What is Social Prescribing?

- Social prescribing is a way of linking people with activities and support in the community.
- GPs and other agencies can refer people to a link worker who, through shared decision making and personalised care and support planning,
- **will give people time to focus on what matters to them so they can take greater control of their own health**.
- It works well for people with long term conditions; people who are lonely or isolated and people who have complex social needs linked to well-being.
- The long Term Plan NHS England committed to building the infrastructure for SP in primary care

SPAG Membership

Officers:

- **Chair - Louise Swain**
- **Vice Chair- Sara Bains**
- **Citizen Ambassador - Janet Walker**
- **Co-ordinator- Christine Bell**
- **Project Support - Richard Murrell**

Representation from:

- **Link Workers**
- **Link Worker providers**
- **Link worker Managers**
- **VCSE Infrastructure**
- **Primary Care**
- **Adult Care**
- **Public Health**
- **DCHS**
- **JUCD**
- **Medicines Management**
- **CCG Directorates**
- **Personalisation Board**
- **Integrated Community Place Board**
- **Regional NHSE/I**

Social Prescribing – Plan on a page (Starting point)

What?

Why?

Six components of personalised care

1. Shared Decision Making
2. Personalised care and support planning
3. Enabling Choice
4. Personal health Budgets
5. Supported self-management
6. Social Prescribing and community based support

When and How?

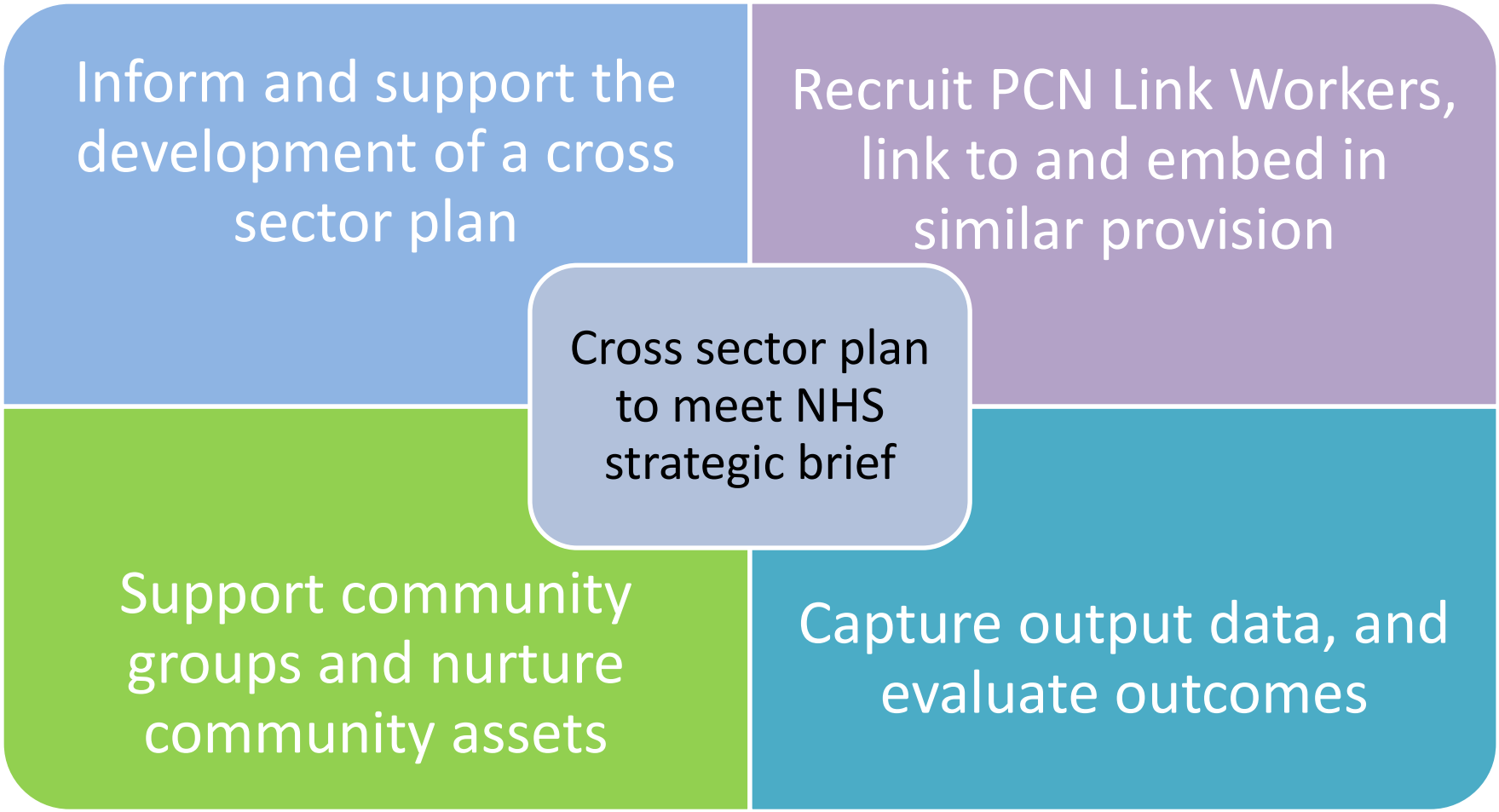
- Local plan in place 2019 – **Developing the foundation and strong network**
- **PCN recruitment of Social Prescribing Link Workers** from July 2018
- **Embedding and Integrating** PCN SPLW with existing related provision 2019/ 2020
- **Increasing capacity** 2020-2023
- **Ambitions achieved** 2024

Louise Swain 21/10/2020

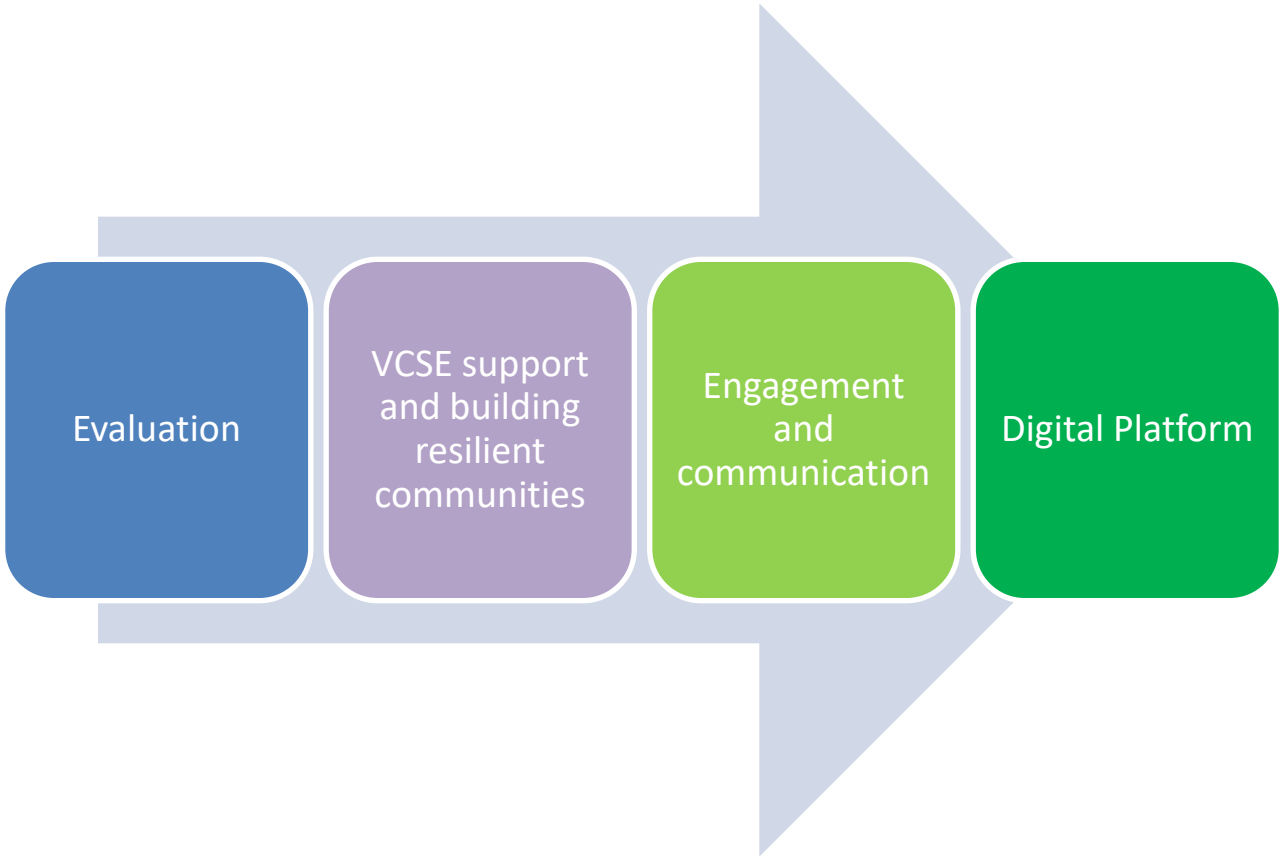
Key Features of the Developing Derbyshire Model

1. System wide governance and collaborative working
2. Autonomous co-operative development by each PCN
3. Ease of referral from local agencies as relevant to each service
4. Link workers give time to individuals and co-produce personalised care and support plans around 'What matters to you?'
5. Support to access community groups and other assets as needed
6. Recognising services in all sectors using the SP approach
7. Supporting community resilience
8. Voluntary sector infrastructure services working co-operatively with social prescribers to support development of community assets.
9. Workforce development
10. Pro-active communication and engagement
11. Adoption of NHSE Common outcomes framework

SPAG ACTIVITY



Social Prescribing Enablers



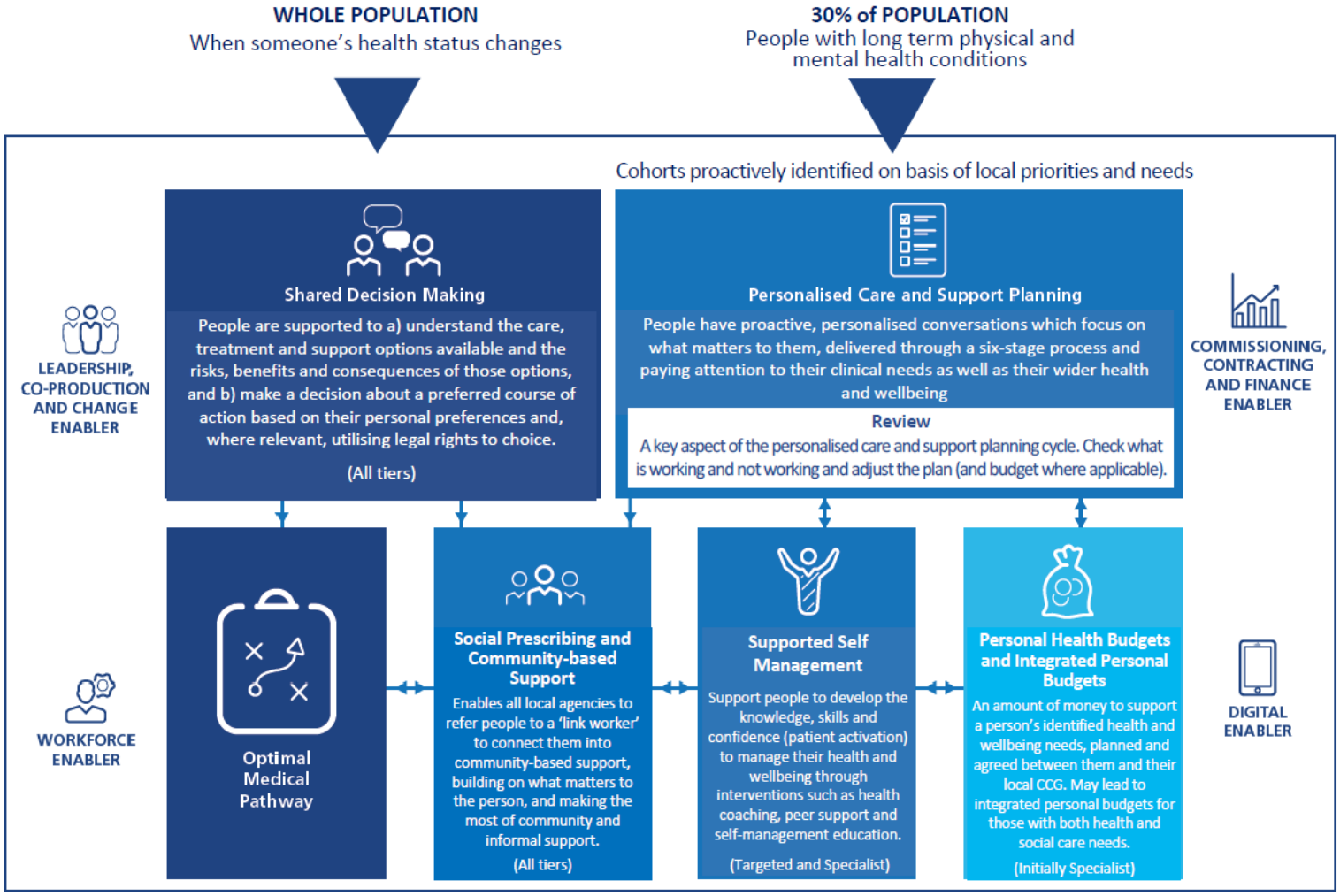
Developments March to Aug 20

Acceleration	Slowing down
• Community resilience and connectedness • Recognition of value of VCS Infrastructure and providers • SPLW peer connections • SPLW, JCCD and NHSE joint working • District level relationships • **28 SPLWs in post and more recruitment under way**	• Strategic discussions • Digital platform discussion • Outcomes framework • Events • General promotion of SP • Contact between JCCD SPAG 'team', PCNs and primary care • Links with other areas and good practice examples

What is SPAG doing now?

- Greater representation from link workers and we have a list of GPs who want to join
- Developed a local SP Newsletter
- Representation from the NHSE regional SP lead
- Link workers have developed a peer group support network
- Celebrating and promoting SP link workers achievements
- Enabler Working groups have been reconvened:
  - Community resilience – Sara Bains
  - Digital – Jacqui Willis
  - Evaluation – Christine Bell & Public Health
  - Engagement – Richard Murrell
- Agreed new Programme Plan – much more focus on operational outcomes less about strategy
- 30 Primary Care Network funded Social Prescribers and we are still counting!!
- Regional bids – Local VCSE infrastructure alliance working in partnership with the NASP funded thriving communities project
- in final stages of applying for another bid for developing Green social prescribing test sites (4 in the Country)

Personalised Care Operating Model



Long Term Plan NHS England

- Committed to building the infrastructure for social prescribing in primary care
- Part of the drive to Universal Personalised Care – will see 2.5mill people benefiting from personalised care by 23/24
  - There will be 1,000 new SP link workers in place by 20/21
  - With significantly more after that…….
  - At least 900,000 people having been referred to social prescribing by 23/24

Local Ambitions

DDCCG local trajectory for PCN Link-workers.

Year	19/20	20/21	21/22	22/23	23/24
PCN SP Link Workers	17	23	23	23	23
SP Activity	758	2,485	3,631	4,227	4,662

Ways of including and counting social prescribing activity by wider connector roles in addition to that of PCN Link-workers is under consideration and will form part of the local framework of achievement.

Personalisation in Derby and Derbyshire

- Setting up a Personalisation Delivery Group
- Report to the JUCD Prevention Board
- Chair: Michele Bateman (Chief Nurse of DCHS)
- Recruiting a Project Manager
- SP is a core deliverable for personalisation
- Links to the Integrated Community Place Board