

# Social Prescribing & Social Prescribing Link Workers in Sefton

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Staying **local & together**  
**together** with you

# What we will cover....

- What is Social Prescribing?
- The national and local context
- Collaborative working in Sefton
- The role of the Primary Care Network Social Prescribing Link worker
- Progress so far and future opportunities



# What is Social Prescribing?

One definition is:

*“Promoting good personal health and wellbeing through involvement in social and community based activities.”*



# What is Social Prescribing?

- Aims to address need in a holistic way
- Support individuals to take greater control of their own health
- Many different models but most involve a “link worker” or “navigator”
- Particularly helpful for vulnerable groups, socially isolated, those with long term conditions



# National guidance

- NHS England (NHSE) Good Practice Guide published
- Part of Personalised Care Programme
- NHSE Contract guidance for Primary Care Networks (PCNs) specifying role and highlighting funding for Social Prescribing Link Workers (SPLW)



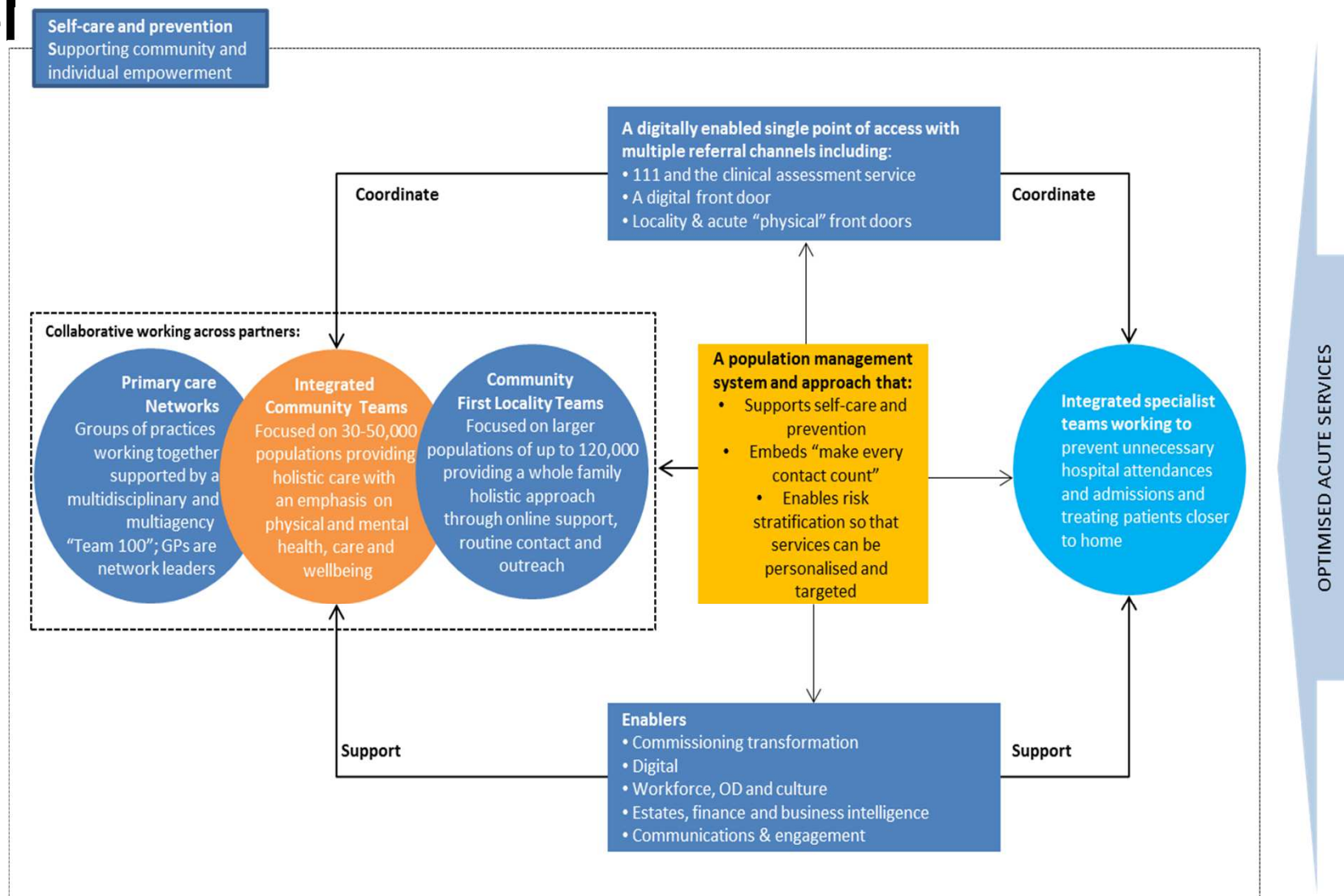
# Collaborative working in Sefton

## Sefton Social Prescribing Group

- Collaborative approach– Voluntary, Community and Faith (VCF) sector, Sefton Council, CCGs, NHS Community Providers, Primary Care Networks (PCNs), NHSE
- Feeds into our joint Council and CCG Integrated Commissioning Group and Sefton Health and Care Transformation Programme's Provider Alliance
- Key strand of the Sefton Place-based / borough model



# Social Prescribing in Sefton's place-based model



# Sefton Social Prescribing Group

What the group has been focusing on:

- Mapping of current activities to get on “same page” and share good practice
- Establishing a collective approach, avoid duplication, quality assurance
- Considering “enablers” together – workforce, training, information technology
- Collective plan to meet emerging NHSE national guidance
- Developing information to inform stakeholders



# Role of Social Prescribing link worker

SPLW will be embedded within PCN multidisciplinary teams to :

- Provide personalised support to individuals, their families and carers to take control of their wellbeing, live independently, and improve their health outcomes
- Develop trusting relationships by giving people time and focusing on 'what matters to them' - 250 caseload per year
- Take a holistic approach, based on the person's priorities, and the wider determinants of health
- Co-produce a simple personalised care and support plan to improve health and wellbeing



# Role of Social Prescribing Link Workers

- Introduce or reconnect people to community groups and services
- Evaluate the individual impact of a person's wellness progress
- Record referrals within GP clinical systems
- Support the delivery of the comprehensive model of personalised care
- Draw on and increase the strengths and capacities of local communities, enabling local VCF organisations and community groups to receive social prescribing referrals



# Model for Social Prescribing



# Not new in Sefton...

- SPLWs presented a real opportunity to build on local success and connect approaches together
  - Health and Wellbeing trainers – south Sefton
  - Living Well Sefton all Sefton
  - Community Connectors – some areas
  - Well Sefton pilot – Bootle
  - Mersey Care Life Rooms Pathway Advisors
  - Macmillan/ Right By You
- Underpinned by strong and vibrant VCF sector in Sefton - over 1400 VCF services - needs to be sustained



# The Sefton approach

- All Sefton PCNs very supportive of working in collaboration with the CCGs to commission local VCF organisations to host their social prescribing link worker (SPLW) co-ordinated by Sefton CVS
- To build on the Living Well Sefton model and infrastructure to support, coordinate and quality assure the work of the SPLW hosted by voluntary sector partners
- The SPLW service to also ensure support for those organisations receiving onward referrals

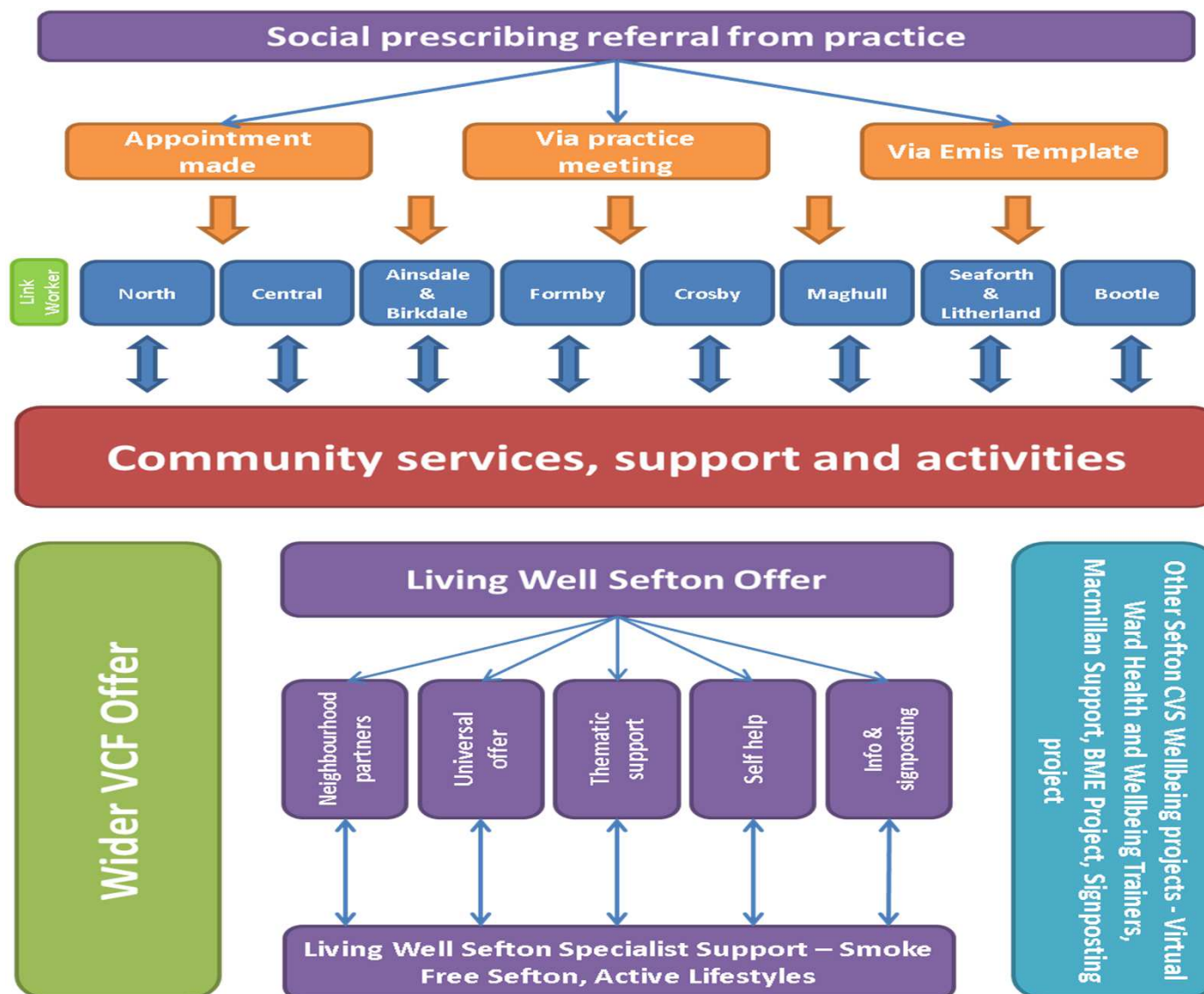


# The Sefton SPLW Service

- A cohesive and coordinated social prescribing model that links seamlessly with the existing range of complementary roles
- The SPLW as part of and have access to a wide range of local and thematic expertise and connection to over a thousand local VCF services through the integrated wellness service database
- Tailored operational delivery to the needs of the local population and working arrangements of practices.



# Diagram of model

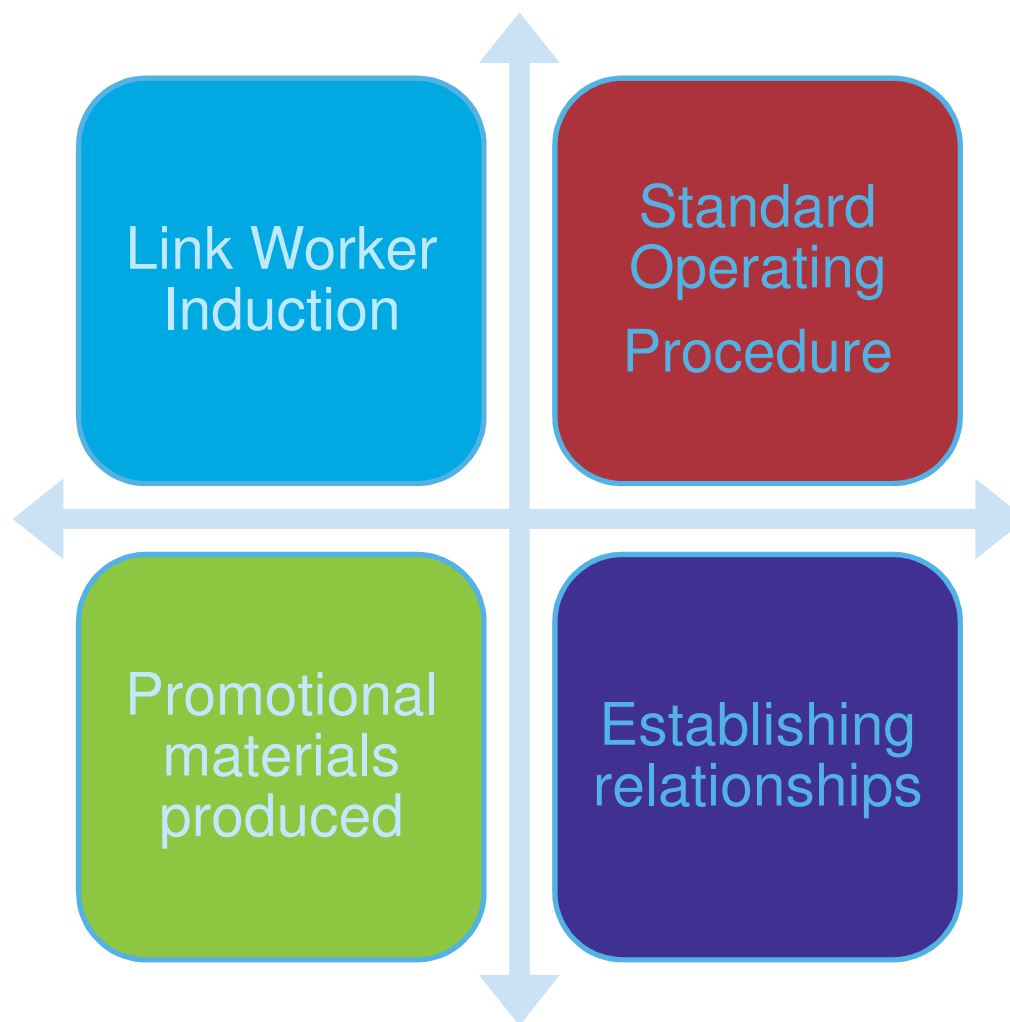


# Highlights of Progress to date

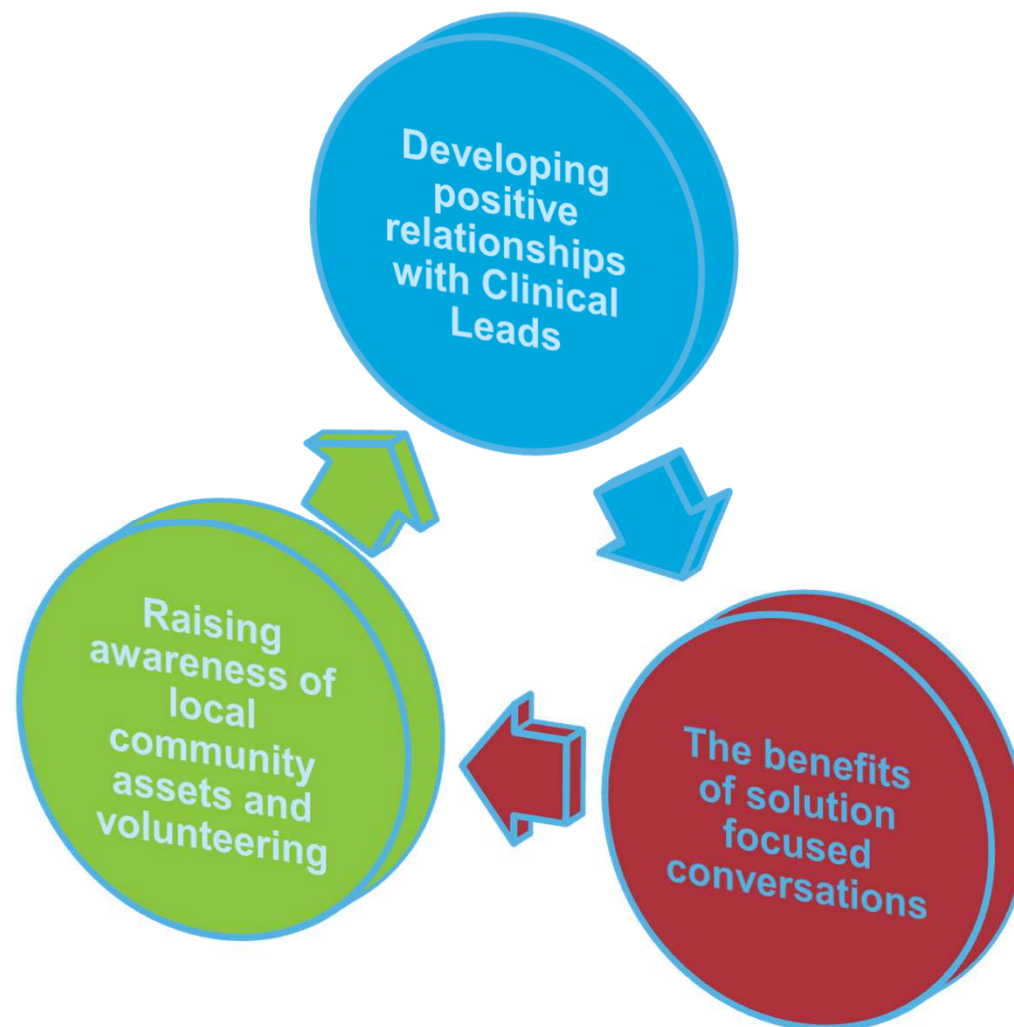
- A voluntary sector partnership approach has been established
- Grant agreements signed with CCGs and PCNs
- Key indicators established
- 7.5 Link Workers have been recruited
- A thorough induction has taken place
- 6.5 workers are now in GP Practices supporting patients
- Positive feedback has been received from the Primary Care Networks and Link Workers have been warmly welcomed



# Progress to date



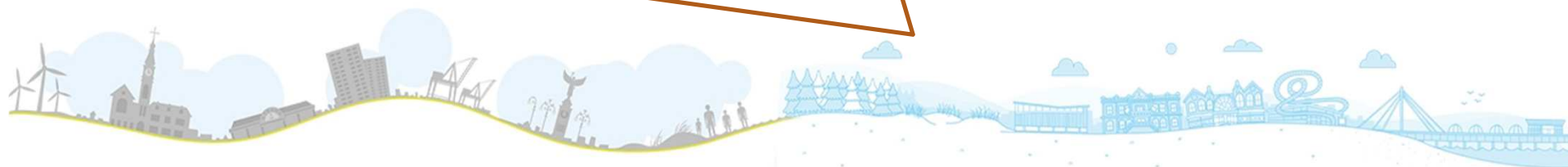
# Making a Difference



# Making a Difference

‘Well done. You’ve done really well to establish good links and working relationships with all 5 practices. That’s’ not easy – Excellent’  
**Clinical Lead**

‘Thank you very much Debbie, I appreciate all your hard work. Life is looking a little brighter and I can only hope now to get my health back on track. See you Wednesday.’  
**Person accessing social prescribing**



# Next steps

- Implementation of referral and reporting mechanisms
- Supporting more people on a one to one basis
- Continued development of Link Workers
- Sustaining positive relationships and embedding social prescribing
- Evidencing and reporting positive outcomes

