that person would have capacity to regularly check in with existing community assets about their offer, and research new services. It might be helpful to change the name of the channel to give it a distinct identity, and prevent confusion with community connectors’ other channels.

## Recommendation 2 – Improving lists of community assets

Lists of community assets would be more helpful if they included details of groups and services available, who they are aimed at, where these are held, the catchment area, and any cost involved. The lists compiled by community connectors frequently miss this information, instead simply naming the organisation and grouping it by theme, such as “mental health”. Collecting this information, while time consuming, would allow community connectors to identify courses and support groups for specific needs or demographics, which might not be found by a Google search if the organisation has not promoted them online.

It would be beneficial for each community connector’s list to be more locally targeted. This would result in more options which could be suggested to clients who are unable or unwilling to travel to other towns for groups or services. People who do not have their own transport face an additional barrier to being able to engage with community assets and need local services.

A more holistic approach could be adopted by including local peer support groups along with healthy activities, and those taking place outdoors. This may help improve a client’s emotional well-being and reduce isolation by encouraging connections with other people, which could have a positive impact on mental health. It is worth noting that some of the community connectors already have such options on their lists, but the majority do not.

## Recommendation 3 – Guest speakers at team meetings

PCN team meetings could be developed to follow the model which some already use, in which different services and organisations are invited each month to allow networking and knowledge sharing. This could involve representatives from community and secondary mental health services and VCSEs.

## Recommendation 4 – Contacting community connectors

There needs to be a way for community assets to contact community connectors to inform them about relevant services. Green social prescribing offers evidenced benefits for supporting and improving mental health and wellbeing but is rarely used by community connectors. The green social prescribing team say they have been unable to contact community connectors to promote the availability of this resource.

## Recommendation 5 - Networking event

A networking event would allow community connectors to share knowledge with those working in other PCNs. This has the potential to improve communication on the SABP Community Assets MS Teams channel, or through other avenues, for people to reach out to each other when seeking information. Inviting social prescribers and representatives from community assets to attend would allow further knowledge sharing and networking. One community connector said “*it’s much easier to check on someone’s progress with a service if you already know someone in the organisation and don’t need to keep introducing yourself every time*”.

## Recommendation 6 – Accessible language and work culture

It is important to promote a culture in which community connectors and lived experience practitioners feel included as equal members of their GPimhs or MHICS team. A glossary of commonly used terms and acronyms should be provided when people start their role. Ideally, teams would avoid using jargon and acronyms where possible, as this is a barrier to communication for those who do not have a pre-existing understanding of this terminology. People should be encouraged to ask questions to clarify understanding whenever necessary.

## Recommendation 7 – GP Awareness

Promoting understanding of the service to GPs with the aim of increasing willingness to work together.

## Recommendation 8 - Similar service for individuals with more complex needs

Community connectors identified a need for a similar service which can offer more sessions for individuals with more complex needs. It is felt that the four sessions offered by the current service “doesn’t even touch the surface” of addressing the needs of some individuals. If there are multiple issues affecting the person, it is not possible to address them all in so few sessions. If a person does not meet the threshold for secondary services, there seems to be little available as a mid-point between that and the GPimhs and MHICS services. This contributes to the issue of ‘bounce’, when people feel they are rejected from services without their needs being met due to not meeting the criteria of those services.

## Recommendation 9 - Provide support whilst on waiting lists

There is a need for someone to “hold” people after their sessions with community connectors end if they are on a waiting list to engage with a community asset. Sometimes these lists can be very long, and individuals feel they are not supported once their sessions with the community connector end. Clients are often not updated on their progress on a waiting list, and not knowing how long they will need to wait may leave someone feeling that they have been forgotten about or rejected.

## Recommendation 10 – Providing consultation rooms for community connectors

Some community connectors have said that being unable to offer face to face appointments hinders their ability to perform their role. It is a barrier to access for some people if they are not able to see anyone face to face. Some clients do not have the technological equipment or knowledge to attend appointments virtually, and during the cost of living crisis many people are avoiding the expense of using the internet. Telephone appointments do not offer the same opportunity to connect with the community connectors and are simply not an option for many people who have a hearing impairment, or who struggle to use the telephone due to anxiety, autism or other conditions.

For other clients, telephone and virtual appointments make the service more accessible, as they do not require time and money to be spent on travelling and are better suited to people who find physical appointments challenging for a wide variety of reasons, including a lack of mobility, disability, anxiety, or caring responsibilities.

It is recommended that a mixed offer should be available, with clients able to choose from virtual or telephone appointments, or to meet a community connector face to face in a safe and appropriate space. Ideally this would be a GP surgery as clients are familiar with these locations due to attending healthcare appointments, but if that is not possible, it would be beneficial to arrange an alternative venue in the community.

It is understood that the lack of available rooms is not a simple matter to resolve. As GP surgeries are not managed by SABP, some are reluctant to offer consultation rooms free of charge, and smaller GP surgeries may not have any rooms available.

## Recommendation 11 – Training in the use of SystmOne

Community Connectors have mentioned encountering many problems with SystmOne, and a lack of confidence in how to use it. Several community connectors said they had been given very little training, and one said they had asked for training in how to complete risk assessments but simply been told not to use that feature. Ensuring all community connectors are provided with training and the opportunity to ask questions could allow them to fully understand the functionality and work more efficiently and with less frustration.

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