

Social Prescribing in Gloucestershire

Hannah Gorf

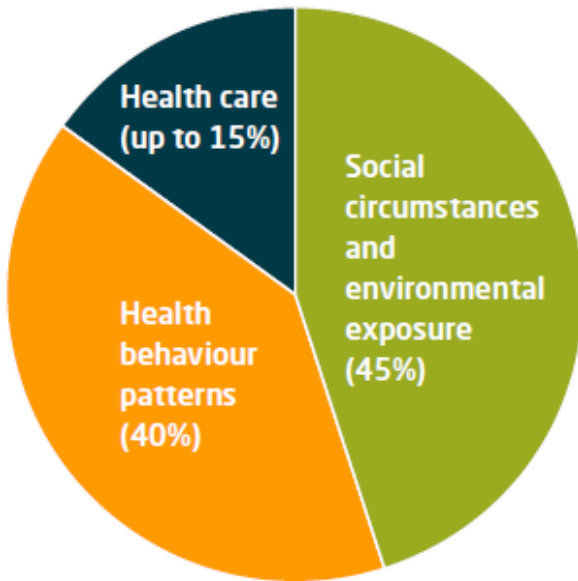
NHS Gloucestershire Clinical
Commissioning Group

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

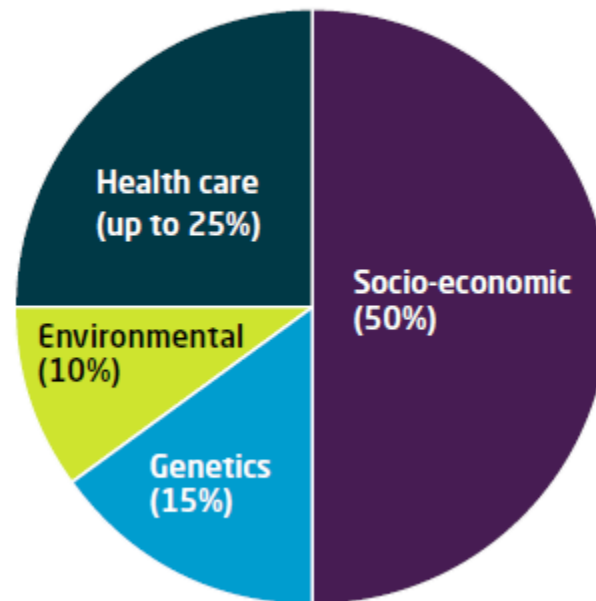
World Health Organisation 1948

Estimates of the relative contribution of factors to our health

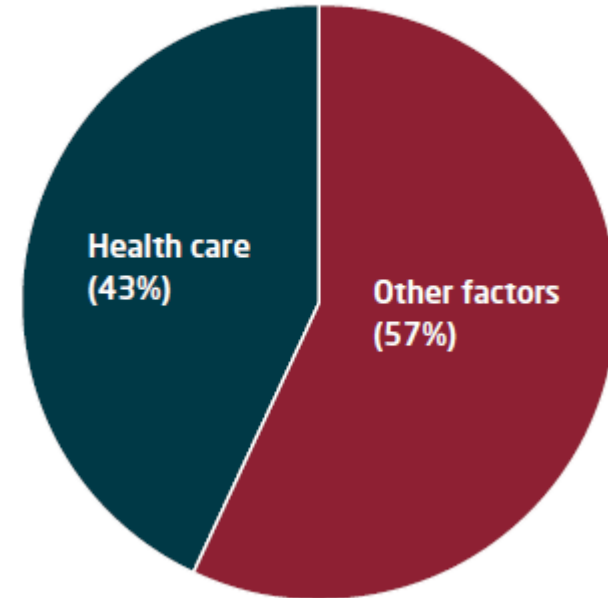
McGinniss *et al*
(2002)



Canadian Institute of Advanced Research
(2012)



Bunker *et al*
(1995)



McGinnis JM, Williams-Russo P, Knickman JR (2002). 'The case for more active policy attention to health promotion'. *Health Affairs*, vol 21, no 2, pp 78–93.

Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002, quoted in Kuznetsova D (2012). *Healthy places: councils leading on public health*. London: New Local Government Network

Bunker JP, Frazier HS, Mosteller F (1995). 'The role of medical care in determining health: creating an inventory of benefits' in Amick III B, Levine S, Alvin R, Tarlov AR, Chapman Walsh D (eds), *Society and Health*, pp 305–41. New York: Oxford University Press.

Why social prescribing

- GP's conscious that they were not always meeting the wellbeing needs of their patients.
- Some VCSE organisations under utilised
- Increasing recognition in the role of the wider determinants of health by the health community
- The CCG had a strong focus on prevention and self care
- A need to shift from a reactive, disease-focused fragmented model of care towards one that is more proactive, holistic and preventative

To provide...

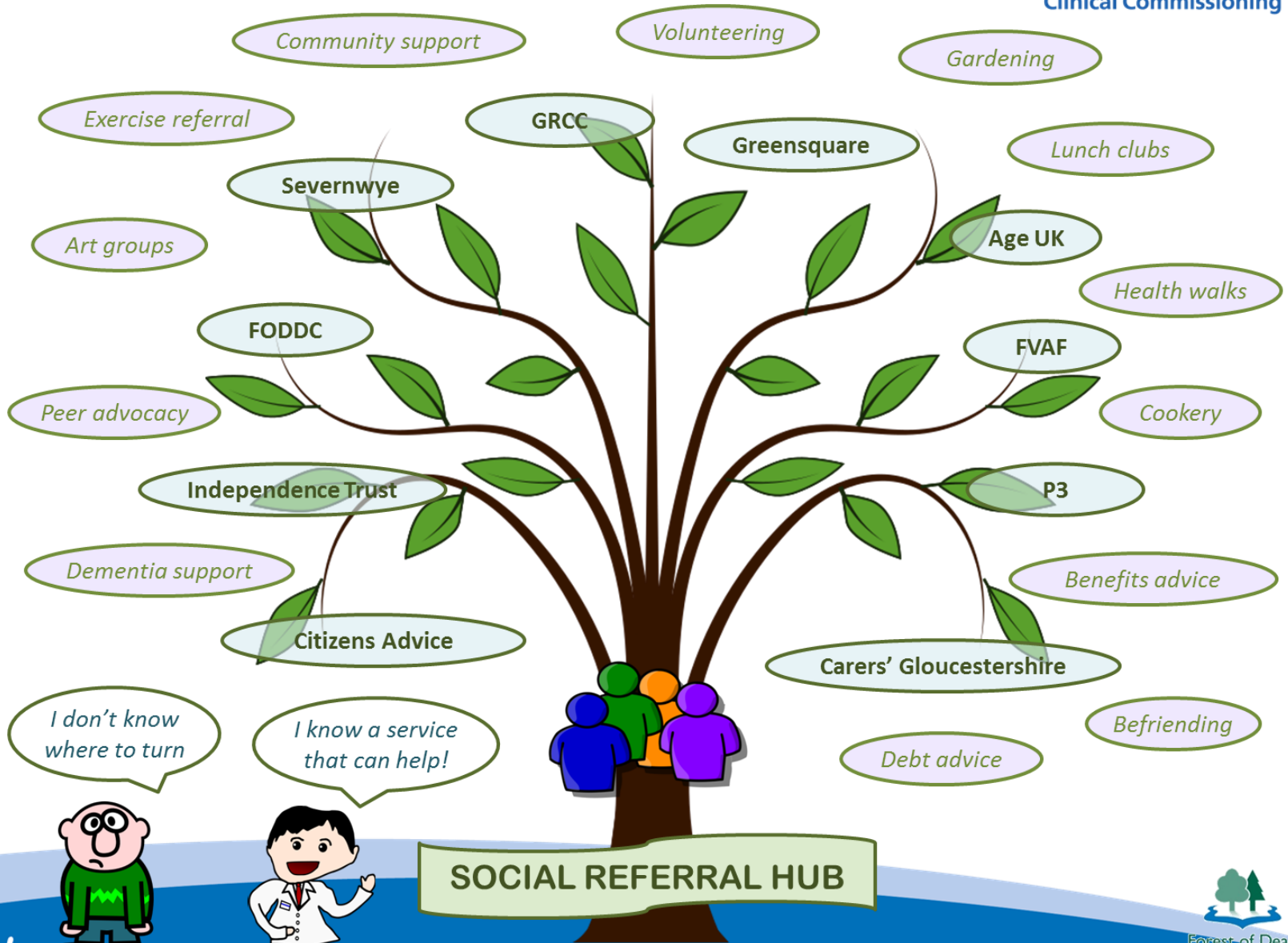
“A clear, coherent and collaborative process in which healthcare practitioners work with patients and service users to select and make referrals to community based services.”

(Langford et al, 2013)

The issues spectrum



- Social isolation
- Carers and caring
- Respite
- Mobility / Transport
- Debt / rent & council tax arrears
- Employment
- Fuel Poverty, gas & electricity
- Food banks
- Poor mental wellbeing
- Sensory disabilities
- Benefits related
- Lifestyle
- Substance misuse
- Lack of social skills
- Domestic violence
- Managing homes
- Supporting / handholding



Case Study

- Mr.P - is 68 years old, lives alone and suffers from COPD.
- He frequently attended his GP Practice.
- He was referred to social prescriber.
- When the social prescriber attended Mr.P's house, the heating was turned right up in an old house
- Food versus energy bills
- Referred to local authority who provided support to have home insulated
- *The changes have definitely improved my COPD and also really improved my anxiety*
- He no longer attends his GP Practice, except for his reviews, and has joined the local Men's Shed, supported by his social prescriber.

Social prescribing is a smart way to target resources and achieve common purpose. Mr P would have likely fallen through the net, with poor housing contributing to his health, life and dependency.

Evaluation

referral reasons (n=1830)

48% (n=886) mental health and wellbeing

35% (n=647) benefits, housing or environmental advice

16% (n=288) generic health and fitness

15% (n=279) carers support

14% (n=254) social isolation

6% (n=116) memory loss

4% (n=75) some other reason e.g. falls prevention.

So What?

In the first year there is a £1.69 (health £0.43, social £1.36) return on investment for every £1 spent by Gloucestershire Clinical Commissioning Group on the social prescribing service.

There was a statistically significant increase in reported short Warwick Edinburgh Mental Wellbeing Scores from baseline .

What next?

Community Connectors:

- Strengths based approach
- Place Based Approach
- Community Capacity Building

We need a broad, holistic approach to fuel poverty and energy efficiency, with the retro-fitting and refurbishing of our housing stock as the centrepiece.

Experience shows that this kind of approach is most successful and cost-effective when delivered **locality by locality, street by street**, harnessing the invaluable skills of local businesses and the support of local communities.

Age Uk 2014: Reducing fuel poverty – a scourge for older people

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