Social Prescribing a Rural Perspective
Jo Robins
Shropshire Public Health

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The People and the Place

- Population of 311,000 and higher projections in over 65’s
- Increasing life expectancy but poorer health in later years
- Lower life expectancy amongst those living in most deprived areas
- People living longer but sometimes in later years with multiple long term conditions
- Fuel poverty high than average
- More sparsely populated than other areas
- Considerably higher % people living in rural areas
- Employment – high % in agricultural sector
- Higher than average micro businesses
- Self employment rates higher
Urban and rural classification in Shropshire

- Over half of the population in Shropshire is living what is classified as a rural area.
- The south west of the county has some of the most sparsely populated areas in England.
Challenges

• Ageing population
• Increased demand on services
• Rural geography – transport, access to services, emergency response times and travel times
• Maintaining independence of older people
• Lack of local services & resource in rural areas
• Increasing levels of frailty, cardiovascular, respiratory conditions
Focus on keeping people well in their communities
Shropshire Healthy Lives programme

The Shropshire Healthy Lives programme supports individuals, families and communities to take more control over their health and reduce their risk of chronic disease. It connects GP populations with health-promoting assets and support programmes in their neighbourhood, to improve wellbeing and reduce dependence on health and social care services.
But all sectors are under pressure
Why Social Prescribing

• Unprecedented challenges
• The rural perspective – ‘lots of different communities’ - lack of hard data
• Sparse areas on the edge of towns often have the highest proportion of poor households
• An opportunity to reach the most vulnerable
• Seizing the moment – strategic conditions are right
Social Prescribing Can Help
The Shropshire Approach – System Wide – The Ingredients

• Building on what we have – the existing assets – Let’s Talk Local, Community & Care Co-ordinators, Compassionate Communities

• Supporting primary care, voluntary sector

• Public health & behaviour change

• Using the evidence base (data and existing models)
Community and Care Co-ordinators

Excellent patient satisfaction

“There is someone out there who really cares about my well-being”

“There was nothing like this in Norfolk”

“Surprised at follow up phone call – someone cares!”

“When you live alone there is no one to talk these problems through with”
What Difference is this Making?

Community Community and Care Co-ordinators

• Very good coverage across the forty three GP practices
• 6,508 individual patients received an intervention in 2015/16 (2.16% of Shropshire population – greater than contracted 1.5%)
• Fewer GP appointments, A&E attendances, unplanned hospital admissions
• Increased involvement of voluntary services
• Latest figures 7306, predicted to be 8000
• *Increase of 1500 on last year*
The Enhanced Offer for Social Prescribing

• Proactive identification of patient groups
• An enhanced social prescribing role that does more than ‘connect or sign post’
• Offer alternatives to clinical treatments through third sector support programmes and behaviour change programmes
• Include data measures, data capture, governance and evaluation – external scrutiny
• Embedding the model in primary care – services around
• Demonstrate a reduction on demand on services (primary care, social care and hospitals)
Mordor is daunting
Taking small steps first and testing the model
Fire Service Safe and Well Check List
- Carer? – loneliness?
- Lifestyle? – smoking? obesity?
- Warm home? Respiratory problems?
- Falls risks?

Community Support
- Carers Trust4All
- Help2Slim / Help2Quit
- Housing Support
- Walking groups, peer support groups, exercise, yoga, healthy eating, befriending services
- Employment/ Benefits
What this won’t be
Quote From One of the Shropshire Programmes

We all decline physically sooner or later but loneliness can increase the angle of the downward slope. Conversely healthy connection can help slow the decline, Cacioppo & Patrick, (2008)