Volunteer Cornwall

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CORNWALL COUNCIL

SHAPING OUR FUTURE
Cornwall and the Isles of Scilly Health and Social Care Plan

Social Prescribing in Cornwall

eden project

ACTIVE PLUS
VETERANS INSPIRING PEOPLE

CHAOS GROUP

Cornwall & The Isles of Scilly age UK

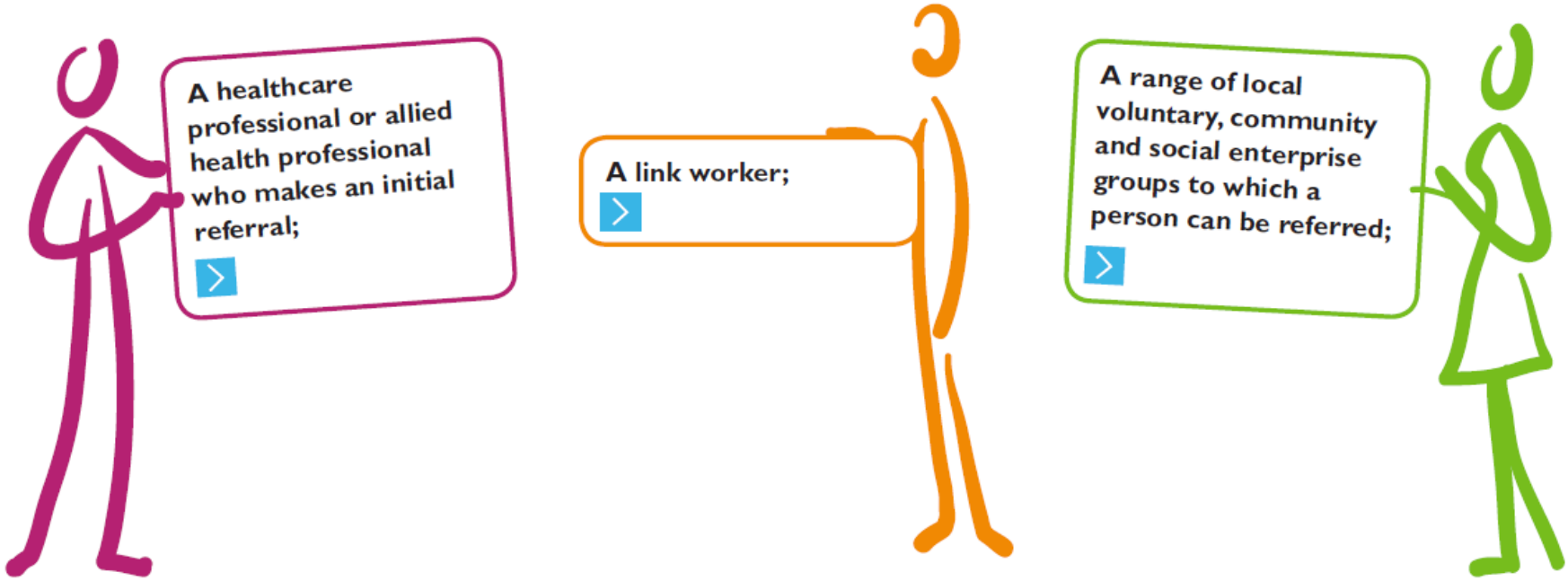
Pentreath
Working your way

Cornwall Neighbourhoods for Change

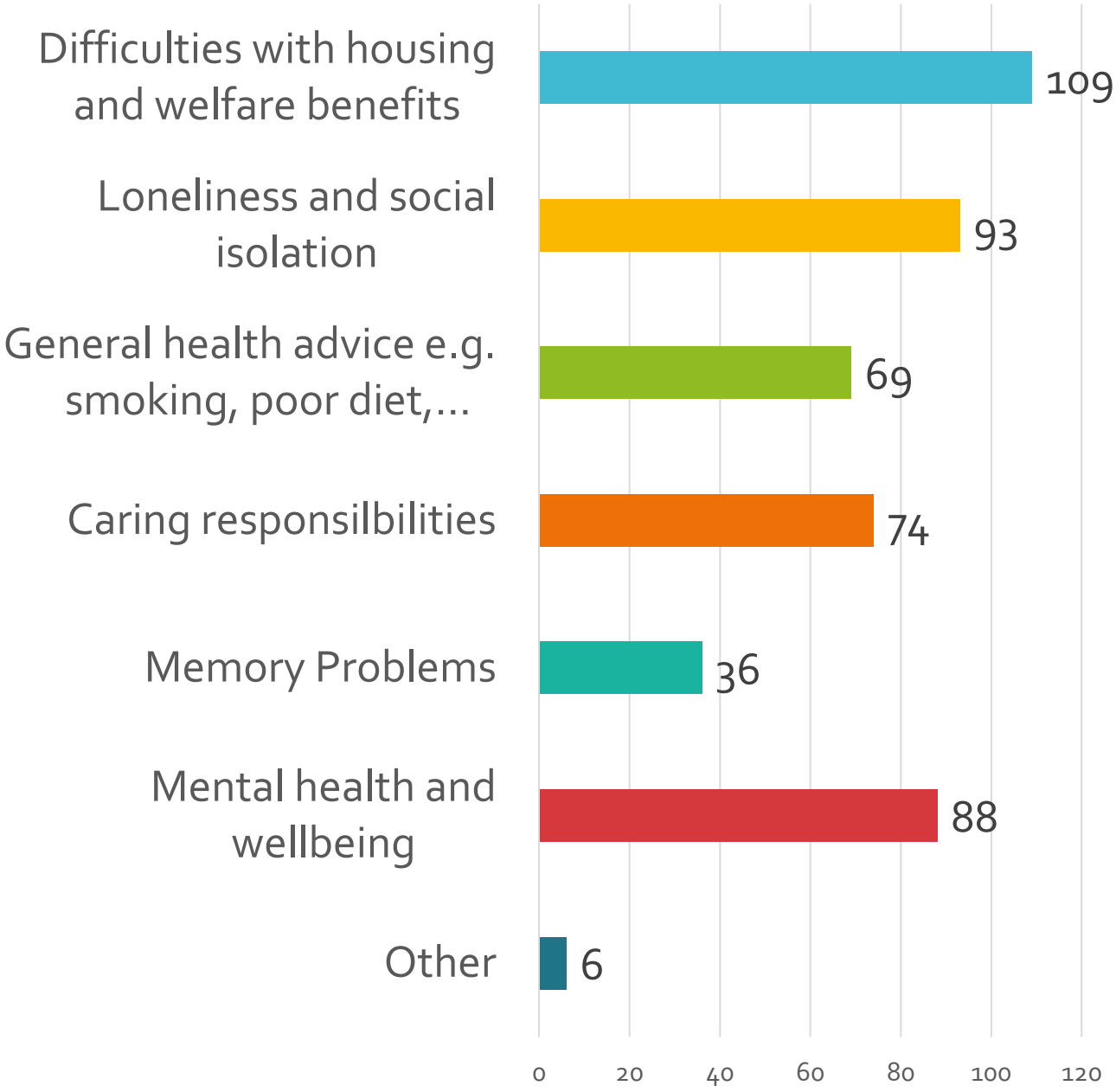
Rachel Wigglesworth (Public Health, Cornwall Council)

Andy Brelsford (Volunteer Cornwall)

What is Social Prescribing?



In your opinion, which are the most common issues that patients present with that are more 'social' rather then 'medical'?



Potential benefits from Social Prescribing

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nuture community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Figure 1. Outcomes described from social prescribing stakeholders (Social Prescribing Conference Report, 2016[20])

http://westminster.us14.list-manage2.com/track/click?u=a694bc0ff11d9dd94b05ccd0d&id=e8934b35db&e=0658307884


Easy referral from all local agencies
Workforce development
Common outcomes framework
What matters to me
Create a tailored plan
Support for community groups
Collaborative commissioning and partnership working
Social Prescribing Link Worker
Employed to give time
Part of primary care network team
and local social prescribing connector scheme

The *story* so far ……

8 FTE Social Prescribing Link Workers recruited

29 Surgeries referring

Main referral reasons:

- **Loneliness/social isolation**
- **Mental health & well being**
- **Employment**
- **Housing**
- **Lifestyle**

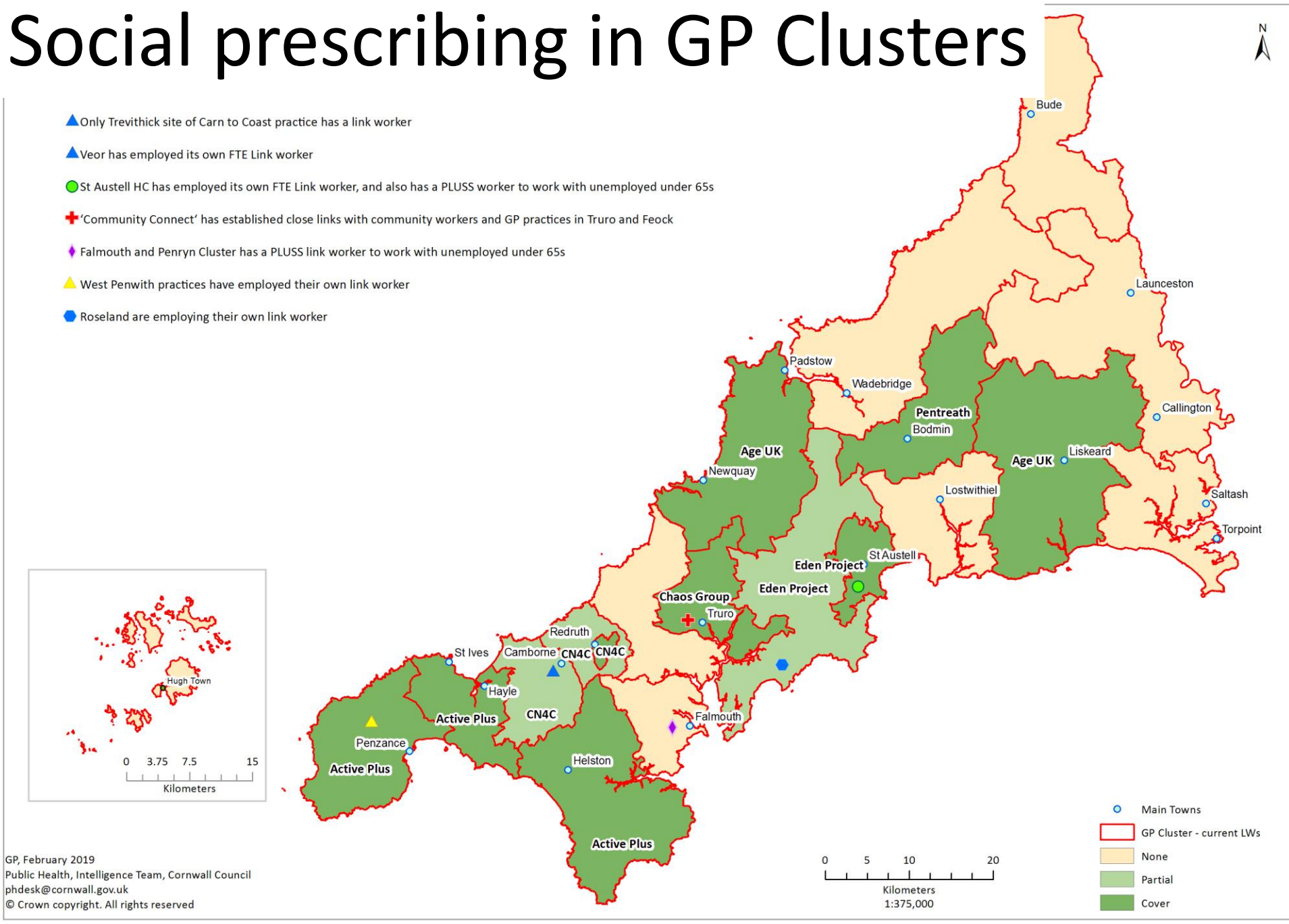
Feedback: "I am relieved, warm and comfortable again. I am motivated and more confident as I have something to look forward to once again"

"Thank you for your kind support and understanding you have increased my positivity by 200 per cent."

Surgeries covered

Area	Partner	GP Practice
Penwith East	Active +	Bodriggy, Marazion, Stennack
Penwith West Cape,	Active +	Alverton, Rosmellyn, Morrab, Sunnyside*
South Kerrier	Active +	Helston, Meneage, Mullion, St.Keverne
North Kerrier	CN4C	Clinton Rd, Manor, Trevithick, Veor
Truro	Chaos	Lander, Three Spires
Newquay	Age UK	Narrowcliff, Newquay Health Centre
St.Austell	Eden	Clays, Brannel, St.Austell
Bodmin	Pentreath	Carnewater, Stillmoor
Liskeard/Looe Rosedean	Age UK	Oak Tree, Old Bridge,

Social prescribing in GP Clusters



GP, February 2019
Public Health, Intelligence Team, Cornwall Council
phdesk@cornwall.gov.uk

The story so far …….

- 1750 Referrals since 21st October 2018 – 1st April 2019
- 800+ Working with SPLWs
- Male referrals 43% Female 57%
- Age range 26% 56 – 70 25% 41 – 55 22% 18 - 25 18 % 70+ 9% 26 – 40
- Types of provision referred to includes:-
- Acas, Mind, Healthy Cornwall, Diabetes UK, Food for Change, Penhaligons Friends, College courses, Welfare rights team, Healthy Weight courses, Church art groups, CAB, Outlook SW, Volunteering, Local choirs, craft groups to name but a few.

IMPACT - GP, Patients & Provider

- **GP "Having you available to refer to has really broadened the range of options I now have when trying to help my patients, in particular for those who have chronic stable conditions that I have little else to achieve by adding in further medication. There is always a big overlap between clinical disease and the psycho-social burden of this on an individual and the family and GP's sadly lack the time to explore with patient's what other avenues of support they could go down. Having you in the practice, with your knowledge of available services , has been very beneficial to those patient's that I have referred. (GP - Truro Health Park)**

- **"Thank you for your kind support and understanding you have increased my positivity by 200 per cent." (age 64)**

IMPACT Patients & Provider

- **“My GP said I was a patient the NHS failed. I was told there was no other services I could be referred to. The week before I was going to give up and my GP told me about Social Prescribing and I was referred. The Link Worker supported me with setting things up.” (age 26, anxiety sufferer)**
- **“Social Prescribing has been really good for both of us as I feel someone has finally listened to me for the first time in years” (age 54, social isolation)**
- **“The support I received was above and beyond what I had expected from the Service.” (age 59, suffering from depression)**
- **“I am relieved, warm and comfortable again. I am motivated and more confident as I have something to look forward to once again”(age 73, social isolation)**
- **“Referrals have increased into HC in particular lifestyle weight management programmes” (Team Manager - Healthy Cornwall)**

Long Term Plan commitments – NHS England

Overview, p6: Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector.

1.4, p25: Through **social prescribing** the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.

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.

What will this mean for local areas?

From July 2019

- Primary Care Networks should work collaboratively with their CCGs, local authorities and VCSE partners to create a ***shared local social prescribing plan*** which:

- Builds on existing social prescribing schemes

- Recruits and embeds link workers in PCN multi-disciplinary teams, extending access to social prescribing

- Provides local funding and development support to the VCSE sector and community groups, who receive social prescribing referrals

And finally …….

- Public Health/Cornwall Council – offer letter to all GPs to work collaboratively and build on our successful delivery of Social Prescribing to date.
- Meetings with some surgeries planned
- First meeting for Cornwall Strategy Plan for Social Prescribing 27.3.19
- Primary Care Networks forming – details to Clinical Commissioning Groups by May, final decisions end June 2019
- July 2019 – new GP Contracts
- New website www.socialprescribingcornwall.org.uk

Any questions?

THANK YOU