**A group of sticky notes on a white board

AI-generated content may be incorrect.**

**Integrated Neighbourhood Teams – Key Worker**

* Are there gaps we might need to explore – people with different language support is an issue in Lewisham
* Commuity space within the shopping centre – people want a community setting and [for people] to work across [them].
* Some people who can’t work find it hard to fit into groups but some groups are too specific to health conditions
* What does good look like? If it’s healthy exercise people keep coming and if it’s advice people have progressed their issue.
* Reducing the intimidation of bureaucracy
* Success means not coming back for support
* Income generated
* People can’t get to hubs
* Home visits are becoming rarer
* Gaps in people to take people to groups
* Lots of changes for carers after changes to providers
* Signposting is well covered but practical support is needed
* Need connecting with other organisations – learning from others – people know about things
* What is the care function of link working? Is there only one person? May have potential to have more
* Food, DWP, Employment
* 1 case worker, clinical prescriber, health workers and 2 x link workers
* The link worker could be helped by the Front Door service learning from CCL.
* Services most needed by residents who have long term conditions
* Diversity and flexibility of services
* More accessible
* Peer support groups
* More self referral community groups – people hear about us.
* Link workers and the community development [?] not doing hands on support
* One person to help them navigate all their way through – the link worker is around community development
* Key worker is more about supporting the resident.
* East is a collection of wards with completely different demographics
* The INT needs to be experts in their areas and tapped into all the networks
* We need to raise awareness of creative activities i.e. singing for lung health
* Link workers need to be aware of what is happening and simple to use and find out.
* Sustainability is very important. Everything changes when someone leaves. Must spreads the knowledge
* More facilitating than coordinating
* Formalising a pathway?
* [Some organisations] have difficulty getting primary care to refer to them
* Find it hard to see how referrals will improve – there needs [to be] lots of outreach
* People are too busy to find out more

**Gaps in services**

* Transport is a BIG barrier
* Finance – very little free transport
* Lots of groups for over 50s/60s

**Additional summary of discussion:**

INTs are exploring the role of a key worker whose core function would be to provide link-working support for residents.

This support could operate within a community setting, but there are challenges, particularly in securing referrals from local primary care providers. For example, Lee Green Lives have found it difficult to get GP surgeries to refer people, despite GPs appreciating the work of community organisations. The issue seems to be that GPs are too busy, and there is a need for more outreach and awareness of available services.

Information gathering and making connections is critical.

Relying on a single key worker is risky, if that person leaves, the system could collapse. Instead, the key worker could take on a facilitative role, helping organisations understand the services on offer and the value of social prescribing. They could also coordinate networking opportunities and help formalise referral pathways. Training community organisations to support with signposting, similar to community champions, this could help distribute the workload.

Some health interventions, such as courses, are not always accessible. There was an example, a 14-week course running from 5:30 to 7:30 pm which was inconvenient for parents. Services need to be flexible and consider who they are engaging with.

Self-referral could be expanded, as people who self-refer often engage more effectively.

Community groups could play a larger role in supporting social prescribing, especially organisations like Age UK and Connections, which already have strong neighbourhood ties.

The key worker should have access to other services and be able to guide residents through the support they need. Their role is about supporting individuals, helping them navigate complex systems.

**What are the current gaps?**

In the east of the borough, there are multiple wards with very different demographics and pockets of disadvantage. Identifying gaps in services is essential. For example, transport is a major issue, many older people want to get out but lack access to free or reliable transport.

There are plenty of groups for people over 50, but not enough for younger adults or those with specific conditions or learning disabilities. Some individuals with learning disabilities prefer inclusive groups rather than specialist ones, but volunteers may lack the training to support them effectively.

Support for carers is another gap.

Language provision in the east is limited, and this needs to be addressed.

While many organisations are good at signposting, few offer practical help, such as assistance with filling out forms.

Home visits, although valuable, are time-consuming and often carried out by volunteers, who face high expectations.

People may be asked questions they have never encountered before, which can lead to other issues surfacing.

**What outcomes would we be expecting?**

For the NHS and health organisations, outcomes should focus on building confidence so that individuals can eventually manage independently. For example, when a case is closed, the person should feel able to attend a group or appointment on their own.

For cultural/ wellbeing organisations, the outcomes would be people coming back regularly for classes/services and feeling confident to return.

For some individuals, the goal is not necessarily empowerment or moving on, but improving their quality of life.

For advice services the outcome would be completing the task they set out to do e.g benefits forms, but this does not mean that they will not need some ongoing support.

Measuring impact is difficult. The key worker could help improve how impact is captured, as most organisations are already stretched and cannot afford to employ someone solely for evaluation.

Identifying welcoming and accessible community spaces is important.

There is interest in using community spaces, such as those in shopping centres, rather than health settings, which some people avoid.