County Down Rural Community Network

Social Prescribing in Down district
County Down Rural Community Network

- Umbrella body for community groups; Newry Mourne & Down & Ards & North Down area
- Registered Charity & limited company formed in 1995
- Offices in Downpatrick, Ards, Newry & Crossmaglen
- Works with over 400 groups
- 15 staff
- Develops/delivers range of community development and health initiatives

- DAERA Rural Community Development Service
- DAERA Rural Micro Capital Grants Programme
- PHA community development & health initiatives across Down & Ards – 5 staff
- Healthy Living Centre for Down & member of NI wide Healthy Living Centres Alliance
Social Prescribing in Down district

- Delivery partner in National Lottery funded Social Prescribing project
  - HLC Alliance & Scottish Communities for Health and Wellbeing
  - Bogside and Brandywell Health Forum - lead partner
  - £5 million for work over 2018 – 2023 across Scotland & NI
  - 3 GP practices in Down District initially – Downpatrick, Newcastle, Saintfield
  - 80 patients per annum
  - Targets doubled to 160 with additional funding from DAERA
  - Social Prescriber – Nuala McElroy employed from 8 January 2019
  - 3 years initially with extension to 5 depending on outcomes
Social Prescribing

➢ the provision of non-medical services in the voluntary, community and social enterprise (VCSE) sector

➢ the creation and maintenance of referral processes and pathways that enable GPs and other health practitioners to make referrals into such services for individual patients

➢ there are different models developing and operating and an increasing body of information relating to policy and practice
Social Prescribing in Down district

- How the National Lottery/DAERA funded project will work

- Nuala McElroy, Social Prescriber employed by CDRCN
- 3 GP Practices, initially at least – Donard in Newcastle/Castlewellan, Shelvin in Downe, Saintfield Health Centre
- Formal referral mechanism using Elemental Social Prescribing Software
- One to one visit with patient/client by Social Prescriber - Nuala
- Identification of and support to attend a suitable community intervention
- Requirement is for 12 x contacts with patient/client
- Some modest £ for community activity/transport
- Patient/client progress tracked with Elemental Social Prescribing Software
- Targets 160 patients across the district/the 3 practices per annum
Social Prescribing in MDT

- Role of VCSE (voluntary, community & social enterprise) sector with respect to plans for Multi-Disciplinary Teams (MDT) in GP Practices

  ➢ CDRCN resourced until March 2019 for planning work

  ➢ What is Social Prescribing?
  ➢ What are the opportunities & benefits for individuals, communities, VCSEs, GPs & NHS?
  ➢ What are the challenges to be overcome?
  ➢ What's the optimal delivery model to address challenges & deliver benefits?
Social Prescribing in MDT

SE Trust/GPs to employ 37.5 new staff – Physiotherapists, Social Workers, Mental Health workers across the 13 GP Practices and patient list of 76,000

• Role of Social Workers
  • to carry out social prescribing – the specific model not yet defined
  • to manage a community development/seed fund budget – unclear as to how much/mechanism for dispersal
    • 15 Band 7 & 7.5 Band 4 Social Workers – 22.5 in total

• First Contact Physiotherapists & Mental Health Workers
  Likely to have a role in MDT model of social prescribing through Social Workers

• Role of CDRCN & existing Community Development & Health work unclear
  • CDRCN planning work is attempting to clarify and define and make a proposal to the MDT Project Board
Challenges

• Capacity of & resourcing of VCSE sector to meet demand
• Support for & sustainability of VCSE sector
• Developing & maintaining new relationships
• Roles & responsibilities – clarity & protocols around these
• Collaboration, integration and co-ordination across the geography
• Health informatics & use of IT systems
• Development/delivery of new groups/services for unmet needs
• Accessibility of services in dispersed rural settlement/population
• Other?
The views of the VCSE sector locally

2 consultation events Newcastle and Downpatrick, February 2019

• A realistic, practical and agreed plan
• Person centred service
• Client confidentiality
• Cost of & investment in VCSE sector – who is paying?
  • Creation of a menu of groups/services
The views of the VCSE sector locally

- Quality control
- Capacity to deliver – CDRCN 160 referrals per annum, MDT?
- Clear referral process & communication mechanisms
- Collaboration – opportunity within VCSE & with others
Relationships with Primary Care

- Good relationships with GPs and their staff – need to continually develop
- We are appreciating how busy GPs & staff are & their ambition for change
- We are working together to try something new in a changing environment
- Our Social Prescribing model – SP Plus, £ limits, but best practice & fits with existing infrastructure
- 2 different sectors & emergent different models?
  - Role of VCSE sector vs role of Social Workers
  - Planning & participation vs Staff recruitment & implementation
  - Planning with an open mind vs Implementation with a closed one?
  - Community development is an end and a means
Lessons & key learning for others

• Hold your nerve
  • community development support organisations understand the challenges of building community particularly in the NI context

• No shortcuts
  • The ability of communities to help create health & wellbeing isn’t a function of the number of staff employed in the state or infrastructure organisations
  
  • We cannot ignore the issues & fears of organisations around roles being ascribed to them by others – without investment in communities there is no social prescribing

• Reflective practice
  • What can we improve in our own work, relationships and plans to realise positive change

• Opportunity
  • The challenge is to all those in leadership positions across sectors to ensure the rhetoric in Health and Wellbeing 2026 is turned into reality – be open to the possibilities – know your limits