Rotherham Social Prescribing Service

Developing and supporting social prescribing link workers

King’s Fund Conference
Tuesday 6th November 2018
Rotherham Social Prescribing schemes

Long Term Conditions scheme (began 2012)

• Approximately 1,500 referrals per year (82% engage)
  84% of patients improved wellbeing in at least one outcome area between baseline and follow-up

Mental Health scheme (began 2015)

• Approximately 200 referrals per year (76% engage)
• 95% of patients improved wellbeing in at least one outcome area between baseline and follow-up
Rotherham Social Prescribing Service (SPS) – Pathway to Independence

GP Practice
Mental Health Team
Integrated Locality Team
VCS Advisor
Commissioned Services

Befriending
Carer Support
Enabling
Dementia Support
Activity Groups
Benefits
Education/training
Community Hubs
Advocacy
Therapeutic
Community Hubs

SUSTAINABLE ACTIVITIES/SERVICES
INDEPENDENCE
SELF-CARE
NO SPS FUNDING SUPPORTING PATIENT

Self-funding
Sustained Social Networks
Community Activities
Education
Volunteering
Peer Groups
Employment

VCS = Voluntary & Community Sector
Rotherham Social Prescribing Service (SPS) – Patient Journey

GP Practice

Mental Health Team

Integrated Locality Team

VCS Advisor

Telephone contact

Assessment Meeting

Delivery of commissioned services

Follow-up

SUSTAINABLE ACTIVITIES/SERVICES

INDEPENDENCE

SELF-CARE

NO SPS FUNDING SUPPORTING PATIENT

Self-funding

Sustained Social Networks

Community Activities

Education

Volunteering

Peer Groups

Employment

VCS = Voluntary & Community Sector
- Smoking, alcohol, drugs
- Improving diet or eating habits
- Becoming more active
- Sleeping patterns
- Other issues influencing lifestyle

**Lifestyle**

- Household chores e.g. cleaning, laundry
- Cooking, preparing meals, shopping
- Transport and getting out and about
- Support from carers, family or do you care for someone else?
- Using aids or equipment

**Looking after yourself**

- Understanding/managing symptoms
- Do you know who to contact in an emergency?
- Flare ups, management plans
- Managing medication
- Pain management
- Resting and energy levels

**Managing symptoms**

- Interest in volunteering or ability to work
- Social groups/social contact at home
- Learning
- Activities of interest or past hobbies
- Interest in attending groups or activities

**Work, volunteering & other activities**

- Comfortable or struggling
- Debt
- Managing your money
- Paying bills
- Appropriate benefits

**Money**

- Accommodation suitable/unsuitable
- Fire safety and alarms
- Accessing stairs
- Heating, warmth, damp
- Rother Care alarm
- Accessing your local community

**Where you live**

- Friends/social networks
- Taking part in hobbies or activities
- Interest in meeting new people or trying new things
- Feeling lonely or isolated
- Carer support

**Family & friends**

- Coping from day to day
- Feeling positive or feeling low
- Feeling lonely
- Experiencing bereavement
- Feeling in control

**Feeling positive**
Recruitment of Link Workers

Key Skills
Interpersonal skills
Skills in building relationships with professionals
Team working skills
Written and verbal communication skills

Knowledge
Understanding of wider determinants of health and wellbeing
Understanding of health, social care and social prescribing
Knowledge of local communities and services
Awareness of data protection / safeguarding / equal opportunities
Training and support - Link Workers

**Training**

- Full Induction (including intro to MI system / lone working procedures)
- Shadowing
- Online training in:
  - Data Protection / Information Governance (NHS)
  - Safeguarding vulnerable adults / children and young people
  - Health & Safety
  - Equal Opportunities
  - Bespoke training if required (e.g. dementia awareness / mental health first aid)

**Support**

- Ongoing one to one supervision (includes review of CPD)
- Professional counsellor if required
- Flexible working
Link Workers - what works well

• **Targeted schemes** (rather than open referral)
  
  *keeps service user numbers manageable and facilitates the provision of a quality service tailored to individual needs*

• **Integrated working with health and social care professionals**
  
  *The Rotherham Social Prescribing Service is built into a wider LTC case management scheme in primary care – builds the reputation of the voluntary and community sector*

• **Link Workers are able to refer directly to service pathways commissioned by VAR**

  *CCG funding for Social prescribing includes funding to commission VCS services (SP+ model)*

• **Getting the recruitment of Link Workers right**

  *The reputation and success of the service depends on them whatever your delivery model!*

Future in Rotherham?

• Widening Social prescribing to new cohorts of beneficiaries?
• Link Workers becoming co-located in integrated care teams alongside health and social care professionals?
• Social Prescribing becoming mainstream funded?
• Recognised national qualifications for Link Workers
Thank you

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