Self Care and Social Prescribing

Kalwant Sahota
Self Care and Third Sector Commissioning & Development Manager

What is social prescribing?

NHS England Model of Social Prescribing - Social prescribing and community-based support. Summary guide, Published January 2019

https://www.youtube.com/watch?v=O9azfXNcqD8

Context – External picture

Social prescribing isn't new, but its profile has grown quickly over the last few years. Recent developments include:

•Government's A connected society: A strategy for tackling loneliness (October 2018) commits to "improving and expanding social prescribing services", with all local health and care systems having implemented schemes by 2023.

•The NHS Long-term Plan reiterates and expand these commitments: Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21, rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

•NHS England has published a Comprehensive Model for Personalised Care, of which social prescribing is one of six core themes.

•We understand NHS England will shortly publish social prescribing guidance. A collaborative working group was convened to advise on this.

Context – External picture

- Matt Hancock, Secretary of State for Health, recently stated his support.
- The RCGP has strongly backed the expansion of social prescribing, if based in GP surgeries, including its role in advancing the prevention agenda.
- DHSC announced a National Academy for Social Prescribing, which will be 'an online platform' for people to share training, guidance and research.
- The RCPsych's Sustainability Team has convened a National Working Group on Social Prescribing to bring together a wide group of people (beyond the work NHS England is already doing) to consider the next steps for social prescribing.
- The King's Fund has promoted and run a number of events on social prescribing, which have tended to focus on a health perspective.
- The Social Prescribing Network brings together a range of people and organisations to share knowledge and good practice, to support the concept at a local and national level, and to inform good quality research and evaluation.

What is social prescribing not?

There are a wide range of needs that social prescribing is unlikely to prevent or de-escalate. Social prescribing is **not an alternative to social work, social care or occupational therapy**. Nor is it an alternative to properly funding and supporting these essential eligibility-based services.

Social prescribing is **not the same as providing information, advice and signposting**. Nor is it an alternative to properly funding and supporting these essential universal services.

Social prescribing is not **a panacea** to system and funding pressures within health and social care.

Link Worker Role

- 1000 trained social prescribing link workers in place by the end of 2020/21
- Rising further by 2023/24
- Over 900,000 people should be able to be referred into social prescribing schemes
- Each Primary Care Network in the CCG will develop a local plan

Active Signposting/Social Prescribing

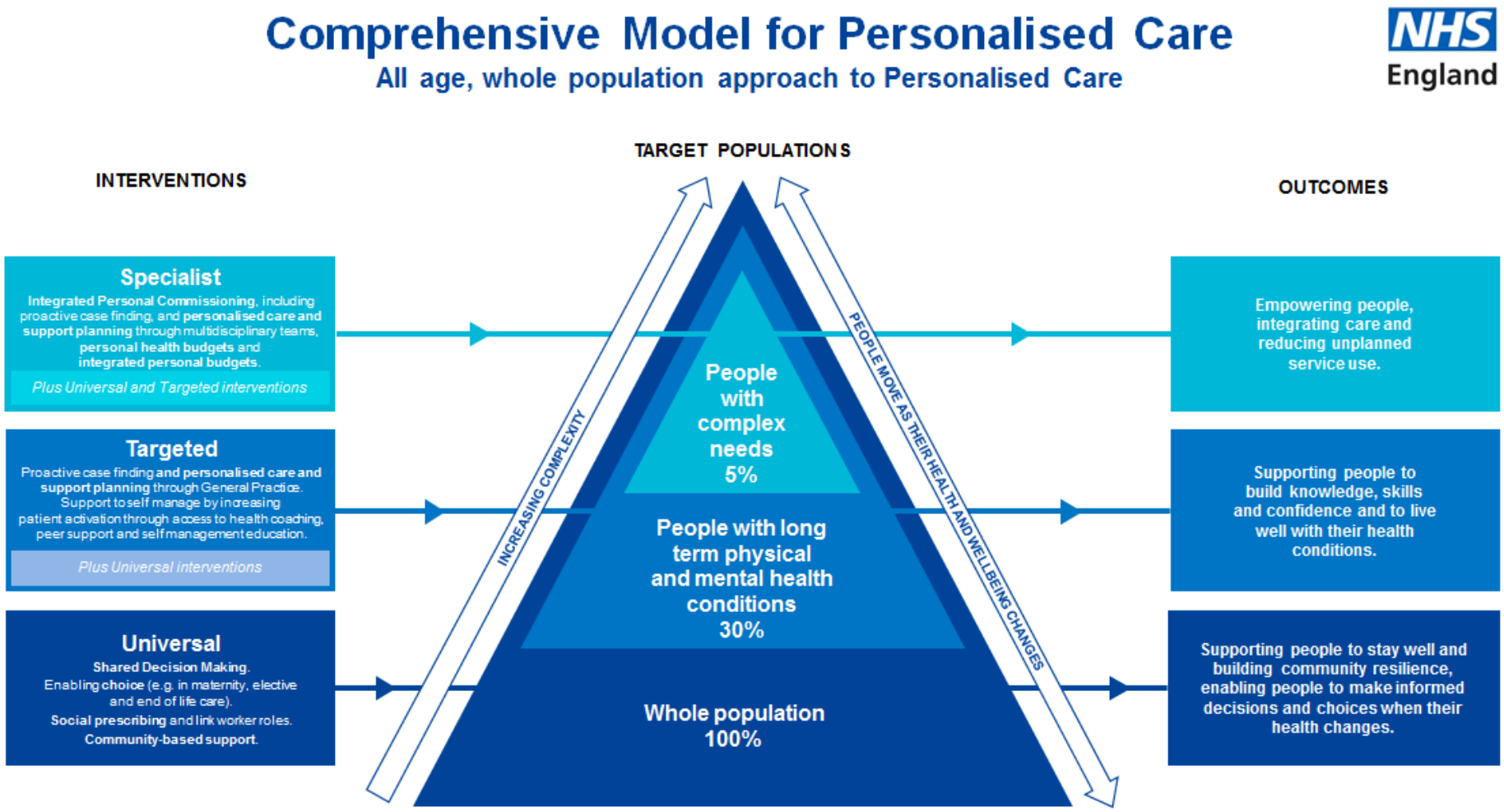
Active Signposting

- Information and advice
- Signposting
- Referral into services

Social Prescribing

- Emotional/practical support – getting to know them and then helping them to access a service

Personalised Care



SOCIAL PRESCRIBING PATHWAY

Voluntary and community sector providers | KCSC | MCMW CM's & HSCA's

My Care, My Way

01 Awareness

MCMW

Primary care staff are aware of social prescribing and know how to signpost patients through the directory or People First website

KCSC

Ensure that there is up to date information about the services on offer

02 Assessment & Care planning

MCMW

Complete care plan

Use PAM to understand patient's current level of engagement

Use the directory or People First website to identify suitable activities and support

03 Referral

MCMW

Check referral criteria and ensure the referral includes information on any additional support needed and patient's goals

Send referral form in S1 to selfcare nhs email address (tiers 2 & 3) or contact services directly (tiers 0 & 1)

PROVIDER

Contact patient for assessment

Email CM/HSCA if they can't engage the patient

KCSC

Add accepted referrals to charity log

Keep referral criteria updated

04 Activities & Support

MCMW

Check charity log to get progress updates

Respond to any issues raised by provider

PROVIDER

Keep charity log up to date

Email CM/HSCA with any concerns

KCSC

Collate patient's feedback from across the different services

6 sessions

05 Follow up & Sustaining Change

MCMW

Check with the provider if there is no feedback two weeks after the final session

Follow up with patient - and develop a plan to help them sustain change

PROVIDER

Review PAM two weeks after the last session and feedback to MCMW

Gather patient feedback

If needed contact HSCA/CM by e-mail or by phone, to discuss next steps

WHAT IS SOCIAL PRESCRIBING?

Barbara's case study

Barbara previously had cancer twice and had recently suffered a broken hip due to brittle bones (partly due to intensive radiotherapy treatment). She also suffers from cellulitis, resulting in one leg being almost twice the size of the other. This is extremely painful, heavy-feeling, and impedes her walking. Barbara currently can't get dressed by herself and has carers who come to help with her personal care.

As part of WLCCG's My Care My Way programme, Barbara's GP – with whom she has a very good relationship – initially called to ask if she wanted to be part of the Self-Care project. She was provided with a consultation with her Case Manager. They discussed various options to help with her rehabilitation and get out and about in the community to build her confidence. She recorded a PAM score with her Case Manager of 55.7 and was referred to the walking support service.

The walking support provider got in touch to arrange her weekly sessions, and also to check if she had any additional mental wellbeing needs. For the first session, they went to the end of the road and back – *'not very far'*. She had to rest at the end. For the second session, Barbara needed some shopping, so they walked a little further to the supermarket. During later sessions she was able to walk to the park and was getting further with each session. Barbara felt the service was flexible, and that her walking support worker was very nice and kind.

'I hadn't realised how difficult I would find holding on to a stick and checking both ways for traffic. I wouldn't have been confident going out alone. The worker is very patient when I need to stop and rest. I was worried she would be marching me up and down the road, but in fact she is very kind, and not over-protective.

I just want to say how nice everyone is. Not patronising at all. I'm very impressed, the attitude of all staff – they want to help so much. Everyone who I have dealt with in this service and in the special unit at St Charles has been so good' (a local integrated care hub).

Barbara's motivation and confidence for her own Self-Care improved significantly; her follow-up PAM score improved to 67.8, an increase of 12 points. She feels there is less risk of her falling and of being isolated at home. Barbara is keen to continue getting out and about, and is looking into walking to French language classes near her home.

North Kensington Offer

- Social Prescribing – existing staff and new link worker post
- Challenges
- Opportunities
- Access
- Menu of services – identify gaps
- Quality Assurance
- Monitoring/outcomes

Kalwant Sahota
Self Care & Third Sector Lead
Kalwant.sahota@nhs.net