Developing Social Prescribing in Highland.

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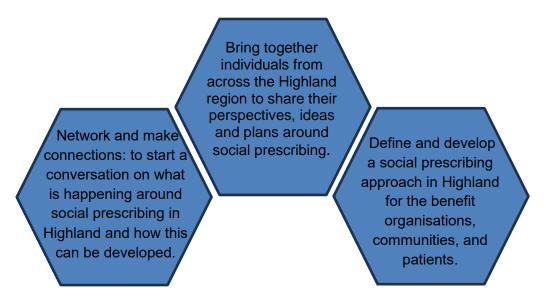






Highland Social Prescribing Networking Events 2023

The Public Health team, working with NHS Highland's Realistic Medicine programme organised two social prescribing networking events over Summer 2023, hosting participants from across different sectors and organisations and collaborating with partners to organise the events. The overall aim of the events was to:



The first event was held on the 21st June 2023 and was delivered in partnership with the University of Highlands and Islands Prescribe Heritage Highland Project. This event was aimed at providers and deliverers of social prescribing-type approaches, particularly third Sector Organisations and NHS Highland staff. There were 68 attendees on the day from a range of organisations including Highland Third Sector Interface, Highlife Highland, Connecting Carers, Change Mental Health, Citizens Advice, Highland Hospice, Linking Lives UK, New Start and Velocity.

Speakers & Presentations:

<u>Speakers</u>	Role & Organisation	<u>Presentation</u>
Alison Leitch	Lead for the Scottish Social Prescribing Network & Assistant Service Manager, Edinburgh Community Link Worker Network	Social Prescribing in Scotland
Dr Tim Allison	Director Of Public Health, NHS Highland	Moving Upstream: Annual Report of The Director of Public Health 2022
Professor	University of the Highlands &	Findings from the
Sarah-Anne	Islands and Ruthanne Baxter	Prescribe Heritage
Munoz & Dr Sara Bradley	Edinburgh University	Highland Project
Dr Kate Arrow	NHS Highland Lead for Realistic Medicine	Doing The Right Thing: Social Prescribing for Fair and Effective Health

Donald Peterkin	Data Protection Officer, NHS Highland	Data Protection and Information Sharing
Vicki Macleod & Rachel Brown	Highland 3rd Sector Interface, Custody Link Workers	Highland Custody Link Project
Jodi Sharpe & Lisa Matheson	Velocity, Active Health Project Workers	Active Health Project
Sharyn Morgan & Mandy Sutherland	Project Managers, Change Mental Health	Highland Community Link Worker Project

Two workshop sessions were held, and participants chose the session that would best fit with their interests. The workshop topics were as follows:

- What is Social Prescribing and how does it fit with your organisation?
- Opportunities and challenges of Social Prescribing in Highland
- Mainstreaming and moving forward with Social Prescribing in Highland
- Health inequalities and community resources/assets in the context of Social Prescribing
- Measures for success of social prescribing
- Co-designing Social Prescribing services with rural communities

The second event on the 14th September 2013 was aimed at individuals who have an interest in realistic medicine and the development of social prescribing in Highland and included primary and secondary care staff such as, Practice Managers/Nurses, Allied Health Professionals, GPs, and support workers. There were 31 participants on the day with several others who could not make the date but expressed an interest in being involved in social prescribing.

Speakers & presentations:

<u>Speakers</u>	Role & Organisation	<u>Presentation</u>
Dr Peter Cairns	Clinical Advisor, Edinburgh Health and Social Care Partnership	Making Sense of Social Prescribing & Community Link Working in Primary Care
Dr Helen Eborall	Health in Communities Unit Lead, University of Edinburgh	Link working and medical students – The Edinburgh experience
Dr Kate Arrow	Realistic Medicine Clinical Lead	A New Deal

Alison Leitch	Lead for Scottish Social	Social Prescribing in
	Prescribing Network	Scotland
Community Link Worker Video		

All participants also attended a 'Social Prescribing: Our Highland journey...' workshop which asked attendees to consider the opportunities and challenges for social prescribing in Highland and what could support services to incorporate social prescribing into service delivery.

Key findings and main points from all the workshops from both events.

Opportunities To Mainstream and Move Forward With Social Prescribing in Highland:

- Increase access to and visibility of Social Prescribing
- Develop a shared understanding of Social Prescribing & best practice
- Implement National Framework/ guidelines on Social Prescribing and the different approaches
- Widen referral routes from e.g. secondary care and social care staff.
- Increase knowledge and understanding of social prescribing routes/destinations.
- Increase multi-agency working
- Develop public messaging/ownership help people accessing services to understand the benefits of social prescribing using evidence; social media; role models.
- Be person centred, ensuring recognition of the priorities of service users even if different to practitioners
- Embed link workers into every GP practice
- Support with long-term funding
- Measure impact & support with evaluation
- Ensure the voice of lived experience is included
- Build more resilient communities.
- Reduce inequalities and give people opportunities to thrive.

Barriers And Challenges to developing Social Prescribing in Highland:

- Awareness and knowledge of what social prescribing is and the various approaches and levels.
- Services struggle to move beyond crisis and focus on prevention.
- Getting practitioners to value social prescribing alongside other interventions.
- Lack of link workers in Highland, or models of social prescribing out with primary care.
- Lack of long-term consistent funding short-term funding makes it difficult to 'embed' in community
- Fragility within the third sector due to short term funding
- Perception of the role of the third sector: e.g., 'overwhelmed' / inappropriate referrals to services.
- Rurality & transport (access/ digital access)
- Stigma and Culture: especially within smaller communities: "everyone will know"
- Resources
- Capacity recruitment & retaining staff
- Communications between NHS teams

Evaluation:

Online evaluations were carried out after both events. Overall, the events were rated highly with 4.5 / 5 stars (with 1 star being poor and 5 starts being excellent). Participants were asked to provide key words to describe why they found the events useful. This is captured in the word cloud below:



Next Steps for Social Prescribing in Highland.

Next steps for mainstreaming and moving forward with social prescribing in Highland were identified by participants from both events and they were categorised into 4 main areas which can be seen detailed in the figure below. Moreover, there will also be a need to consider national developments around social prescribing and establish links with the Scottish Social Prescribing Network and relevant Scottish Government programmes.

Recongised & Intregrated into Health and Social care

 Social prescribing to be recognised across Highland as an integral part of Health and Social Care where practitioners are encouraged and supported to incorporate social models of health into practice.

Guidance / Framework
Development

- Develop guidance and/ or a framework to:
 1.Support practitioners services and systems to develop and implement social prescribing into clinical and care pathways. 2.Promote best practice across all sectors for those delivering social prescribing services.
- Recognize and support services delivering Social Prescribing that do not need/involve Link Workers to implement evidence based social prescribing approaches.
- Develop the link worker model beyond primary care where person centre conversations are already currently built into assessments.
- Standardised Training
- Develop and deliver standardised training to upskill staff and equip as many people as possible to incorporate social prescribing into practice.

Highland Social Precribing Network

- Develop a Highland Social Prescribing Network.
- Develop methods for sharing learning opportunities and key developments in Social Prescribing both locally and nationally, ie bulletins, seminars and conferences and future networking events.
- Develop a cross-sectoral group to coordinate efforts to develop practice, pathways and approaches.

To conclude, both events captured the developing interest in social prescribing in Highland with professionals coming together from across different sectors and organisations including current providers and deliverers of social prescribing-type approaches. Examples of social prescribing in Highland were highlighted by guest speakers from projects such as Prescribe Heritage Highland, Highland Custody Link, Active Health, and Highland Community Link Workers. Overall, there was a real appetite from health practitioners and partners to develop a coordinated approach to the development of shared knowledge, skills, practice, and pathways for social prescribing in Highland.