

# Southwark

In Southwark, navigators from Age UK Southwark and Lewisham work with people with multiple conditions to link them into local services and community-based activities like talking therapies, fire safety checks and singing groups. This voluntary sector-led social prescribing scheme was outlined as a [case study](#) in the 2019 Multiple Conditions Guidebook. Its success in Southwark led to the set-up of a similar scheme in neighbouring borough Lewisham.

## **In Autumn 2020 we spoke to the Southwark Navigation Project Manager, Syeda Hussain, to understand what has happened over the last year and the impact of COVID-19.**

### **How have things changed since the publication of the Multiple Conditions Guidebook?**

Over the past year we have expanded. We secured funding to provide extra support over winter. This meant that in addition to working with GPs and in the community we could also support people leaving hospital, those using the falls alarm service for other purposes, and frequent users of A&E. This funding was then extended until July to cover the initial phase of the pandemic.

We are also changing the way we work and are in the process of setting up a community hub to work alongside our navigators in GP surgeries. This hub, based in the Southwark Resource Centre with the council, will partner a variety of organisations including the South London Carers, Southwark pensioners, Time and Talents, Link Age and others to provide a one-stop shop. This means that individuals can go to any of the partners to receive the same level of support from the service, which is called Ageing Well. At the moment it is telephone support, but we are looking into resuming office and home visit appointments as soon as we can.

### **How did COVID-19 change how you work?**

Given who we work with, older people with multiple health issues, we stopped all face-to-face contact early in the pandemic. However we knew that many of our clients would have additional needs so we called everyone over the age of 68 we had been in touch with over the

last two years. This was over 2,000 people. The biggest demand people had was for food, followed by prescription collection and fears of isolation. We connected a lot of people up with befrienders, as well as for food and prescription deliveries, but we ourselves continued to call about 400 people once or twice a week. There were some people that we could not reach on the phone, so for these we sent out a letter. This had quite a few responses. We also sent out activity packs with things like mindfulness and chair-based exercises, and provided free slippers as part of our falls prevention initiative

### **What impact did you see on people living with multiple conditions?**

Overall we found people really missed human contact, especially with their friends. But we saw a real mix of situations and reactions. For some people – especially those who had sensory impairment or lived alone – having someone, like one of our navigators, that they knew they could turn to was important.

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Things also changed over time. For some people the anxiety about not knowing what was going to happen got worse and many suffered with cabin fever. For others when the government guidelines changed, they were still too scared to go out. Some people started off okay but as their financial situation got worse or they could not get to the bank to get cash, then things deteriorated.

**What specific challenges did you overcome to provide ongoing support during this time?**

A lot of our clients are not able to use the Internet so this was our number one challenge. To help overcome this, in June we signed up with Hubbub's smart phone donation project. Our handy person services and Food 2 You helped deliver the phones. Then we had DBS-checked volunteers from GoodGym who visited older people at home and help them set it up. This worked for us as older people often feel happier with volunteers that have been fully vetted.

Another issue we had was we could not easily assess people's homes. We were left having to ask questions over the phone, which can be limiting. To address this we changed our communication style. Instead of asking standard questions or following a script we explored things through conversation, a bit like in detective work.

Processing paperwork was another issue. This was particularly problematic on the financial side of things. There are limits as to what you can do over the phone without the right paperwork and with GDPR you cannot do it online. This affected people's ability to get transport too, for example the paperwork for dial-a-ride became a problem. We are currently looking at different ways of collecting and processing paperwork.

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**Is there anything that others could have done to help you to provide ongoing support?**

It was difficult being in the charity sector as, despite providing a statutory-funded service, often we did not quite know where we fit. Throughout lockdown there were regular changes in terms of the government guidelines,

which made it unclear as to whether it would be safe to resume home visits. For safeguarding concerns, we relied on social services. Sometimes this was right and there was a clear social care or safeguarding need. But it was not always appropriate and we did not want to overload them. One of our partners, Time and Talents, did start doorstep visiting so we worked closely with them and between us tried to make sure that everyone that needed support in the local area could get it.

Better funding would have helped. Funding calls were either too broad or too specific and in some cases it created a competition between organisations supporting different vulnerable groups which was unhelpful. In our experience it would have been better if funding was issued according to need, for example for digital inclusion or access to food.

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**What worked well?**

We found that our local partnership worked really well. Everyone came together around a person. Our role was to do the casework but then we relied on others to provide different types of practical support. Before COVID-19 there were strict referral processes with no overlap but now it is a lot more flexible. All the local services have been able to get to know and understand each other. Within this the neighbourliness in the area was fab. Neighbours checked in on each other and then contacted us in the charity sector if they needed support. Normally we get contacted by professionals and some self-referrals but neighbours really filled in that gap for hardly reached groups. We hope that this will continue rather than just being something that occurred in a crisis.





**What did you learn that will further improve the lives of people living with multiple conditions?**

For us the biggest issue is still around digital access so our senior management team are looking out for funding for additional projects to get tablets in stock as this is one of the things needed.

As a team we've also had to really develop our skills in supporting people over the phone. We've developed this and learnt from our mistakes in the first phase of the pandemic and got processes in place. We think this is really important as we found that the right phone call made a difference. Even if people did not need practical support it really mattered to them that we had made the time to give them a call.

Really, though, what has become even more apparent during the pandemic is the importance of considering someone's social circumstances alongside their health issues. We know the NHS is trying to move towards a way of working that recognises the importance of the social determinants of health alongside the medical but we see that many healthcare professionals do not understand how the social sector works. Because of this they can struggle to take quick action for individuals that would improve their health and wellbeing – whether through signposting to organisations in the community or making referrals to other public services. However, the pandemic has given us the opportunity to work closer together so there is more clarity, and we hope this will continue.

## Spotlight on inequalities

The London Borough of Southwark is one of the most diverse areas in the country with large BAME communities. It is ranked 41<sup>st</sup> most deprived out of 326 local authority areas.

The social prescribing team do not have anything specifically directed at the BAME or economically disadvantaged communities, but the support people are linked into is personalised and they work closely with organisations within BAME communities. Beyond this the team are always looking at how to reach individuals in Southwark's diverse communities, which is part of the driver behind the development of the new community hub approach. One thing that they are already doing, with their hot meal delivery project in partnership with Bermondsey Kitchen is to make sure that the menus are culturally appropriate so there is an Asian option, a Caribbean option and a British option.

As an organisation Age UK Southwark and Lewisham is training its managers in unconscious bias as well as offering equality and diversity training to all staff. Syeda would love to see befriending groups for older non-English speakers. Many existing groups do have interpreters that people can bring along, but these are expensive so only usually available for the first session which makes group discussions after that difficult.

## One man's story

**To understand how people have been affected we heard from one of Age UK Southwark and Lewisham's clients who had been referred to the team by their GP surgery for social prescribing to reduce social isolation.**

Mr Adebayo\* lives alone, is in his late 50s and recovering from a stroke. Being housebound and in a poor financial situation caused a significant deterioration in his mental health, to a point where he was having suicidal thoughts. However through the local partnership, Age UK were able to ensure he got the support he needed. This included an expanded social care package from the council, a referral for physio, delivery of a wheelchair and a pendant alarm that could be used without a landline as there is no phone. The team arranged for Dial-a-ride to take Mr Adebayo to local groups run by Southwark Disablement Association (SDA) when COVID-19 restrictions allow. SDA also provided

Mr Adebayo with a laptop for him to join online groups and Age UK are working to try and improve his wi-fi signal. Mr Adebayo is now in a much better position. "I would like to thank Age UK for making me more independent and helping me access my local community," he said.

*\*not his real name*

