**Front Door**

The "front door" should serve as a signposting service for residents, professionals, individuals, and community groups, directing them to relevant services and support at a neighbourhood level.

It should have a physical presence – a recognisable face and location that people can visit.

Staff at the front door must have strong local connections and work closely with local partners, they could identify suitable locations for co-location.

What Residents Might Expect from a front door service:

* Access to services.
* Support with capacity building.
* Clear guidance on where to go for help.
* Consistency – a regular and reliable presence, not just a monthly drop-in.
* Continuity – maintaining contact even if staff members leave.
* Possibly different providers at one space

A shop front model is appealing a good idea for accessibility.

The scope may be broader than current offerings, covering a wider range of services.

It is important not to overpromise and underdeliver.

Services should be packaged appropriately: Some support delivered at scale (group level); some tailored to individual needs.

Needs will differ by area, for example, some areas may have more demand for food banks.

Front door staff must help identify what the gaps are in the local community.

Availability and consistency are key; for example, Age UK has a reliable phoneline.

Residents should be able to access what they need without being passed between multiple services.

Front door teams in the West need to have a good relationship with front door people in North, South and East collaborate and understand the borough as a whole.

Residents do not necessarily think about ward boundaries and may access services across the borough.

With partnerships, different referral pathways must be considered

With referrals and evaluation, can small organisations realistically provide the same level of data?

Measuring impact is essential – consider what questions are being answered.

People often present with multiple issues, some outside the voluntary sector (e.g. housing).

The model should enhance existing services, not duplicate them (e.g. family hubs).

Consider using existing family hubs and community centres.

The front door should follow the “no wrong door” principle – people should be able to access help wherever they feel comfortable.

Clear information about opening times and staff availability is crucial.

First-time visitors may be hesitant – a welcoming environment with tea and coffee helps, and then leaflets and information can be available there.

Some people may not know what help they need, longer-term service users can share their experiences.

The “no wrong door” approach creates multiple entry points, which can conflict with the idea of only telling your story once.

Ensuring people know the offer is ‘for them’, leaflets, signage

Using informal ways to engage initially – e.g. coffee/drop-in

**Integrated Neighbourhood Teams (INTs) - Key Workers**

Key workers can offer additional support (social prescribing plus), helping people navigate advice, benefits, and long-term assistance.

The front door should help identify individuals who would benefit from more hands-on support.

There is currently no natural health hub in the west – a building is being sought.

Residents in the west feel services are concentrated elsewhere.

Although there are fewer high-rise estates, there are still many families in need.

Many are at the preventative stage – support is needed before crisis hits.

There is no central space currently available.

Sometimes people need a bit more 1 to 1 support, and may have more complex issues that require support over a longer period of time.

Working strategically as bigger providers

Communities often trust the VCS more than health services.

One key worker cannot do everything , the role may be too broad.

The role of the voluntary and community sector (VCS) is vital – key workers support VCS organisations to develop key worker skills.

By the end of the current funding cycle, it would be ideal to establish a VCSE Hub, a central point where everyone knows where to go.

Data sharing between health systems and the voluntary sector is challenging – although it was relaxed during COVID.

INTs have data sharing agreements – a trial is underway with Age UK referrals.

Focus on outcomes for individuals – resolving surrounding issues, not just the initial concern.

With preventative work, it is often most successful with those who are mobile and not in crisis, the less urgent cases.

Building trust is key to uncovering the real issues.

Measure both outcomes and impact.

Aim for lifestyle changes, identify what makes the difference for each person and value that.

Supporting someone to change long-standing habits is a skilled task.

Success might be seen as having enabled access to a service that will make them feel better.