Social Prescribing – Up close and Personal or Physical Distanced

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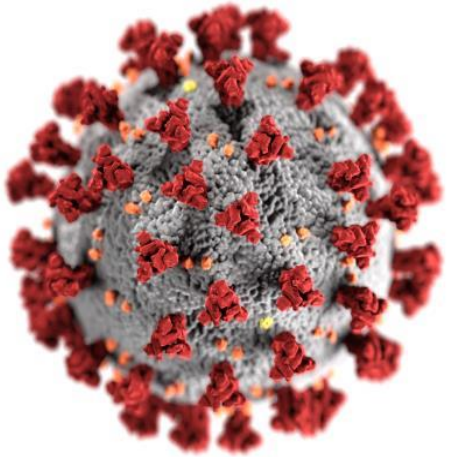
What is it?

- A means of enabling health professionals to refer people to a range of local non-clinical services
- Peoples health and wellbeing determined mostly by a range of social, economics and environmental factors
- Holistic approach
- Supports self care
- Community centred approach

Terminology

- Social Prescriber
- Community Connector
- Navigator
- Link worker
- Health care advisor
- Wellbeing Officer

- Pre COVID mostly face to face some virtual/ digital support



- Post COVID mostly virtual / digital with some face to face

National and local drivers

A Healthier West Wales Page 8

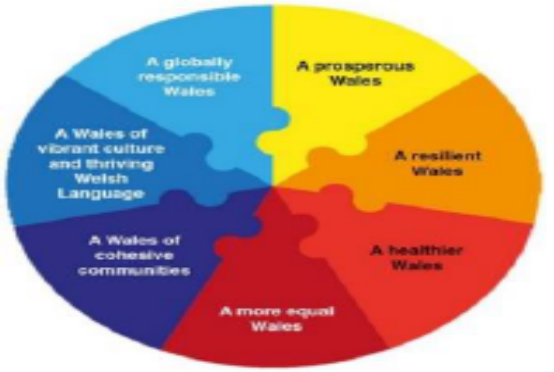
Our key national and regional drivers are:

A Healthier Wales: Our Plan for Health and Social Care - Welsh Government June 2018

A national strategy to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

Well-being of Future Generations (Wales) Act 2015

Preventing poverty and addressing health inequalities by developing an integrated health and care system to the deliver sustainable services for future generations.

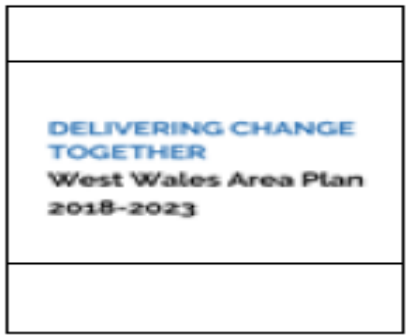


The Social Services and Well-being (Wales) Act 2014

Promoting well-being of those who need support, or carers who need care and support, with a duty to work collaboratively with local authority partners, through the establishment of a Regional Partnership Board.

wwcp
Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

The West Wales Care Partnership is the Regional Partnership Board for the Hywel Dda area and drives integration, innovation and service change, bringing together partners from local government, the NHS, third and independent sectors with users and carers with the aim of transforming care and support services in the region.



West Wales Area Plan 2018 - 2023

The Plan has been produced jointly by the Health Board, the three Local Authorities and other partners in the region. This collaborative approach will develop integrated and sustainable care and support to people in west Wales.

Public Services Board (PSB) Well-being Plans

Support longer term population health and well-being through a number of well-being objectives and actions.

A Healthier Mid and West Wales

Programme 4: Proactive, supported self-management

Summary

- Focus at locality level on improving **self management of long term conditions, through enhanced social prescription**
- **Enhanced social prescribers** and **specific social prescription pilots in 2 areas of highest deprivation** through **time banking** scheme
- **Disease-specific self management programme focusing initially on pre-diabetes across localities**

Requested funding (£1.1m) will meet costs of:

- 2 social prescribers (fixed term) in each locality
- Implementation of time banking pilot (coordination and 'currency')
- Implementation of pre-diabetes programme
- Locality based commissioning fund

Outcomes for the public

- Improved health and wellbeing
- Reduced isolation
- Improved community resilience
- Reduced emergency admissions

Programme 1: ProactiveTechnology Enabled Care

Summary

- Based on successful model in Spain
- Selected vulnerable individuals in locality receive **initial wellbeing assessment** informing individualised stay well plans and thereafter are linked via **bespoke TEC equipment** to person-centred proactive tele-monitoring service
- **Monitoring service** calls participants on a regular basis and pick up changes in condition or heightened risk e.g. due to loneliness of falls, enabling preventative services to be provided within the community prevent escalation and crisis
- Where crisis occurs, **24/7 multi disciplinary response** units visit patient within 60 minutes and arrange community-based or medical support, avoiding hospital admissions where possible
- Supported by enhanced community services and a digital inclusion project to reduce isolation
- Will be implemented incrementally, starting in Carmarthenshire with regional roll-out over period of funding

Requested funding (£7.4m) will meet costs of:

- Bespoke technology
- 24/7 response capacity across the region
- Promotion and training
- Supporting capacity e.g. falls prevention service, digital inclusion project, carers' resilience programme and enhanced community support

Outcomes for the public

- More people enabled to stay at home
- Improved health and wellbeing
- Improved self management of long term conditions
- Reduced isolation
- Reduced emergency admissions

Community Support On line emails weekly

- Mail delivery
- Shopping
- Medication collection
- General support – groceries
  take aways / meal deliveries
  food banks/ meals on wheels
  taxis
  volunteers – churches, pupils

General Support Continued

- Health Board support
- Pharmacies
- GP’s
- mental health services
- job support
- cancer support
- Epilepsy support

Infoengine - http://en.infoengine.cymru/ is the online directory of services covering Powys, Ceredigion, Pembrokeshire, Carmarthenshire, Pembrokeshire, Swansea, Bridgend, Neath Port-Talbot and Wrexham. The aim is to highlight the brilliant and varied services that are available to you in your community and to give you all of the relevant information about each service so that you can make an informed choice. Each organisation and group is responsible for their entry on infoengine - see our Terms & Conditions or read our Reporting Concerns section. **info**engine is delivered by the following partners:

Assessment Support and Review

Assessment, support and review

- Completing the CONNECT Assessment
- Completing Stay Well Plans (Wheel of Wellbeing)
- Completing reviews of individuals within the CONNECT programme
- Providing support and adapting plans as appropriate
- Providing information both to programme and individual on progress / outcomes
- Working with third sector and communities to find non-service driven solutions
- Escalate for statutory assessment following established protocols for Community Connectors, as appropriate
- Work with statutory teams and feed-back on progress for review and support
- Delivering a version of the Vincles project (loneliness)
-

Technology

- Completing bespoke TEC focused assessments
- Installing equipment
- Maintaining, testing and repairing equipment
- Reviewing effectiveness of equipment and making adaptations and changes as appropriate.
- Issuing digital tablets and installing appropriate apps identified through stay well planning

Assessment Support and Review

Calls

- Provide a 24/7 call monitoring service with access to local, appropriate response routes
- Ensure that when emergency call is triggered that the most appropriate response service is activated
- Making proactive calls
- Providing psycho-social support and wellbeing coaching over the phone based on CONNECT assessment and identified health messages.
- Ensuring that triggers or concerns identified through proactive call monitoring are appropriately referred for action.

Programme Information and Promotion

- Ensuring that potential participants are aware of the service model and its potential benefits
- Ensure that individuals are supported at the right level of intensity as defined by the suitability assessment
- Take advice from the defined MDT if further information or support is needed
- Ensure that the potential benefits of the programme are communicated to all stakeholders.
- Proactively call individuals identified by specific services to discuss benefits of the service

Linking together

Social prescribing services and self care support needed to work as one team

Self Management

- Self Management is a term used to include all the actions taken by people to recognise, treat and manage their own healthcare independently, or in partnership with the healthcare system.

(https://www.england.nhs.uk/ourwork/patient-participation/self-care/)

What are the Benefits?

- better communication between patients/users and professionals
- better use of information
- reduction in pain
- reduction in disabilities
- increase in self confidence
- reduction in anxiety and depression
- reduction in days off work
- improvement in quality of life
- increase in life expectancy

What's available

ISM – 3 hour session	Foodwise for Life 8 weeks 2 hours
CDSMP – 6 weeks 3 hours	5 Ways to Wellbeing 45-60 minutes session
DSMP – 6 weeks 3 hours	Healthy Footsteps-2 hour session
Living with COPD -7 weeks 2 hours	MND ISM 3 hours
I to LAM- 3 hours	Cancer Thriving and Surviving 6 weeks 3 hours
Foundation Pain Management Programme 6 weeks 3 hours	Confidence with Continence – 3 hour session
Living with Lymphoedema-2 hours	Healthy Aging-2 hours
Know Your Risk drop in sessions	STANCE 2 hours
Workplace CDSMP 6 weeks 2 sessions 1 hour	Caring for me and you 6 weeks 3 hours
X-Pert Diabetes programme6 weeks 3 hours	X-Pert Insulin diabetes programme6 weeks 3 hours

Group Guidelines for virtual courses

- Please ensure you are in a private space where you will not be overheard
- If your connection fails, please reconnect or dial 01554 899035 for support
- Please keep microphones on mute
- Confidentiality
- Respect each others opinion
- Permission to bring us back to task

Introductions

1. Introduce yourself

2. What you hope to get out of the session

Lymphoedema Tools

- Signs and Symptoms
- Managing Complications
- Physical Activity / Exercise
- Healthy Eating
- Skin Care
- Lymphatic Drainage

Skin Care

Wash

Moisturise skin

Shaving

Cuts and Scratches

Nail Cutting

Antifungal powder

Correctly fitted shoes

Gloves

Insect repellent

Sun Screen

Jewellery and clothes

Avoid the affected area for injections or blood pressure checks.

https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/lymphoedema/skin-care-for-lymphoedema#keeping_your_skin_in_good_condition

Self-Management Tool Box

© Self-Management Resource Center, 2014

WHAT COLOUR SHOULD OUR WEE BE?

Are you drinking enough?	
Use the chart as an indicator of your level of dehydration and what actions you should take to help return them to normal.	
Colours 1 – 3 suggest normal urine	
1	You are doing ok, drink water as normal
2	
3	
Colours 4 – 8 suggests you need to rehydrate	
4	Drink some water – maybe a small glass of water
5	Drink about ½ bottle of water (¼ litre) within the hour, or drink a whole bottle (½ litre) of water if your outside and or sweating.
6	
7	Drink about ½ bottle of water (¼ litre) right now or drink a whole bottle (½ litre) of water if you're outside and or sweating
8	Drink 2 bottles of water right now (1 litre). If your urine is darker than this and or red or brown, then dehydration may not be your problem. See a Health Care Professional

BRISTOL STOOL CHART

	Type 1 Separate hard lumps, like nuts (hard to pass)
	Type 2 Sausage-shaped, but lumpy
	Type 3 Sausage-shaped, but with cracks on surface
	Type 4 Sausage or snake like, smooth and soft
	Type 5 Soft blobs with clear-cut edges (easy to pass)
	Type 6 Fluffy pieces with ragged edges, mushy
	Type 7 Watery, no solid pieces (entirely liquid)

Diabetes and My Body

Diabetes Facts and Stats (Diabetes UK 2014)

20 x more likely to have amputation with diabetes

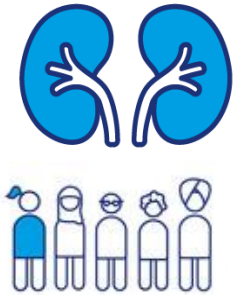
…that's more than 8,500 leg, toe, or foot amputations every year

5 year death rate after amputation – up to 80%

2.5 x more likely to have a heart attack

2.5 x more likely to experience heart failure

Diabetes causes One in Five strokes



Almost one in five with diabetes will need treatment for kidney disease during their lifetime

People with diabetes are twice as likely to suffer from depression

Diabetes is one of the leading causes of preventable sight loss in the UK

Linking together

References

- What is Social Prescribing? The Kings Fund 2020 David Buck and Leo Ewbank. www.kingsfund.org.uk/publicatios/social-prescribing
- A Healthier West Wales . **Transformation proposal by the West Wales Regional Partnership Board. November 2018**
- Primary Care One Social Prescribing Projects Wales. www.primarycareone.wales.nhs.uk/social-prescribing-projects-by-area
- Schedule of Delivery **For the Provision of Proactive Technology Enabled Care Services Hywel Dda**

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Thank you!