Introducing non-clinical roles into older adult community mental health services

The purpose of this document is to highlight the value that non-clinical older adult and carer roles can add to community mental health transformation across London.

The document draws on learning from existing roles and makes recommendations to strengthen and sustain these roles going forward.

Healthy London Partnership

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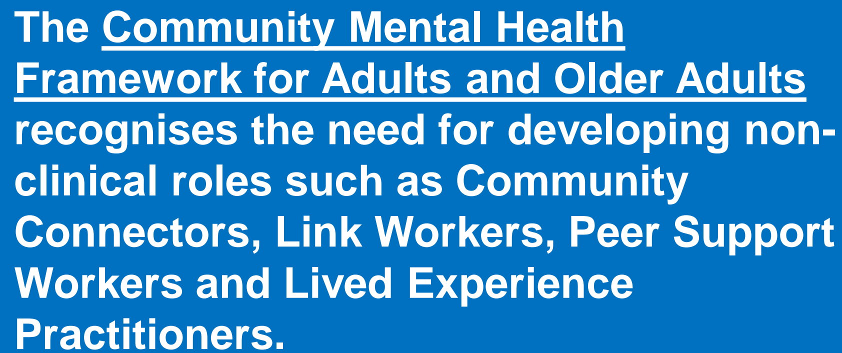
Overview and background

The following section sets out the background and policy context for this document, including alignment of these roles to the Community Mental Health Framework for Adults and Older Adults.

Community MH transformation- background and policy context

People who were more likely to struggle with their mental health (MH) before the pandemic have experienced the greatest impact. This means that high quality community MH care for people living with severe or complex mental health needs is more important now than ever before.[1]



The Community Mental Health Framework for Adults and Older Adults recognises the need for developing non-clinical roles such as Community Connectors, Link Workers, Peer Support Workers and Lived Experience Practitioners.

These roles will work as part of a multidisciplinary team to better link people to community assets and resources that will support their health and wellbeing closer to home.

Implementing the framework will therefore involve developing new ways of working, creation of new roles and building skills across the health and care workforce

Older adults have unique needs that require tailored support

The framework describes how community services can be centred around the different complexity of need but it is important to recognise the unique needs that older adults and their carers have.

> “ Older adults may have differing types of needs and therefore may require support in different ways to meet these needs. Services providing care need to meet the person’s complexity of need, taking into account any impact from the person’s age and whether specialist older adult expertise is required.
>
> (CMH Framework, part 1, p.26)

What is the challenge we are trying to address?

In London (and across the country) there has been a **significant increase in the number of non-clinical roles introduced to community MH services.** To date these roles have focused largely on services for **working age adults.**

It is now recognised that **some populations require focused support** (e.g. eating disorders, complex emotional needs, perinatal services). **To better meet the unique needs of older adults a similar approach to tailored and focused support will be essential.**

Working in partnership between NHS, voluntary care and local authority organisations will be critical to ensure that these roles are being used consistently with standardised practices and infrastructure.

What are we trying to achieve?

Healthy London Partnership (HLP) has worked alongside an advisory group of clinical and operational older adult specialists, people participation leads and people with lived experience **to strengthen the involvement of non-clinical roles to support community transformation across London.**

This document aims to:

- Provide clarity on the different roles, their function and responsibilities
- Share learning and good practice from existing roles
- Make the case for the value these roles add to supporting the unique needs of older adults.

This document can be used as part of a business case for organisations that want to establish an older adult role, as well as strengthen exiting roles.

This document is also available in a formal NHS business case Word format here.

A review of existing older adult non-clinical roles in London

HLP conducted **a review of existing non-clinical roles across London** that are supporting older adults and carers in community MH transformation.

There are three roles in London that have informed development of this document. These roles include:

- A **Carer Peer Support Worker** role at CNWL providing support to older adults and carers on an acute inpatient ward.
- A **Community Connector** role contracted to ELFT from MIND that focuses on working age adults but where the current staff member has significant experience of working with older people.
- A **People Participation Worker** role at ELFT that specifically focuses on engaging older people in co-design and development of Trust services.

A review of the job descriptions and feedback from those currently in these roles have been used as a starting point for this document. However there are some unique aspects of each role that need to be taken into consideration that not all of the above roles:

- Contain all features of a typical Peer Worker role as described by the Community MH Framework
- Directly work within community transformation services
- Are specifically tailored to older adults

What are the unique needs of older adults?

To ensure that older adult and carer specific non-clinical roles add the most value there needs to be a good understanding of what the unique needs of older adult population are.

The following slide summarises the unique needs of this population group. This has been developed through drawing on the existing research evidence base and key policy frameworks and reports.

What are their unique needs?

Below are the unique needs of older adults with complex mental health conditions. As stated in the Older People's Mental Health Competency Framework it is important that health and social care staff working with older adults understand that as people age it leads to biological, psychological and social changes.

It is essential that non-clinical roles for older adults are tailored to these unique needs

Biological

- **Frailty** and depressive symptoms can increase risk of nursing home admission and falls - depression and anxiety are common amongst people with frailty.[2]
- **Polypharmacy** is common in older adults for management of co-morbidities. Older people have a higher risk for experiencing bad drug interactions, missing doses, or overdosing. [3]
- **Falls** can reduce independence, destroy confidence and increase isolation. An estimated 20% of OAs require medical attention for a fall. [4] [5]

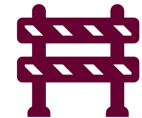
Psychological

- **Older people are at increased risk of crisis**, including self harm and suicide. [6]
- **Side effects from psychotropic medications** are more common in older adults and dramatically increase with the number of medications taken. [7]
- **Dementia** can pose challenges to diagnosis of severe mental illness (SMI). People with dementia are more likely to experience SMI.[8]
- **Self neglect** can be common in older age and is associated with higher levels of cognitive and physical impairments. [9] [10]

Social

- **Social isolation and loneliness** is a key driver for poor mental and physical health in later life. [11]
- **Poverty among older people** is steadily increasing. [12]
- **Ageism is a significant concern within services** and is compounded by other forms of discrimination relating to ethnicity, gender, sexuality and mobility.[13] [14]
- **Older people are at a high risk of abuse and neglect**, including domestic abuse and financial abuse. [15] [16] [17]

Barriers



- Older people are at a **high risk of readmission** to acute inpatient services. [18]
- Older people experience **specific challenges related to other transitions in care**, including between adult and older adult services. [19] [20]
- Older adults can experience poor access to **advice on self-care strategies and challenges with communication and coordination of services.** [21]
- Older people are **less likely to access care.** [22]

Overview of non-clinical roles

There are a number of different non-clinical roles with similar functions which risk confusion with healthcare staff on how these roles function in community MH transformation. The following slides provide clarity on the different roles

Summary of non-clinical roles – community MH transformation

In this document we use term "non-clinical roles" to refer to four specific roles that are referenced within the Community MH Framework. These include:

- **Peer support workers/Lived experience practitioners**
- **Community connectors/navigators**
- **Care coordinators**
- **Social prescribing link workers**

Common functions of these roles

Provide service users with **collaborative, person-centred advice and support.**

Identify and facilitate **access to community assets and resources**

Identify and help to address **inequalities in access to health and social care resources and community assets**.

Accompany individuals through pathways of care and support, e.g. to medical appointments and to community activities

Empower people to have a voice and speak for themselves through knowledge, skills and confidence.

The information in this slide is from:

- ✓ The Community MH Framework for Adults and Older Adults
- ✓ Health Education England's Competency Framework for Mental Health Peer Support Workers
- ✓ NHSE&I Network Contract Directed Enhanced Service (DES) Contract Specification for PCN Requirements & Entitlements

Summary of non-clinical roles – what makes them distinct from one another?

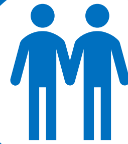
There are a number of key areas where these roles overlap. However, each role in distinct in its scope and focus. **Core responsibilities specific to each role are as follows:**

Peer support worker/Lived experience practitioner

- ✓ Uses their **lived experience to develop empathetic relationships and inspire hope in people facing similar challenges**.
- ✓ Draws on their **lived experience to give people the right level of support**.
- ✓ Brings about change in their organisation by **promoting values of peer support and personal recovery.**

Care coordinator

- ✓ Works with a person **to develop and then coordinate comprehensive personalised care and support plan (PCSP)**
- ✓ Uses population health intelligence to **proactively identify and work with a caseload of patients.**
- ✓ Links to **pharmacy, mental health teams, GPs and other health teams** to discuss a patient's health outcomes.



Community connector

- ✓ **Identifies and facilitates access to community assets and resources** that meet an individual's needs.
- ✓ **Assesses a person's ability to engage with certain community activities** and if adjustments are needed.
- ✓ **A connector may be a standalone role, or elements may be folded into other roles** (e.g. peer support workers or care coordinators).

Social prescribing link worker

- ✓ Supports **patients' wellbeing by linking to community groups and services, taking referrals from PCN practices and external agencies** (e.g. VCSE, hospital discharge teams, social care).
- ✓ **Builds capacity of VCSE organisations and community groups** to take social prescribing referrals.
- ✓ Has a role in **educating non-clinical and clinical staff** on social prescribing approaches and local community services.

Recommended job functions aligned to OA and carer needs

The following slides provides recommendations of the core functions and responsibilities in order to address the specific needs of older adults.

Core functions and responsibilities tailored to the needs of older adults and carers

10 core responsibilities and functions have been identified in order to meet the unique needs of older adults and their carers. These functions are intended to be used in a flexible way where organisations can select functions based on tailored support required. For example, identified need to support people to access services may select core functions 5, 6, 7, 9 & 10.

Biological

1 Enabling older people with **multiple illnesses and frailty to access timely, personalised care** that meets both their physical and mental health needs.

2 Enabling older people to **live safely and independently** in their homes and manage key risks such as **falls and poor medication compliance.**

Psychological

3 Playing an important role in enabling **early interventions in crisis and supporting older people to recover** from existing crises.

4 Helping older people to **manage the side effects of psychotropic medications and link to expert advice and support**.

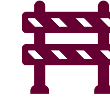
5 Helping **older people with dementia access care and support to manage their SMI** (wherever relevant)

Social

6 Helping older adults to **address social isolation and loneliness by connecting them with community services,** assets and social networks.

7 Playing a significant role in **safeguarding older adults, preventing harm and reducing the risk of abuse and neglect**.

8 Playing a key role in **tackling ageism and discrimination and providing a voice** for older people within services



Barriers

9 Support older people to **navigate complex care systems and access the right information through transition** from services - including transitions from acute care to community care and from adult to older adult services.

10 **Empowering older adults to be involved in their own care** and to influence the way services are designed, to meet their specific needs.

N.B These functions draw on a review of London non-clinical roles, HEE's Older People's MH Competency Framework and existing research and policy literature.

Benefits - making the case for OA and carer specific roles

The following slides collate the evidence for the benefit of non-clinical older adult roles. The aim of this section is to support a case for why these roles add value to community MH transformation.

Benefits - an overview

Older adult and carer non-clinical roles are limited both in London and across the country. Therefore, the evidence supporting the value that they can have related to this population group reflects the maturity of the roles. However it is critical that organisations, and health and social care staff realise the value of how these roles can benefit community MH transformation for older people.

Service user

Team

Organisation

Peer workers can provide benefits to the individual, teams and the wider organisation such as:

Service user

It is widely noted that the Peer Worker role can have a range of benefits to the service user including: increased self-esteem and confidence; increased sense of empowerment; better relationships and more confidence in social settings; greater feelings of being accepted and understood; reduced self stigmatisation; greater hopefulness about their own potential; more positive feelings about the future.

Team

A Peer Worker role can help bridge the gap between the service user and the clinician through working together to have a better understanding between the people providing the service and those using it.

Organisation

The employment of Peer Workers in itself can drive change towards more recovery-focused organisations by playing an active role in challenging negative assumptions, counter risk-averse behaviour and point out discriminatory language and excluding practices.

Source: Davidson et al., 2012; Repper & Carter, 2010; Bradstreet, 2006

The value that lived experience adds

Having lived experience is particularly important for older adults that may feel there is a stigma of MH and/or feel they are not worthy of care.[23] Evidence suggests that direct lived experience can help others to inspire feelings of mutuality, empathy and hope.[24]

> *When you talk with the patients; the one thing that they all mention is the gift of hope and companionship that the Lived Experience Practitioners (LXP's) bring with them, as someone who has had similar experiences, and this cannot be replaced by anything else that they receive*
>
> – **Japleen Kaur,** Head of Volunteering Services, Lived Experience Practitioner Programme and Service User Involvement Lead, Oxleas NHS Foundation Trust

What might these roles look like in practice?

- ✓ Sharing lived experience to provide hope of recovery for people with complex MH needs.
- ✓ Drawing on lived experience to ensure a person is given the right level of support.
- ✓ Engaging and supporting marginalised groups, e.g. through bringing language skills and cultural competency into services.
- ✓ Challenging ageism, racism and other forms of discrimination within services.

Supporting older adults to prevent or recover from crisis

Evidence points to the effectiveness of peer support for reducing the likelihood of readmission to hospital for people with severe mental illness.[25] In addition, research has also shown that indicators of suicide risk may be decreased through peer support.[26]

> *Our role is to help support those people at the very difficult time either when you've been discharged or you're trying to prevent a hospital admission. People at that point are quite often either on the edge of crisis or maybe in crisis. Our role is to support them and to help them make that transition and also where appropriate to either get them community mental health support, maybe by getting a key worker in the community*
>
> – **Marie-France Mutti,** Lived Experience Practitioner, Oxleas NHS Foundation Trust

What might these roles look like in practice?

- ✓ Provide support during a time of crisis, including transitions between community and acute inpatient services.
- ✓ Enable early interventions in crisis, preventing admissions to inpatient services and other more acute forms of care.
- ✓ Identify and act upon risk of self-harm and suicide in older people, referring to specialist support as appropriate.
- ✓ Work with older people to enact suicide and self-harm prevention strategies, including linking them to relevant health, community and statutory services.

Navigating a complex system and enabling access to the right information

People who take part in shared decision making in their care are more likely to stick to their treatment plan, to take their medicines correctly and avoid emergency hospital services.[27] The inclusion of peers in the workforce has been shown to produce the same or better results in a range of outcomes when compared with services without peer staff.[28]

> *The team would go with people to particular appointments for instance so that they can connect up and ask good questions of health providers but also attend particular things they might feel anxious about as well; but also…helping people step away from statutory services or make connections with specialist services.*
>
> – **Cerdic Hall,** Manager - Choice and Control Peer Coaching Service, Camden and Islington NHS Foundation Trust

> *So I believe if I could have others to share their experiences at a friendly level, [as] someone who has been through it I could help them. Especially when it is the same culture. We have lived in the West for so long, have had businesses in this country. Culture is important and I can help South Asians who are too timid to share their experiences with others.*
>
> – **Patient and Carer representative,** West London NHS Trust

What might these roles look like in practice?

- ✓ Prepare for clinical appointments, so that people are able to raise concerns, communicate challenges and ask important questions.
- ✓ Support people during transition, including from acute care to community care and from adult to older adult services.
- ✓ Support development of care plans that recognise holistic needs and include the person's wishes.
- ✓ Support mental health outreach services by providing knowledge of local community networks, including for minority or marginalised populations.

Reducing readmission

As stated above, evidence points to the potential for peer support to reduce readmissions to acute inpatient services.[29] Improved access to primary care, self-management and crisis planning decrease the chances of relapse and/or readmission to inpatient care for people with severe mental illness.[30]

- *A recent study of a peer support intervention showed a reduction in readmissions to acute inpatient services from around 40% to less than 30%.*[31]
- *Service users have reported that peer support produces specific improvements in their' feelings of empowerment.*[32]
- *Several studies have shown that patients receiving peer support have shown improvements in community integration and social functioning.*[33]

What might these roles look like in practice?

- ✓ Enabling older people to regain control over their lives and access self-management and crisis planning.
- ✓ Maximising support from primary care by accompanying older people through service pathways and enabling coordinated, personalised care.
- ✓ Being proactive in developing strong links with local agencies and helping to build their capacity to take referrals of older adults.
- ✓ Enabling culturally appropriate care and support, e.g. helping someone that does not speak English as their first language to access community services.

Tackling social isolation and loneliness

Patients receiving peer support have shown improvements in community integration and social functioning.[34] Social prescribing has been shown to improve wellbeing and social connectedness, as well as significantly reducing demand on primary and secondary care.[35]

> *"When the client feels stuck and feels alone, isolated and feels like no one understands them, as people who share a similar background we are there first of all to show them that they are not alone and then explore the goals before maybe even being linked up with the service, when you are not sure even if you have the energy to do anything but you know you need some help."*
>
> – **Z. Nil Suner,** Senior Peer Coach, Camden and Islington NHS Foundation Trust

What might these roles look like in practice?

- ✓ Helping people to rebuild social and community networks, or to get involved again with their chosen communities.
- ✓ Where necessary, physically introducing and accompany people to community groups, activities and statutory services.
- ✓ Identifying and addressing barriers to older people's social engagement, including mobility, social confidence and digital exclusion.
- ✓ Giving support, companionship and encouragement to people experiencing mental health difficulties.

Supporting carers

There is evidence that peer support can play an important role for carers, including reducing isolation, increasing confidence in their caring role and identifying coping strategies.[36]

> *A peer support person can encourage carers/patients not to get discouraged and give up, or suggest other ways of achieving the same thing… Well run carers groups or support groups for people with the same illness can provide a lot of help. It is in these groups that we can laugh about the indignities of incontinence or sympathise with managing difficult behaviour…and the like*
>
> **– Patient and Carer representative,** West London NHS Trust

What might these roles look like in practice?

- ✓ Providing advice on accessing local community and statutory services, including benefits, housing, social care, support groups, etc.
- ✓ Providing support or information to families and carers to help them navigate the system, policies, processes or legal structures that may affect them.
- ✓ Supporting carers to look after their own mental health and wellbeing.
- ✓ Helping families and carers feel comfortable and confident to ask questions when they are uncertain or confused.

Next steps and key considerations

This work has identifies a clear structure around the core responsibilities and functions of older adult specific non-clinical roles.

It collates examples of how these roles can be used in practice alongside limited evidence of how these roles can be used to add value to an older adult population.

There are however some key considerations that need further exploration. The following slide outlines these questions.

Questions for consideration - working across different sectors

Non-clinical roles supporting older adults with mental illness are being stepped up across the NHS, by voluntary and charity organisations and within Local Authorities. This raises questions of the need for a consistent and coordinated approach between ICS partners.

1. **Should these roles be tailored to the expertise of that sector** and therefore the role functions and competencies reflect this? For example, VCSE sector expertise in addressing unique needs of OAs Vs NHS Peer Worker roles that has expertise of personal lived experience?
2. **Do these roles require consistent qualifications/ experience requirements across all sectors/organisations?** For example motivational interviewing techniques
3. **Do these roles require a standard practice and infrastructure across organisations/ sectors?** For example, training and supervision structures.
4. **What would be the implications of tailored roles to different organisation skills and expertise?**

An important consideration for roles providing community connection is the financial constraints facing community organisations and services. These roles therefore need to be developed in collaboration with local authority agencies and voluntary and community sector organisations.

Differences between older adult roles Vs carer roles

This document developed a general understanding of the unique needs of older adults but does not explicitly distinguish between carer needs - are these needs different and do organisations need to consider this when developing carer roles?

1. **Do the needs and job functions/responsibilities need to have explicit differences between an older adult Peer Worker role and a carer Peer Worker role?** For example, when considering experience such as lived experience and targeted support.

2. **Do these roles require someone that is an older adult?** For example does a carer peer worker need to reflect the same age as the targeted group?

Standardised competencies and skills

The Older People Mental Health Competency Framework details the essential skills, knowledge and abilities required across the health and social care spectrum to meet the unique needs of older people with mental health problems (excluding dementia, which has its own framework).

Further work is required to ensure that these roles align to the framework and that organisations are assured of the necessary skills required to meet the functions and responsibilities of the role.

1. **What are the core skills required of non-clinical roles and how can areas ensure that there is a standardised practice across their ICS patch?** For example including roles contracted by different organisations/sectors.

2. **Does there need to be an agreed set of core competencies that can be flexible based on the tailored role?**

3. **Does this align to general working age roles and how does this fit into current training?** Are there unique training needs for older adult roles?

Appendices

1. Summary of functions and responsibilities from London non-clinical roles
2. Acronyms, definitions and terminology; information and resources; references

Appendix 1 – Summary of three non-clinical roles working with older adults in London

The following slides present findings HLP’s scoping of non-clinical roles in London

A review of core responsibilities - existing roles

A review of three existing roles was conducted to understand how they are being used to support MH services for OAs in London including the core roles and responsibilities.

These roles are distinct in their scope and focus, however they all include certain shared objectives and approaches for meeting the needs of older adults within MH services.

Roles reviewed:

1. Carer Peer Support Worker at CNWL (Band 3)
2. People Participation Worker in ELFT (Band 5)
3. Community Connector in NEL MIND/ELFT (Band unknown)

Common roles and responsibilities

Helping to improve wellbeing and outcomes by improving experience, seeking perspectives to inform change and managing MH conditions

Enabling older people's involvement in care and care planning by promoting personalisation, participation and co-production.

Helping to access information and resources for health promotion

Enabling access to community groups, support and statutory services to support wellbeing and independence closer to home.

Helping to connect with social networks and groups to tackle loneliness and isolation.

There are elements of these roles that have distinct differences for example, the role at CNWL is based within an inpatient setting and the ELFT role is part of a wider people participation group that aims to strengthen meaningful participation. Some of the functions however may be desirable elements for all roles. These include:

Carer Peer Support Worker at CNWL

- Supporting patients who may be on close observations,
- Undertaking and recording physical health checks,
- Supervising meal times and assisting with personal care and co-facilitation of carers groups / forums

People Participation Worker in ELFT

- Supporting development and implementation of a Trust participation strategy
- Providing support, advice and practical project work and planning across services.
- Participating in Trust Quality Improvement (QI) programmes to ensure that high quality care is delivered

Community Connector in NEL MIND/ELFT

- Developing relationships with local organisations to improve service outcomes, and involve service users and carers in service design, development and delivery.
- Triaging referrals and signpost to specialist support.
- Monitoring, recording and reporting on outcomes of all those accessing the service.

A review of qualifications and experience - existing roles

The review also demonstrated some commonalities and variances in the requirements for qualifications and experience of these roles.

Common qualifications and experience

Existing and/or willingness to undertake accredited training in peer support/people participation/motivational coaching

Personal experience of using mental health services or being the carer for someone who uses services.

Experience of partnership working with health and third sector agencies or organisations.

Ability to listen, empathise with people and provide person-centred support in a non-judgmental.

Paid or unpaid experience of working with older adults/knowledge of older adult services (desirable)

There were some distinct differences in the qualifications and required experience across the three roles. These include:

- Required experience of providing peer support
- Experience of personal lived experience Vs experience of supporting people.
- Focused on working knowledge of legislation and codes of practice including national and local policies
- Focus on coaching , motivational coaching and interviewing skills and qualifications
- Focus on asset-based approaches and ability to build on existing community assets
- Fucus on ability to identify risk and assess/manage risk

London non-clinical roles: core responsibilities and duties breakdown

In London there are currently three known older adult specific non-clinical roles including; Carer Peer Support Worker at CNWL; People Participation Worker in ELFT and a Community Connector in NEL MIND/ELFT. The below information summarises the key functions and responsibilities of each role.

CNWL – Carer Peer Support Worker (Band 3)

Developed for people who have lived experience of caring for a person with MH as well as own lived experience. This role is specifically based on an older adults inpatient ward

- **Drawing on lived experience to help a person recover** such as sharing coping skills and acting as an ambassador of recovery.
- **Help improve the wellbeing** of families and carers of people with MH conditions including helping service users manage MH such as personal care, budgeting etc.
- **Help service users/ families access information on health promotion** to promote choice, self-determination and opportunities for the fulfilment of socially valued roles and connection to local communities
- **Motivating service users and their carers to take an active role in developing their own care plan.**
- **Helping to reconnect with social networks** such as family, friends, significant others to help improve unhealthy relationships
- **Supporting independence** by supporting access to community resources such as employment, community living, social groups, educational activities and leisure.
- **Strengthen PSW leadership and knowledge** to raise the profile of PSW in CNWL by helping to present and share information on the role.

Additional duties

- Supporting patients who may be on close observations,
- Undertaking and recording physical health checks,
- Supervising meal times and assisting with personal care and co-facilitation of carers groups / forums.

ELFT – People Participation Worker (Band 5)

ELFT has a well-established people participation (PP) framework with a PP lead for each directorate. This role sits within community MH transformation and focuses on strengthening the leadership around PP with older adults and carers at ELFT.

- **Strengthen leadership in PP** in Trust, primary care, LA and VCSE organisations. Act as an advocate of the voice of service users
- **Help improve wellbeing and outcomes** of service users – improve service user and carer experience through new insights and perspectives
- **Accompany service users and carers** to enable them to be meaningfully involved in Trust business
- **Accessing information on PP involvement** provide regular advice signposting and support to service users and their carers / families in relation to service user and public involvement opportunities

Additional duties

- **Support development and implementation of participation strategy** including older people and carers
- **Provide support, advice and practical project work** across services in East London. Ensure that practices are coordinated across boroughs
- **Participate in Trust Quality Improvement (QI) programmes** to ensure that high quality care is delivered

MIND C&H./ ELFT – Community Connector (unknown)

This non-OA specific role aims to support the mental well-being of people with complex mental health and social needs. It is part of a partnership between ELFT and MIND.

- **Support people to identify the wider issues that impact on their health and wellbeing**, such as debt, poor housing, employment circumstances, loneliness, isolation and caring responsibilities.
- **Working with service users to identify goals for recovery** and wellbeing that can be met by services, networks and assets in their local community.
- **Identifying and addressing barriers to a person's ability to engage with community services and activities**, including their availability to attend new activities, if adjustments are needed or if additional support is required.
- **Introduce people to community groups, activities and statutory services,** ensuring they are comfortable. Follow up to ensure they are happy, able to engage, included and receiving good support.

Additional duties

- **Develop productive relationships with local partner organisations** to improve service outcomes, and involve service users and carers in the design, development and delivery of the service.
- **During the Covid pandemic,** providing support to service users by phone/virtually
- **Triage referrals and signpost to specialist support** where necessary, and deal with general queries to contribute to the overall smooth running of the MDT.
- **Monitor, record and report on outcomes** of all those accessing the service.

London non-clinical roles: qualifications and experience breakdown

This table details the essential and desirable qualifications and experience for these roles as stated in their job descriptions.

CNWL – Carer Peer Support Worker (Band 3)

Qualifications

- **Commitment to obtain underpinning knowledge through work based learning and mandatory training**, (including accredited peer support worker training if not previously undertaken)
- **Willingness to undertake or completion of Level 4 LSBU accredited course** "Developing Expertise in Peer Support" course.
- **Accredited certificate in Life Coaching** (Desirable)
- **Accredited peer support worker training** (Desirable)

Experience

- **Own personal lived experience** of caring for someone with mental health challenges
- **Willing to positively share own life experiences**, and personal experience of caring for someone with mental health challenges with service users and carers
- **Experience of actively supporting individuals** to identify and work towards achieving personal goals in a related social care or health setting (paid or unpaid)
- **Knowledge of how to build community links** and networks
- **Paid or unpaid experience of working with older adults** (65+ with functional/organic mental health issues) (Desirable)
- **Own personal experience of accessing secondary mental health services** or supporting family member through process (Desirable)
- **Maintain up to date knowledge of legislation**, national and local policies and issues in relation to both the specific service user group, peer support, Carers Act and mental health.

ELFT – People Participation Worker (Band 5)

Qualifications

- **Good level of education** including English and Maths at GCSE level or equivalent
- **NVQ Level 3 or equivalent**
- **A willingness to undertake further training** and/or qualifications.
- **Educated to degree level or equivalent** experience. (Desirable)
- **Further education/training in the areas of user and/or carer involvement**. (Desirable)

Experience

- **Experience of work on service user related issues**.
- **Experience of working in a mental health** or related setting.
- **Personal experience of using mental health services A good working knowledge of current service user related legislation** and codes of practice.
- **Experience of working with health agencies.**
- **Experience of partnership working** with third sector agencies or organisations.
- **Experience of public speaking** at regional or national conferences. (Desirable)
- **Personal experience of working within the voluntary sector**. (Desirable)
- **A good knowledge of services for older people** in the statutory and voluntary sectors. (Desirable)

MIND C&H/ELFT – Community Connector (Band - unknown)

Qualifications

- **Educated to GCSE level** (or equivalent by experience).
- **NVQ Level 2/3 or equivalent.**
- **University degree** and/or professional qualification. (Desirable)
- **Training in motivational coaching and interviewing** or equivalent experience. (Desirable)
- **Mental Health First Aid** or willingness to work towards the qualification. (Desirable)

Experience

- **Significant experience in statutory or voluntary sector services.**
- **Ability to listen, empathise with people and provide person-centred support** in a non-judgmental [way].
- **Able to support people in a way that inspires trust** and confidence, motivating others to reach their potential.
- **Experience of supporting people, families and care** in a related role (including unpaid work).
- **Experience of supporting people with their mental health**, either in a paid, unpaid or informal capacity.
- **Able to work from an asset-based approach**, building on existing community and personal assets.
- **Ability to identify risk and assess/manage risk** when working with individuals.
- **Experience of delivering peer support groups**. (Desirable)

Appendix 2 - Acronyms, definitions and terminology; information and resources; references

Acronyms, definitions and terminology

Acronyms

OA – older adult
MH – mental health
VCSE – Voluntary, Charity, and Social Enterprise organisations/sector
ICS – Integrated Care System
ELFT – East London NHS Foundation Trust
CNWL – Central and North West London NHS Foundation Trust
SMI – Severe Mental Illness
LA – Local authority
HLP – Healthy London Partnership
OPMH – Older People's Mental Health
PSW – Peer Support Worker
QI – Quality Improvement
PPI – People Participation and Inclusion
MDT – Multi-Disciplinary Team
IAPT – Improving Access to Psychological Therapies
ENT – ear, nose and throat

Definitions and terminology

Polypharmacy is the concurrent use of several different medications consumed by a person. Often these multiple medications are in the same class and are used to treat more than one chronic condition.

Psychotropic medications refer to medications that affect how the brain works and cause changes in mood, awareness, thoughts, feelings, or behaviour.

Non-clinical roles refers to any role that is supporting older people or their carers within community services, including those located within multidisciplinary teams, wider Primary Care Networks, Community MH Teams and those supporting discharge from hospitals and acute wards into community services. It covers roles working across the NHS, Local Authorities and the voluntary and charity sector.

Frailty is a term used to describe a particular state of health often experienced by older people, generally characterised by issues such as reduced muscle strength and fatigue.

Information and resources

- **Preventing frailty** NHS England/Improvement information and resources here
- **The Community Mental Health Framework for Adults and Older Adults** can be downloaded here, including part 1, part 2 and a summary document
- **The Royal College of Psychiatrists Faculty of Old Age Psychiatry** host a range of reports and resources on ageing and mental health here.
- **Social Care Institute for Excellence** have pages on their website dedicated to coproduction with older adults. Access the pages here.
- **Stronger Together: A Co-production Toolkit from Ageing Better** provides tools, information, resources and learning from the last six years of implementation of the Ageing Better programme. The resource can be accessed here.
- **FutureNHS Platform for Older People's Mental Health** is an online space where NHS staff and individuals working with the NHS can access reports, webinar resources, guidance and discussion forums. To access the platform or request access visit the platform here.

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