

# Social Prescribing Winter Newsletter



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## 1. Introduction

### What is Social Prescribing?

Many things affect our health and wellbeing. GPs often see patients who are feeling isolated, lonely or stressed by things such as work, money and housing problems.

Sometimes people need a little help in dealing with the things life throws at them and often they don't know where to turn to for help and support.

### That's where Social Prescribing comes in.

The idea behind Social Prescribing is to help you to have more control over your own health and find ways to improve how you feel. It starts with a conversation.

## 2. Meet the Team



**Ros Mayhew**

Hi, my background is working with carers and families of people living with dementia, supporting them to access services and increase their knowledge of

the condition they are living alongside. I look forward to working with patients across all the surgeries in the Mid Chiltern PCN.

**June Moxon**



Hi. I am really looking forward to being able to provide Support and Guidance for referrals from the Mid Chiltern PCN. My background is in education whereby I worked as a teacher and a member of Senior

Management Team years and I have since been a carer for a Dementia Patient and worked as a volunteer with the elderly and vulnerable.



**Sean Gallagher**

Hi, I'm Sean and I have a background in similar community roles working with individuals to facilitate positive change in their lives, improving their health and wellbeing.

I look forward to supporting patients all across the Mid-Chiltern PCN



**Gagan Taylor**

Hi, I'm Gagan Taylor, I'm excited to be joining the Social Prescribing Team in the Mid Chiltern PCN. My background is working in the charity and voluntary sector empowering people

to gain more control of their lives by supporting them to access voluntary and/or statutory services. All my previous roles have involved providing both emotional and practical support to service users. I look forward to settling into this new role.

## 3. Case Studies

### During lockdown

We received a referral for a patient who was elderly and vulnerable, but not on the shielding list. The patient was extremely anxious about shopping and did not feel she was safe to go to the shop. I then found details of local shops doing deliveries which she was eligible for and put her in touch. She was then able to get deliveries on a weekly basis from that point.

### Pre Lockdown

The referral was for a patient who was agoraphobic and had severe anxieties about leaving the house. They were very lonely as the patient would not leave the house often and had no family nearby. We started off having regular visits weekly and then reduced these over time and replaced the visits with phone calls. I then offered to refer the patient to a Mental Health team at Bucks Mind and after 2 months they had accepted a befriender and we kept in contact every 2-3 weeks to check up on the patient.

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## Referral Examples

Social Prescribing is a short-term non-medical service supporting individuals to improve their health, wellbeing and independence by taking a holistic view of their lives. We support patients for up to 3 months, completing a support plan and setting goals.

We do not have set criteria for referrals; we will support patients on a case by case basis, however, here are some examples of areas we can support:

Problem	Typical Support
<b>Social isolation/ loneliness</b>	Referring to befriending services and encouraging attendance at social groups. Building a Relationship with the patient and providing a mentoring service if required.
<b>Transport problems/blue badge applications</b>	Advising patients about transport options in the area and looking at the costs of these. Offering support to complete forms.
<b>Bereavement</b>	Signposting to Cruse bereavement counselling or other appropriate counselling support.
<b>Inadequate housing</b>	Providing advice and referring to organisations such as Shelter and P3 who can support tenants with their housing situations.
<b>Financial problems/ poverty</b>	Signposting to the money advisory service, debt support services, Citizens Advice and the DWP. Help to complete benefit applications & basic budgeting advice, signposting to agencies if appropriate.
<b>Carers for a family member</b>	Offering advice on how to support family members with a disability and signposting to organisations such as the Alzheimer's Society and Carers Bucks.
<b>Information about social care</b>	Advice on how they can access social care via social services. Advice on Assistive Technology.
<b>Improving physical activity and health</b>	Signposting to local groups for physical activity and wellbeing exercises. Referring to services such as Live Well Stay Well.
<b>Support for long term conditions</b>	Can offer support for those with long term conditions to manage their conditions more independently. CLW'S will be offering Peer Support for LTC.
<b>Mental Health</b>	Signposting to counselling, peer led social groups, wellbeing groups, befriending and accessing crisis support. Accessing resources/reminiscence packs for older adults with Dementia.
<b>Older Adults</b>	Help to access shopping & cleaning services and general advice around practical support. Signposting into Age UK services. Assistive Technology advice.
<b>Young people</b>	Advice on education and work opportunities, support for isolation and signposting to online counselling. Social media support groups for conditions.

Community Link Workers are working directly with Buckinghamshire Mind to deliver the Social prescribing project and are easily able to access a wide range of support for patients via their services.

When you complete a referral, please could you ensure that the patient is aware of their referral so they can expect contact from us.

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