

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