



**Commissioning Alliance**  
Brighton and Hove CCG  
Crawley CCG  
East Surrey CCG  
High Weald Lewes Havens CCG  
Horsham and Mid Sussex CCG



# **Social Prescribing In Brighton and Hove**

## **A commissioning and GP view**

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**Jane Lodge, Head of Engagement**



# The Social Prescribing Timeline



2014



14 practice pilot

2016



Funding to extend service across city

Primary Care and post acute discharge SP services – pilot to explore joint outcomes and evaluation methods

2018



Move to a “cluster” based model

2019



Rapid evaluation of SP in Primary Care by Public Health Team

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# Community Navigation Plus



Department  
of Health

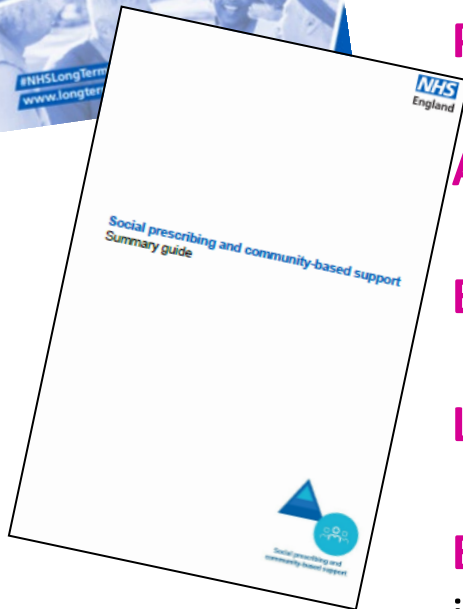
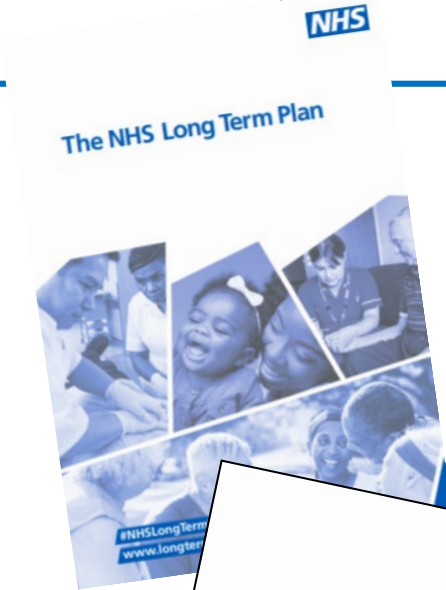
**DH/PHE funding awarded 2017 to extend the  
Community Navigation Service**



Public Health  
England



# Looking to the future....



## Key principles for commissioning SP:

**Collaboration** between Primary Care and VCS

**Person centred** – “What matters to you?”

**Asset based** - support for community groups

**Easy referral** – clear and simple processes

**Links**- to existing SP and related projects/services

**Evaluation**- clear outcomes, return on investment, impact on NHS and wider services

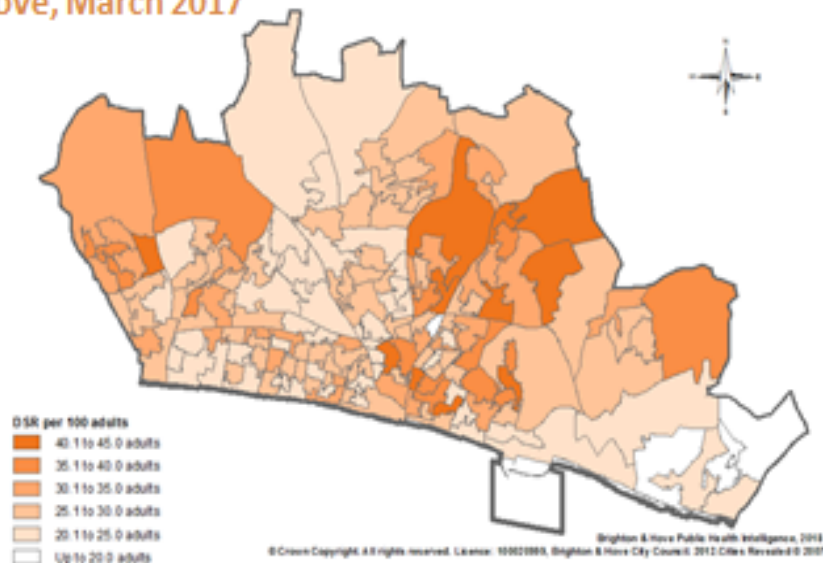


# The GP view

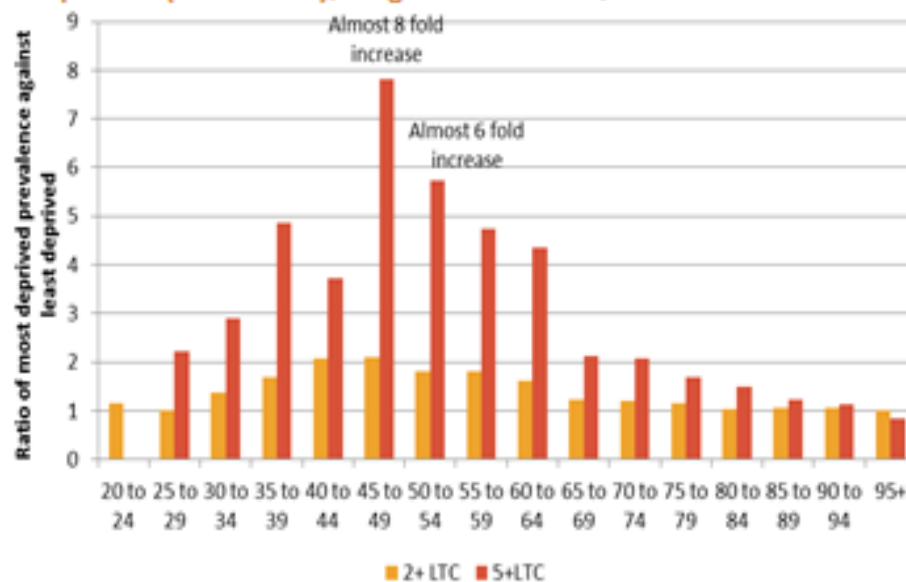
Prevalence of MLTCs is **higher in the most deprived areas &** the gap is most notable at **40-64 years**, where it is doubled

People have 5+ conditions around 15 years earlier in the most deprived areas of the city

Percentage of adults with 2+ long-term conditions (directly age standardised), LSOAs in Brighton & Hove, March 2017



Ratio of the percentage of adults with 2+ and 5+ LTCs by age group in most deprived against least deprived (IMD 2015), Brighton & Hove, March 2017



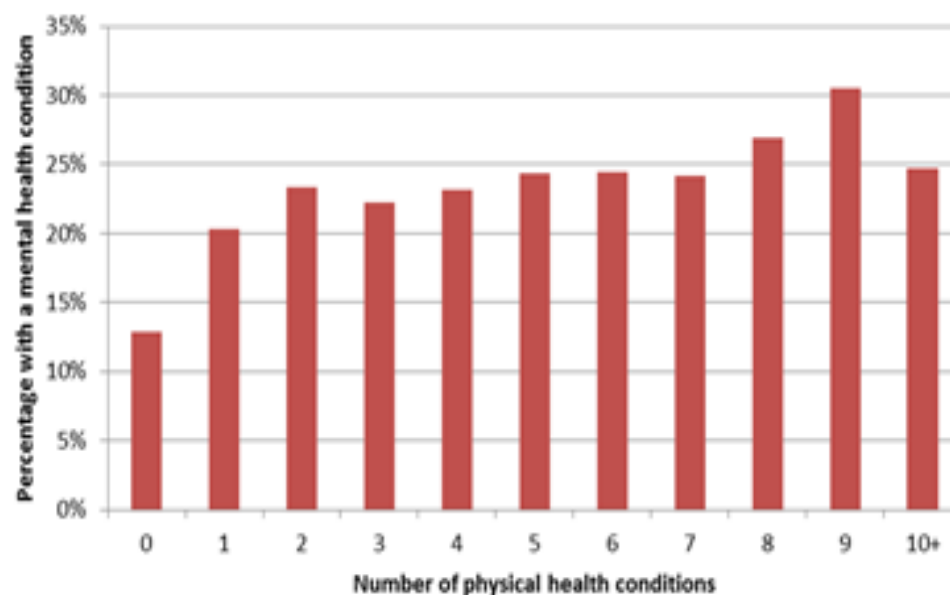


19,000 adults (8%) have physical **and** mental health conditions

The % having a **mental health condition increases as the number of physical health conditions increases**

Those aged <65 with MLTCs are more likely to have a mental health condition/ substance misuse

Percentage of adults with a mental health condition, by number of physical health conditions they have, Brighton & Hove, March 2017



# Social prescribing in Primary Care



## 1 in 5.... or more?

- B&H primary care perspectives on SP
- Benefits of a **seamless** approach to care

## What's important to GPs?

- quick and easy access
- confident around referral process
- empowered social prescribers



- Establishing trust – moving away from “traditional” referrals



- SP integral to local and wider plans – Primary Care Networks, Integrated Care Partnerships and Integrated Care Systems



# And of course .....



## Funding





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