



Community Connect

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Community Connect is a social prescribing service delivered by Citizens Advice North Oxfordshire in partnership with Citizens Advice West Oxfordshire.

Research suggests that social prescribing particularly works for a wide range of people, including those:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing.

Citizens Advice are a well known and trusted local voluntary sector organisation whose primary aim is to address these types of social issues, including welfare and benefit matters. As members of the National and Regional Social Prescribing Networks, our commitment to improving health and wellbeing by addressing the wide range of social needs of patients is evidenced in our existing investment in Social Prescribing locally; in 2018 we bid for and secured 4 years funding from the DoH Health and Wellbeing Fund with match funding from the Oxfordshire Clinical Commissioning Group and Local Authorities in North and West Oxfordshire to deliver the Community Connect Social Prescribing service to all GP practices in these areas.

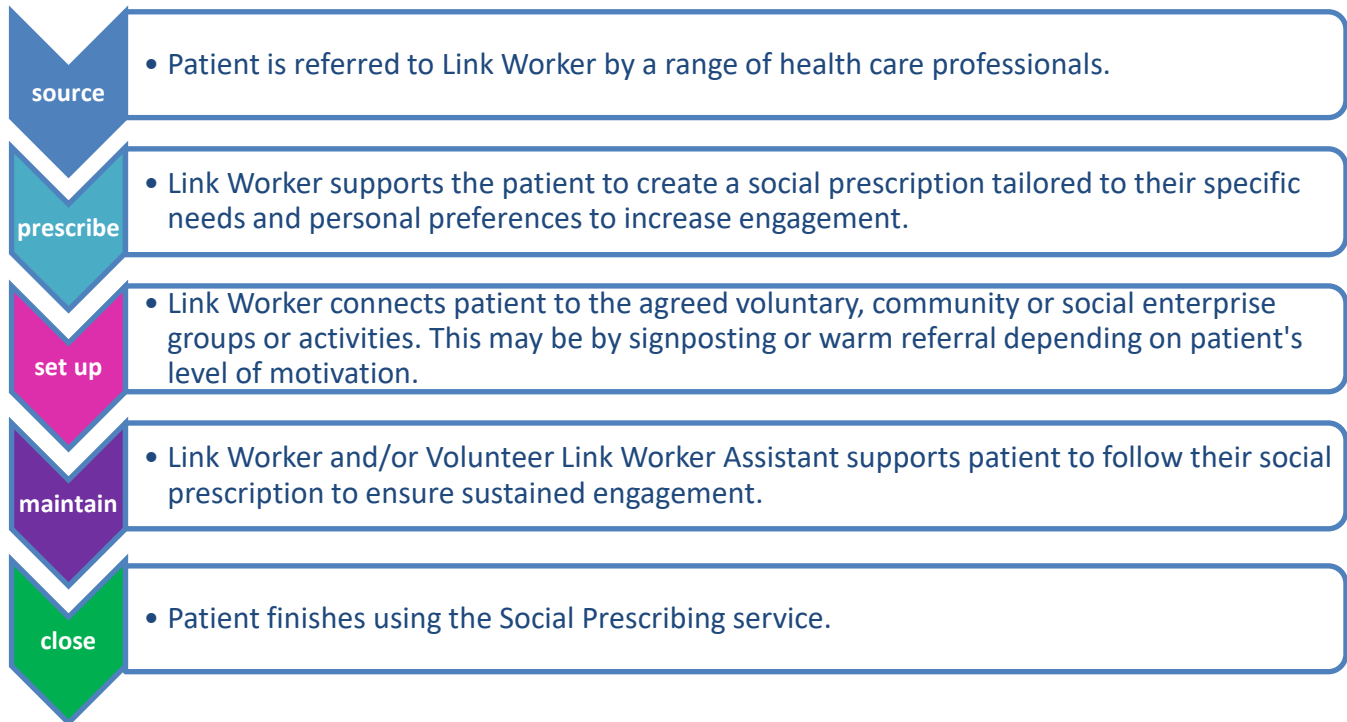
Our Community Connect Social Prescribing team consists of an experienced Social Prescribing Manager and two part time Link Workers working with patients referred by GP practices across the 3 localities.

The patient cohort for this funding is patients who are lonely, socially isolated and inactive. We work to improve patients' health and wellbeing using a person centred coaching model of intervention that also utilises motivational interviewing techniques, thereby empowering patients to engage in activities of their choice and helping them overcome barriers and problems with motivation. This is augmented by using our existing extensive links in the local voluntary and community sectors. We are already seeing positive change in clients who are participating in the Community Connect service.

Benefit of Social Prescribing to Health Services

Social prescribing directly benefits health services by reducing unnecessary use of GP appointments and emergency services. The Rotherham service found that Social Prescribing patients' use of hospital resources, measured through the number of inpatient stays, Accident and Emergency attendances and outpatients appointments, reduced by up to fifth in the 12 month period following their referral to Social Prescribing (The Social and Economic Impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report Sept 2014)

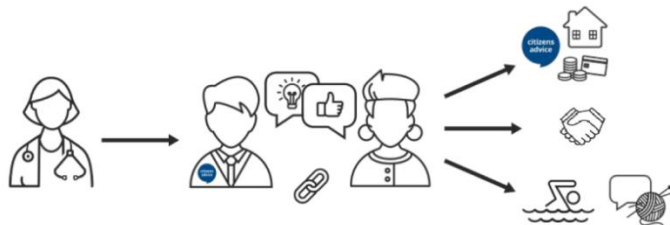
The Patient Journey



The Link Worker Role

The Link Worker supports patients over a period of about three months through 6 to 12 support sessions to ensure sustained behavioural change occurs. The Link Worker provides:

- Patient motivational assessment and action planning
- Additional motivational support for patients with the most complex needs, or for clients who struggle with motivation and are ambivalent about change. Where appropriate this will be provided by trained volunteer Link Worker Assistants
- Liaison with the voluntary and community sector and identification of local activities available to meet the social prescription
- Follow up after 3 months after the support offer ends to ensure sustained change has occurred



The project is undergoing evaluation by Oxford Brookes University to determine effectiveness and provide opportunity to develop best practice.

Having established the service, we are keen to grow the capacity to ensure that social prescribing is able to have a sustained positive impact for primary care services in our districts.

Pat Coomber-Wood CEO