



INTEGRATED PLUS / HIGH INTENSITY
USER SERVICE

EVALUATION REPORT 2024/25



TABLE OF CONTENTS

INTRODUCTION	3
SOCIAL PRESCRIBING CONTEXT	4
TEAM & DELIVERY	5
REFERRALS	6-7
SERVICE USER SATISFACTION	8
ONWARD REFERRALS/SPRING INTO ACTION FUND	9-10
VOLUNTEERS & OUTCOMES	11
COST AVOIDANCE	12-13
CLIENT FEEDBACK	14
CLIENT STORIES	15-17
SUCCESSSES, CHANGES & FUTURE DELIVERY	18-19
APPENDICES	20-21

INTRODUCTION

Dudley Council for Voluntary Service (DCVS) is an independent, second tier (umbrella) local infrastructure organisation supporting voluntary and community organisations, faith-based organisations and social enterprises in Dudley borough. Dudley CVS's vision is for a borough that has caring, vibrant and strong communities where everyone can fulfil their potential.

In early 2014 Dudley CVS (with support from Dudley Clinical Commissioning Group) identified an opportunity to develop and trial 'Integrated Plus'; a different approach to supporting people in their own homes to meet the non-clinical needs of patients. The trial was a success with demonstratable benefits to patients and the state, and since then the service has developed into an innovative, flexible and complementary service. It is able to focus on both social and economic needs and offers 1-2-1 social prescribing support to patients aged 16 and over.

Through Dudley CVS's experience (and success) with delivering Integrated Plus, it was recognised that there was a gap in high end intensive support for people who are very dependent on emergency services. As a result, in 2018, the High Intensity User (HIU) social prescribing project was developed. This resulted in:

The social prescribing offer being widened to secondary care services meeting the NHS RightCare model threshold which targets people who have a very high dependency on A&E, the Urgent Care Centre (UCC) and West Midlands Ambulance Service (WMAS). This patient cohort are patients who live in Dudley borough offering a voluntary sector collaborative model of high intensity social prescribing support to those who are most vulnerable in society

Part of the grant award included allocated funds to enable Dudley CVS to commission voluntary and community sector organisations to deliver social prescribing interventions based on gaps identified by Social Prescribing Link Workers. It is essential that the voluntary and community sector continues to receive investment as, without this, it will not be possible to deliver effective social prescribing.



SOCIAL PRESCRIBING CONTEXT

Social Prescribing seeks to address people's needs in a holistic way - recognising that people's health is determined primarily by a range of social, economic and environmental factors. It also aims to support individuals to take greater control of their own health and wellbeing. Acknowledging this, Social Prescribing is most usually defined as:

"A way for local agencies to refer people to a Link Worker who gives people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support."

Dudley CVS has been delivering social prescribing since 2014, rolling out the first social prescribing project in Dudley borough. In 2017, Dudley CVS was commissioned by NHS England to write the first online training models for social prescribing to aid and guide the new NHS Link Worker model across England. The team has also won a number of awards for its achievements.

The Integrated Plus team celebrated 10 years of social prescribing in Dudley this year, this was celebrated through our Connect and Share event on the 20th March, where we invited various partners and peers to celebrate the work that has been developed in Dudley and our Spring Into Action funded partners.



TEAM AND DELIVERY

The Integrated Plus team structure aligns with the 6 Primary Care Networks (PCNs) in Dudley Borough. Integrated Plus currently has 11 full/part time staff: 1 Manager, 6 Senior Social Prescribing Link Workers (1 per PCN area), 2 A&E High Intensity User Link Workers (borough wide), 1 Volunteer and Activities Co-ordinator and 1 Impact and Evaluation Officer.

Our approach combines a flexible, non-clinical, holistic package of support which focuses on the whole person's needs to jointly find solutions to problems faced. Support is independent, impartial and usually provided in people's own homes, so that the service can build a true picture of the person, their living conditions and family support networks.

Staff have a 'can do' approach and attitude as the service is not tied by organisational boundaries and cultures. Quality time is spent with people, actively listening to their needs and aspirations. Staff ensure people are accessing services appropriate to their needs and help them to navigate the health and social care system.

Further details about the Integrated Plus Team's aims and pathway can be found in Appendix A.



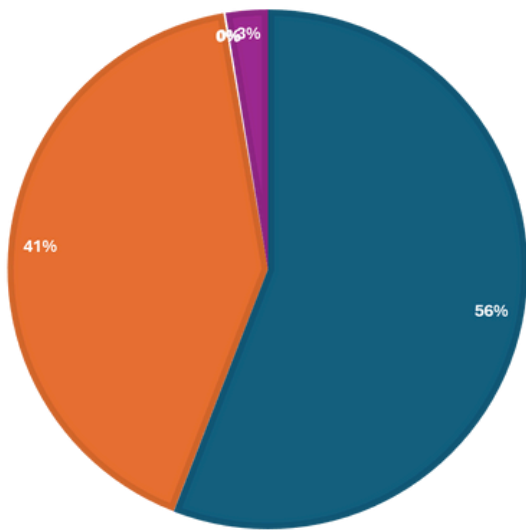
SERVICE USERS

INTEGRATED PLUS SERVICE REFERRALS

Total Number of referrals	Total number of referrals who accepted the service.	Total number of referrals who declined the service	Total number of inappropriate referrals	Total number of referrals unable to contact	Service acceptance rate %
1314	999	80	58	149	77%

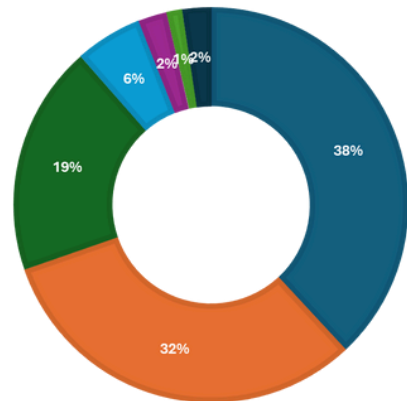
GENDER

Female Male Non Binary Transgender Unknown



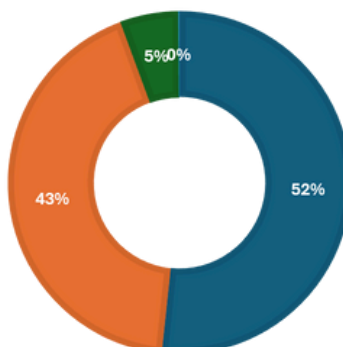
PRESENTING ISSUES

Isolation Depression Long term health Substance Misuse Stress Family issues Financial



ETHNICITY

White British Unknown BAME

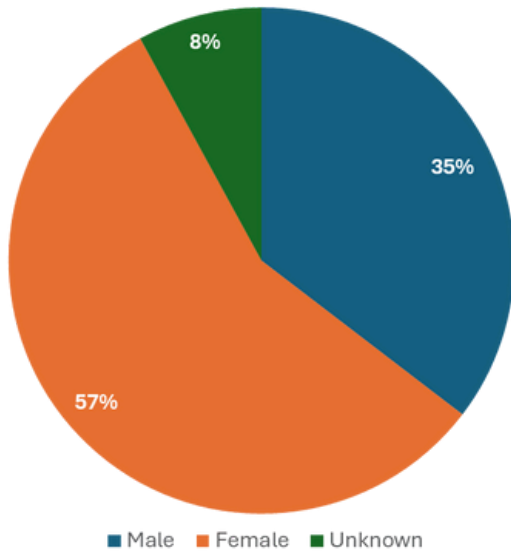


HIU SERVICE CASES

Cases are allocated via an MDT meeting (not via referral). Patients will have attended A&E and/or been admitted a minimum of 12 times within a 12 month period.

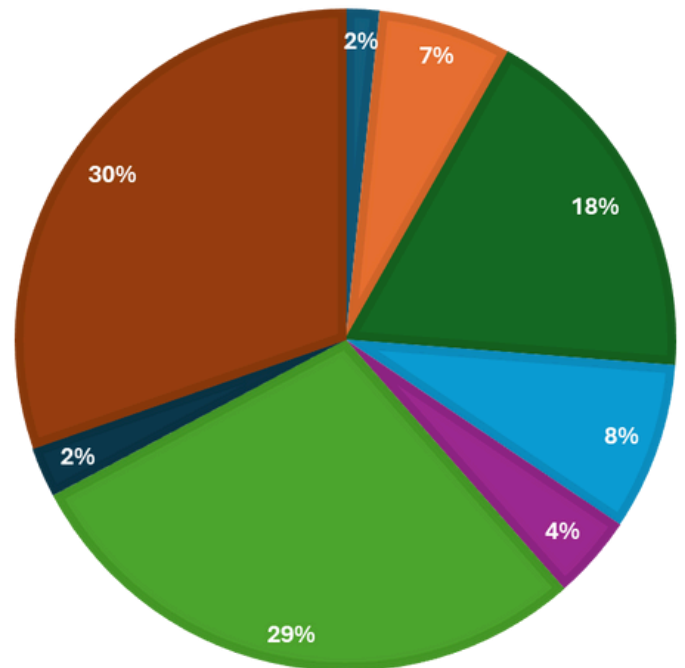
Total number of people offered the service	Total number of referrals who accepted the service	Total number of referrals who declined the service	Total number of inappropriate referrals	Total number of referrals unable to contact	Service acceptance rate %
113	110	1	1	1	97%

Gender



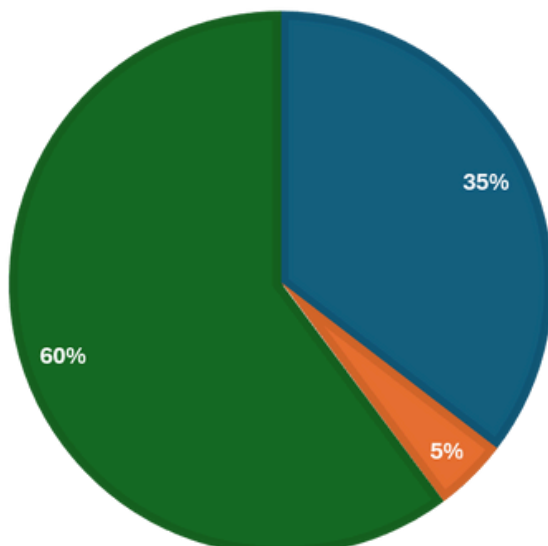
PRESENTING ISSUES

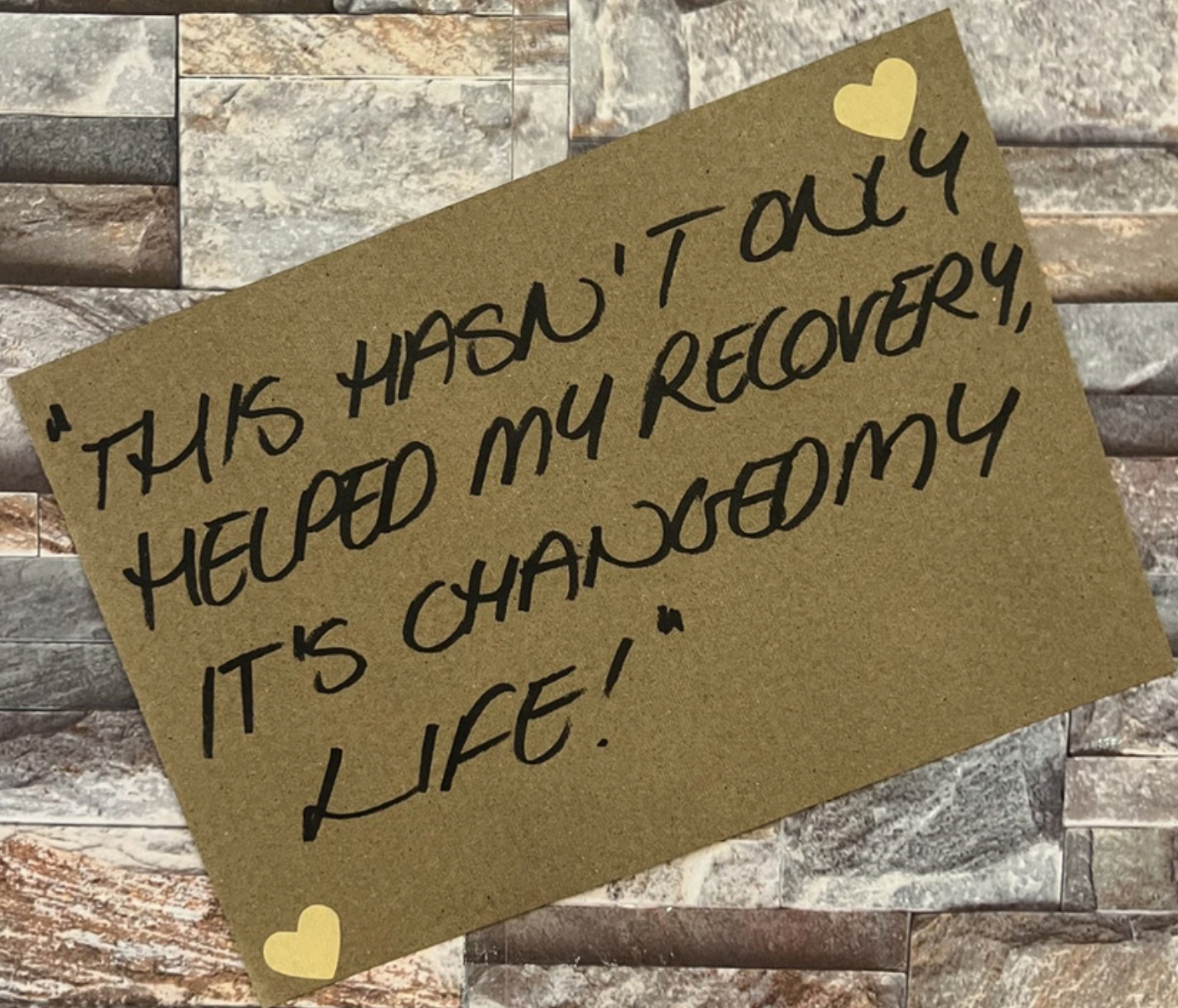
- Isolation
- LTHC
- Household issues
- Depression
- Family
- Unknown
- Drugs and alcohol
- Mental health condition
- Frequent presenter



ETHNICITY

- White British
- BME
- Unknown





SERVICE USER SERVICE RATING

Integrated Plus

Excellent	Good	Average
128	28	5

HIU

Excellent	Good	Average
7	0	0

1 service user has rated the service poor or very poor.



spring into action!

"You grow through what you go through"



Through the Voluntary Sector Social Prescribing Fund, Dudley CVS has commissioned the following organisations to deliver social prescribing prescriptions throughout the past year. Prescriptions have been based on gaps and needs identified by all Social Prescribing Link Workers working within Dudley Borough:

Spring into Action 2024/25 - What we did.....

Initial Spring into Action Budget of £50,000

26 Applications received from 14 CIC's or not for profit organisations. 😊

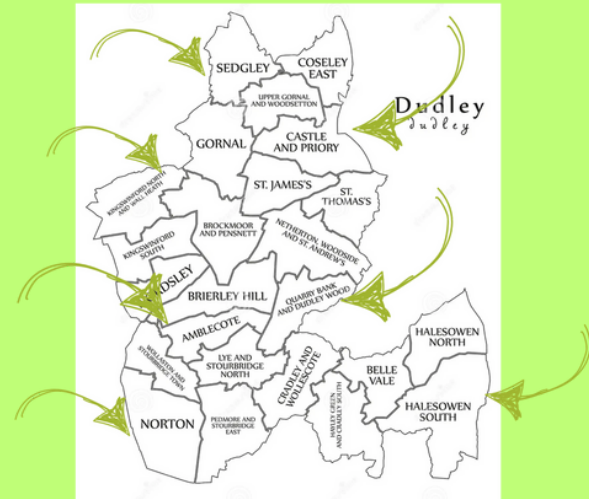
19 grants awarded ✅

Average grant awarded £2,650

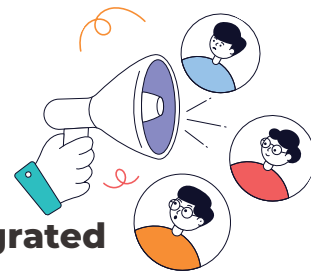
Smallest Grant - £300/Largest Grant - £6,400 👍

85 Integrated Plus clients supported in SIA sessions since September 2024 🌱

Total Spend £49,971



ONWARD REFERRALS



INTEGRATED PLUS & HIU

1596 onward referrals to organisations were made by the Integrated Plus and HIU team and 333 referrals were made to services. Top organisations we referred to were as follows-

Organisation	Amount of referrals
Citizens Advice Bureau	119
Dudley Carers Hub	45
Aspire For You	41
Dudley Crossroads	38
Brockswood Animal Sanctuary	37
Tough Enough To Care	34
Driving Miss Daisy	30
Hawbush Community Gardens	29
Mindful Life CIC	27
Recovery College	25
Talking Tables	25

spring into action!

"You grow through what you go through"



I was recently fortunate enough to be welcomed into the Riverside House family through attendance at one of their social prescribing activities; namely stained glass artistry. Words simply will not do justice to the experience I encountered. The guidance, instruction, motivation and empowering friendship from Harriet was truly inspiring and enabled me to amaze myself in what I could create independently. The environment was simply amazing with equally amazing and inspirational people who embraced and accepted me for who I am without prejudice. The location is a haven of tranquility and serenity promoting both a mental refresh and inspirational space which was hugely appreciated. Now that my sessions have come to a close, I miss my frequent visits to site for a weekly reset. I look forward to being able to experience further time at Riverside House in the future. Thank you Claire and Lloyd for a simply amazing experience

"I've not been out for years and socialised like this. I've been ok talking in this group even though I was a bit nervous at first



"Safe space, enjoyed company, beautiful, calm"

"I thoroughly enjoyed last week; found it fascinating and a perfect distraction with some light conversation about our struggles with the group which has really helped. Feeling inspired on my craft. I will be attending this week and intend to attend every week"



OUTCOMES

The service's initial and final assessments gather clients' responses to the following questions, utilising the Office for National Statistics ONS4 Personal Wellbeing Scale advocated by NHS England:

For each question, patients are asked to score on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

INTEGRATED PLUS

Overall, how satisfied are you with your life nowadays?

Total overall initial assessment scores	Total overall final assessment scores	% change
199	288	44%

Overall, to what extent do you feel that your life is worthwhile?

Total overall initial assessment scores	Total overall final assessment scores	% change
210	290	38%

Overall, how happy did you feel yesterday?

Total overall initial assessment scores	Total overall final assessment scores	% change
203	289	42%

*On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

Total overall initial assessment scores	Total overall final assessment scores	% change
372	294	20%

How often do you feel isolated?

Total overall initial assessment scores	Total overall final assessment scores	% change
395	308	28%

To what extent do you feel lonely?

Total overall initial assessment scores	Total overall final assessment scores	% change
372	296	20%

Results above show:

44% increase in life satisfaction
38% increase in feelings of life being worthwhile
42% feel happier
20% decrease in anxiety
28% less isolated
20% less lonely

VOLUNTEERING

A Volunteer & Activities Coordinator joined the Integrated Plus team in September 2024. During the first six months in post, the focus was on establishing a robust volunteer programme tailored to the needs of Integrated Plus clients.

Key activities during this period included:

- **Developing clear volunteer role descriptions**
- **Designing a comprehensive volunteer induction training programme**
- **Creating a volunteer handbook to support consistency and quality**

Three distinct volunteer roles were identified to enhance client support:

- 1. Telephone Buddy – offering regular phone calls for companionship and emotional support**
- 2. Community Buddy – accompanying clients to appointments, community groups, or local activities**
- 3. Group Volunteer – assisting with the delivery of group-based sessions and events**

The aim of the volunteer programme is to provide meaningful emotional support, reduce loneliness and isolation, and encourage confidence-building among clients. Volunteers will also play a key role in helping individuals engage with new groups and activities. As of March 2025, five individuals have expressed interest in volunteering with Integrated Plus.



COST AVOIDANCE FIGURES 24-25

Service Area	Time	Type	Before	After	Diff.	Cost Avoidance	% Change
DGOH – IP	6 mo	A&E	418	432	-14	None	+3.34% (↑)
	12 mo	A&E	740	580	160	£42,240	-21.62%
	6 mo	Inpatient	385	319	66	£108,504	-17.14%
	12 mo	Inpatient	758	422	336	£552,384	-44.32%
	6 mo	Outpatient	1535	1453	82	£9,840	-5.34%
	12 mo	Outpatient	2926	2028	898	£107,760	-30.69%
DGOH – HIU	6 mo	A&E	716	392	324	£93,636	-45.25%
	12 mo	A&E	1088	573	515	£148,835	-47.33%
	6 mo	Inpatient	263	142	121	£198,924	-46.00%
	12 mo	Inpatient	429	182	247	£406,068	-57.57%
	6 mo	Outpatient	390	318	72	£8,640	-18.46%
	12 mo	Outpatient	768	432	336	£40,320	-43.75%
All Hospitals – IP	6 mo	A&E	752	681	71	£20,519	-9.44%
	12 mo	A&E	1314	923	391	£112,999	-29.75%
	6 mo	Inpatient	443	391	52	£85,488	-11.73%
	12 mo	Inpatient	869	513	356	£585,264	-40.96%
	6 mo	Outpatient	1796	1658	138	£16,560	-7.68%
	12 mo	Outpatient	3459	2354	1105	£132,600	-31.94%
All Hospitals – HIU	6 mo	A&E	1138	640	498	£143,922	-43.76%
	12 mo	A&E	1797	992	805	£232,645	-44.79%
	6 mo	Inpatient	276	165	111	£182,484	-40.21%
	12 mo	Inpatient	457	260	197	£323,868	-43.10%
	6 mo	Outpatient	413	344	69	£8,280	-16.70%
	12 mo	Outpatient	816	469	347	£41,640	-42.52%

COST AVOIDANCE FIGURES



Structure of the Table:

Service Area: Indicates the hospital or category (e.g., DGOH – IP, DGOH – HIU, All Hospitals – IP, etc.).

- **DGOH** = Dudley Group of Hospitals
- **IP** = Inpatient (Hospital Admission)
- **HIU** = High Impact Users (patients with frequent hospital use).
- **Time:** Compares service usage over 6 months and 12 months.
- **Type:** Healthcare service type — A&E (Accident & Emergency), Inpatient, Outpatient.
- **Before/After:** Number of hospital contacts or episodes before and after the intervention.
- **Diff.:** The change in number of contacts (Before - After).
- **Cost Avoidance:** The estimated cost savings due to the reduction in service use.
- **% Change:** Percentage reduction or increase in usage.

Key Insights:

- **High Impact Users (HIUs)** show the most significant reductions across all services, particularly in A&E and Inpatient use, indicating a strong effect of the intervention.
- **Cost avoidance** is substantial, especially in Inpatient services, where even small reductions in episodes translate into large savings.
- **Outpatient reductions** are generally less dramatic but still meaningful, especially over 12 months.

For the purpose of the figures, please see below the cost of each attendance

A&E visit - £289

Admission - £1644

Outpatient - £120

COST AVOIDANCE FIGURES (DATA GATHERED SO FAR)

Explanation of Differences & Key Insights

- **A&E attendances dropped significantly across HIU groups, especially at DGOH (-47.33%) and All Hospitals (-44.79%) over 12 months, generating substantial savings (up to £232,645).**
- **Inpatient admissions showed the largest savings impact, particularly:**
- **DGOH IP with £552,384 saved (44.32% reduction)**
- **All Hospitals IP with £585,264 saved (40.96% reduction)**
- **Outpatient appointments had moderate reductions. The highest savings came from All Hospitals IP (£132,600) and All Hospitals HIU (£41,640) over 12 months.**
- **DGOH IP was the only group with a slight increase in 6-month A&E attendances (+3.34%), hence no cost avoidance in that instance.**
- **Overall, HIU cohorts consistently delivered the highest reductions and savings, underscoring the value of focused support on high-intensity users.**



CLIENT STORIES

At the time of referral to Integrated Plus – High Intensity Use (HIU), Bill was one of the Trust’s most frequent users, with 50 unplanned hospital visits, including a resuscitation incident in London. He struggled with alcohol dependency, unmanaged diabetes, and severe mental health issues. Though previously identified as a high-intensity user, Bill had declined support until a multi-agency meeting—attended by over 15 professionals—where he agreed to engage with Integrated Plus.

Bill faced complex challenges including childhood trauma, marital breakdown, unstable housing, long-term sickness, and isolation. With support from Ellie, his HIU link worker, Bill began to rebuild structure in his life. He engaged in weekly meetings, received emotional support, and started attending alcohol support groups. He also used BRIC funding to attend an AA convention and work on publishing his autobiography—a meaningful outlet for self-expression and recovery.

After six months of sobriety, Bill experienced a relapse due to travel disruptions, leading to homelessness and a hospital admission. A coordinated response involving Ellie and the Wolverhampton HIU team helped him get back into support. He later spent 10 weeks in mental health inpatient care but remained connected to Ellie throughout.

Over eight months, Bill achieved significant personal progress and a £24,000 cost avoidance from reduced hospital use. He expressed deep appreciation for the support received, noting improved mental health, social connections, and engagement in meaningful activities. He has since launched a mental health podcast and published the first part of his autobiography.

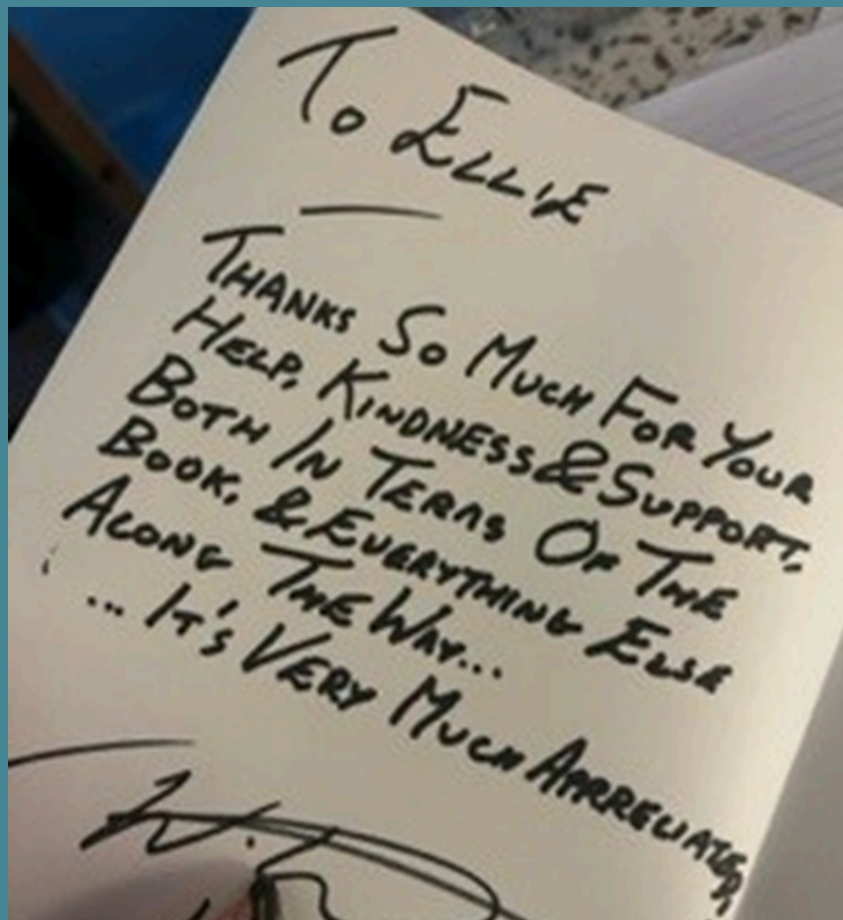
“The Integrated Plus service has been fantastic – I give it five stars. Ellie has had a positive effect on my mental health. I’m seeing friends again, getting out more, and feeling more active.”

– Bill

Below is a quote from The Alcohol Care Team regarding the partnership working in relation to Bill:

Ellie and I initially worked closely together with a previous High Intensity User patient at Russell’s Hall Hospital. It was great to work with a person / team that provide such an holistic, non-judgemental, dynamic support to our patients. We were always in contact with one another ensuring that we constantly updated one another and also provided support and debriefs due to complexities of this patient. With our team work we successfully helped this patient together to stop drinking alcohol resulting in him not attending hospital anymore.

Since working with the patient above, Ellie is an integral part of our Alcohol Care Team at Russell’s Hall Hospital. We now always have mutual patients and we meet frequently to discuss our mutual patients and if there are any patients we feel require a referral into their team. We provide updates and share training with each other.



The countless ambulances who have taken me to hospital for reasons ranging from DKA to my own stupidity, thank you for always being professional and caring, even though it's costed me a few leather jackets over the years. Even though a few of you know me by name, you never judge, and it's nice to hear your words of encouragement when I'm sat outside ED having walked half way across a hospital from my ward to have a smoke at 1AM. The same applies to 'The maroon shirts'. You lot have a tough job, and I hope that I haven't made your life too hard over the years.

Most importantly in this section, thank you to Sam, Cheryl, Ruth and the team on Ward C7, and the incredible, thankless work that they and so many others do at Russells Hall Hospital, fighting not just my corner, but the corners of many of those who have walked a mile in my shoes. Thanks to Ms Pink Hair Ellie for kicking me in the arse long enough to keep my motivation going to complete this, and to the staff at Bushey Field's Hospital who actually and truly care about their patients. You all know who you are.

CLIENT STORIES

Ann*, 67, was referred to Integrated Plus by her GP. Living in sheltered accommodation and receiving low-intensity CBT, she sought support to reduce loneliness and improve her mood. Despite local activities, she felt isolated due to social cliques and had begun withdrawing. She also disclosed unresolved trauma that was impacting her mental health.

Support Needs Identified

During a home visit, Ann shared that she felt unwelcome in group settings and that CBT alone wasn't helping. She expressed a desire to reconnect socially and address long-standing trauma. The Link Worker noticed Ann's impressive mixed-media artwork, which she had begun creating again in the sheltered housing art room.

Ann was encouraged to showcase her artwork at a local Dudley community event, which she attended with her family. Her pieces, reflecting her parents' struggles with dementia and mental health, were well-received. She also participated in a podcast about her story and contributed an original song. With support, she explored external art groups and discussed volunteering at a nearby animal sanctuary. The Link Worker connected her with trauma support services, which she plans to access when ready, giving her a sense of control and reassurance.

Impact

With renewed confidence, Ann is now working with Dudley CVS to develop her own art group, as well as a potential walking group and coffee morning. These future plans offer Ann a positive focus and a way to build resilience while improving her mental wellbeing.



CLIENT STORIES

Andrea, 56, was referred to Integrated Plus by her GP due to isolation and a lack of local social connections after moving into the area. She had recently left work due to osteoarthritis and was also navigating menopause and low confidence, despite starting a counselling course.

Andrea shared that she missed the diversity of her previous community and had experienced implicit discrimination. She also expressed concerns about her physical strength, mental wellbeing, and suspected neurodiversity.

Gemma, Senior Link Worker, co-developed a care and support plan with Andrea. She was referred to the Self-Management Programme, Dance to Health, a Health & Wellbeing Coach, and signposted to the African Caribbean Community Network (ACCN), CreArt, and local women's groups. Information was also provided on ADHD assessments and neurodiversity resources.

Andrea completed the self-management course, made new friends, and began volunteering with ACCN, which boosted her confidence. She has since enrolled at university and now has a Disability Champion mentor supporting her. She feels more connected, empowered, and no longer hides her vulnerability.

“Integrated Plus is very, very good – it has really helped me.”

ONS Scores Improvement:

Life Satisfaction: 5 → 8

Worthwhile: 5 → 8

Happiness: 4 → 9

Anxiety: 7 → 5

Loneliness: 10 → 1

Social Isolation: 10 → 1

“I wore a mask before, but now I know it’s okay to ask for help. I’ve learnt to be kind to myself.”



BRIC CASE STUDY

Emma*, 61, was referred to Integrated Plus as a parent carer for her non-verbal adult son, Ben*, who has autism. She experiences anxiety, stress, and depression due to her caring role and social isolation. The Link Worker also recognised the emotional impact on her other children, including her 17-year-old daughter Claire*, a young carer struggling with low mood.


BRIC Fund & Aspirations

Emma wanted to reconnect with Claire through something creative. BRIC funding was used to purchase a ceramics workshop for both of them—offering a rare opportunity to enjoy quality time away from their caring responsibilities.

Impact

The session gave Emma and Claire a valuable break, helping Emma see the importance of time for herself and her family. As a result, Emma joined a local craft group funded by Integrated Plus and also booked a place for Ben, showing her growing confidence in taking proactive steps for self-care and support.

“Thank you for everything you’re doing for Ben and my family. It’s made a big difference knowing someone actually cares and that we have someone to contact if we get stuck.” – Emma



Our BRIC Fund—short for Building Resilience in the Community—provides vital, funded wellbeing support to help clients access resources and opportunities they might otherwise be unable to afford. In 2024/25, we invested over £5,000 to assist clients in a variety of ways, including food shopping vouchers, gardening tools, walking boots, and arts and crafts materials



KEY SUCCESSES



Successfully appointed a new Integrated Plus (IP) and High Impact User (HIU) Manager, strengthening leadership and strategic direction within the team.

Recruited a dedicated Volunteer & Activities Coordinator, who now leads on volunteer development for Integrated Plus and oversees the Spring Into Action fund.

Achieved all Key Performance Indicators (KPIs) related to referral targets for both the IP and HIU programmes.

Continued to build strong partnerships within Primary Care Networks (PCNs), maintaining our position as the lead social prescribing service in the area.

Allocated £50,000 from the Spring Into Action fund to support local community groups, empowering clients and enhancing access to meaningful activities and support services.

Continued to provide vital support to clients during the cost of living crisis and times of uncertainty.

Distributed £5,500 of BRIC funding to clients, helping to address their health and wellbeing needs.



MAIN CHALLENGES

One of the key challenges throughout the year was ensuring that referrals met the appropriate criteria for both Integrated Plus (IP) and High Intensity Users (HIU). Referral streams for welfare rights were reduced, alongside a decrease in available funding within the local area, impacting our ability to support clients comprehensively.

The ongoing effects of COVID-19 have continued to influence the team, contributing to health-related anxieties and other operational challenges.

Within the HIU team, there is a need to strengthen the core group by improving the quality and suitability of referrals. Additionally, greater involvement from professionals is required to support the complex needs of this client group effectively.



LOOKING FORWARD...

Plans for 2025/2026

In the coming year, we aim to rebuild and redefine social prescribing within the Dudley area by revisiting referral criteria and strengthening collaborative relationships with GPs.

Key initiatives include:

Expanding the HIU team from two to three members to enhance capacity and client support.

Increasing referrals for HIU by extending the core group to include 101 frequent attenders and collaborating closely with the Urgent Care Centre.

Continuing to allocate £30,000 in funding across local community groups to develop a unique, client-centered service that supports health and wellbeing.

Organisational priorities will focus on:

Rebuilding robust Integrated Plus (IP) and HIU pathways to ensure clarity for team members and enable consistent delivery of services.

Working towards achieving a Gold Set of Standards to elevate service quality and impact.

Developing localized quarterly reports to provide Primary Care Networks (PCNs) with detailed insights into activity and outcomes in their areas.

Additionally, PR and marketing efforts will be a key focus, including rebranding our leaflets to engage new client cohorts and increase referrals. We also plan to strengthen the mental health referral pathway by designing a new, simplified process that improves access and coordination.



APPENDICES

APPENDIX A - INTEGRATED PLUS/HIU AIMS AND PATIENT PATHWAY

AIMS

- Improving mental health and wellbeing
- Helping people become more active and involved in their own communities
- Helping people become socially connected with others and less isolated
- Improving their quality of life and finding purpose
- Supporting people to make a difference in their community e.g. through volunteering and becoming active citizens
- Represent the voluntary sector at Multi Disciplinary Teams (MDTs) Increased
- awareness and profile of the voluntary sector to health clinicians

PATIENT PATHWAY

Patient joins the Integrated Plus service



- Referrals at ICT meetings by ICT staff and referrals open to all GPs at each practice via referral form
- Patients contacted to explain Integrated Plus service
- First appointment booked via home visit, telephone/video call or meeting in the community
- Data logged on PSIAMS (CRM system) - referral information, whether client accepted or declined service etc

Live case management



- First appointment conducted by Senior Link Worker - Integrated Plus service explained in detail
- Time spent getting to know the patient e.g. what matters to them, needs, aspirations etc.
- Data agreement signed by patient
- Bespoke holistic assessment carried out including ONS4 Personal Wellbeing Scale.
- Care and support plan co-produced with patient
- Actions/interventions carried out by Senior Link Worker
- Patient progress on non-clinical interventions fed into ICT meetings by Senior Link Workers
- Ongoing data added on to PSIAMS system



Completion of the service/support

- Final assessment and review undertaken with patient by Senior Link Worker or Evaluation Office in person or via telephone/video call
- Any new needs or goals identified are followed up, if appropriate
- Patient stories are written up (with patient consent) by Senior Link Workers
- Patients exited on PSIAMS system by Senior Link Worker

**"She gave me so much information about groups and activities I didn't even know existed - and she followed through on everything she promised."
— Client**

**"SPLW has been fantastic - incredibly supportive and reliable. Everything he said he would do, he did. Integrated Plus has definitely had a positive impact."
— Client**

**"What Integrated Plus does for people who are struggling is amazing. I really hope you can continue - it's such an important service, especially now, with so many people facing mental health challenges."
— Client**

**"Integrated Plus is a truly valuable service - I'm incredibly grateful for it. She showed me it's okay to ask for help. I've learned to pick up the phone and reach out."
— Client**

**"This has had a truly positive effect. He felt worthless before, and now... it's made a huge difference."
— Client's Foster Carer**

**"I can't praise her enough - her support has made all the difference."
— Client's Mum**