NHS Barnsley Clinical Commissioning Group

Social Prescribing: Developing a Borough Wide Model for Barnsley

Adapted from a Presentation by Dr Lisa Wilkins, Consultant in Public Health Medicine In Feb 16th 2016

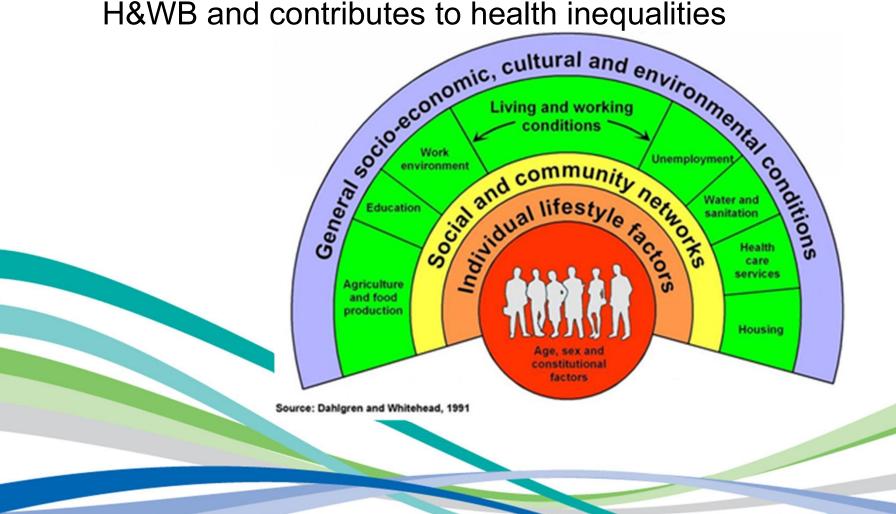
Marie Hoyle, Practice Manager Representative on NHS Barnsley CCG and Practice Manager at The Kakoty Practice

What is Social Prescribing

- Social prescribing is a mechanism for linking patients with nonmedical sources of support within the community
- Provides Healthcare Professionals with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing and enable a more holistic approach
- Route to help to 'de-medicalise' support and recognises the importance of psychosocial, environmental and economic factors in health and wellbeing and health inequalities

Why now?

- Demand for health care is escalating
- Medical model diagnoses & treats disease but it is the social context in which people live their lives that often determines their H&WB and contributes to health inequalities



Five Year Forward View

"The health service has been prone to operating a 'factory' model of care and repair, with limited engagement with the wider community, a short-sighted approach to partnerships, and underdeveloped advocacy and action on the broader influencers of health and wellbeing. As a result the NHS has not fully harnessed the renewable energy represented by patients and communities."

"There is a need to form stronger partnerships with charitable and voluntary sector organisations. Voluntary organisations often have an impact well beyond what statutory services alone can achieve. These organisations provide a rich range of activities, including information, advice, advocacy and they deliver vital services with paid expert staff. Often they are better able to reach underserved groups" Jeremy Hunt's **New Deal for General Practice** speech:

- "Around a fifth of GPs' time is spent dealing with patients' social problems including debt, social isolation, housing, work, relationships and unemployment - yet 50% of GPs have no contact whatsoever with local social care providers.
- So we need to empower general practice by breaking down the barriers with other sectors, whether social care, community care or mental health providers, so that social prescribing becomes as normal a part of your job as medical prescribing is today."

NHSE promoting access to non-clinical interventions from voluntary services and community groups as a way of making general practice more sustainable

More importantly potential for better outcomes for patients

Improved H&WB and quality of life

Help people to actively manage their own health

↓Fewer primary care consultations

↓Hospital admissions, visits to A&E, OPD attendances

↑Patient satisfaction

Strengthening of protective factors for mental wellbeing **Confidence and self-efficacy**

↓Anxiety and depression

Improved levels of recovery from mental illness

↑Social networks, contact and sense of belonging

↓Social exclusion and social isolation

Enhanced skills and motivation

↑ Employability

ingagement with weight loss and exercise programmes

Uptake of welfare benefits

For the general practice and health care service:

- Usits by frequent attenders
- More appropriate use of clinicians' time, allowing them to concentrate on medical issues during all consultations
- ↑ the range of services offered by the practice, allowing a more holistic care
 package
- Improvements in link between practice and the local voluntary & community sector
- Unappropriate prescribing of antidepressants
- Support QIPP
- ↓use of wider hospital resources

For the community:

Reduction in health inequalities Increase in social capital

Who can benefit?

- Frequent attenders in primary care
- Patients with medically unexplained symptoms
- People with chronic physical illness
- Frail elderly
- Socially isolated
- People with mild to moderate depression and anxiety
- Vulnerable and at risk groups for mental ill-health, for example low-income single mothers, recently bereaved elderly people
- People with long-term and enduring mental health problems

What Barnsley residents are telling us would help improve their health and well being

Hillary Mosley, Lead Nurse, Commissioning and Transformation, NHS Barnsley CCG

Key messages from range of consultation events

- Confusion on how to find way around services & where to go for help
- Want clear information that helps them find their way around H&SC services
- Want to know what is available and how to access 'softer social care', eg local support services that combat social isolation/ provide information on bus passes/ blue badgers/ local activities such as walking groups.

- Would like to **know about all the services** (both formal and informal) that are available for them locally.
- One point of contact

Advice needed falls into 4 categories:

- Social
- Medical
- Inclusion
- Financial

Hoyland Place Based Approach

Hillary Mosley, Lead Nurse, Commissioning and Transformation, NHS Barnsley CCG

- The Citizens of Hoyland will feel supported and confident to be in control of their own health and social care.
- They will feel able to self-manage when appropriate and have access to information systems that clearly inform them of services available.
- If they need care; this will be based on co-production across the services that are there to support them.

Hearing what local Be clear about what we people need to feel want to achieve and able to self manage how we know we have achieved it. Supporting the workforce in behaviour change approaches Working together with all our partners.

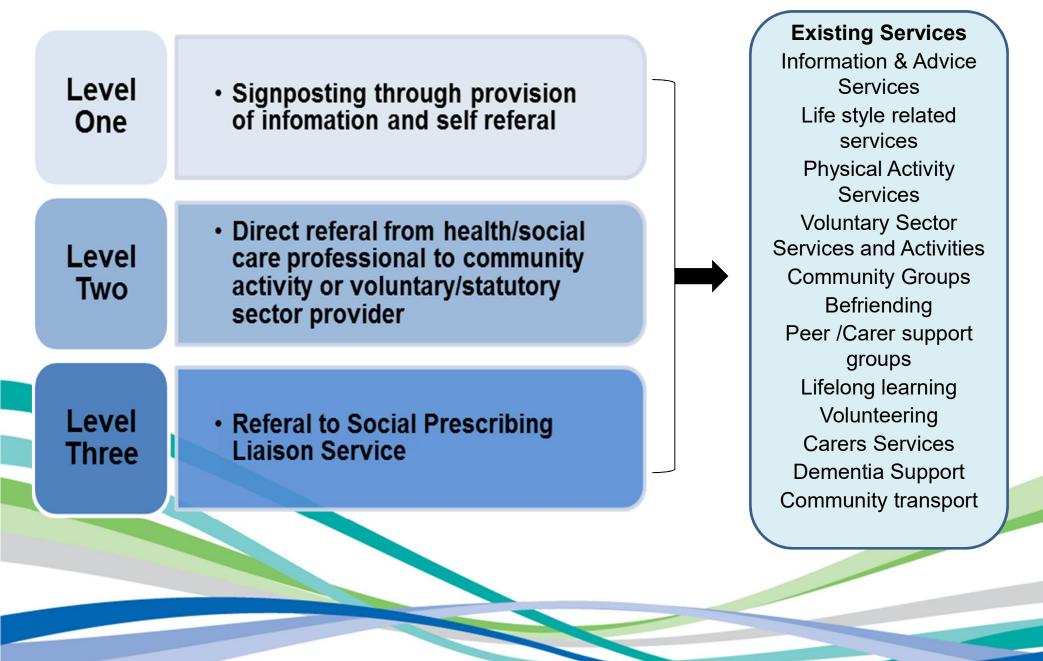
Communication / Information

- More publicity of things happening around Hoyland
- To really feel involved in decisions made about care / support
- Would like to know what services and classes are for me, when, where, cost?
- Timetable of everything that is available in the Hoyland area
- A simple 'events' and 'what's on' board in Hoyland centre
- One go to website that provides information on all exercise groups in the Barnsley area

Housing – information re benefits /how do I get an adapted shower?

Overview of Proposed Model

Dr Lisa Wilkins, Consultant in Public Health Medicine



Level 3: Social Prescribing Liaison Service

When appropriate:

- Multiple issues or what the issues not immediately clear.
- **Referrer is not sure** of what services are available or would best help the individual.
- Socially isolated and/or has low levels of confidence/selfesteem/resilience and would benefit from support to develop motivation and confidence to access services and community activities.
- Where accessing local community groups and activities would be of help

- Central coordination function
- Advisors work on the same geographic footprint as the Area Council
- Each general practice will have a named local advisor
- Advisor will become part of the wider primary care team and work flexibly with the practice, including attending the practice's MDT meetings if the practice wishes
- The local advisors will also link with the community nursing team and area council's managers and community development staff and the ward alliances.

Who to Refer Where?

Service	When to refer			
Be Well Barnsley	Primary objective is a lifestyle change eg stop smoking,			
	increase physical activity, lose weight.			
Care navigation	Patients with LTC who would benefit from support to feel more in			
and health	control of their health condition and better able to self-manage			
coaching	their condition (ie there is a clinical condition that could be			
3	better controlled and may be being affected by social/behavioural			
	issues)			
	133003)			
Barnsley Council	When social services maybe required or patients require simple information provided by the contact centre eg how to get a blue badge.			
Social Care				
Customer Access				
Team / Contact	6			
Centre				
Independent living	Difficulties with activities of daily living and would benefit from			
at home	reablement, assistive technology			

Key Interdependencies

	nmunities, Learning and cial Activities	Advice and Information, Support Groups	Lifestyle and behaviour change	Housing and Home safety
•	Community activities, groups and societies	Social Services Contact Assessment Team	Be Well BarnsleyWalking groups	Housing adviceFire and Rescue home
•	University of Third Age Volunteering opportunities	Welfare Advice ServiceDebt management	Leisure providers	safety checksHome Improvement
•	Lifelong learning Libraries	Housing AdviceCitizens Advice	LTC Self-care • Care Navigation	Agency / Staying Out handyman service
•	Books on prescription Befriending eg RVS, Age	Age UK BarnsleyAlzheimer's Society,	 Health Coaching Telehealth Reablement/rehabilitation 	Aids and adaptations
•	UK Ward Councils and Ward Alliances	Barnsley Independent Alzheimer's and Dementia Support	 Occupational therapy Independent Living at Home 	Other Health Services Primary Care
•	Voluntary Action Barnsley Community shop Transport	 DIAL Carers support services Patient / LTC support 	 Community equipment Assistive technology 	 Community Nurses Other community services
•	Dial a Ride Blue badges Bus passes and travel planning	 Groups Advocacy services Family centres Bereavement services 	 Falls service and falls prevention Low vision service Mental health preventive services 	 Mental health services Hospice Hospital
			 Creative Minds Alcohol extended brief interventions MIND 	

Barnsley:- Wealth of Support already in place and growing – how can we use our Area Council investments and Elected Councillor Engagement to effect a positive culture change with our publics use of services?

Doreen's Gang at Clarksfield

www.youtube.com/watch?v=Tkgf4I4xpSI

Thank-you