Brightlife Social Prescribing Model – Rural Alliance PCN

Social Prescription issued by practitioners at Medical Centres:
Tarporley, Bunbury, Malpas, Kelsall, The Village Surgeries

- Community Mental Health Team
- Social Workers
- Hospital Discharge plan

Examples of who may refer into Social Prescribing

- Community, Voluntary and Social Enterprise Sector
- Social housing
- Self-referrers
- Family

Referral Criteria:

- Aged 50+
- Living in Rural Alliance GP catchment areas
- Expresses/at risk of loneliness/social isolation

Plus 1 or more of the following:

- Existing LTC or recent change in health
- Change in significant relationships
- Change in home setting
- Change in financial situation/work life
- Change in mental health

Exclusion criteria:

- Unable/unwilling to engage
- Unmanaged mental health condition
- Unmanaged drug or alcohol issues
- End of Life care patient
- High risk to self or others

Initial Contact by Social Prescribing Co-ordinator

- Telephone Triage –establish level of support, background, interests, confirm contact information, arrange first face to face visit
- **Home visit/Community venue as preferred**
- Agree initial support plan
- Baseline isolation questionnaire *(CMF)
- Monitoring information

Appropriate activities referred to at any point

Level 1 Support:

- Signposting to activities
- Follow up contact after 1 month

Level 2 Support:

- Supported signposting/ accessing to local activities
- Follow up face to face contact after 2 weeks
- Up to 6 further appointments

Level 3 Support:

- Intensive support
- Follow up face to face contact after 1 week
- Up to 12 further appointments
- Home visits > community
- Peer mentoring, support into accessing local activities
- Solution focussed

Review of support plan at 3 – 6 months

- Celebrate success
- Agree further goals
- Capture monitoring information *
- Feedback to referrer

End of engagement

- Client no longer wishes to have contact with service
- Drop out
- Completion of action plan
- Capture monitoring information *
- Information back to referrer

Post engagement follow-up

- Fixed interval 6 month afterwards to gain evaluation information undertaken by Data Coordinator *