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**Front Door**

**What should it offer?**

* Domestic advice – drop-in/self referral - currently offered at St Luke’s:
  + application forms,
  + Staff from Freedom provide advice 5 days per week
  + Front Room and Welcome Hub – over two sites

All staff have been mental health trained and there is a nurse to help with health-related support – e.g. hospital letters

People come from across the wider area

* Different from social prescribing model that would refer to services like those at St Luke’s
* Directory of services across the piece – can direct to services in the area they’d like to be in. Information sharing across areas is important as some people may want to access services in another area [e.g. they may have family or friends elsewhere who can provide support to access services]
* Physical and virtual front-doors – calls /online

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* Directory which is kept updated and shared across the borough
* Socials can ease [people] in – e.g. drop-in at the Irish Centre
* Offering options for people [is important]
* The front door enables signposting to other services – if we develop them, how do people know where they are?
* Front door can help identify gaps to combat loneliness and isolation
* CCL currently offer sessions weekly, but may offer sessions elsewhere if requested
* Regularity [is important] – same day and time each week
* Key function of the front door is to know what is going on locally to refer people back to.
* Smaller orgs sharing their projects to enable referrals
* Capacity to gather information is a consideration
* We Are Lewisham website can filter to signpost to events / activities
* Services are slightly different and keeping updated can be a challenge.

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* Sometimes services may not be available in an area – [but may be willing to travel] within one bus route
* Linking between new groups and signposting is important
* Gaps can be identified in services
* Identifying individual needs can take some unpicking
* Creating links with Family Hubs to extend support
* Being physically visible is important
* Transport links may cause an issue
* ? VCS Hub – more generic offer [to support VCS orgs face-to-face]?
* Ongoing engagement is important and mobility may be a consideration
* Grant funding through churches may only be capital funds
* Encouraging volunteering – using skills in the VCS – boards are often made up of older members – encouraging younger people to volunteer [for these roles] is a challenge
* Providing training to previous volunteers to become employed [has been undertaken at St Luke’s]

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**INT Link Worker**

* Identify people with Cardio Vascular issues to develop and signpost to services
* What resources might be available for patients – [link worker will] agree a plan
* Casework – referral from GPs – contact patients – [there is some discussion over] how we prioritise who accesses services [and how this done]
* [Keyworker] would carry out a holistic assessment, seek to work out what each person needs and who may need extra handholding, or who may be [physically] able to accept signposting
* INT is launching over the next few months [so the] casework will develop and the links to the VCS