2.028

3.051

## SOCIAL PRESCRIBING SUPPORT DURING THE COVID-19 CRISIS

AGEING BETTER

Middlesbrough and Stockton Mind - 1st April to 31st May 2020

#### **PATIENTS CONTACTED**

Social Prescribing Link Workers have contacted 2,028 patients.

#### **PHONE CALLS MADE**

Social Prescribing Link Workers have made 3,051 phone-calls to vulnerable patients.

### LINK WORKERS

GP SURGERIES PRIMARY CARE NETWORKS 9 Social Prescribing Link
Workers have provided
support to patients from
24 GP Surgeries across
5 Primary Care
Networks

#### ONWARD REFERRALS/SIGNPOSTING TO OVER 30 ORGANISATIONS

Link Workers have provided the contact details (to a patient), or made direct contact with (on behalf of a patient) over 30 different organisations and services, on 580 separate occasions.

# STORIES FROM OUR SOCIAL PRESCRIBING LINK WORKERS

AGEING BETTER



Middlesbrough

and Stockton

Vera was shielding due to finishing cancer treatment 2 weeks prior. We initially spoke about pain management and her daily routine. She told me that she has practical support in place for food shopping, and that she has regular check in calls from her Community Matron.



**O COMMUNITY** 

She said that she was struggling with her day and finding things to do which was impacting on her well-being. Vera enjoyed knitting but had no needles or wool. She struggled to access things on the Internet as her phone often breaks and the screen is too small.

I referred Vera to Ageing Better Middlesbrough Digital Inclusion who've provided her with a tablet and training to use it. I also sourced her some wool and knitting needles from a local community response group. When I phoned Vera later, I could instantly tell that she was feeling more positive within herself. She told me she was planning lunch in her garden to celebrate VE Day and thanked me for my support.

# BRENDA

Brenda was directly referred from the GP surgery. She had many years of mental health input, however nothing worked for her and she felt another assessment, talking for only 6 weeks and then being left to cope again, wasn't for her.

I was able to offer Brenda weekly support to chat with me about her well-being. She is able to get things off her chest with no pressure to make huge changes to her life in 6 weeks.

This type of longer term support with the same person isn't offered anywhere else. We are building a therapeutic relationship and developing her confidence, so she feels supported to ease into looking after her health and wellbeing more positively. She will hopefully naturally start to make gentle changes without pressure on herself.

Sometimes people need someone to give them some reliable, consistent support to move forward.

# JAMES

I contacted James as a 'check in call'. He told me that he was shielding and has good support in place, including access to food shopping and medication. We went on to discuss well-being and James shared with me that he has Emphysema and struggles with the impact this has on his day to day life.

I suggested that I take him onto my caseload and offer him further telephone sessions. I have emailed James some resources on energy conservation and anxiety, which he has found useful.



He has been able to use our phone calls to discuss his challenges and think about solutions. We have also talked about acceptance of his condition and focusing on the positives and the things that he can do. We have further sessions arranged.

