Social Prescribing in Oxfordshire

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What is Social Prescribing?

- Should be ‘preventative, social, non-medical, flexible, demand-led and evidence-based’ (White and Salamon, 2010).
- Social prescription projects improve mental health outcomes for patients; improve community well-being and reduce social exclusion (Bungay et al, 2010)
- A means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. It aims to support people to take greater control of their own health. (King’s Fund)
Benefits of Social Prescribing

- Approx. 20% of patients consult their GP for non-medical, social problems
- Positive health & wellbeing effects for patients
- Targets patients with worst health outcomes
- Maximises voluntary sector and community assets
Effectiveness

- Review of evidence showed average reductions following referrals to SP schemes of 28% in GP services, 24% in attendance at A&E and statistically significant drops in referrals to hospital.

- Found to give a social return on investment between £1.20 and £3.10 in the first year of operation.

- Rotherham suggests £2 per year saving for each £1 spent
Who are the beneficiaries?

- People with social, practical or emotional needs
- People with psychosocial needs
- Those with mild and long-term mental health problems
- Vulnerable people and those socially isolated
- Frequent attenders of primary or secondary health services
- Patients with Long Term Conditions
National Projects

- Bristol
- Rotherham
- Wakefield
- Gloucestershire
- Bromley-by-Bow
Strategic Context

- Fits with the Public Services (Social Value) Act 2012
- Recommendation 17 in the Health Inequalities Commission report
- Supports the self-care agenda
- Is integral in OCCG Locality Plans
Oxfordshire Social Prescribing Projects

- Hedena Health - Barton
- OxFed Practice Care Navigators
- Abingdon Care Navigators
- Chipping Norton Surgery
- Cherwell & West Oxfordshire - VCSE bid
- Volunteer Community Health Champions
- Volunteer Practice Health Champions
- OxFed volunteer projects
- Appointment Buddies
A Good Social Prescribing Model

Based on original description, a social prescribing scheme can have three key components –

i) a referral from a healthcare professional,

ii) a consultation with a link worker and

iii) an agreed referral to a local voluntary, community and social enterprise organisation
Governance

- Formalities not to stifle projects
- Each stakeholder acknowledging their duty of care
- Appropriate governance in place—commissioners and providers
Evaluation & Outcomes

- Patient and system outcomes identified
- Appropriate evaluation tools identified
- Defined length of intervention
- Service user experience
- Vol sector experience
- Volunteering
Voluntary & Community Sector

- Stakeholders being informed and involved
- Expectations and agreement of data collation
- Pressures and capacity
What next?

- Overview of existing projects and working with OCCG Clinical Leads
- Links with Cherwell/ West Oxon for stage 2 bid
- Reconvene the Social Prescribing Steering Group
Any Questions?

Thank you

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