

Salford VCSE sector World Café conversation with Salford Care Organisation

ECHO, Eccles Town Hall

19th April 2024

12 noon – 2pm



From a Mental Health ward, people will usually be referred to Mental Health liaison team – that team should have community knowledge and access to VCSE offers

Social prescribing/ Wellbeing Matters – only at primary care level. GMMH staff in secondary care/ A+E should also have connections and signposting services into VCSE/community offers.

Data base with up-to-date info on all VCSE services = difficult to curate and maintain. All VCSEs keeping info up to date on Google maps = one suggestion

Mental Health

People can't always navigate or access the right service for the crisis experienced in community at the right time leading to ED being the default option = **poor patient experience, not always the right environment.**

Identifying common potential crisis points and building in preventative systems as standard – e.g. 6 months after the bereavement of a partner for older people, there should be a standard check in, signposting to support offers and counselling session

Making sure existing support is FULLY accessible- deaf, blind, non-English as first language etc. EG not good to have just crisis line phone numbers – need email, whatsapp video/zoom options for people who need to lip read etc.

Return to meals on wheels (with these you also get regular check ins and an early warning system if all is not well with the person)

Lack of access to basic support services like Food Banks for D/Deaf people- everything is via phone lines and hearing enabled. Education around accessibility needs

Fund transportation to activities and community spaces as part of the core offer – otherwise most isolated people will be unable to access

Community Resilience

People who are socially isolated, lonely or not connected in communities may have missed opportunities for prevention and present in crisis or interact with health services for social only needs

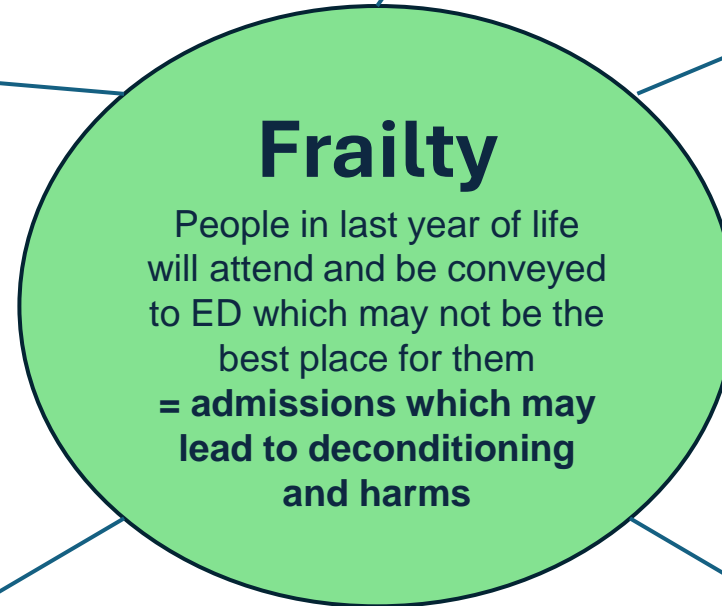
GP Triage system causes ESOL, D/Deaf, Blind people to be sent to A+E when could be dealt with in Primary Care if access was better

Community connectors relationship with social workers / carers to provide wraparound care

Streamline the process for people earlier in life to decide on their end-of-life care

Give confidence to GPs to start conversations around this topic with families + carers.

Preventative domiciliary care prioritised for VCSE organisations rather than private orgs



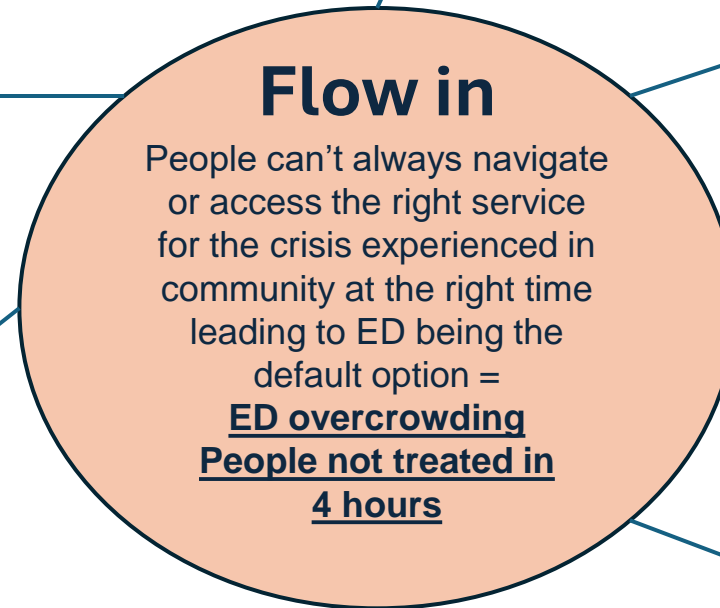
Support sessions for families to plan for end-of-life care, including decisions regarding last week / days to not be spent in hospital. Including destigmatising tough conversations

Death café – Citizens Advice, Clinicians + lived experience who can myth-bust around the end-of-life care + provide advice and support

Important distinction is signposting
Vs handholding - sometimes
signposting is not enough as
people need more support.

VCSE provides preventative support
beyond signposting, but this needs
funding. It's worth noting that VCSE
interventions cost less than medical
interventions.

Not all ED access is medical.
Loneliness and social isolation are
key issues, and there is a role for
the VCSE sector to support this
area.



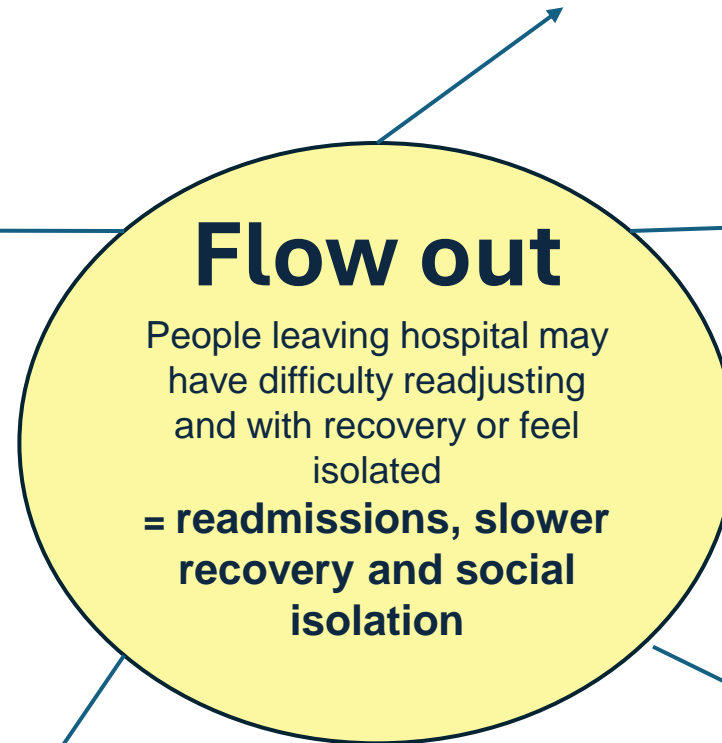
A community connector in A&E who
is part of the triage pathway. They
will know who/where someone can
go if they do not need medical
intervention

How do we integrate services with the
NCA with the VCSE? We need to
know the function, not just the
organisation

Volunteer support on discharge – Volunteer Befrienders scheme with training for befrienders to understand recovery plan

VCSE Hub within the hospital where different organisations can attend on specific days to speak directly to patients and staff

Pre-discharge referral into patient-appropriate / decided VCSE services in their local area



Ensure BSL interpreters are provided for deaf people to ensure effective communication throughout the stay in hospital and on discharge

Volunteers in hospitals – Hospital Visitors. Alleviate NHS staff capacity?