Introduction

Oxfordshire Mind have been running the Primary Care Wellbeing Project in Oxford City and South-West Oxfordshire localities since October 2018. This project was initially funded by OCCG on a pilot basis and uses a social prescribing approach to engage with patients to enable them to improve their wellbeing.

Summary of proposal

Oxfordshire Mind are able to provide up to 1x WTE worker per PCN to fulfil the Social Prescribing Link Worker role. The Wellbeing Worker will provide up to six one-to-one sessions with patients who may be experiencing mental health issues or other social or lifestyle issues that are impacting on their wellbeing. The Wellbeing Worker will work in a non-clinical person-centred way to encourage and enable patients to link in with existing support services, use the support available in their local community and develop tools to increase their ability to manage their own wellbeing. The intended results will be the improved wellbeing of the patient population and a reduction in demand on GP services.

Oxfordshire Mind will take on the responsibility of employing the staff member. This includes management support, supervision, some cover of sessions (where applicable), safeguarding and risk processes and future recruitment when appropriate. The Wellbeing Worker will be part of a team of Oxfordshire Mind Wellbeing Workers and will benefit from its combined knowledge of local services and effective practice, as well as team meetings. In case of a recruitment gap or sustained absence of the allocated worker, contingency arrangements will be put in place to provide some level of service while recruitment is completed or appropriate staff cover can be arranged.

Target Population & Referral Routes

The service would be suitable for patients:

- Who are frequently attending the GP appointments due to social/lifestyle difficulties and may have complex needs or multiple health problems.
- Presenting with mild to moderate mental health concerns or who would require a GP follow-up appointment for mild depression or anxiety?
- Experiencing loneliness/isolation
- Experiencing drug/alcohol issues
- Has potential to benefit from brief psychological intervention and signposting, even if they have found it hard to engage with other mental health services
- Has a long term condition (LTC) and may have mental health issues but will not engage with IAPT.

Please see Appendix 2 for our current referral/exclusion criteria.

Referrals will be made by clinical staff to the Wellbeing Worker based within the PCN who will then offer an initial appointment with follow-up sessions as required. With appropriate training, reception/admin staff could also refer which will further reduce the demand on GP time. It is projected that a WTE Wellbeing Worker will offer 12 initial appointments per week, depending on level of referrals, and will offer follow-up appointments alongside these.

Service Delivery

Each patient will be offered 1:1 support, with a combination of:

1. **Information and options session**

The Information & Options session consists of a 45-minute initial appointment which is a semi-structured initial assessment conversation exploring the individual's presenting needs and goals. This assessment will focus on wellbeing but will take a holistic approach and include questions relating to general lifestyle.

2. **Up to 5 follow-up sessions, based on need, to develop and take steps towards fulfilling a co-produced plan**

Follow up sessions will be offered where required and will incorporate the use of person-centred tools, signposting to self-help resources, and action planning to support patients to achieve their goals. It is expected that the majority of people will require two to four sessions with a significant proportion being supported over one or two sessions.

3. **Social prescribing**

Co-produced plans may include signposting and/or referral to community-based mental services or activities as appropriate to achieving goals for improved wellbeing. As well as providing a range of groups and courses in-house, Oxfordshire Mind also has excellent knowledge of the VCSE sector which will allow for tailored signposting for patients. Workers will support patients to reduce obstacles to engagement and progression - this may include seeing patients outside of the practice/supporting them to attend groups and services in the community.

The Wellbeing Worker will build on existing strong links with GP Practice staff within the PCN and can act as a source of information regarding appropriate third sector support and resources.

Outcomes and success measures

Indicators of success will be:

- 50% or greater of patients completing service will have Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) scores improved by 3 or more points (indicating a significant change in wellbeing).
- 90% or greater patient satisfaction

The project will aim to establish a pathway for people with mental health/wellbeing/social/lifestyle difficulties and will aim to reduce demand on GP services.

Results from current project

Up until the end of April 2019, the project had engaged with over 900 patients across the City and South West localities in Oxfordshire. 180 people have already completed the intervention and the outcomes have been excellent – **71% have seen a significant increase in wellbeing** based on SWEMWBS score. Furthermore, one of the key aims of the project is to **reduce demand on NHS services**. Only **22.2%** of patients who have been

through the service identified their GP as the most appropriate support if experiencing a similar issue in the future, with **45.6%** identifying the Oxfordshire Mind Wellbeing Worker as the most suitable future support.

Examples of how existing work aligns with guidance on social prescribing

The 'Network Contract Directed Enhanced Service', Contract specification 2019/20, April 2019, pg. 22-24 (https://bit.ly/2v79gZ1) states that the PCN Social Prescribing workers will:

- **'co-produce a simple personalised care and support plan to address the patient's health and wellbeing needs'** – we spend time listening to patients and the issues they are facing and use an action planning template. *(see Appendix 1)*
- **'develop trusting relationships by giving people time and focus on 'what matters to them''** – our initial assessment template incorporates questions such as 'What would you like to change about how you are feeling/your life?' and 'Who/what is important to you?'. Furthermore, **91% of patients who had completed the service (up to the end of April 2019) answered strongly agree or agree to the statement 'I got the help that mattered to me'**. 99.4% stated that 'Staff treated (their) concerns seriously'.

Furthermore, the draft 'Reference guide for primary care networks' (pg.13) states that a key task of social prescribers is to **'Forge strong links with local VCSE organisations, community and neighbourhood level groups, utilising their networks and building on what's already available to create a menu of community groups and assets.'** – Oxfordshire Mind has excellent links with the VCSE Sector in Oxfordshire, including its membership of the Oxfordshire Mental Health Partnership.

Primary Care Staff Satisfaction

A staff survey regarding our current project was completed in May 2019. **77%** of GPs who responded to the survey believed that '*The Oxfordshire Mind service is reducing the need for multiple GP appointments for patients with wellbeing / mental health issues*'. This is an indication that we are reducing the burden on GP services. **90%** of GPs who responded to the survey believed that '*Oxfordshire Mind is providing a valuable service at the practice*'.

Requirements

Room space within the PCN - preferably in each individual practice but arrangements could be made to see patients who are registered at one practice in the other practice in the network.

Access to EMIS – this will allow the Wellbeing Worker to:

- Manage their own appointment books
- See relevant history about a client (including risk/safeguarding information) which enables more informed support (with signed consent from patients)
- Efficiently keep referring staff updated about a patient by adding consultation notes to their record.

Appendix 1: Action planning template

Planning for change

Positive change	Make it specific	Is it achievable?

Now that I know what change I want to make, what steps do I need to take to make this happen?

What do I need to do	Who can help?	When will I aim to do this?

It might be helpful to consider the following:

"What am I able to do for myself?"
Can technology help?
What can family or friends do to help?
What can I use in my local community?
What other services could help?
What steps are needed to make the change?

Appendix 2: Current referral/exclusion criteria

Oxfordshire Mind Wellbeing Workers can offer up to six one-to-one sessions with patients who may be experiencing mental health issues or other social or lifestyle issues that are impacting on their wellbeing. The number of sessions offered will be based on the needs of the patient so it is best not to suggest to patients that they will receive 6 sessions. Wellbeing workers will work in a non-clinical person-centred way to encourage and enable patients to link in with existing support services, use the support available in their local community and develop tools to increase their ability to manage their own wellbeing.

Referral Criteria:

- Presenting with mild to moderate mental health concerns?
- Would otherwise require a GP follow-up appointment for mild depression or anxiety?
- Has multiple health problems and/or complex needs with important psychological factors and frequently attends primary care and other medical services due to mental health, social and/or wellbeing needs?
- Has potential to benefit from brief psychological intervention and signposting, even if they have found it hard to engage with other mental health services?
- Has a long term condition (LTC) and may have mental health issues but will not engage with IAPT LTC?
- Experiencing loneliness/isolation?
- Experiencing drug/alcohol issues?
- GP/referrer thinks there is a significant mental health issue at some level which would benefit from a link worker with a more mental health background?

If YES to any of the above 'Referral Criteria', referral to Mind Wellbeing Worker is welcomed with the caveat of the *exclusion criteria* below.

Exclusion Criteria:

- *Patients who require counselling/long term 1-to-1 support. This service is structured and goal-focussed and aims to help people link with existing services and to increase people's ability to manage their own wellbeing.*
- *If patient only wants support with physical pain and is not open to support with their mental health/wellbeing then this would not be an appropriate referral.*
- *Please do not refer patients simply for advice on medication/diagnoses as we are a non-clinical service and cannot provide this.*
- *We are unable to find accommodation for patients – we can only signpost to housing support.*
- *If patient is in a mental health crisis then another Oxfordshire Mind service, the 'Oxford Safe Haven', may be better suited to their needs than the Primary Care Wellbeing Project. Oxford Safe Haven is an out-of-hours service. Please ask Wellbeing Worker for further details. However, when a patient is no longer in crisis and is ready to engage with a Wellbeing Worker at the practice then a referral can be made.*