

# Social Prescribing in Gloucestershire

Hannah Gorf

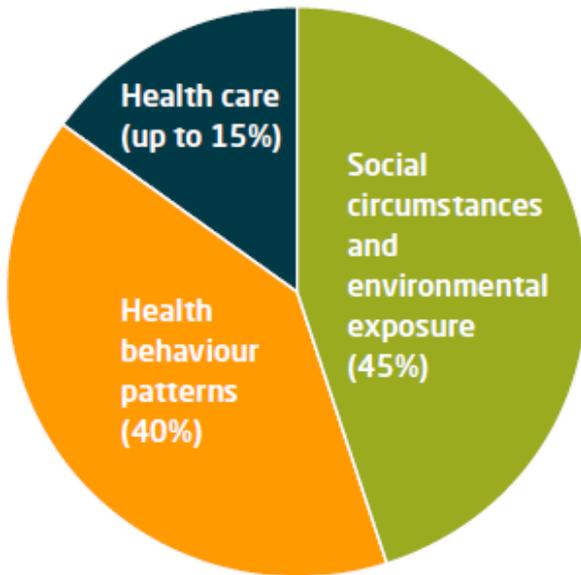
NHS Gloucestershire Clinical  
Commissioning Group

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

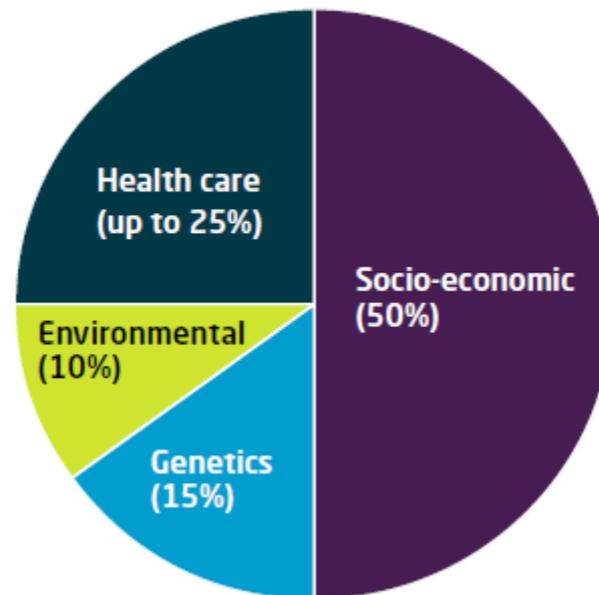
World Health Organisation 1948

# Estimates of the relative contribution of factors to our health

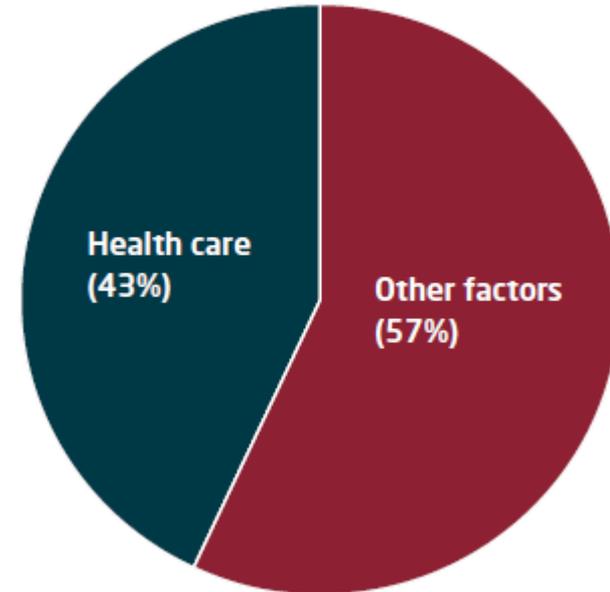
McGinniss *et al*  
(2002)



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...

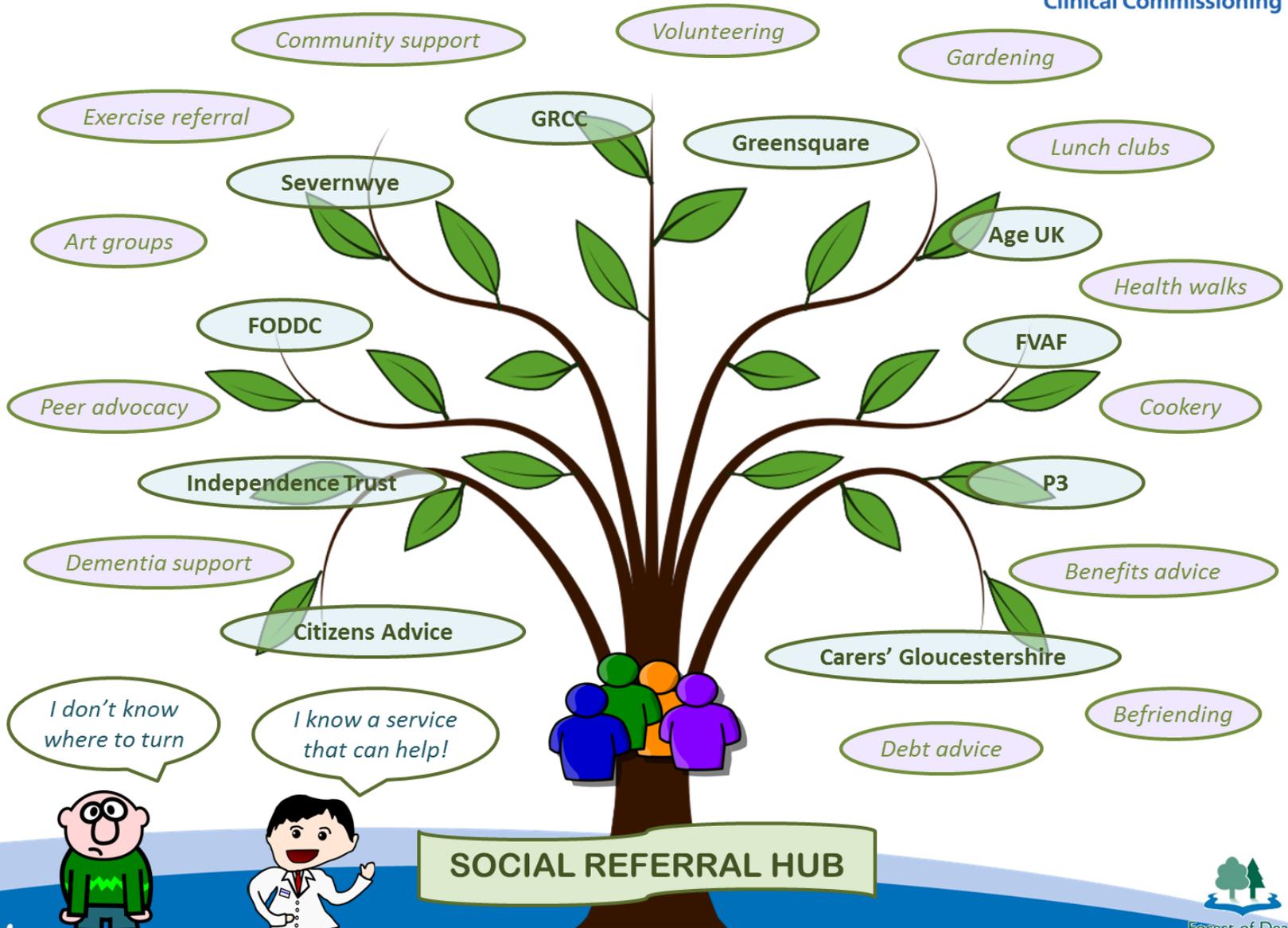
“A clear, coherent and collaborative process in which healthcare practitioners work with patients and service users to select and make referrals to community based services.”

(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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