

Linking up

A social prescribing project in Reading is working with occupational therapist referrals to give people the community support they need

Link workers and social prescribing are two key tenets of the NHS Long-Term Plan in England to make personalised, preventative care a reality. In some ways they represent long-held occupational therapy beliefs coming to fruition: helping people to do the things they want to do. But how do these roles work alongside occupational therapists?

Reading Voluntary Action's social prescribing programme started as a pilot through the local clinical commissioning group (CCG) six years ago, to provide support for a wide range of people, including those with long-term conditions or experiencing isolation.

Today, RVA works in partnership with Age UK Berkshire, the service employing three link workers – known at the project as social prescribers – and an administration coordinator. During the winter period two extra staff known as navigators have delivered a pilot project into hospitals, helping people to make changes to support them.

Sarah Morland, the partnership manager with Reading Voluntary Action, says: 'The social prescriber sits down with them and uses the Wellbeing Star, which has eight different aspects to a patient's life.

'They have an hour-long conversation with that person to identify areas they would like to make some improvements and we give them some information about community and voluntary organisations to help with them.

'It started very much about patients making some changes in their lives to improve their health and wellbeing, but what we have noticed is the needs of the clients is much less about people who can bring about changes, and more about additional support they need to live safe and well at home.'

The service covers all ages over 18; referrals for older people with more complex health needs are given more specialist support from Age UK Berkshire. The team

covers around 20 referrals a month from a wide variety of sources, including GPs, adult social care, talking therapies and occupational therapists.

Adds Ms Morland: 'I think the occupational therapists are really good at identifying that when the person gets home they are going to be lonely – what they need is connections when they get home.

'The people they are thinking about need befrienders or social activities. And the occupational therapists may be thinking about continuing a rehabilitation programme or exercise, and we can encourage that person to start doing some gentle walking.'

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And for the most involved cases, support is offered over three or four months to help people into activities or to be referred on. Sarah Martin joined the service as a social prescriber three years ago after a previous career as an adult social worker, and she says there are some commonalities. 'It's similar work, as it is based on meeting people, using the same sort of skills... but there's a real gap for signposting people and preventative services [that] this helps meet,' she says.

The support she can offer is a mix of identifying what people want to do and supporting them to do so.

She adds: 'We had one case who had discussed with an occupational therapist about wanting to be involved in more things in the community once they got home. They had a sense of what they wanted to do, but they didn't know where it was happening or when it was. We could help with that and some of the practical issues of getting from A to B with a car scheme.'

As well as the practical issues, the social prescribers

can help identify and manage that first contact with potentially intimidating new ventures. 'It is really hard to go to these sorts of groups if you don't know anyone,' Ms Martin says.

While the main service operates in the community, the navigators working on the pilot project on hospital wards are helping to put in place support for people before they are even discharged.

Lottie Joy, an occupational therapist for the Royal Berkshire NHS Foundation Trust, said: 'The benefit of having the navigators come around is it prompts us to think about who could use the option.

'Sometimes you don't already know what people need here in the hospital setting. You could think they might be a bit lonely, but you're not sure; the service can then dig a bit deeper and they also have all the knowledge about what is out there and available.

'As occupational therapists, we would love to be able to sit with people and chat with them for hours, but we don't have the time or facilities to do that. So this is good; if you talk with someone and know they're independent, but struggle with their shopping, they can be passed on to someone else to have a

deeper conversation.'

Whether on the ward or in the community, it is common to refer people to befriending services, benefits, walking groups and sports clubs – but there are more esoteric examples from the service.

'We found a stamp collecting club for one gentleman, and it's been the best thing for him,' says Ms Morland. 'He's a changed person, as he has a passion again.'

With evaluation showing the life-changing effects of being linked to the services people need, it is clear how the roles are being taken on more widely to help people get more from life.

She adds: 'The feedback we're getting is that people are feeling more connected, and that someone has listened to them, because we can sit down for an hour and have that really wide-ranging conversation that isn't necessarily happening.'

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