



County Down Rural Community Network

Social Prescribing in Down district

The role of the Voluntary, Community and Social Enterprise (VCSE) Sector

Report of an information and planning workshop

Clare Lodge, Newcastle

Wednesday 6 February 2019

1. Introduction

Representatives of VCSE organisations in Down district were invited through multiple media channels to attend and participate in a workshop to consider the issues emerging from plans for social prescribing projects in Down district through 2 initiatives

- County Down Rural Community Network's (CDRCN) participation as a Healthy Living Centre in an Northern Ireland/Scotland project on social prescribing funded by the UK National Lottery Community Fund (formerly the Big Lottery Fund) and the Department for Agriculture, Environment and Rural Affairs
- Developing plans by the South Eastern Health and Social Care Trust and the GP Federation for Down district to make changes in primary care and roll out Multi-Disciplinary Teams in GP surgeries including developing social prescribing as an option for patients

Details of participants and organisations who attended are set out in Appendix 1.

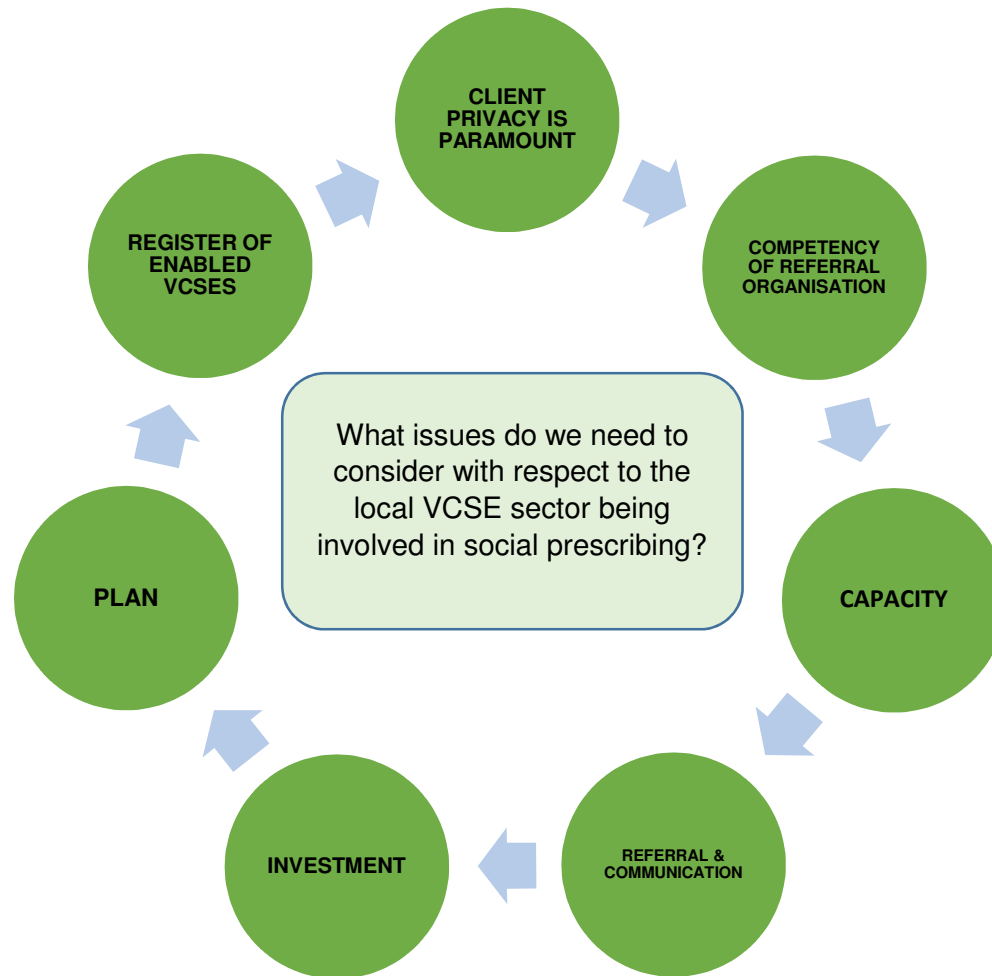
2. Process

The information and planning workshop was delivered using The Institute for Cultural Affairs, Consensus Workshop Method. This allowed all of the group to work together and through consensus identify the key issues to be considered with respect to the local VCSE sector/organisations being involved in social prescribing.

3. Agenda

Nicholas McCrickard, Network Manager, CDRCN and Nigel McKinney, Social Prescribing Consultant CDRCN made a presentation on their work to date on social prescribing and the opportunities and challenges therein and outlined the purpose and agenda of the workshop. The presentation is set out below as Appendix 2.

Participants worked first individually and then collectively and identified the key issues as follows without priority.



Under the process, the individual issues were identified, then grouped and each group given a name.

CLIENT PRIVACY IS PARAMOUNT	COMPETENCY OF REFERRAL ORGANISATIONS	CAPACITY	A CLEAR STRUCTURED REFERRAL AND COMMUNICATION PROCESS FOR ALL PARTIES INVOLVED IN THE SOCIAL PRESCRIBING SCHEME	INVESTMENT – SUSTAINABILITY TO PROVIDE FREE/LOW COST SERVICES TO PATIENTS	REALISTIC PRACTICAL AND AGREED PLAN	REGISTER OF ENABLED VCSES SUITABLE FOR SOCIAL PRESCRIBING
Stigma – sensitivity of joining scheme	Training for VCSEs in e.g. safeguarding	Accommodation of numbers	Who assesses an individual's needs?	Is there funding available?	Coordination	Create a list and categorise under sub categories geography/activity
Need to know vs privacy	Training needed – volunteers, core staff, (GDPR, H+S, Mental health awareness, First Aid, etc)	Length of intervention	Can a group decide to accept an individual or not?	Can groups afford this? How much does a referral cost?	Measuring success – at programme and patient level	Organised menu of groups and activities
	Training for VCSEs in e.g. safeguarding	Quantity of staff and volunteers required	Screening appropriate referrals	Do GPs expect this service to be free?	VCSE partnership/network creation – opportunity	Range of therapies and activities (to target a wider range of activities)
		Capacity and control	VCSE not to become a 'dumping ground'		The overall structure	What's on offer in Down now?
		Numbers of referrals	Ability for an organisation to opt in or opt out		Phasing and trials	Preventative work with younger people – social prescribing may highlight need to intervene earlier

						in areas such as mental health and obesity
		Resourcing and capacity	How to decide where to refer to?		Accountability – recording and tracking	Create a list and categorise under sub categories geography/activity
		Capacity – space	Appropriate referral or not? Needs 2 way communication with group and GP		Standardisation and quality control	
		Insurance	Open communication and sharing of information		How to access, how to refer and need for hand holding	
			Communication pathways – structured, GP Referral to a co-ordinator to the VCSE provider			

Participants were then asked what they thought CDRCN should do next to advance plans for Social Prescribing in the district.

4. What do you think we should do next?

- Work with VCSEs to formulate the plan
- List the organisations who are available and willing to be involved in the planning process
- Middle link between GP and organisation
- Plan
- List of providers
- Call VCSEs to be involved
- Communicate findings with GPs
- Take information gathered and collate with GPs

5. Workshop evaluation

What was good?	What could have been better?
Thank you for listening to the ground workers	More time for in-depth input – 1 on 1
Very engaging	More adhesive on stick wall
Given an input and opinion	Give us an example from a referral
Well done facilitation	Case study
Very interactive	Input from a GP surgery
Food and facilities	Input from referral body
Open, interactive	Bring a GP
Well structured to reach objectives	More time for in-depth input – 1 on 1
Interaction was good	More adhesive on stick wall
Good community spirit shown	Give us an example from a referral
Well time managed	
Good listening skills	
Well organised	
All very good	
Thank you for listening to the ground workers	
Very engaging	
Given an input and opinion	
Well done facilitation	

6. Appendix 1 Participants

<u>Attended by</u>	<u>Organisation</u>
Diane Keys	The Conservation Volunteers
Frances McAtamney	Individual
Kevin McGlynn	St John's GAC Drumaroad
Dorothy McMullan	Homestart
Imelda Hynds	Homestart
Sally Montgomery	Individual
Zuzana Polackova	Arc Newcastle
Fiona Robertson	The White Tree
Lucy Royal Dawson	Dundrum Village Association
Jen Shilliday	RIOT Dundrum
John Toner	MYMY Newcastle
Roisin Morgan	SERC
Jill Tryuesdale	MYMY Newcastle
Tanith Mulraine	MYMY Newcastle
Reg Bell	Age Concern Newcastle
Meave Gallagher	Walking group Newcastle
Brenda Webb	Parish of Maghera

7. Appendix 2 Presentation



Newcastle Presentation NMK 050219.pptx