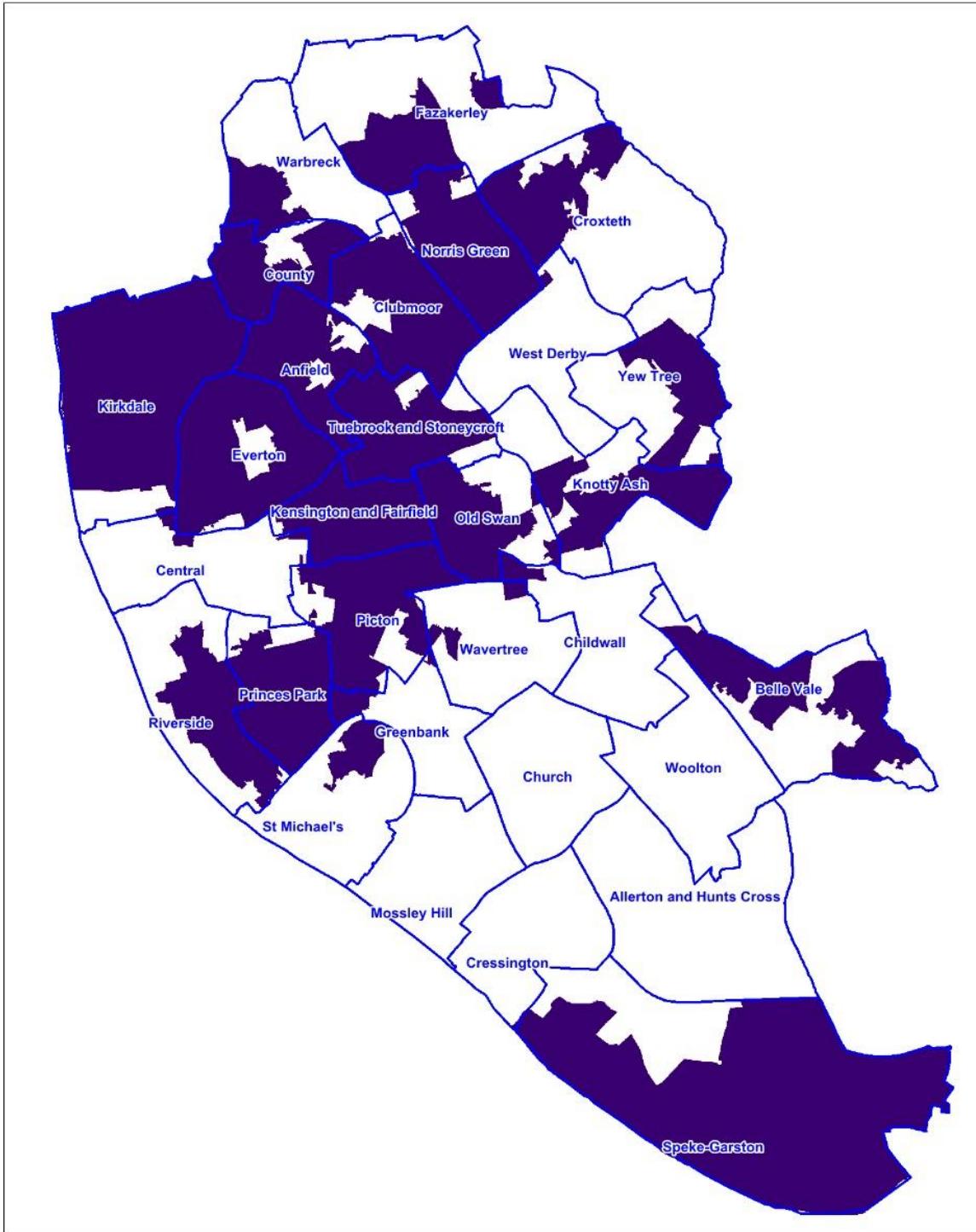


Social prescribing in Liverpool

We think that social prescribing has the potential to mitigate non-clinical risk factors – and in particular support those facing barriers to participation in community life and wellbeing activities.

THE SCALE OF THE CHALLENGE - DEPRIVATION



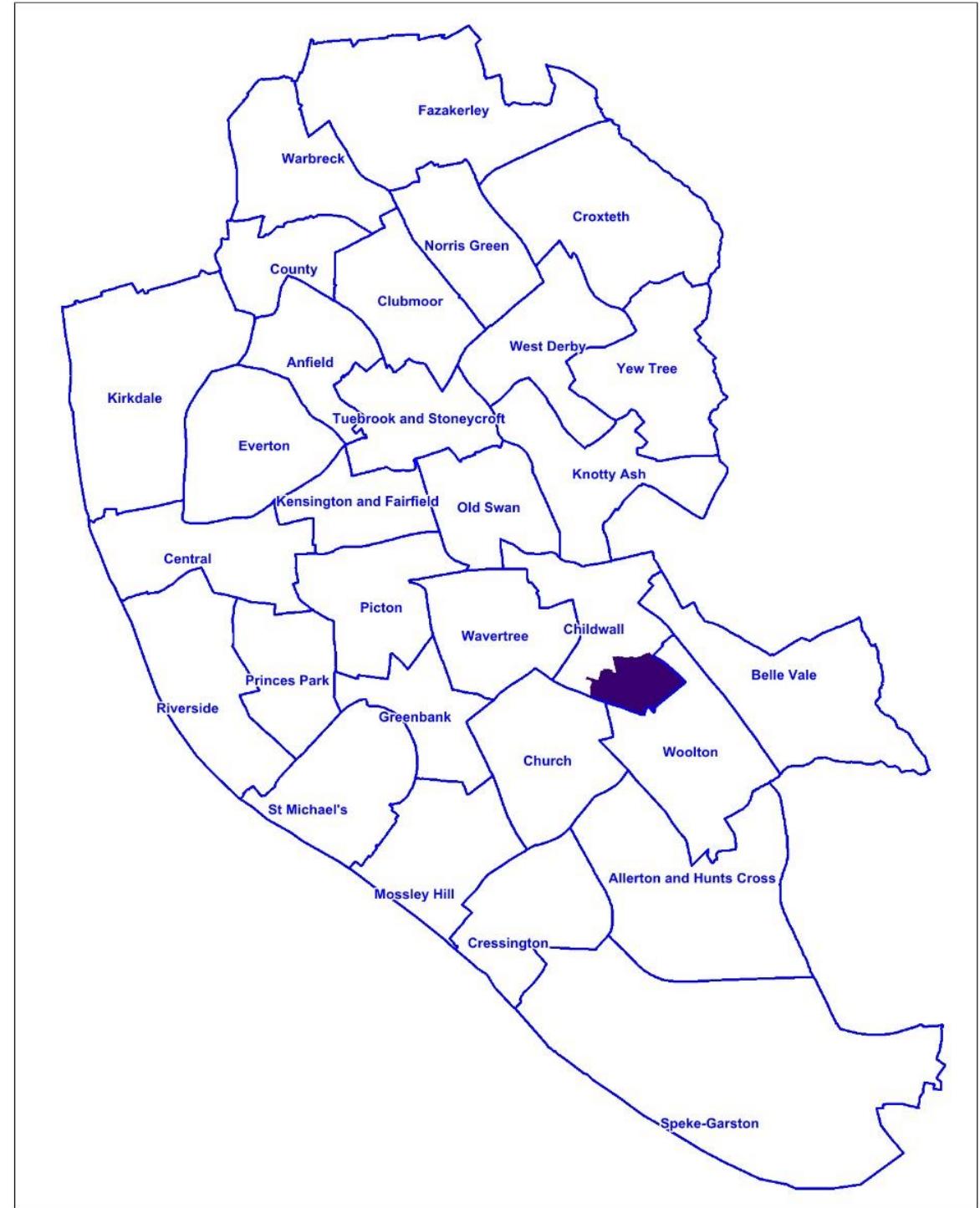
Index of Deprivation 2015 - Overall Index National Rank Deciles
Most Deprived 10%

Date created: 24/11/2017

Liverpool City Council | Cunard Building | Water Street | Liverpool L3 1DS

Public Health Liverpool | E: richard.jones@liverpool.gov.uk

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Index of Deprivation 2015 - Overall Index National Rank Deciles
Least Deprived 10%

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The Liverpool approach includes a focus on reducing health inequalities and the ‘inverse care law’ so that those who are furthest away from support are enabled to connect to people and places in their community of choice.

IDENTIFY NEED

REMOVE BARRIERS TO PARTICIPATION

CONNECT PEOPLE TO PEOPLE

Rapid and proportionate response via an integrated front door

Health staff identify vulnerable patients:

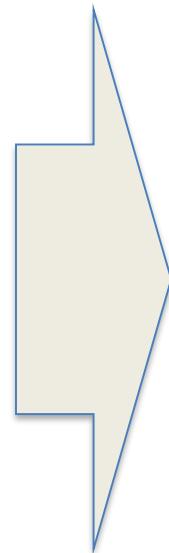
Financial/social hardship

and

Mental ill-health

and/or

Physical ill-health/learning disability/frailty



Citizens Advice Advisors work with client and other agencies to address *external barriers to participation* eg:

Poverty

Debt

Poor housing

Transport

Caring responsibilities

Domestic violence

Link workers work with client, health staff and other agencies as required to address *internal barriers*:

Mental ill-health conditions

Low mood

Social anxiety

Low self-esteem

Ability to self-care

Motivation levels



Asset-based

Community development
The communities we live in,
and with

Person-centred
Making a contribution

Activity-focused

Learning & education
Physical activity
Arts & creativity

Personal development
Lifestyles advice
Coaching & mentoring

Economic resilience

Money management
Training
Work experience
Enterprise/business devt
Good paid work

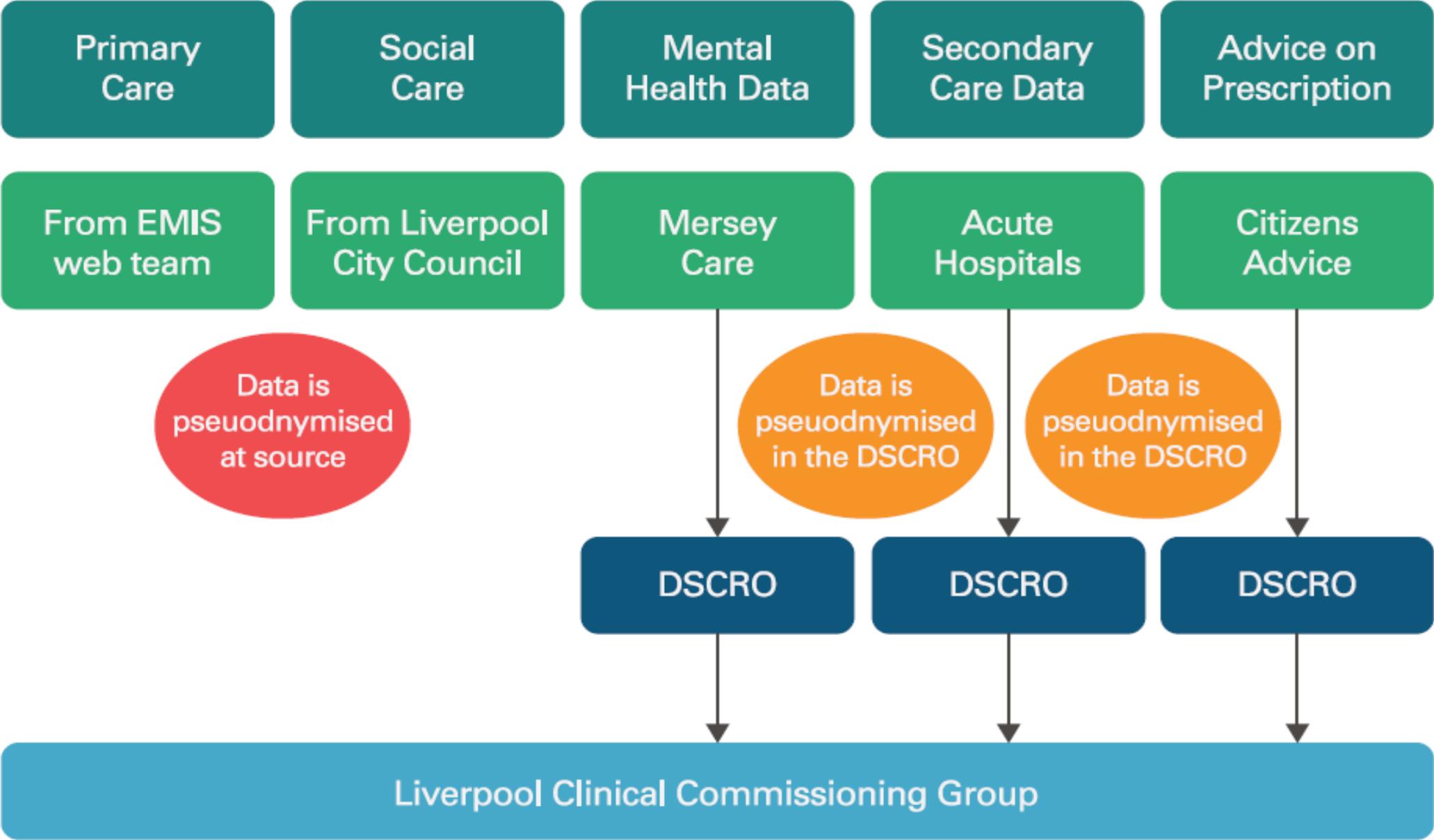
What is the strategic ambition?

- We want to systematically equip ***all universal and first level health services with rapid access to an integrated wider determinants and wellbeing response***, mitigating the impact of poverty on physical and mental health outcomes
- To do this we ***need existing and new social model investments to operate as a single, connected system*** for wellbeing and social inclusion
- New funding therefore needs to help ***scale up the model using adaptive approaches*** so that it integrates seamlessly with the new community model and the various social prescribing schemes as they come on stream in Liverpool.

Health outcomes

- **Health inequalities:** Mitigation of risks relating to poverty on patient health.
- **Equity:** better access for those who are typically furthest away from health and wellbeing assets
- **Effectiveness:** improved health and wellbeing outcomes for patients on low incomes.
- **Efficiency:** redistribution of demand away from acute and urgent care services

Linking data for population health management



How do we co-produce a model that works?

Launch mission

Recruit & train champions and stakeholders

Set up community of practice: meet regularly

Co-produce policy and practice outcomes

Plan

Test



Improve

Review

