

Welcome to Hastings Community Network

25th January 2019

Social Prescribing – connecting to the right support across Hastings and St Leonards

One of eight Locality Networks supporting community resilience across East Sussex









Welcome and Setting the Scene

Steve Manwaring - HVA Director

Andrew Colquhoun - HCN Executive Committee Member

Teresa Flower- ESCC Locality Link Worker

What is Social Prescribing

Social Prescribing involves helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the Council or a local charity (NHS England)



Support from the top

- Secretary of State for Health and Social Care
- NHS England Chief Executive
- NHS Long Term Plan January 2019
- Royal College of General Practitioners







The NHS Long Term Plan



What's happening across the country?

Football Fans in Training, through five professional football clubs.





Books on prescription in Coventry by cooperation between GPs and Libraries to improve mental health.



What's happening across the country?

- An orchestra in Hull helps stroke survivors to play instruments
- Dance is used in Lambeth as an early intervention against psychosis.
- In Gloucestershire, hospitals refer lung patients for singing lessons.







What are the local success factors?

- Is social prescribing economic, effective and time-efficient for GP practices and hospitals?
- Will social prescribing save the NHS money and produce better outcomes for patients?
- What do medical professionals need for local link mechanisms to work effectively?
- Will patients accept social prescribing replacing or supplementing antidepressants, pain-killers etc?



What is your understanding of Social Prescribing?

What do you think the benefits might be in Hastings and St Leonards?



East Sussex Social Prescription Pathway Project

















East Sussex Social Prescription Pathway Project

Key aims of the project are to:

- agree a consistent definition of social prescribing services and roles
- establish a consistent referral and support pathway
- develop shared impact measures
- systemise workforce resources and competences across
 VCS and statutory services, and
- use evidence and learning to shape the redesign and commissioning of future services.

















Project development timeline

- Nov 17 Department of Health VCSE Health and Wellbeing Fund
- April 18 commissioning of Community Connectors Social Prescribing service
- May 18 Establishment of VCS Social Prescribing Core Group
- June 18 VCS Core group submit Project proposal to ESCC/ESBT/C4Y
- Social Prescribing Project Steering Group established
- Approval for VCS Core Group to lead project development
- July 18 Big Lottery Partnership Fund bid (unsuccessful)
- Sept 18 ESCC/CCGs allocate funding to take project forward
- Dec 18 Agreement for VCS hosted Project Manager to be recruited
- Jan 19 recruitment of Project Manager
- March/April 19 full launch of project
- Runs through to Dec 2020















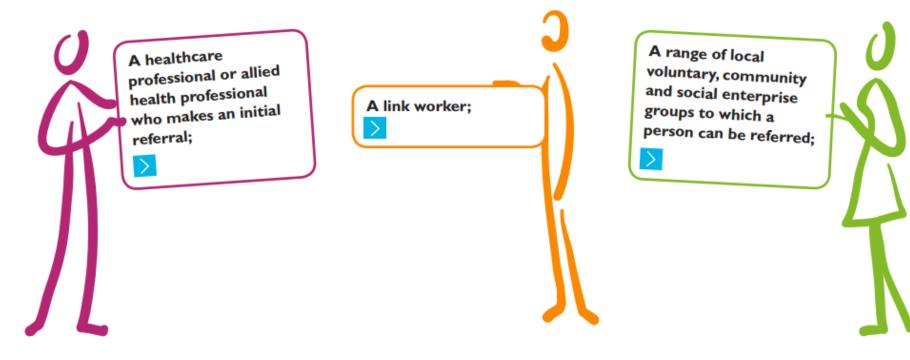






What comprises a social prescribing scheme?

Based on the original descriptions of social prescribing²⁴, a social prescribing scheme can have three key components – i) a referral from a healthcare professional, ii) a consultation with a link worker and iii) an agreed referral to a local voluntary, community and social enterprise organisation:























Social Prescribing in East Sussex

Current Navigational/Social Prescribing Options for Primary Care

FRAILTY SERVICE

Comprehensive review Care co-ordination

PROACTIVE CARE PRACTITIONER SERVICE LTCs 18+

Comprehensive review Referrals/signposting Management plan Low level coaching

PRACTICE CONNECT LINK WORKER (Havens only)

Navigational service Based in GP Practices (Age UK East Sussex)

COMMUNITY NAVIGATORS AGE UK (parts of HWLH)

Older people Based in GP practices (Age UK East Sussex)

ADVICE NAVIGATORS (Havens only)

Navigational service (SCDA)

EMPLOYMENT NAVIGATORS

East Sussex (SCDA)

CARERS SOCIAL PRESCRIPTION Signposting, information & advice to

all carers' services (Care for the Carers)

Other VCS Community support services

WELFARE BENEFITS PROGRAMME

East Sussex (HARC)

PRIMARY CARE

STEPS NAVIGATION SERVICE LTCs 18+

Social prescribing pad on DXS Up to 6 weeks holistic support (Eastbourne Homes)

LOCALITY LINK WORKERS

Direct access for providers only aimed at primary care & locality teams
Knowledge of local areas
(ESCC)

COMMUNITY CONNECTORS SERVICE (ESBT CCGs only)

Aimed around mental health & wellbeing
Based in GP practices
Navigational based on triage & 4
levels of support
(Southdown)

ONE YOU EAST SUSSEX

Integrated Lifestyle service Health Trainers (SCDA, Thrive Tribe)

CARE NAVIGATOR TRAINING (5YFV)

For primary care receptionists/administrators
Signposting
Leading onto Care Co-ordinator roles
(CCGs)

VILLAGE AGENTS

Foster links between communities & providers (Action in Rural Sussex)

Proposed Integrated Pathway for Social Prescribing Individual With presenting needs Potential points of referral Other Referrals VCS/Statutory GP and Health Self-referrals GP Receptionist Social Care Professional Referrals Referrals Referrals 'Care Navigators' Integrated Locality Teams Referral to Referral to most appropriate service choice statutory service or clinical health intervention e.g. GP, Pharmacy, Dentist, ASC, Safeguarding Social Prescribing Carers Social Other community support Connector/Navigator Service Prescription services Accessed through existing Assessment based on a single Accessed via GP direct referral and eligibility agreed model referrals or (including PAMs tool to help select Self-referral via Gateway processes support offer) Level 1 Housing Support Advice, guidance and support Employment Support Advice and Guidance Welfare Benefits Level 2 Signposting to all Carers' Health training Social and Community Links services Wellbeing activities Level 3 Social and community Navigator Case Work groups Volunteering Evidence and evaluation

Recording and reporting of cases and outcomes

Key project milestones

- Phase One: April 19 October 19
- Networking and mapping
- Obtain buy-in from all stakeholders
- Agree definition and classification of services and activities
- Develop central outcome measures
- Phase Two: November 19 March 20
- Pilot Pathway in selected locality
- Facilitate learning
- Identify additional funding options
- Develop single GP referral system
- Phase Three: April 20 Dec 20
- Launch new Pathway across East Sussex
- Link with recommissioning timetables





















Involvement in the project

- Now identify interest by emailing neil.blanchard@southdown.org
- From April 19
- Engagement with Project Manager, mapping of existing services and resources
- Join East Sussex Social Prescribing Reference Group and events
- Via Locality Network meetings
- Assist development of locally agreed definition of services and activities
- Links with East Sussex retendering of former Prospectus contracts focused on community resilience and wellbeing
- Involvement as part of St Leonard's 'Connect Well' pilot running out of Warrior Square/Marlborough House GP practice





















Community Connectors

Social Prescribing to improve mental health and wellbeing

A Community Navigator receives direct referrals from GPs and works alongside patients to improve their mental health and wellbeing. They support them, step-by-step, to action their personalised wellbeing plan, including connecting to services and activities in their local community.

- ❖ Walk in clinics across H&R GP Surgeries
- Community Clinics in partnership with FSN, OPTIVO, Autism Sussex, ESRA
- ❖ Peer Volunteers to support community engagement
- **357** Actively engaged across Hastings and Rother
- **85** Carers
- **19** people with Autism
- **179** people with diagnosed Long term health condition
- **80%** Anxiety and Depression



Over 240 Connections to specialist and Voluntary services across Hastings in the last quarter;

- One You
- Age UK
- Care for the Carers
- Active Hastings
- Fellowship of St Nicolas
- Education Futures Trust
- Open For Parents
- I Rock
- ESRA
- STAR
- The Portal
- HARC
- CAB
- Jerwood gallery
- Books on Prescription
- Staying Well

- Home Works
- SCDA Lets get working
- Recovery College
- Health in Mind
- Wellbeing Centres
- Work in Mind
- Bohemia Counselling & wellbeing centre
- HVA
- Hastings Furniture now
- Hastings & Rother Rainbow Alliance
- Hastings Town Singers
- BHT
- Men's Shed Hastings
- SSAFA
- People Matter
- Peer Support Service

Connect Well - St Leonards

Provided as part of the Community Connectors Social Prescribing service in St Leonard's-on-Sea, Connect Well (coordinated by Southdown at Marlborough House, Warrior Square).



- Bring together GPs and Health and wellbeing providers to support people within the local community to be happy, healthy and independent.
- Offer a programme of support activities for patients in central ST Leonards
- Lead by GPs and PPG identifying needs
- Working collaboratively to enhance and share existing community skills and resources

Get in touch Carla.Hawkins@southdown.org



Carers Social Prescription

- Carers are often hidden and not receiving support
- Carers often say they wish they had known sooner about local help available.
- 61% of carers' physical health has deteriorated as a result of caring
- 70% say their mental health has worsened
- Identifying carers early and connecting them with local carers' services can prevent this





















What is the Carers Social **Prescription** & how does it work?

- Key tool reminding health professionals to Think Carer
- Embedded in NHS systems
- Simple and quick
- Same day / next working day contact with carer, assessment and on referral to local partner services
- Part of the developing Social Prescribing Pathway for East Sussex
- Actively building Carer Awareness to increase uptake and support both Health and Community partners

Health practitioner identifies carer and obtains consent to refer

Health practitioner completes the Carers' Social **Prescription Form**

Carers' Social **Prescription Form** is sent to CFTC

Care for the Carers receives Carers' **Social Prescription** form



Gateway staff contact the carer to discuss their needs and explore the options

Gateway staff support the carer to access relevant services





















Reflection from the local NHS

Richard Watson,
Health Inequalities Programme Manager
NHS Hastings and Rother
Clinical Commissioning Group

richard.watson6@nhs.net



Working together across Hastings and St Leonards

- What strengths/ assets do we have in Hastings and St Leonards that will support this way of working (specific examples when possible) (15 mins)
- What can we contribute to this way of working in Hastings and St Leonards (Specific examples when possible) (15mins)
 - Individuals
 - Groups
 - Organisations



Dates for your Diary

Your Borough Council's Future Priorities (4th February 2 - 4 pm)

Hastings Community Network are pleased to collaborate with Hastings Borough Council to ensure that local voluntary and community groups have an opportunity to input.

Marketplace and Open Mic Event (3rd April 9.30 - 1.30)

Sign up today for your market place stand at the Stade Hall and the opportunity to share information about your work and the connections you have made as a result of HCN Locality Network events

https://hastingsvoluntaryaction.org.uk/events



Thank you for your contributions today.

See you next time.

Please don't forget to complete your evaluation forms.

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Contact Details

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Neil Blanchard – Chief Executive Southdown Housing Association. Email: neil.blanchard@southdown.org

Carla Hawkins – Operations Manager Southdown Mental Health Recovery Services. Email: Carla.Hawkins@southdown.org

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