



Social Prescribing and Community Radio

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Salford
Social
Prescribing
Hub

Social prescribing: the background

Our health is largely social – acknowledging the ‘social determinants of health’

Reducing burden on GPs and other services (e.g. 15% of GP visits being for social welfare advice: Polley et al.)

Recognising and reducing health inequalities (Marmot Review, 2010)

A drive towards personalised healthcare

Social prescribing: a definition

“Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.”

(‘Making Sense of Social Prescribing’, Polley, 2017)

‘A bridge between health care and the voluntary sector’
– Chris Easton, Tameside & Glossop Integrated Care
Foundation Trust



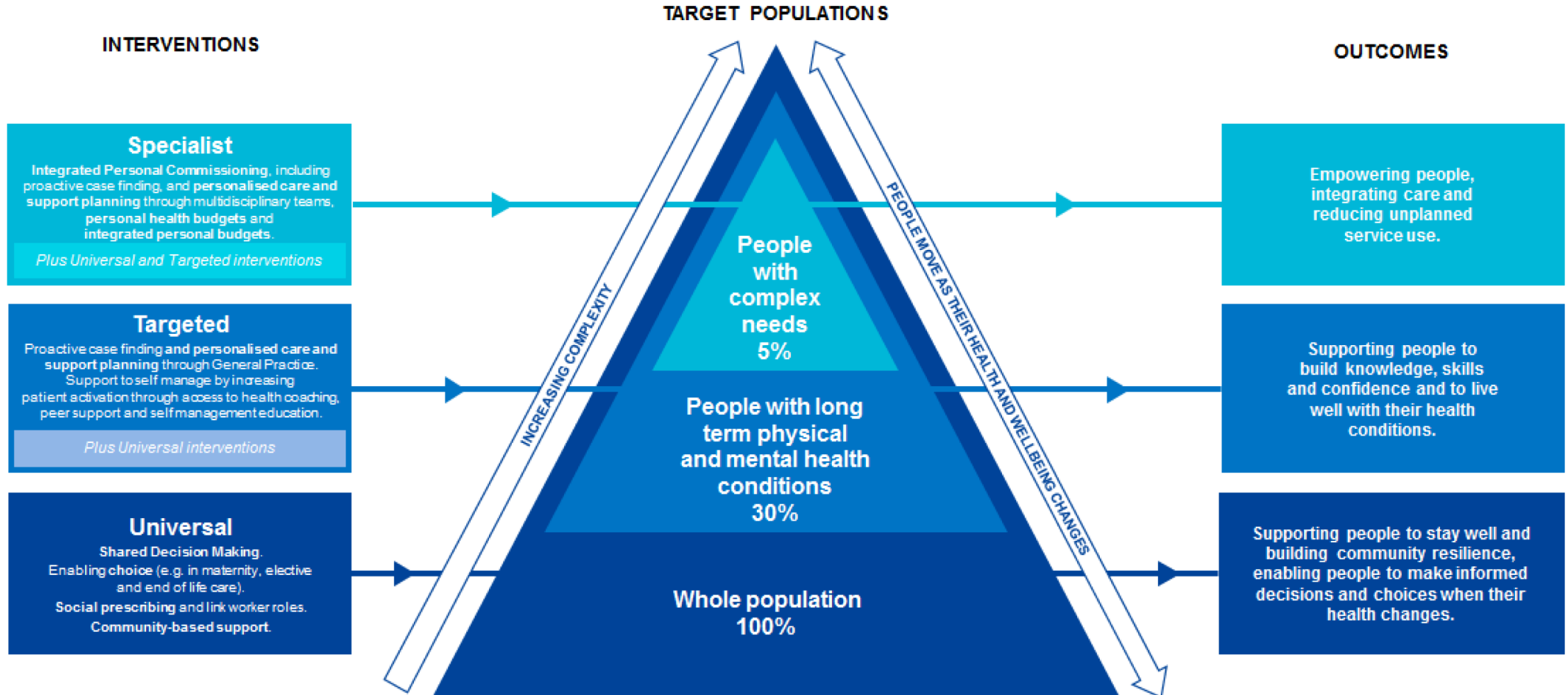
<https://www.youtube.com/watch?v=O9azfXNcqD8>

Social prescribing: an overview

- Flavour of the month/year
- Different to different practitioners / service managers / commissioners
- Various models: e.g. signposting by GP receptionist, intensive support from link worker...
- Increasing evidence base – work ongoing on producing coherent common framework
- Part of wider agenda of personalised / person-centred approach to health

Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care



Social prescribing: key characteristics

- asset based approach
- stronger focus on wellness not illness
- emphasis on the importance of personal choice and control in achieving and maintaining wellbeing
(‘Social Prescribing at a glance’, 2016)

A case study: Bob in Liverpool

[From Dr William Bird keynote (Intelligent Health, 2018)]

A man is sitting at a table, looking thoughtful with his hand to his chin. He is holding a dark glass bottle of beer in his left hand. In front of him is a bowl of food, possibly nachos or a similar snack. The scene is dimly lit, with a blue tint. A white circular callout box is overlaid on the image, containing the text 'Meet Bob'.

Meet
Bob



A man is sitting in bed, looking thoughtful with his hand to his chin. He is eating from a bowl and holding a bottle of beer. The scene is dimly lit with a blue tint. A white speech bubble is overlaid on the image.

Let's get
Bob
active






We can
give him
NHS
treatment



'Bob, why
don't you
get off the
bus a stop
early?'






'Bob, you
really should
take the stairs
instead of
the lift'




'Bob, why don't you try Betty's keep fit class on a Tuesday?'



A person is riding a bicycle in traffic, positioned between two cars. The scene is overlaid with a blue tint. A bright blue speech bubble is centered over the cyclist, containing the text:

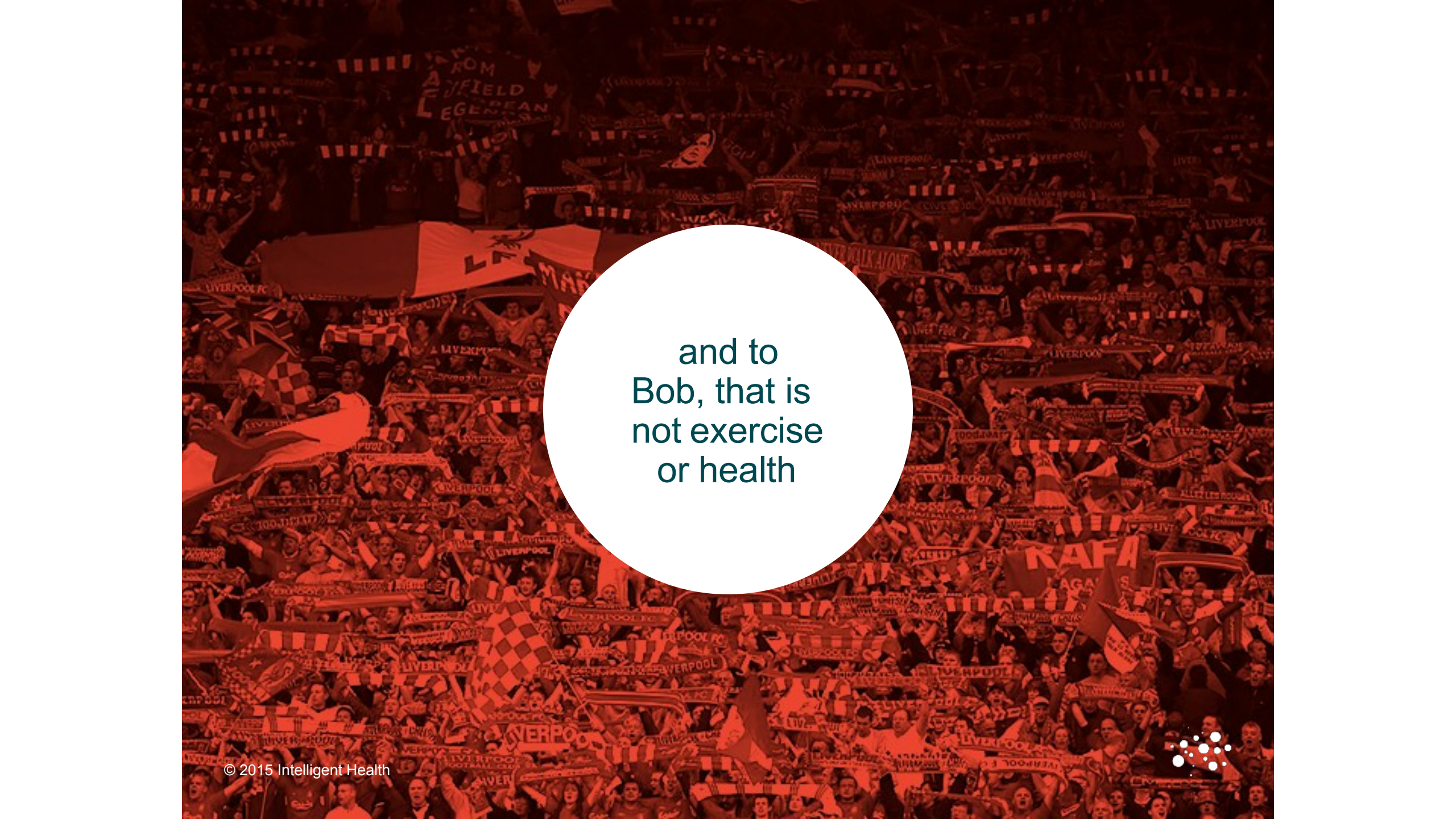
'Bob, have you tried cycling to the shops?'



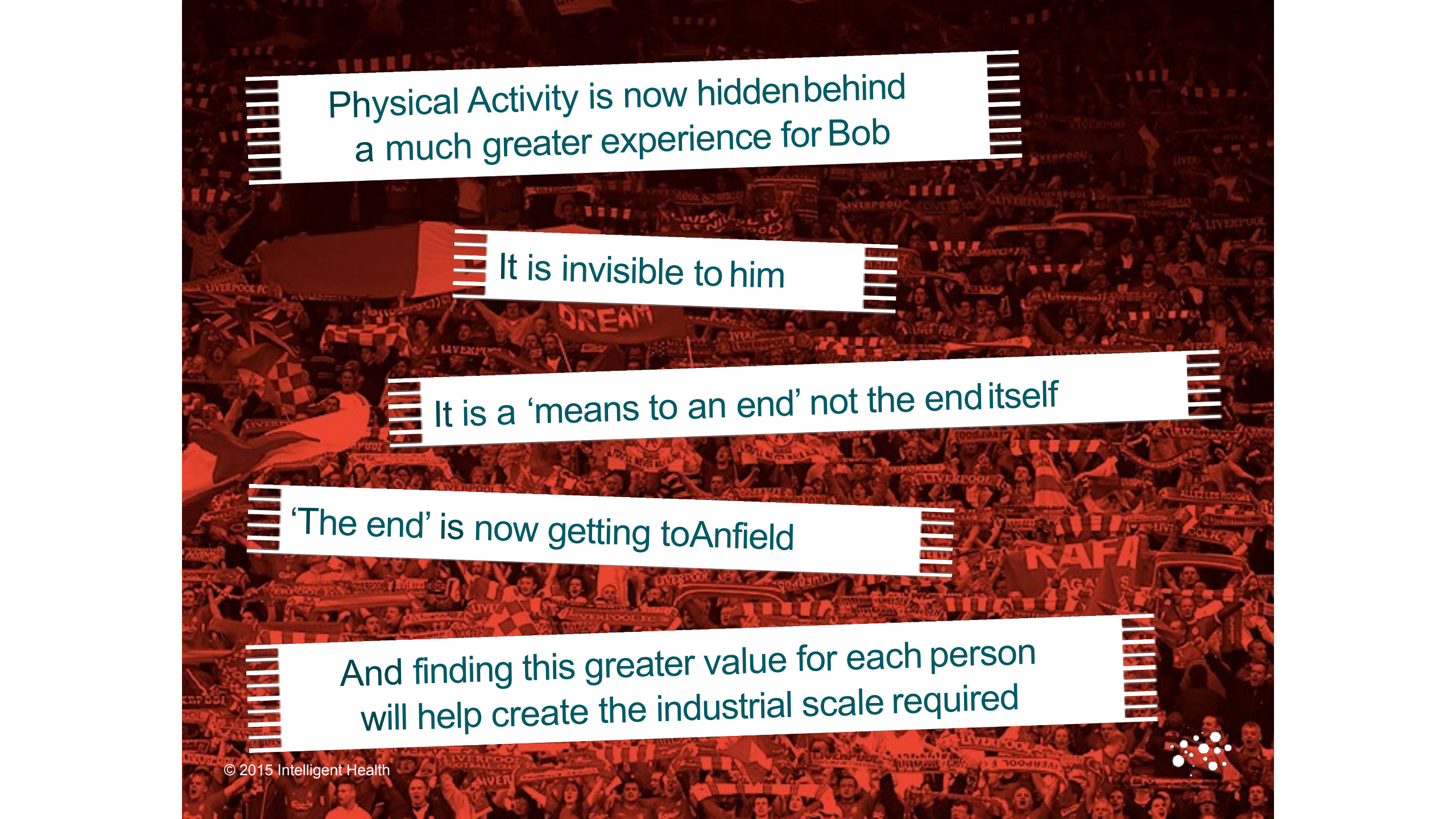


Or we
can link him
with a group of
supporters who
walk 2 miles to
Anfield





and to
Bob, that is
not exercise
or health



Physical Activity is now hidden behind
a much greater experience for Bob

It is invisible to him

It is a 'means to an end' not the end itself

'The end' is now getting to Anfield

And finding this greater value for each person
will help create the industrial scale required



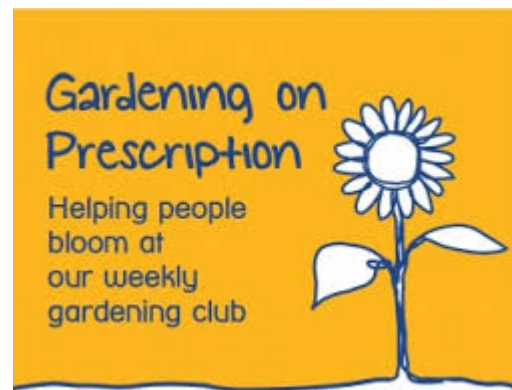
What's meaningful & motivating for you / him / her?



Activities on prescription

- Arts
- Exercise
- Books
- Learning
- Gardening

...all of these 'on prescription'



Arts on Prescription free art workshops* at The Norris Museum, St Ives

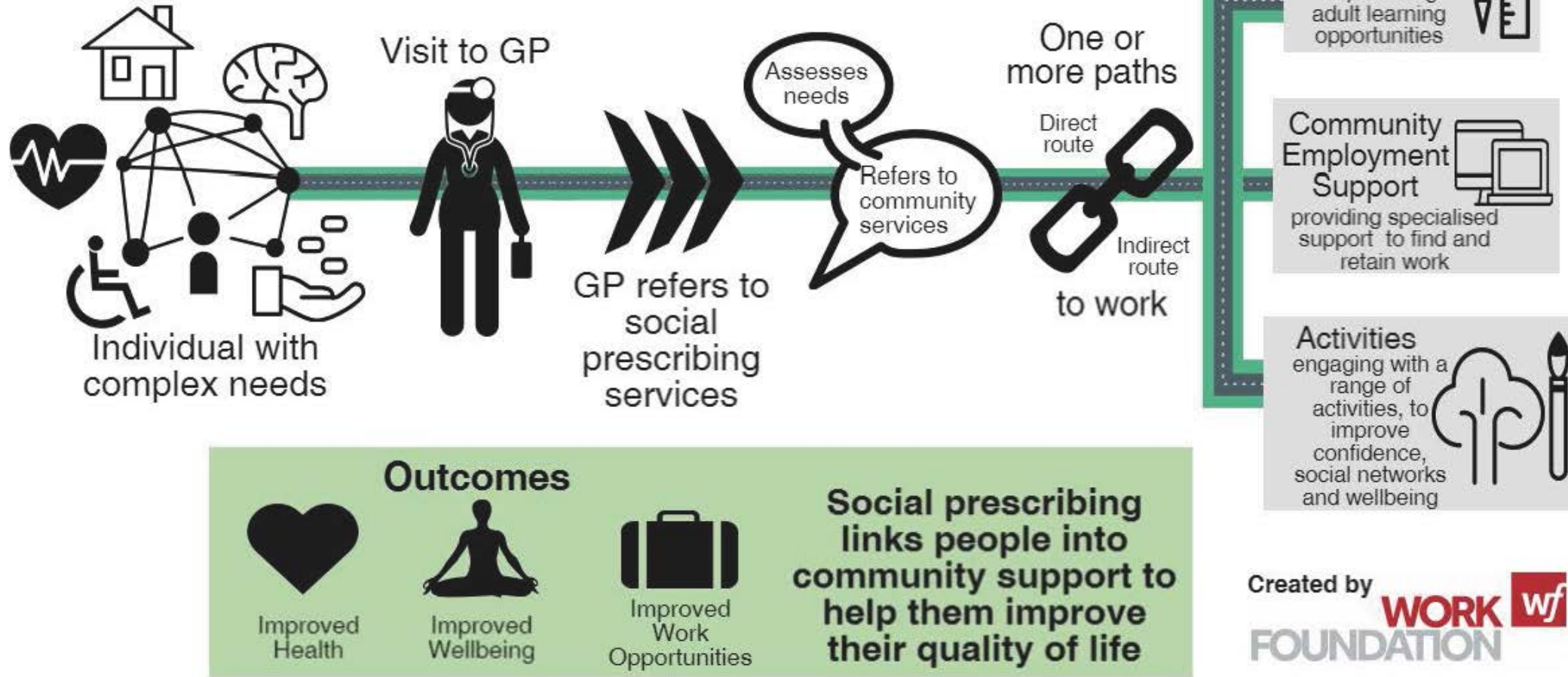
for anyone experiencing depression
stress or anxiety* *It is not art therapy, although participants find it therapeutic!
at The Norris Museum,
The Broadway, St Ives PE27 5BX

1-3pm Wednesdays from
26th September 2018

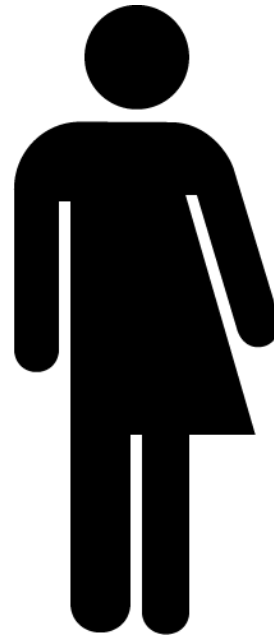
Sign up now: mindsarts@gmail.com www.artsandminds.org.uk



Social Prescribing Pathway



Putting the person at the centre



Why are you here?

What would you like to do?

How would you like things to change?

Link worker: a key role

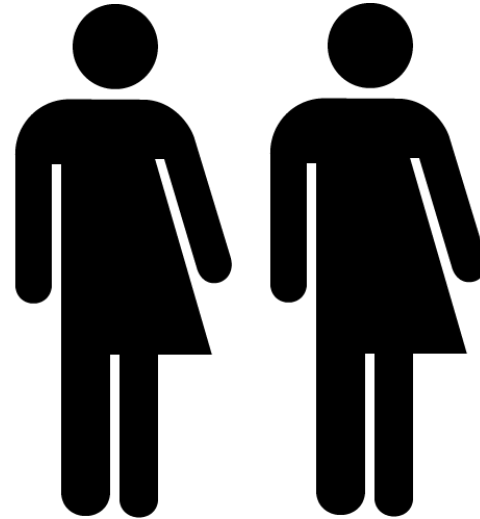
To listen

See the whole person – not just
'a problem'

Motivation – keep going, keep
trying

To be on their side, when often
no one else is

Assess needs, building on assets



Be (sometimes) the one person
who believes in them

But also, to challenge (when
person expresses over-
confidence / competence)

Build up their own toolkit (for
managing condition/health)

Make the person an expert in
themselves

Link workers' role

“It's as though I've known her a million years... She's got the ability to make me feel special. And before [she] came I was like a, well a car with a flat tyre. I was getting nowhere very fast.” (in Dayson et al., 2016)

“I just expected the Link Worker to introduce me to the gym, and that would have been it. And I think, if it had just been [that] I would have turned round, and I would have gone the opposite direction. But because of the way it was so gradually and really professionally linked in to different things, I just felt as though I'd floated into it, rather than getting shoved from behind. I just felt as though I was gradually moved into it.” (in Moffatt et al., 2017)

Who pays for it? Who does what?

Funded by	<ul style="list-style-type: none">• Clinical Commissioning Group (CCG)• CVS• Local Authority• Housing Association• Grant
SP initiated by	<ul style="list-style-type: none">• GP / GP receptionist• Health professional• Adult Social Care• Ambulance / Fire services
SP managed by	<ul style="list-style-type: none">• Link worker / community navigator / wellbeing coordinator
Referred to	<ul style="list-style-type: none">• Voluntary sector org• Advice org• Health professional

Implications for voluntary sector

“One problem is that when you try to sell the social prescribing concept to GPs, they get it and they think they’ve struck oil. They think there’s loads of free stuff and if they dig around they can save themselves a fortune.” Mike Wild, Macc

“The last thing you want to do is send the sector loads of extra referrals when they just haven’t got the resources to cover it.” Janet Wheatley, Voluntary Action Rotherham

<https://www.thirdsector.co.uk/social-prescribing-not-always-win-win/local-action/article/1460014>

Rotherham: a model for SP that benefits voluntary sector

Voluntary Action Rotherham (VAR) on behalf of Rotherham CCG delivers 2 Social Prescribing programmes.

VAR manages the programme and micro commissions activity from the VCS -contracts/ spot purchases/ grants

Co-produced between Rotherham CCG, VCS and service users

Supports the VCS to deliver options and solutions to people's needs.

“Rotherham’s model provides funding to front line VCS organisations. It’s a resourced intervention rather than just signposting to already overstretched VCS services” – Janet Wheatley (n.d.)

‘Social prescribing’: a contested term



Cormac Russell

@CormacRussell

Following



Here's my prescription 4 Social Prescribing:
Don't call it Social Prescribing call it
'Community Building' & don't situate it in the
doctors surgery -just make that one of many
entry points. The Neighbourhood is the unit
of change, not the waiting room. Sorry 2b so
prescriptive.

9:53 AM - 16 Apr 2018 from [Kitchener, Ontario](#)

Evaluating & evidencing

- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
- Also shorter version (SWEMWBS) – shown in table below
- <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>
- <https://www.nhs.uk/Tools/Documents/Wellbeing%20self-assessment.htm>

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my mind about things					



Keep learning - Connecting with Family, Friends and the wider community

Baseline 2nd Assessment

1. Do you feel lonely or isolated?

Y N Y N

Prompt: (e.g. befriending / silver line / Samaritans / online dating)

If yes, are there any issues/barriers? **Action Plan**

2. Would you like to take part in more hobbies or activities?

Y N Y N

Prompt: (e.g. I.T. / Crafts)

If yes, are there any issues/barriers?

Action Plan

3. Would you like to try new learning opportunities

Y N Y N

Prompt: (e.g. Expert Patient Programme / Rethink / Mind / adult learning)

If no, are there any issues/barriers?

Action Plan

4. Do you feel you have a good support network?

Y N Y N

Prompt: (e.g. Family / Friends/ social networks/ health professionals)

If no, are there any issues/barriers?

Action Plan

5. Are you experiencing low mood or anxiety?

Y N Y N

Prompt: (e.g. bereavement / family issues / domestic violence)

If yes, are there any issues/barriers?

Action Plan

- Social Prescribing tool from West Wakefield, Yorkshire:
<https://www.southwestyorkshire.nhs.uk/2017/08/30/social-prescribing-tool-endorsed-by-nice/>
- Based on Five Ways to Wellbeing (e.g. <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/>)
- Endorsed by National Institute for Health and Care Excellence (NICE)



This tool contains the following statements:

1. I am content with my friendships and relationships
2. I have enough people I feel comfortable asking for help at any time
3. My relationships are as satisfying as I would want them to be

Using this scale: how to score and interpret your results

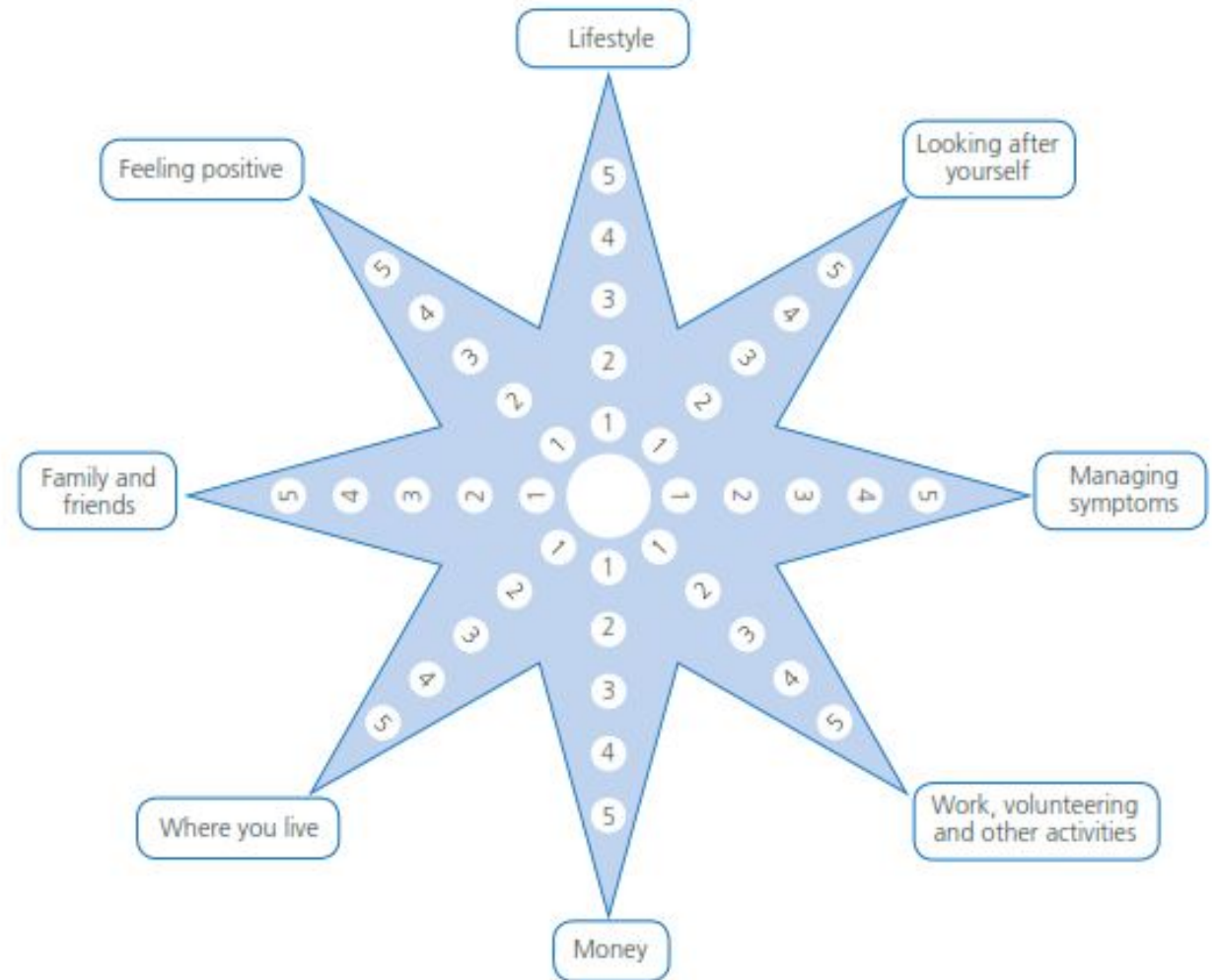
In order to score somebody's answers, their responses should be coded as follows:

Response	Score
Strongly disagree	4
Disagree	3
Neutral	2
Agree	1
Strongly agree	0

The scores for each individual question need to be added together. This gives a possible range of scores from 0 to 12, which can be read as follows:



- Campaign to End Loneliness measurement tool
- Very simple scale, positive wording
- <https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>



- Wellbeing Star
- 8 outcome areas, linked to 5-step Journey of Change
- Part of the Outcome Star range of (proprietary) tools
- <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/well-being-star/>



©2016 Insignia Health. Patient Activation Measure* (PAM*) Survey Levels. All rights reserved.

Activation Measure Items

1.	When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2.	Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3.	I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4.	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5.	I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6.	I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7.	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8.	I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9.	I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10.	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

- Patient Activation Measure (PAM)
- 10 or 13 questions, producing score: 0 – 100
- Commercially licensed tool
- <https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/pa-faqs/>

Dave

PROFILE



Dave is 32. He was drinking 6 litres of cider a day and was told he didn't have long to live.

He knew that **alcohol was linked to most of the problems he was facing** - but was

convinced that no one would be able to help. He has accessed **many different services over time**, most recently failing to complete the Leigh Recovery Partnership programme.

What he really wants is to be able to see his children and for them to see him as a role model. He has suffered a series of medical issues linked to his alcohol and to being attacked one night when drunk in Leigh.

IMPACT

Impact of the CLW service on Dave's life

Through support from the link worker and other services, Dave has been able to **stop drinking completely** over a period of about 6 months (although he is still smoking cannabis regularly). Through the peer support group that the link worker referred him to he met his girlfriend who has also recently become sober.

Stopping drinking has been particularly **difficult for his social life**; he is no longer able to go out with some of his friends for fear of being tempted to drink. His new lifestyle has, however, given him the chance to **meet up with old friends from school and work** and to **improve his relationship with his parents and children**.

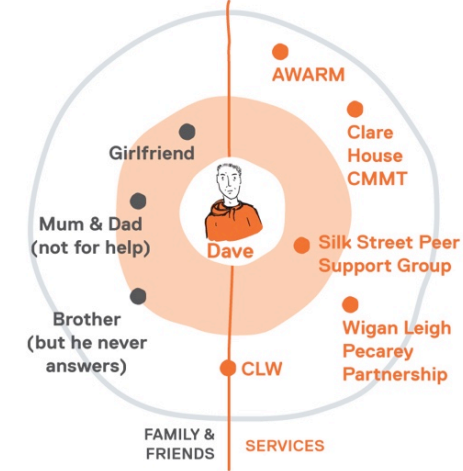
The link worker has been very important to him, listening and giving him time to talk about his challenges. He **sees the link worker as a friend** and hopes they will continue working together.

Dave's use of services

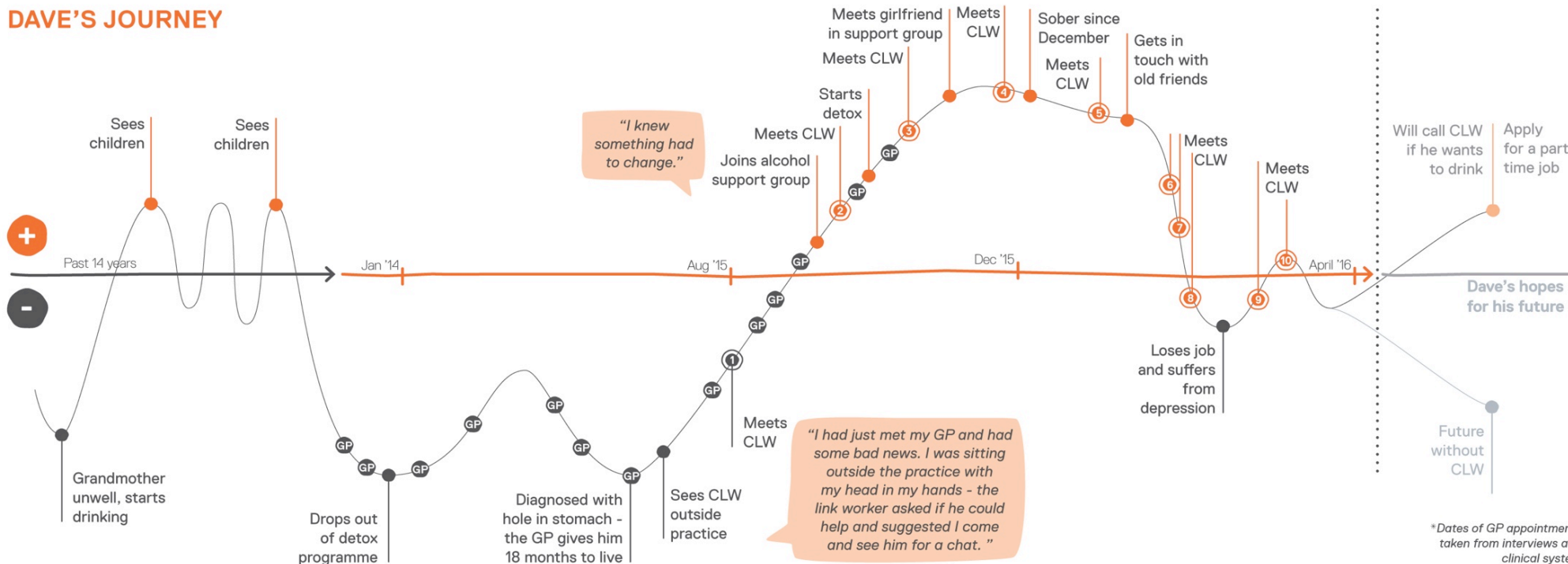
- Interview and dates of appointments with his GP suggest a reduction in Dave's use of primary care services
- 10 meetings in total, ongoing informal contact with CLW
- Continued involvement with the Leigh Recovery Partnership
- Continued hospital attendance due to ongoing health issues

10 CLW visits

NETWORKS OF SUPPORT



DAVE'S JOURNEY



Wigan
Community
Link Worker
service
evaluation,
2016

Social prescribing: some issues (our work in Salford)

How can we ensure the prescription is meaningful for the person?

A person might be resistant to a prescription: how to avoid?

Why do some people not take up referrals; how to minimise this?

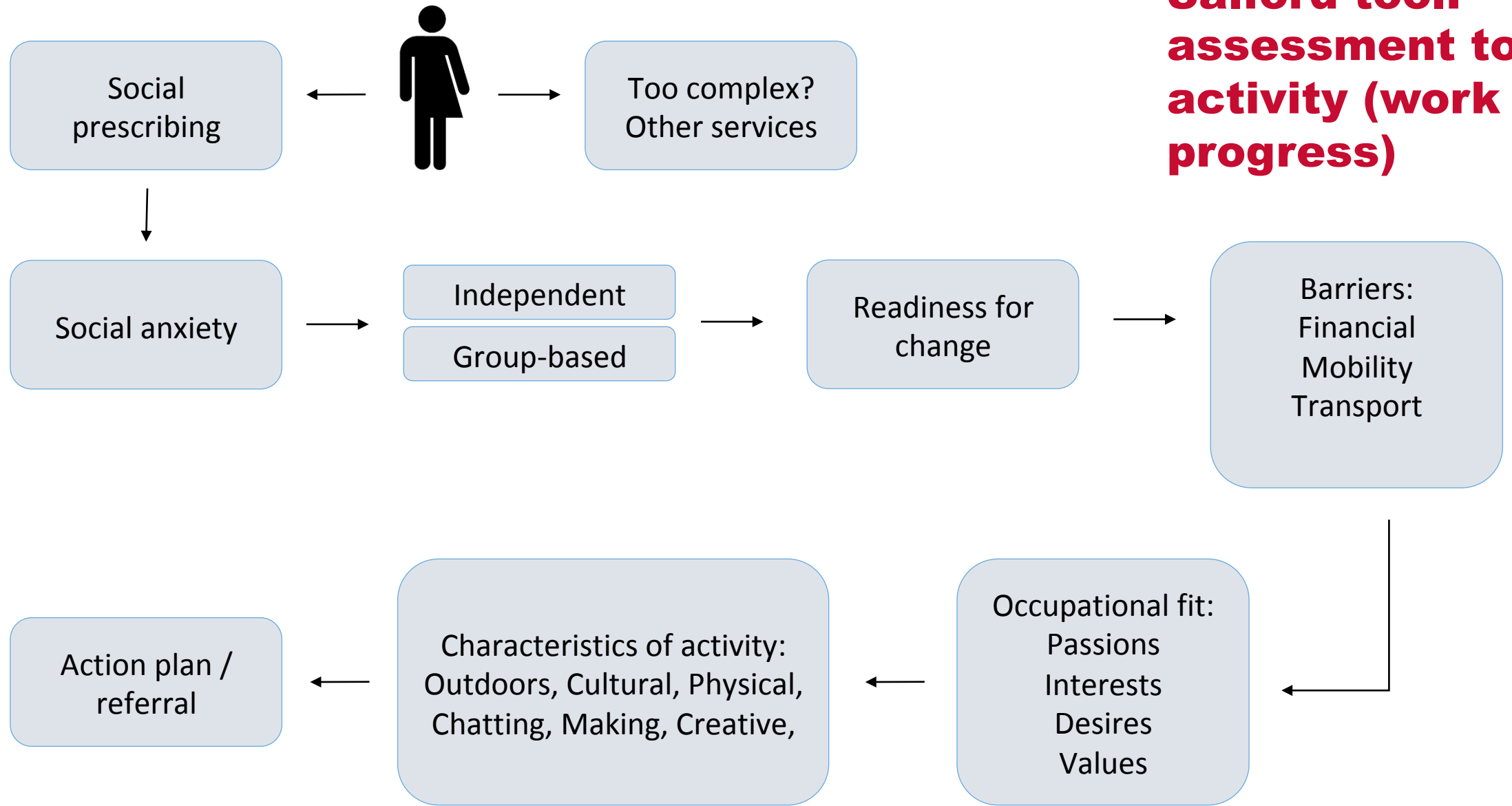
Group settings: highly anxiety-producing for many people

Social Prescribing & Occupational Therapy: a good fit

Activities used as treatment media must have significance and purpose for the client, be perceived by her/him as interesting and worthwhile, relate to her/his personal, social, cultural and economic needs and take account of environmental factors that govern her/his life. These can be art and craft activities, creative activities, self-care activities, work activities, leisure activities, lifestyle activities (such as gardening or routine walking), community outings or social activities. The occupational therapist converts them into therapeutic media by using activity analysis, synthesis and grading which allow the component parts of the activity to be matched with specific, desired performance outcomes.

Creek, 2003 – 'Occupational Therapy as a complex interaction'

**Salford tool:
assessment to
activity (work in
progress)**



Getting involved in social prescribing

- Get on the radar of key partners & commissioners
 - (by running pilots and evidencing outcomes)
 - (by talking their language)
 - (by making your work visible, e.g. on Twitter)
- Particularly interesting landscape in GM – ‘Devo Manc’, Greater Manchester Health & Social Care Partnership
- Engage local GPs – ask what they’re doing, show them what you could do

References

- Dayson, C., et al. (2016) *The Rotherham Social Prescribing Service for People with Long-Term Health Conditions Annual Evaluation Report*. 2016.
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<https://www.innovationunit.org/publications/%20wigan-community-link-worker-service-evaluation/>
- Intelligent Health (2018) Dr William Bird Keynote, *1st International Social Prescribing Research Conference*, University of Salford, 14th June 2018.
<https://www.socialprescribingnetwork.com/resources>
- Marmot, M. (2010). *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010*.
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- Sanderson, J. (2018) *A comprehensive model for Personalised Care*. 10th July 2018.
- Steadman K., Thomas R. & Donnalaja V. (2016) *Social prescribing: A pathway to work?* The Work Foundation.
- Ward, J. (2016) *Social prescribing at a glance*. Health Education England.
- Wheatley, J. (n.d.) Rotherham Social Prescribing.
https://www.kingsfund.org.uk/sites/default/files/media/Janet_Wheatley.pdf

Useful links

- Social Prescribing Network: <https://www.socialprescribingnetwork.com/>
 - SPN Resources: <https://www.socialprescribingnetwork.com/resources>
- King's Fund: <https://www.kingsfund.org.uk/publications/social-prescribing>
- NHS England: <https://www.england.nhs.uk/personalised-health-and-care/social-prescribing/>
- Social Prescribing wiki: https://wiki.healthylondon.org/Social_Prescribing_and_Self_Care_Wiki
- Giles Wilmore, GMHSC:
<http://www.gmhsc.org.uk/social-prescribing-personal-budgets-and-other-person-and-community-centred-approaches-need-to-be-at-the-heart-of-all-health-and-care-services-working-hand-in-glove-with-the-vcse/>

Salford Social Prescribing Hub on Twitter: @SalfordSPx

Twitter chat – #SocialPresHour @SocialPresHour – every 2nd Wed, 8-9pm

Email: C.Lawler1@salford.ac.uk / cormac@radioregen.org



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