Health and Wellbeing Board
Care Closer to Home
Deep Dive

Social Prescribing and Group Consultation

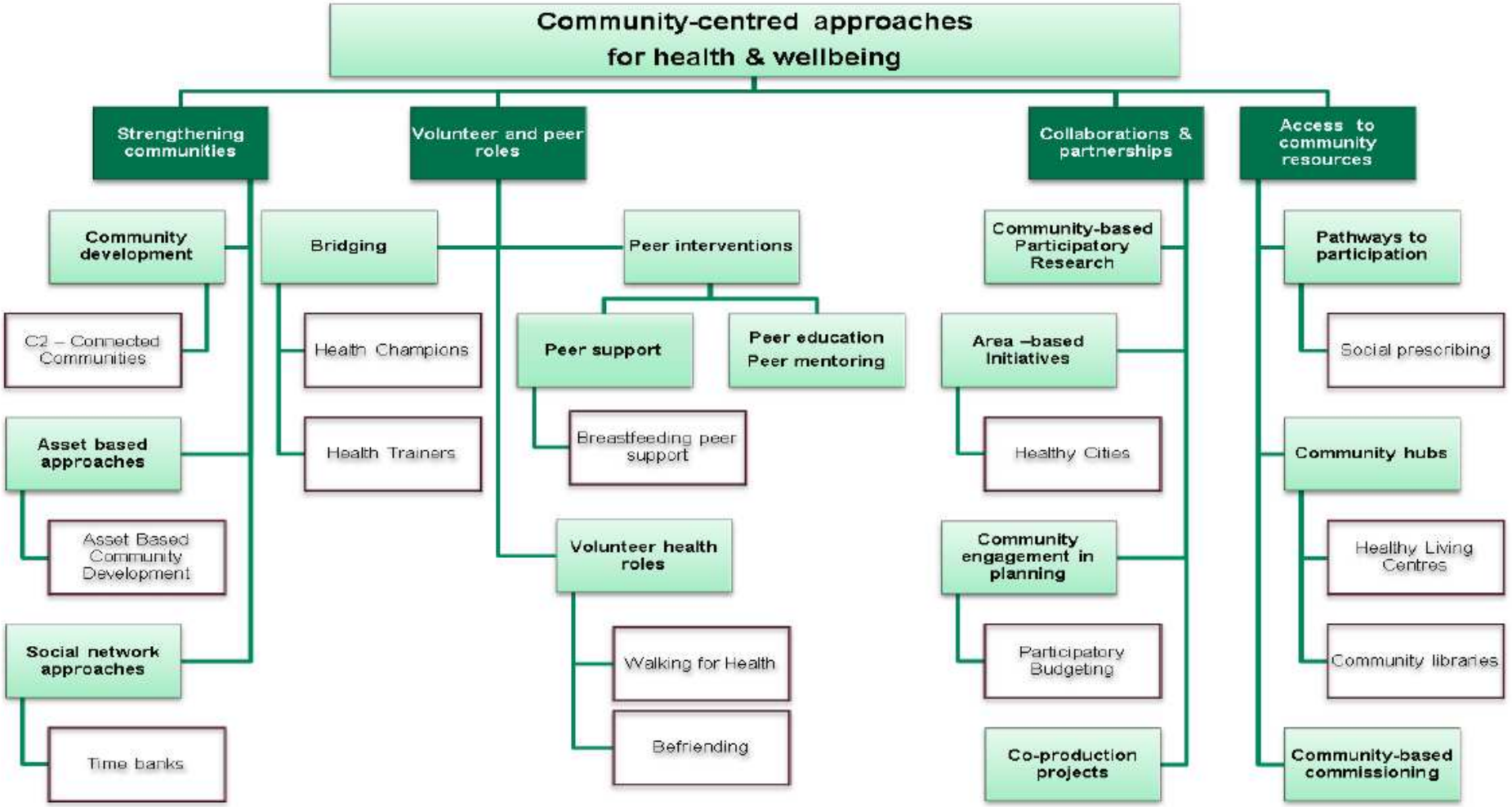
15th November 2018

BARNET
LONDON BOROUGH

National policy drivers behind social prescribing

- Marmot Review (2010) ‘Fair Society, Healthy Lives’ prioritised the social determinants of health, via correlation between health inequalities and social and economic inequalities;
- Focus on prevention and health promotion as a form of ‘managing’ rather than treating poor health;
- Encouraging asset-based approaches to improving health and wellbeing, utilising a community’s individual, organisational, cultural and physical resources;
- Co-production (service users and professionals jointly design and deliver public services) and citizen participation and volunteering in public sector.

The family of community-centred approaches linked to health and wellbeing



Models of social prescribing [1]

Signposting

Prescribing

Models of social prescribing [2]

Link worker/co-ordinator/facilitator

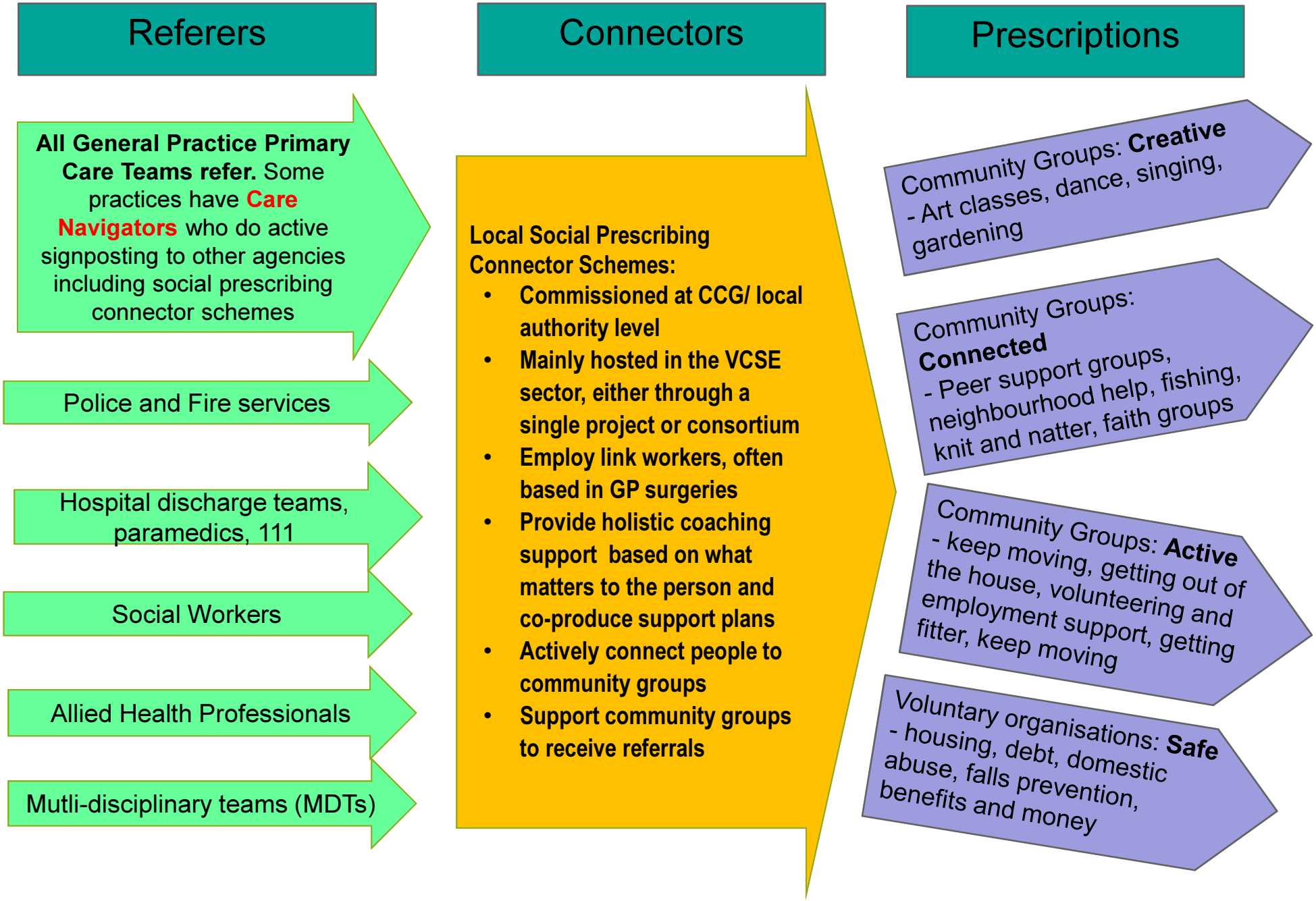
Social Prescribing

- Social prescribing is identified as one of the ten high impact changes for primary care.
- A means of enabling GPs and other frontline healthcare professionals to refer patients to non-medical support which will improve their health and wellbeing, often through services provided by the voluntary and community sector and social enterprise'.
- Social prescribing potentially provides primary care a more holistic approach to improving health and well-being and contain demand.

Demand assessment	% reduction
GP consultations	Average 28%
A&E attendance	Average 24%
Secondary care	Mixed results
Mental health care	Mixed results

Polley M et al (2017). Review of evidence assessing impact of social prescribing on healthcare demand and cost implications. Report. https://www.westminster.ac.uk/file/107671/download

Components of Social Prescribing model



What have we done so far?

1. Prevention and Wellbeing Co-ordinators (PWC) (Adult Social Care)

- Long term, integrated, evidence based approach to supporting people with disabilities, mental health needs, older people and their families/carers.
- The model is based on Local Area Coordination.
- Three PWCs in: Childs Hill, Edgware and Oakleigh, each support 30-40 individuals/families per year.
- Target cohort includes those most at risk of entering or about to enter the adult social care system.

2. Community Centred Practice – Practice Health Champions (Public Health)

- Working with General Practice to address social needs and to reduce reliance on both NHS and Council resources.
- GPs invite citizens from their lists to become volunteer Practice Health Champions.
- The Champions are key to expanding the capacity in GP surgeries and providing additional support to people, particularly those who present with social needs or can benefit from support with self-care.

What have we done so far?

3. Reimagining Mental Health - Barnet Wellbeing Hub and Link Workers (Barnet CCG)

- The Hub uses a social prescribing model and forms part of the overarching vision of the collaborative Wellbeing Services to support adults with a wide range of social, emotional, health and practical needs.
- The Wellbeing Navigator Team at the Hub acts as a single access route to mental health and wellbeing services.
- The Link Working Team supports primary care staff to manage and maintain working age adults with emotional or mental health needs in the community where possible. The service ensures smooth transition of service users between services – secondary, primary and community.

What have we done so far?

3. Touchpoint

- A preventative service that supports vulnerable people to access the right services at the right time. It aims to help people maintain a good level of overall wellbeing to avoid emergency admissions, financial and personal crises.

4. Expert Patient Programme

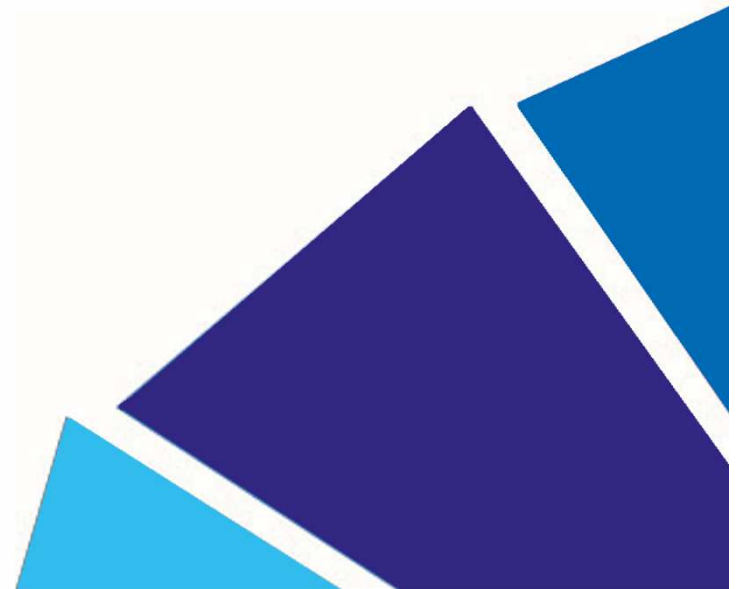
- An expert patient programme has been launched in CHIN2

NHS
Barnet
Clinical Commissioning Group

BIG

(Barnet Innovation Group)

Social Prescribing



Current gaps

- Joined up, borough-wide model of social prescribing that is systematic and scaled up
- Directory of all existing services and community activities
- Virtual social prescribing hub
- Physical social prescribing hubs beyond the Meritage Centre
- An administrative platform/s

Planned work/work underway

- We are exploring the potential to link community directories to the NHS Directory of Services
- Developing virtual social prescribing support – Currently in the process of commissioning a ‘One You’ platform - Public Health England national campaign providing advice and behavioural change support apps
- Review of Barnet Wellbeing Hub underway ahead of recommissioning in 2019
- Prevention and Wellbeing Co-ordinators will provide input to the evolving frailty Multidisciplinary Teams (MDTs) in CHIN 2 and it is intended that attention will later be given to incorporating social prescription
- A hospital based social prescribing initiative is in place at the Royal Free Hospital and under development for Barnet Hospital
- Elemental Software provides an administrative platform for social prescribing, at least for higher intensity interventions and facilitates evaluation. We are looking for an opportunity to pilot

Supporting CHINs - Group consultation

- Group consultations allow practices to see multiple patients at once for routine follow up and have the added benefit of creating opportunities to promote peer and self support
- Experience elsewhere suggests significant efficiency gains
- 9 Barnet practices are receiving training to initiative group consultation in their practices
- Options for developing group consultation are under consideration including
    I. Prediabetes
    II. Smoking cessation and respiratory conditions