# Activity 3 - What should Social Prescribing look like in Stoke-on-Trent and North Staffordshire?

## Full Summary

### What

- Wellbeing hub and social hub – “where professionals/patients people go for information” (phone or online)
- Navigator link worker (possible vol sector)
- Co-located link workers – should be trained - SP navigations ‘coordinaters’ ‘enablers’
- Two way relationship between person and hub – bear in mind that it can be ‘complex lives’ as much as ‘complex needs’ and communities of interest are relevant
- The same for Stoke-on –Trent and North Staffordshire??
- Local footprint
- Flexible to individual depending on person’s needs (buddying)
- Volunteer champions – localised, GP linked,
- Volunteers from multi-cultural areas and engaging other groups on awareness
- Proactive system - needs to be before they see GP
- Coming together infrastructure - Community resilience
- Prescriber model
- Prescription (e.g. dietary advice/ lifestyle/befriending)
- Data Collection with data collection, outcomes and feedback
- Must be done in collaborative way to avoid postcode lottery

### Who – Target Group/Criteria

- Work needed on access criteria and referral routes (Fire and Rescue Service, etc)
- People that go to GP for company / Loneliness lack of confidence – link to health literacy
- Target Group; High need, identifiable patients
- Long-term conditions
- Frequent attendees
- Low level anxiety
- Target patient group

### Where

- Impact should be ‘Middleport’ – community model
- Do in ward GP clusters? Or 5 community hospital sites - could they be early adopter sites? – locality models
- Early adopter sites based on community hospitals
- Non-medical / access children’s centres / via employers
- Where / face to face / local - 1 or 2 access place per locality – GP practice, community centre, networks
- Access roots in – libraries, pharmacists, dentists
- Framework of referrers as wide as possible
- Where to advertise/make information available to everyone - schools, social media, supermarkets, noticeboards in the community, community groups/networks
- Part of the GP practice – because communication sharing is so important

### How

- Practical system of achieving – need to make it as easy as possible
- Learn from people who have done this elsewhere
- Needs support - value and grow
Demographics need to dictate
Provider must have resources (money), resources / people to deliver, useful information about the person
Personal Health Budget – can this be used for social prescribing?
Creative finance option
How to access
Self-referral - persons own recognition
Referral process – Community practitioners / GPs (PCSO’s / Fire Service) – connected up
Referral process which is easy to refer in, co – designed, prescription should follow with no duplication of information
Single point of access – depending on what it is? An area
Cross referrals between agencies
HV/Health care professionals in community
Social prescribing – education and training for all healthcare staff
x number of paid link workers across GP locality
All the information needs to be available in different languages
Manage gaps in services and activities available to people – important the charities get together, communicate, deliver activities together and share information. They can add value and benefit if they ‘manage the market’ and provide different activity/service groups to the community – might improve funding.
Awareness of capacity of the services link workers are signposting to
Careful not to overwhelm them – third sector
Need a relationship with the GP’s/link workers who prescribe to us
Access to community development funds for new local activity
As broader network as possible
Multi-agency
Use current assets
Support groups / befriending service
Volunteers for different conditions (personal interests)? Would this work better?
Good links between volunteers and professional workers
Need the “space” to deliver the activity – knowledge of hubs / buildings
Dedicated info / knowledge base e.g. VCS hub
Accessibility – rural issues / other barriers

Social Prescriber Role

- Navigator – central point, for those needing support and help
- Not an ‘add on job’ it’s a profession
- Prevention role
- Person centred – think outside the box
- The Person - Ask them! LISTEN, Support them to do it!, Do it!, Feedback/Celebrate
- Face to face, Telephone, Flexible approach to meet persons needs
- Face to face
- Should offer choice of face to face / personal contact
- Digital aspect for those who have the ability to find info out/interactive
- Using tech for increased accessibility e.g. ‘live chat’
- Use of tech e.g. facetime
- Noticeable difference within, GP practices – feedback to the ‘navigator’
- Takes time to unpick real need
- Time to understand and listen (guided conversation)
- Offer guided conversation
- Decide with the person
- Need longer (40 mins) than the GP 10 minutes
- Pull in support where required
- Support to access community/groups
- Support people to access services – hand holding Signposting to safe places and spaces/ framework for link worker, knowledge, training
- Relationship building between GP and voluntary sector
- Embedded – creates greater knowledge
- Meet with others locally – share ideas and knowledge
- Knowledge of activities in local areas/hubs
- Feedback / review - localised navigators feeding into a hub specialist knowledge coordinated
- Know what’s going on across area
- Need to know what’s going on across the patch but also very locally too
- Understand the city
- Supporting roles to help prescribers
- Prescriber and link worker – need a skilled link worker
- Link workers – passion, enthusiasm ‘enablers / coordinators’ - co located, known to all practices across localities and common meeting places
- Personal skills of link worker
- Shared intelligence around target groups
- Backed up by technology to hold data e.g. Staffordshire connects

**Data Collection and Sharing**
- Proportionate and appropriate
- Referral process – needs to be really simple
- From multiple sources GP, Social care
- Group feel needs to review the evidence and working models – not reinvent the wheel
- Sample data sharing
- One single client management system / so it is tracked and monitored
- Before/after quality of life questionnaire
- Opt in system for the individual – to all services at the beginning is key – needs to be carefully worded.
- Communication - online sharing, information of groups or gate way telephone number / centre point – link like VAST
- ‘supported’ by a database