BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Social Prescribing in Oxfordshire

June 2023

Angela Jessop

Personalised Care Lead BOB ICB

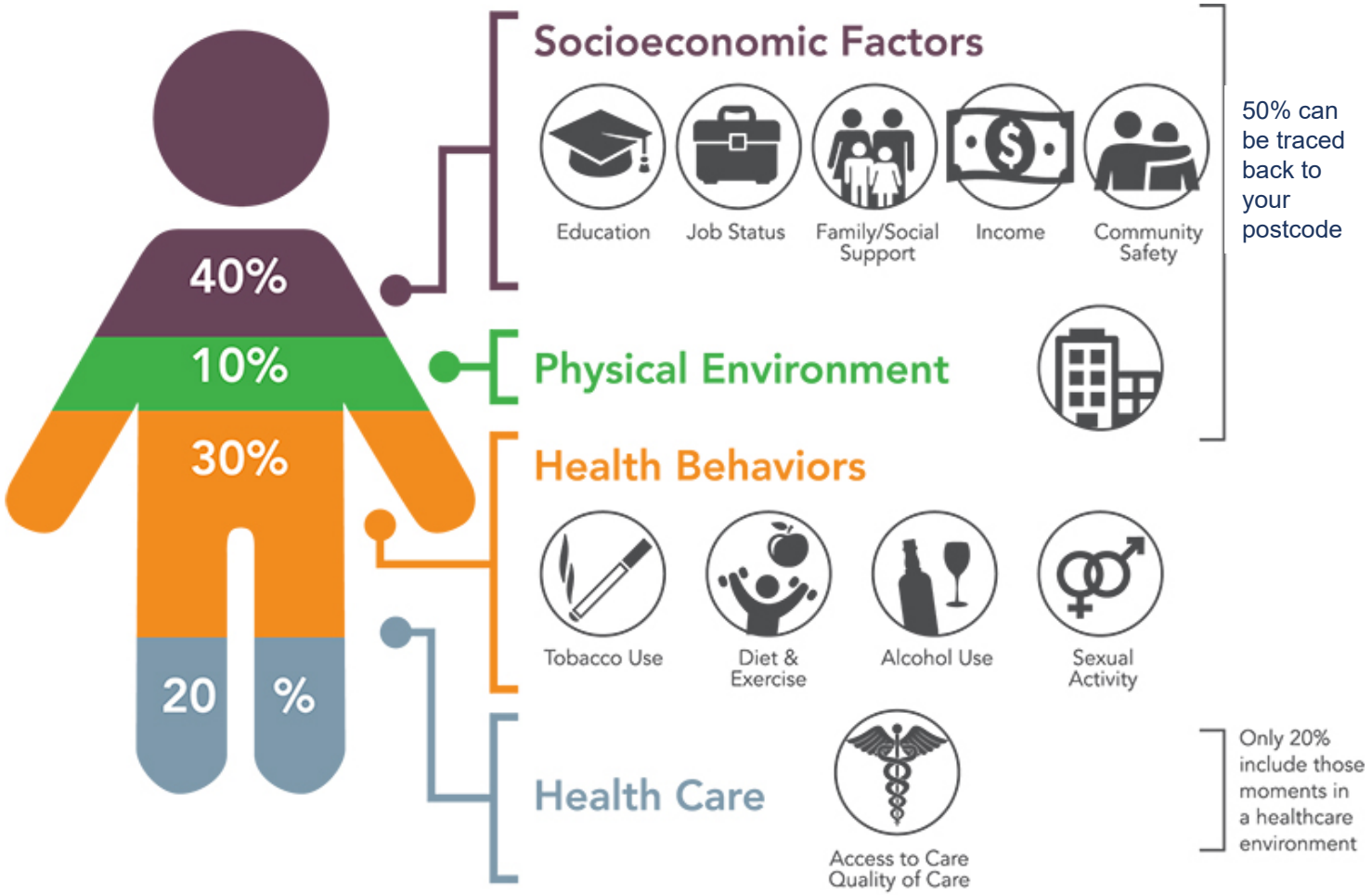
Nina Scott

Social Prescribing Project Support Officer

What is Social prescribing?

Social prescribing can address a person's wider determinants to health

Social prescribing is a way of linking users of health, social care and other services to sources of support within the community. It provides referrers with a non-medical referral option that can operate alongside existing treatments and interventions to improve health and well-being.



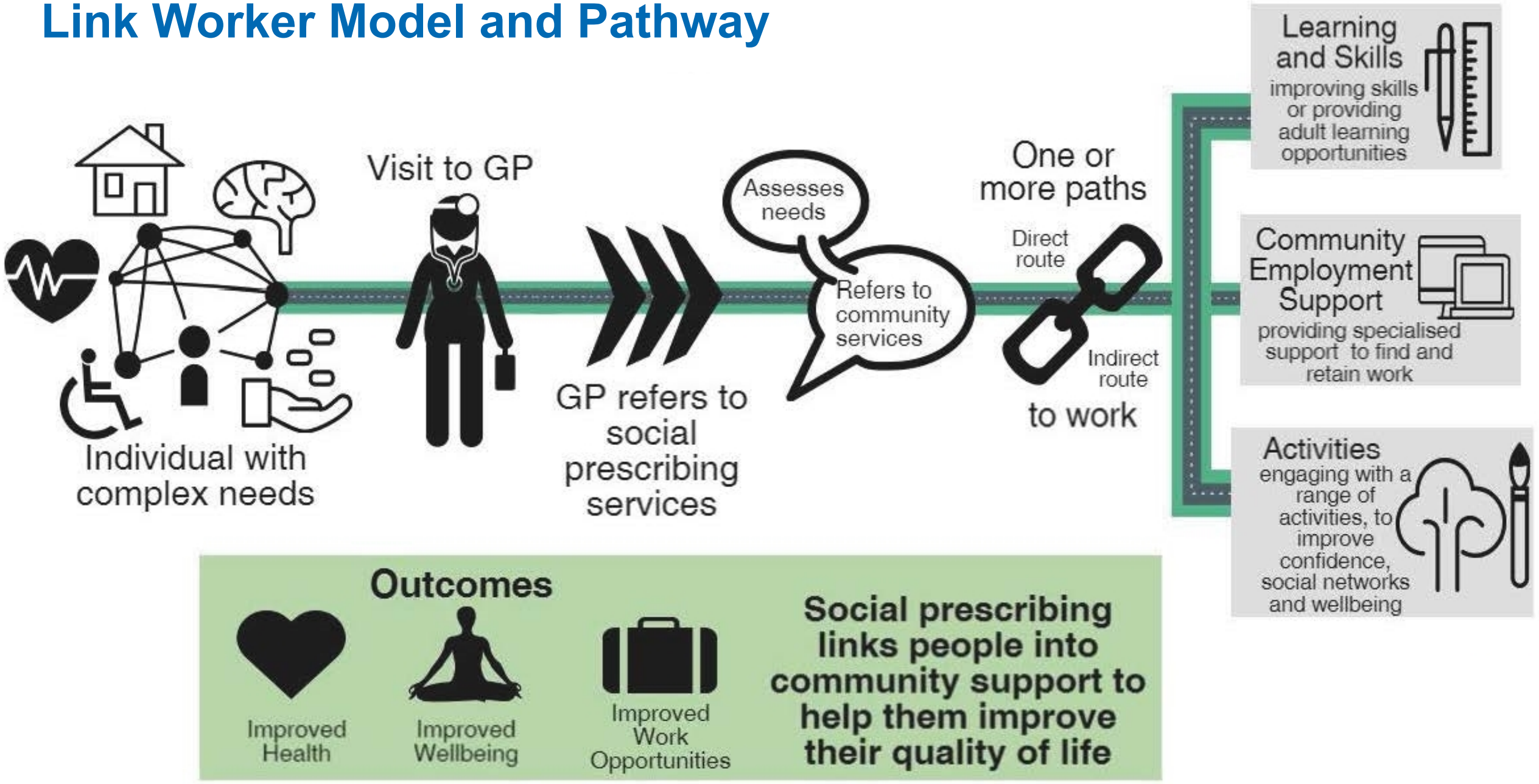
Why Social Prescribing?

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- 1 in 5 GP appointments are for wider social issues, not medical
- Health workforce in decline/Patient demand increasing
- 28% fewer GP appointments*
- 24% fewer A&E attendances*
- Reducing demand on the social care system
- Key enabler to tackle health inequalities

*Polley M et al (2017). Review of evidence assessing impact of social prescribing on healthcare demand and cost implications.

Link Worker Model and Pathway



Link Worker Caseload Common Themes

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- Social Isolation/Loneliness
- Transport Issues and Blue Badge forms
- Bereavement
- Inadequate Housing
- Financial Issues/poverty
- Benefits advice
- Info about Social Care
- Healthier Lifestyles and behaviour change
- Support post diagnosis of a long term condition
- Employment
- Education
- Supporting Carers

Link Worker Case Study

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Male aged 32 referred by GP:

- Homeless, rough sleeping and Sofa surfing on family and friend's couch.
- Suffers with chronic back injury and IBS, not managing nutrition. Recently seen by Dietitian who recommended referral to Social Prescriber to see if housing/social situation can improve

What Matters to me?

- Finding somewhere to live

How best to support me:

- Contact on mobile and leave message as unable to charge mobile if sleeping rough
- Sleeps during day
- Cannot read or write. Uses Mum's address for correspondence

Support:

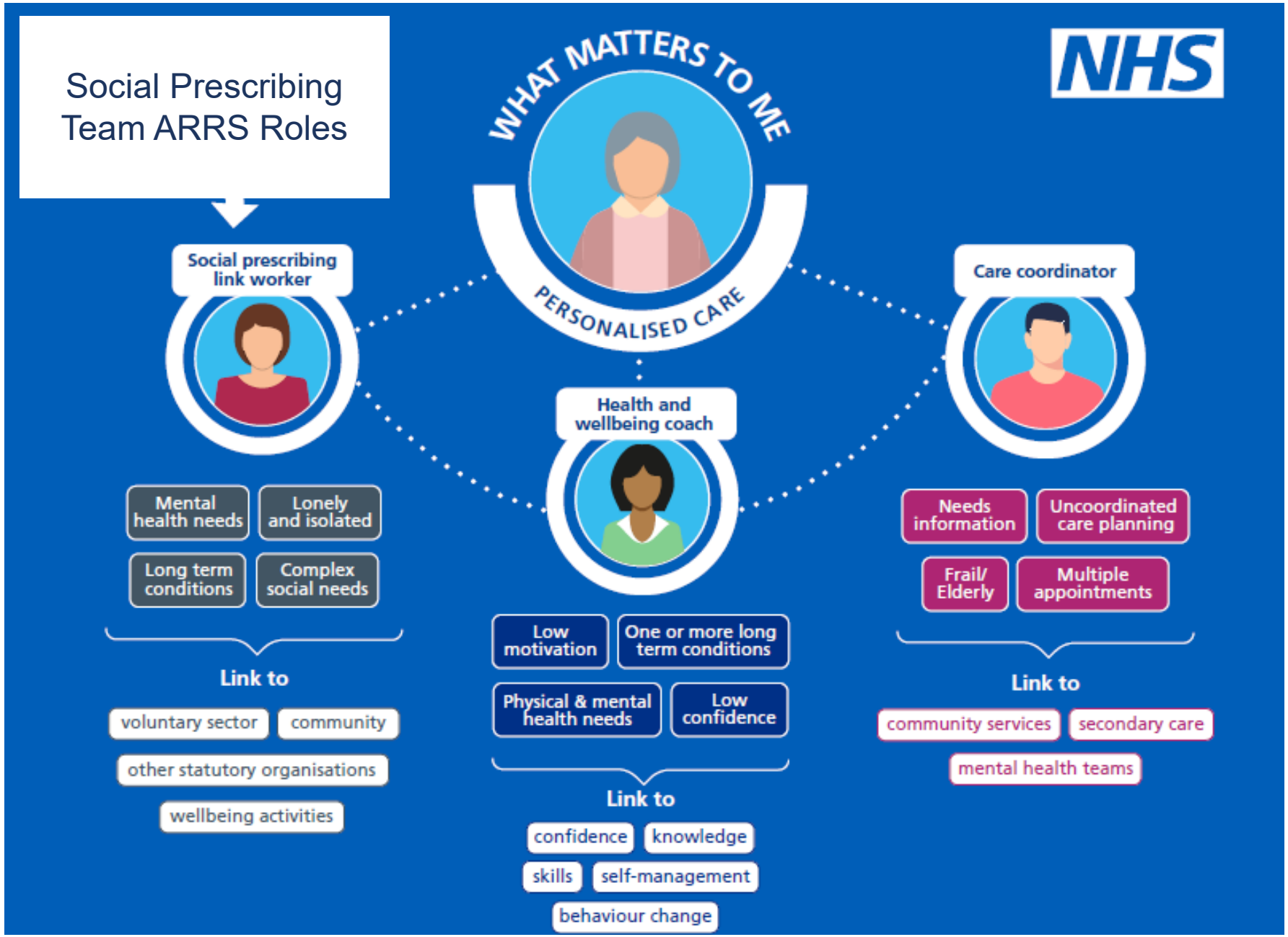
- Referred to P3 Housing and Aylesbury Homeless Action Group (AHAG)
- Worked with AHAG to support patient with temporary housing and Bucks Home Choice bidding.
- Built a trust relationship with the patient where he felt able to share other difficulties.
- Researched and provided Food and Clothes vouchers through Bucks Council Helping Hands scheme.
- Worked with his GP to produce supporting information to help him be housed and to supply repeat food supplements.

Link Worker – Proactive support

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- Identifying patients in need of **pain management** and creating peer group support
- Target support at **high intensity users** of health and social care service
- Recently **bereaved** proactively contacted for support
- **Learning Disability** support – inviting for health checks and including social prescribing approach
- Identifying patient in areas of **high deprivation** and contacting them proactively
- Patients **over 85**: conduct needs assessment around housing finances, social isolation
- Supporting all Ukrainian **refugees**
- **Dementia** patient not living in care home
- **Carers**
- Non responders to national **bowel screening** – link workers have received bowel screening training
- Frail Elderly
- Talking cafes dementia, menopause, sleep, carers
- Group consultations for menopause patients
- **Falls** risk and **frailty** assessments housebound
- Daily **discharges** – contacting patients once discharged
- Working with **housing** providers to identify vulnerable patients

Social Prescribing Team ARRS Roles



Realising the Value and Impact

- Social Prescribing across PCNs in Oxfordshire almost doubles year on year to 19,000 referrals in 22/23

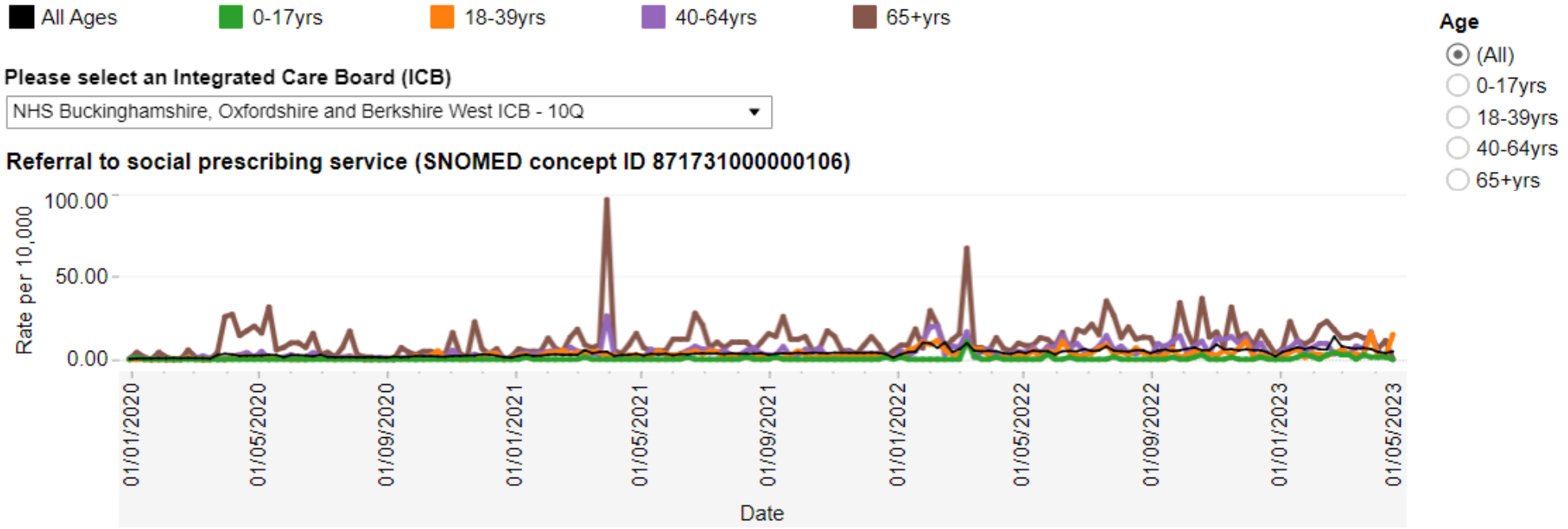
- 41 WTE Social Prescribing Link Workers Across PCNS and estimated another 50 WTE Care Coordinators and 4 Health and Wellbeing Coaches

- PCNs are advised to award these ARRS Roles permanent contract as 24/25 funding For these roles will form part of PCN baseline budgets

- PCN DES asks social prescribers to support Neighbourhood health inequalities and Anticipatory care to reduce winter pressures

Primary Care Network	Number of social prescribing referrals 2021-22	Number of social prescribing referrals 2022-23
Abingdon And District Pcn	419	547
Abingdon Central Pcn	498	414
Banbury Alliance Pcn	251	608
Banbury Cross Pcn	1026	1255
Bicester Pcn	574	2452
City - East Oxford Pcn	444	699
City - Ox3+ Pcn	1974	1965
Didcot Pcn	1044	1099
Eynsham & Witney Pcn	403	956
Healthier Oxford City Network Pcn	978	2157
Henley Sonnet Pcn	99	844
Kidlington, Islip, Woodstock & Yarnton (Kiwy) Pcn	577	629
North Oxfordshire Rural Alliance (Nora) Pcn	312	331
Oxford Central Pcn	212	336
Rural West Oxfordshire Pcn	85	980
South East Oxford Health Alliance (Seoxha) Pcn	385	649
Thame Pcn	244	1259
Unallocated	<6	0
Wallingford & Surrounds Pcn	210	408
Wantage Pcn	197	295
White Horse Botley Pcn	780	1456
Oxfordshire Totals	10,717	19,339

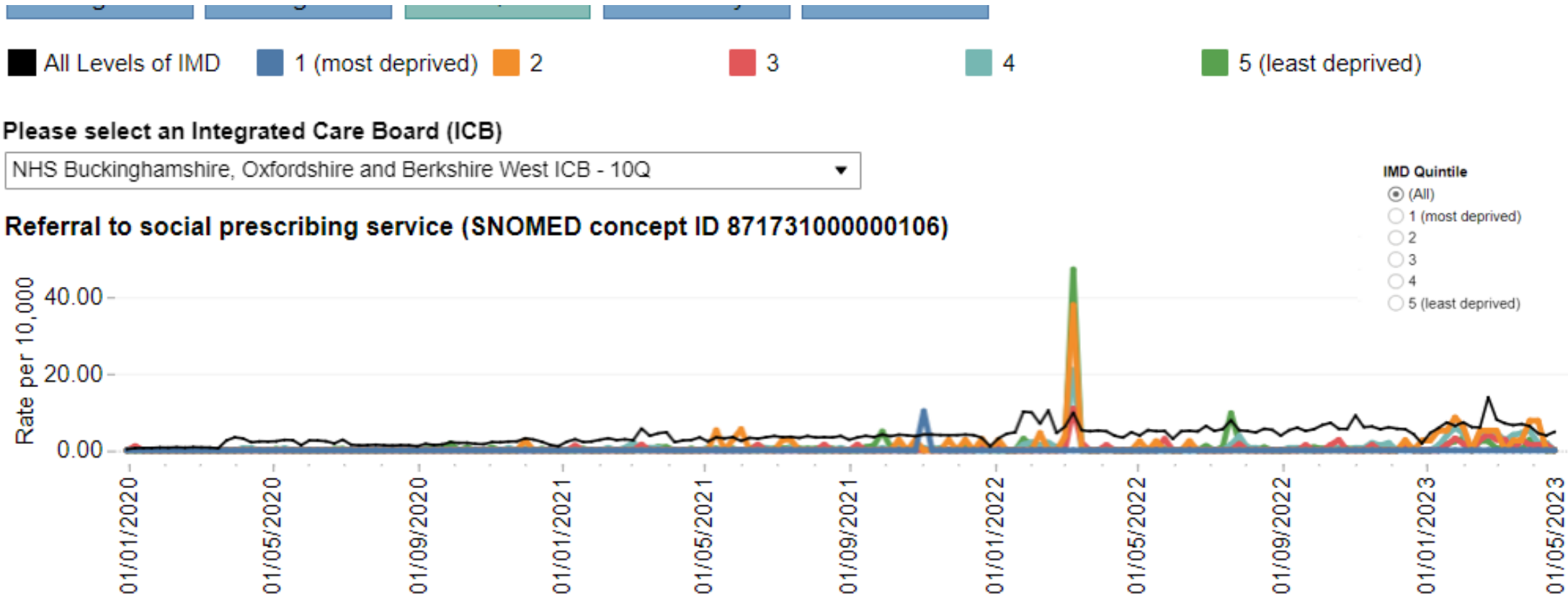
Demographics of Service Users - Age



Most referrals from 40-64 year old cohort, some minimal referral for children (under 10 referrals in this age group in 2023). Females are more likely to be referred than males.

Source: ORCHID: Oxfordshire Royal College of General Practitioners Social Prescribing Observatory

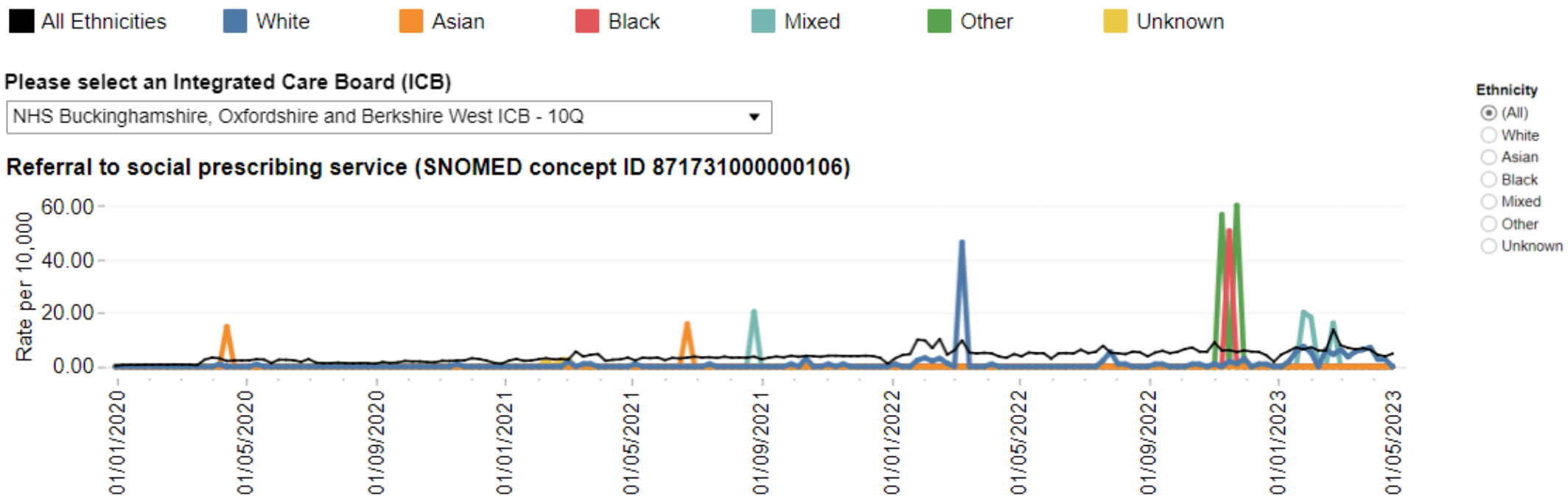
Demographics of Service Users - Deprivation



Most referrals from IMD Quintile 2,3 and 4. No recorded referrals from Quintile 1 in 2023

Source: ORCHID: Oxfordshire Royal College of General Practitioners Social Prescribing Observatory

Demographics of Service Users - Ethnicity



Most referrals from Mixed, Other, and Black communities. No referrals recorded in 2023 for Asian ethnicity patient.

Source: ORCHID: Oxfordshire Royal College of General Practitioners Social Prescribing Observatory

Spotlight on Oxfordshire PCN Innovation:

- Monthly Peer forums for all SP roles are now implemented with ICB initiated sustainable model. Central Oxford link worker hosting in Oxfordshire. Regular VCSE and stakeholder presentations and opportunity for staff to share best practise, discuss challenges and network with peers
- Social prescribing link workers are working with Thames Valley Cancer Alliance Personalised Care Nurse Facilitators in PCN to improve the quality and increase the uptake of Cancer Care reviews in primary. Social prescribing link workers are well situated and skilled to be supporting the non medical aspects of CCRs and this is a beneficial way for PCNs to be utilising ARRS roles to delegate work away from GPs and Nurses.
- Some PCN linkworkers delivering memory assessments for patients
- Oxfordshire Citizens Advice is in talks with practice managers to encourage volunteers and practice PPGs to work together to form support groups for patients.
- Abingdon & District PCN is delivering a Health Inequalities project focussing on mental health issues, also those with high BMI, and social isolation
- Oxfordshire on the Move was looking to use gyms as social hubs
- PCNs Looking at using Harcourt Arboretum as a green social prescribing space

ICB Joint Forward Plan – Next 18 Months

4.0	**Increase awareness of social prescribing to the population and increase the number of Social prescribing link workers in primary care**
4.1	Deliver Comms campaign to raise awareness of SP amongst patients and professionals
4.2	Develop Social Prescribing Strategic Plan
4.3	Set up SP working Group
4.4	Support and share best practice for PCN SP DES
4.5	Provide consistent place based support, peer forums and VCSE links in each place
4.6	Develop plan to support winter pressures (High Intensity Users) in both primary and secondary care
4.7	Develop toolkit for minimum data set and impact evaluation for PCN SPLWs

ICB Contacts

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Contact Details:

Angela Jessop
Personalised Care Lead BOB ICB
Angela.jessop@nhs.net

Nina Scott
Social Prescribing Project Support Officer BOB ICB
nina.scott5@nhs.net