

# ***Ways to Wellbeing:***

*Taking a targeted social prescribing approach to improve child and maternal health outcomes.*

*A new 3 year project in Liverpool*

HEE Public Health Network

7<sup>th</sup> July 2020

# What is social prescribing?

*That all Liverpool people are able to explore what is important to them and their wellbeing. Whatever matters to them – community, friendship and society, creativity, physical activity, being outdoors, conversation, consolation, laughter, safety – we think that social prescribing has the potential to be particularly helpful to those facing barriers to participation. These barriers might be external, such as finances or transport, or internal such as low mood or lack of confidence. Whichever it is, we need to build a system that will be accessible to everyone and enable them to achieve their desires and ambitions.*

## THE INTERVENTION – WAYS TO WELLBEING

### Identify

- Citizens' Advice relationship manager liaises and collaborates with designated first level services to raise awareness and encourage referrals.
- **Health staff identify patients at risk** of financial and social hardships.
- Refer, with permission, to Citizens Advice Ways to Wellbeing (W2W).

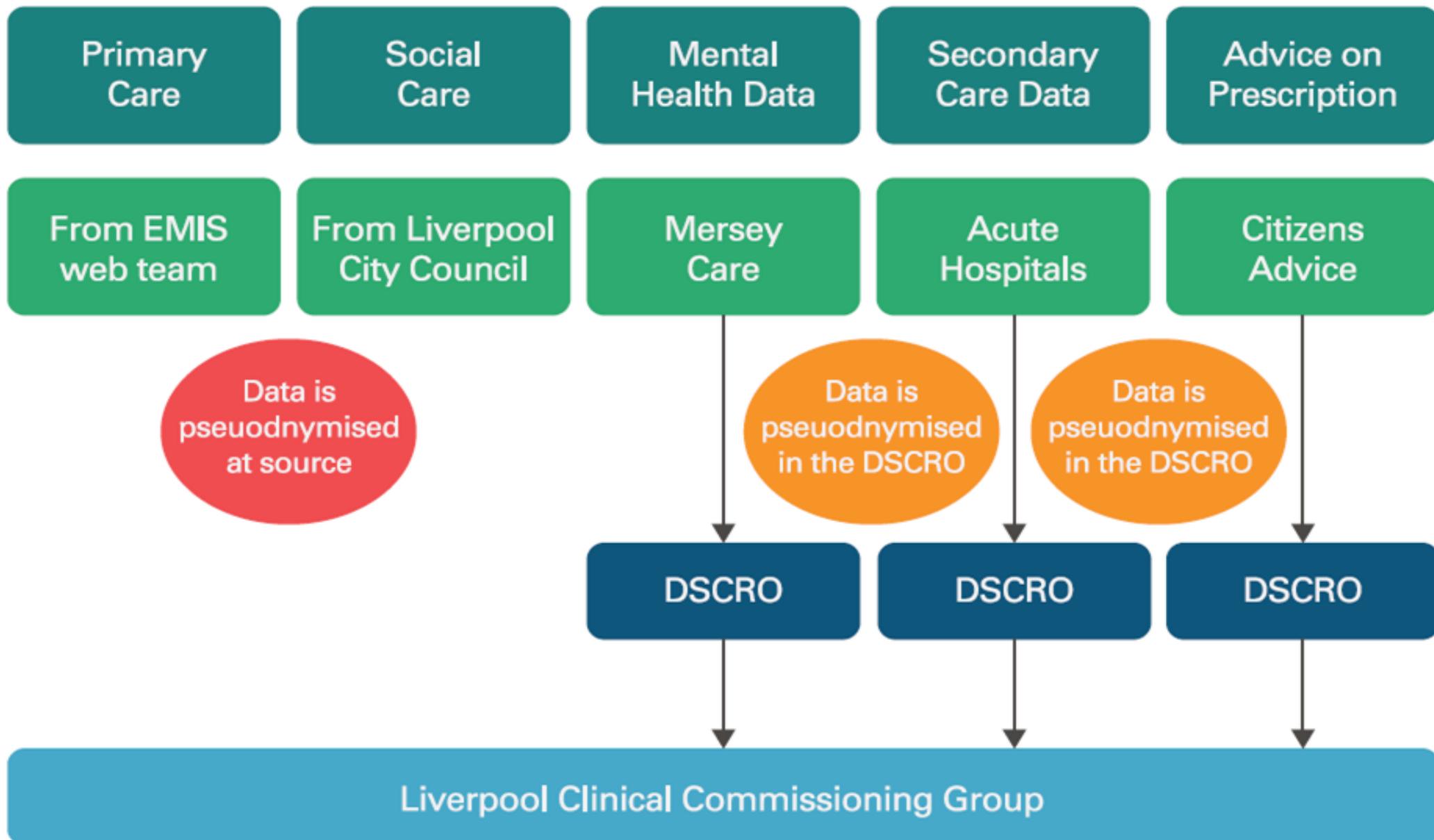
### Respond rapidly

- W2W makes first contact with patient within 48 hours (up to 4 attempts in cases of no response).
- On contact the advisor carries out a preliminary telephone assessment and arranges face-to-face follow up with a case-worker.
- This **wider determinants of health response** helps tackle poverty & promote economic resilience.

### Connect

- It is delivered in a choice of community locations, > 50 per week.
- People are encouraged to get involved in the local community, this builds relationships, and helps grow confidence and self-worth.
- **Improved health and wellbeing** comes through learning, active citizenship, physical activity, creativity, mentorship and volunteering.

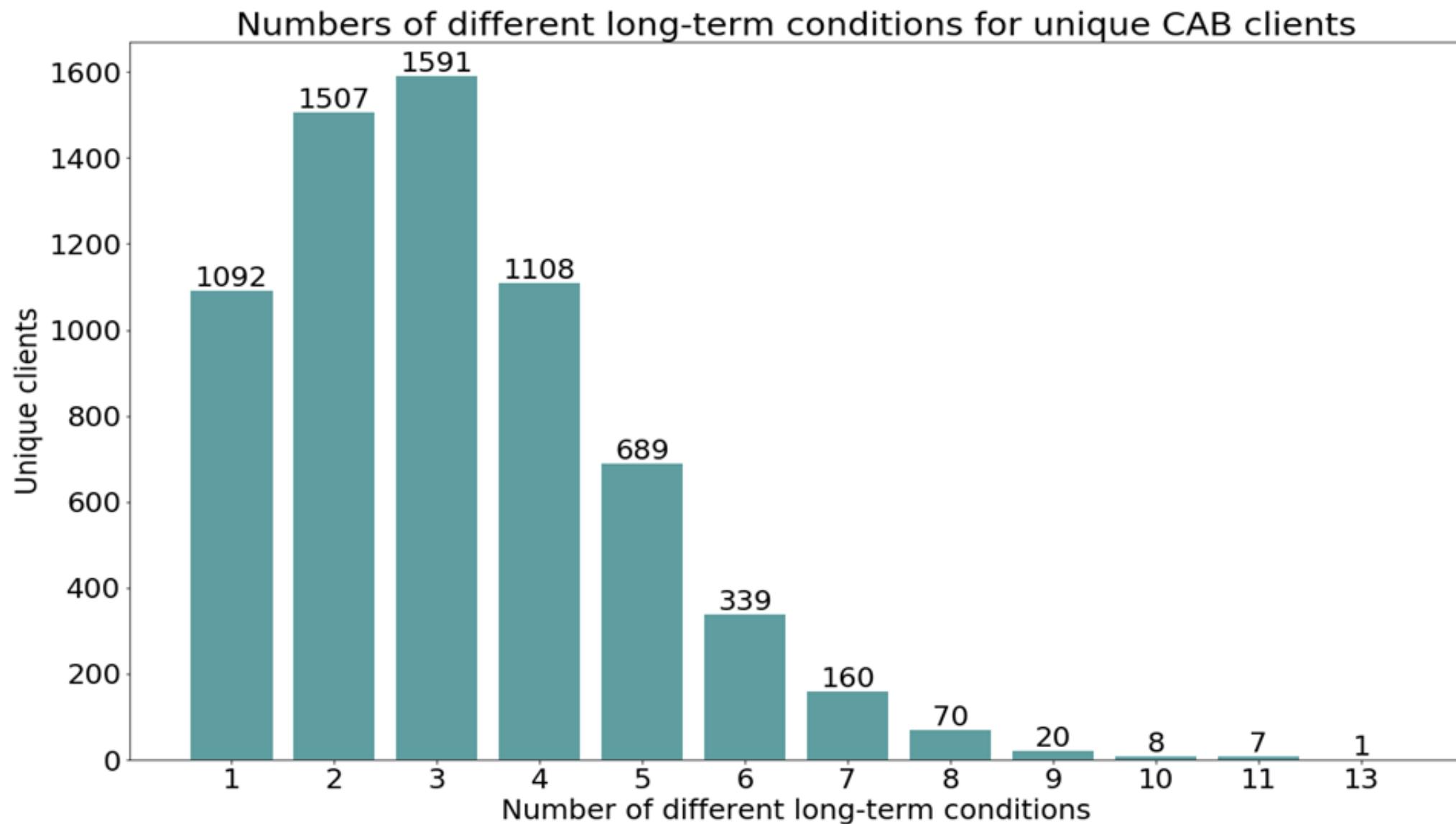
# Linking data for population health management



# *Citizens Advice on Prescription*

- 9000 interventions pa
- 75% of referrals from general practice, 20% MCT
- 35% <£600 household income pcm (before intervention)
- 80% of users report increase in wellbeing
- Largest age group 40–65years
- 55.5% female
- 47% single person households
- 14% single parents
- High prevalence of multiple LTCs : COPD & other respiratory conditions, anxiety, depression, bi-polar, psychosis, poisoning, smokers.

# Number of different long-term conditions per client



# Adapting the scheme across perinatal care

- We want to systematically equip ***all those health services that a mother comes into contact with during the perinatal period with rapid access to the scheme.***
- ***This means that health services will be part of an integrated wider determinants and wellbeing response,*** mitigating the impact of poverty on physical and mental health outcomes
- We have funding from the Health Foundation to ***use adaptive approaches*** to create links between maternal and child health services, the mother and baby, and assets in the local community.

# Where are we up to?

- Workers in post September 2020
  - x2 (possibly x4) Citizens Advice workers
  - Researcher
  - Improvement facilitator
- Cross-cutting steering group of stakeholders established
- Partners – University of Liverpool (David Taylor Robinson, Ben Barr), Mersey Care, LWH, LCC, Voluntary Sector
- Capacity – 1000 to 2000 women supported, depending on funding levels

# Role of the steering group

The steering group is tasked with setting out the vision for a way of delivering support to mothers and babies experiencing, or at risk of experiencing, hardship relating to deprivation.

It will work with a collaborative of stakeholders from across the perinatal and early years system

Ways of working will be designed and tested out in partnership with the sector, and independently evaluated against a range of outcomes over three years

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