

(Together Co)

Creating connections
to change lives



Brighton and Hove
Clinical Commissioning Group



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Operational Lead

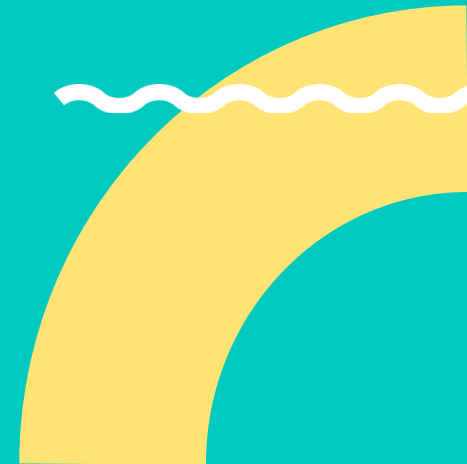
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www.togetherco.org.uk/what-we-do/social-prescribing

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Social Prescribing in Brighton and Hove





Background on Together Co Social Prescribing

- Autumn 2014: 16 GP practice pilot SP scheme. Became citywide in 2017. Secured VCSE funding in 2018 for expansion
- Holistic SP link worker model; Guided conversation, facilitated referral and follow ups. Average 3.4 sessions over 10 weeks
- Started with one volunteer social prescriber per surgery (half a day per week). Adjusted to scale up citywide
- We now have a Citywide service, as well as PCN Link Workers based in surgeries
- 1 FTE link worker = 200 cases per year



Who do we help?

- We help people with social, emotional and practical needs, like social isolation, low mood, financial difficulties, housing issues
- 34% of people referred are aged over 65 and many are experiencing anxieties about their medical conditions or wellbeing
- Social prescribing enables people to access non-medical services, groups and activities that meet their wide health and wellbeing needs



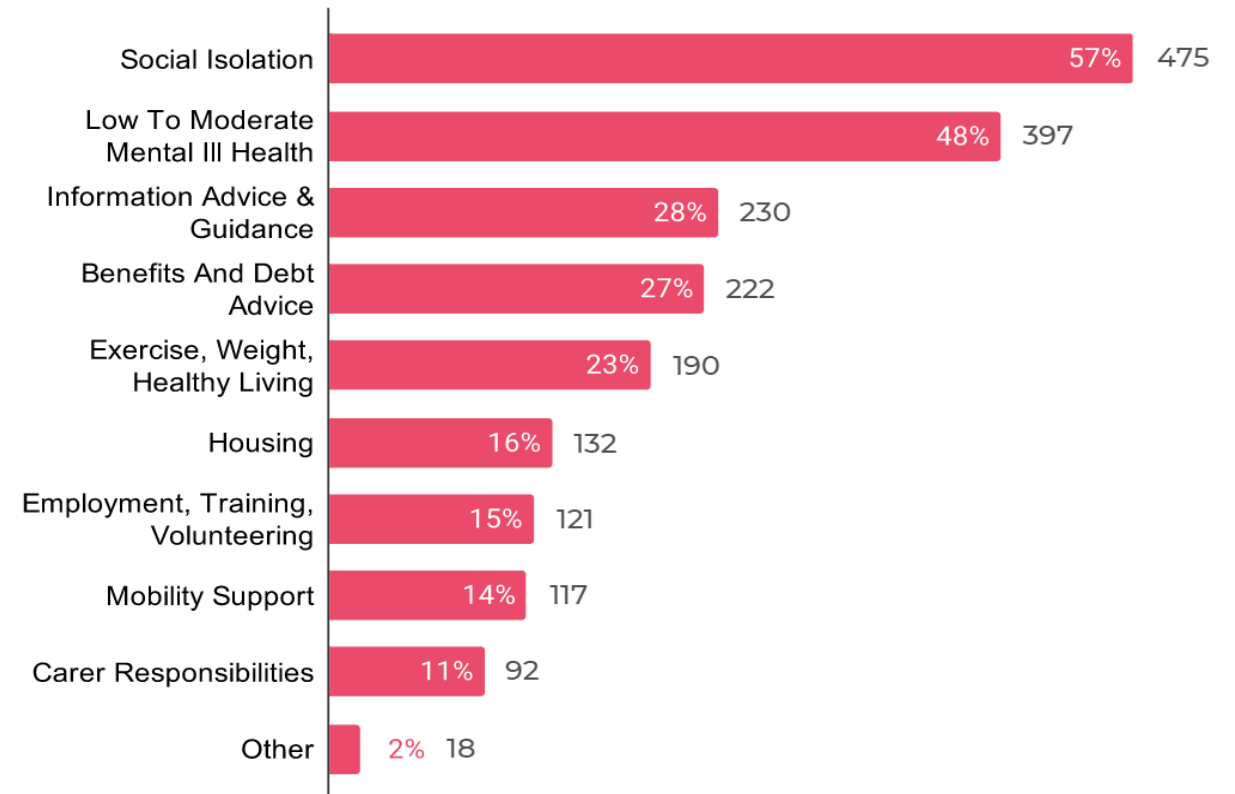
Referral Criteria and Reasons

We would not usually work with people who:

- Are actively misusing substances or in the early stages of recovery from addiction
- Have dementia/cognitive impairment that prevents making decisions and engaging with their Link Worker
- Are known to be aggressive/violent
- Have moderate-severe mental health issues
- Need care co-ordination (referral can be made when statutory needs are met)

This is to ensure that the person can engage with our short-term offer and will be safe when taking part in activities/groups

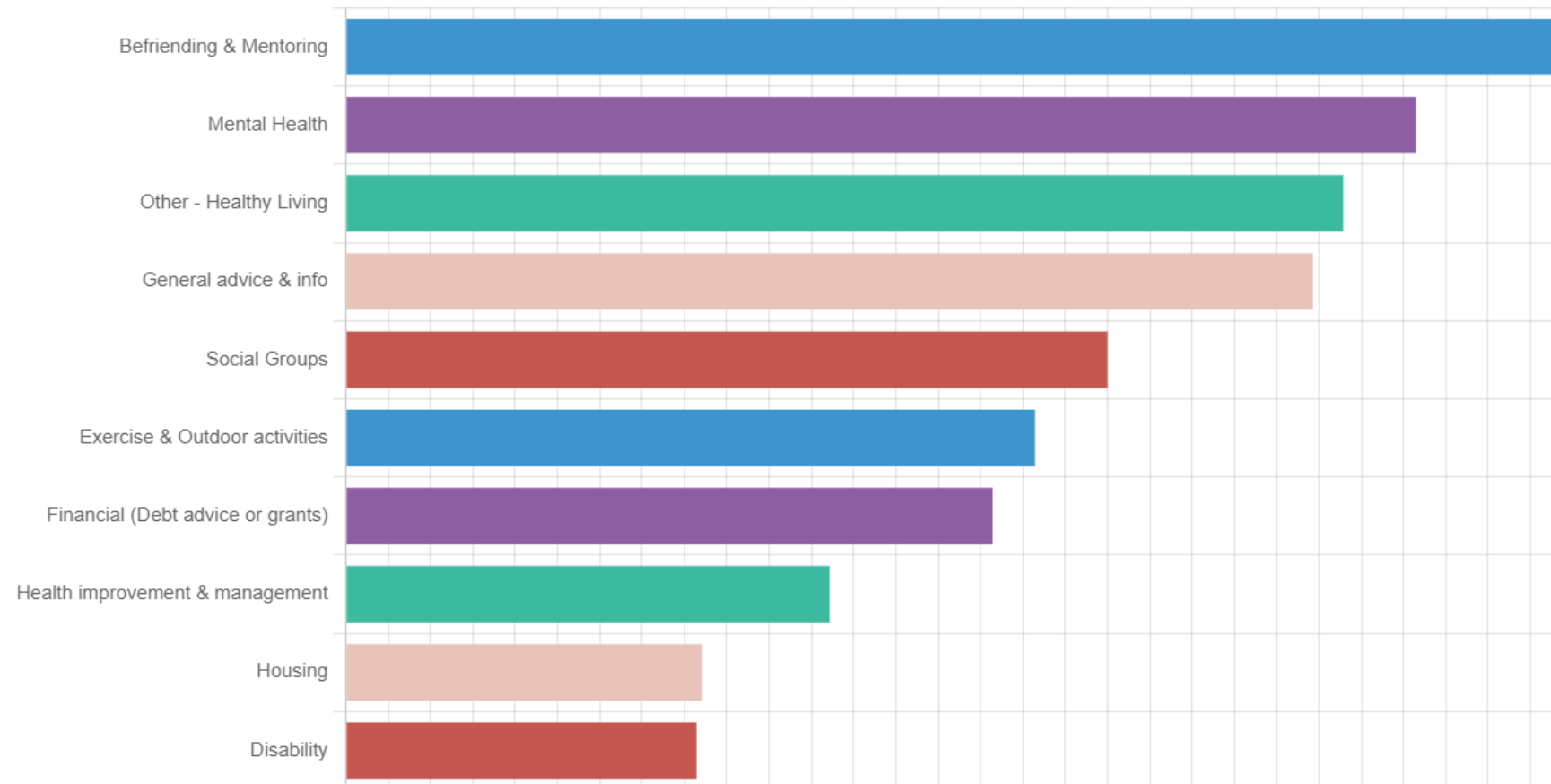
Reasons for referral include:





Onward Referrals

In 2021-22, we made 2,867 onward referrals to over 200 different agencies, covering a wide range of needs and interests



Small selection shown here for brevity as we refer to a diverse range of organisations and activities



Onward Referrals

Our top 10 onward referral agencies for this period were:

- Albion In the Community — Neighbourhood Health Squad (exercise support)
- Together Co — Befriending
- St Luke's Advice Service (debt and money advice)
- Brighton & Hove City Council — Access Point (Adult Social Care)
- Synergy Creative Community — Gig Buddies For Good Mental Health (accessing activities)
- Carers Hub (support for carers)
- Brighton & Hove Wellbeing Service (psychological therapies)
- The Silver Line (telephone befriending for older people)
- Impact Initiatives — The Hop 50+ (varied groups for older people)
- Brighton & Hove City Council — Healthwalks (gentle exercise)



How does it work?

- Person is referred by a professional (in surgery this is via a self-populating form on SystemOne / EMIS), via email, or by self-referral
- Link Worker holds an initial session over the phone, and if required meets the person one-to-one in a confidential space, e.g. in our offices or at their surgery
- Initial assessment = guided conversation (1 hour appointment)
- Goal setting and coaching techniques are used throughout
- Offers a range of options and facilitates referral (not just signposting)
- Follow up after agreed amount of time
- A summary is sent to the surgery/referrer at the end of the client's time with us



Social Prescribing Plus

We obtained a grant from The Department of Health and Social Care for specialist social prescribing in 2018, and this funding has continued.

These partnerships mean that people referred to us who would like more specialist help can easily access social prescribing in a way that fits with their particular requirements and circumstances.

Friends, Families and Travellers

for the Gypsy, Roma and Traveller communities

LGBT Switchboard Translink

for trans* and non-binary people

Trust for Developing Communities

for people from Black, Asian, and minority ethnic backgrounds

Sussex Interpreting Services

for those with a language need



Buddy Volunteers

- As part of our additional support to engage, we recruit and train a team of volunteers who can accompany clients to a range of activities.
- Our buddies link up with individuals and support them to achieve a goal. This offer is **short-term and has an eventual aim of giving our clients more confidence to engage with their interests** – perhaps to go to choir practice, an exercise class, their allotment, or for a walk around the park for the first time following a previous fall.
- The buddy role tasks are really varied and guided by the people we work with.
- We ask volunteers to commit to around 2 hours a week for a minimum of 6 months. They are required to log buddy activities through an app and engage in monthly volunteer support meetings.



Social Prescribing Networks

- Together Co also hosts a SP Providers Network, including a wide range of agencies in Brighton & Hove
- These include social prescribers from VCS orgs and PCNs, as well as representatives from adjacent organisations/projects
- The Network not only provides **opportunities for updates and information sharing**, but is a chance for providers to work together on **shared messages and projects**, as well as **sharing good practice**. In 2020-21 we produced a gaps in services position statement in collaboration with Community Works
- Together Co also set up a Community of Practice on behalf of the CCG. This supports those in additional roles reimbursement scheme (ARRS) roles, as well as workers from VCS orgs, to improve learning and understanding of each other's roles, the issues faced by workers, and to encourage a joined up approach to client work
- At the start of the pandemic, we co-designed a guided conversation for use by Local Authority staff, some of whom had been seconded into very unfamiliar roles, to quickly assess the needs of vulnerable people



Evidence about Social Prescribing Nationally

- Increasing evidence base on SP [What approaches to social prescribing work, for whom, and in what circumstances? A realist review - Husk - 2020 - Health & Social Care in the Community - Wiley Online Library](#)
- Five studies looked at the effect on **A&E attendances** reporting an **average 24% reduction** [Polley et al Evidence summary of SP FINAL V3.docx \(westminster.ac.uk\)](#)
- Merton: In 'pre COVID' times social prescribing **reduced patients' GP appointments by 33%** and **A&E attendances by 50%**. Their wellbeing scores improved by 77% <https://www.england.nhs.uk/personalisedcare/social-prescribing/case-studies/a-gp-perspective-on-social-prescribing-and-the-response-to-covid-19/>
- In Rotherham **47% attended fewer outpatients appointments**, **38% had fewer A&E attendances** and **40% had fewer hospital admissions** [NHS England » Improving Access with the Rotherham social prescribing service](#)
- Together Co is a case study in several national reports and shown as an example of good practice
- Recent review of rollout commissioned by NHSE [Social Prescribing and peer support | National Voices](#)



Evidence about Together Co Social Prescribing

- 96% of people surveyed who used our social prescribing service, reported a positive change in their lives
- 94% of people surveyed who used our social prescribing service, said they'd recommend it to family or friends

GPs & Practice staff report:

- 95% said it is effective at providing a referral route to non-medical services
- 87% reporting it as effective at improving the wellbeing of patients



Client Stories

- **John is 55 and has a mobility impairment following an accident**

John was struggling to leave his home and couldn't get to his appointments. His Link Worker successfully applied for a **grant for a mobility scooter**, which meant John could get out and about more easily and **reduced the need for home visits** from medical professionals. He was also referred to a **benefits advice** agency, who helped him claim a **heating grant** and apply for **PIP**. John can now afford to attend social events in his community, is making new friends and feeling more positive about his future.

- **Sarah is 45, experiencing anxiety and low mood**

Sarah had stopped going out and seeing people as often as she used to, which increased her worries about taking up new activities. She was supported by her Link Worker to access **adult education** courses, BHT Threshold's **Counselling Service**, and drop-ins at the **Women's Centre**. After starting these sessions and having check-ins with her Link Worker, Sarah said she felt more able to cope. She started socialising more and talking about what else she wants to learn in the future.

(Together Co)

**Thank you for
listening,
time for questions
and discussion**

