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Community Navigation

NHS
Brighton and Hove
Clinical Commissioning Group

Social Prescribing in Brighton and Hove




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Developing Community Navigation

- Autumn 2014 - 16 GP practice pilot SP scheme. Went citywide in 2017. Secured VCSE funding in 2018 for expansion
- Holistic SP model; Guided conversation, facilitated referral and follow ups. Average 3.5 sessions over 9 weeks.
- Strong volunteering focus – one of the unique qualities of the scheme.
- Started with one volunteer navigator per surgery (half a day per week).
- Adjusted to scale up citywide
- April 2017 –home visits introduced with staff doing initial assessments.
- Purpose-designed, ethical outcomes monitoring tools, seamlessly embedded into the person-centred support offer

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How does it work?

1. A person is referred either by a primary care health professional (via SystmOne / EMIS) or via Adult Social Care.
2. Initial telephone assessment (for home visits) with triage as needed.
3. Community navigator meets the person in a confidential space, either in surgery, community location or at home
4. Guided conversation = needs assessment (1 hour face to face appt.)
5. Offer a range of options and facilitate referrals
6. Follow up after agreed amount of time
7. Usually 1 or 2 face to face appts. with follow up phone calls.
8. Occasional visits to services or groups when needed
9. A record of onward referrals is made and outcomes sent to surgery

COMMUNITY NAVIGATION SERVICE
LEVELS OF INTERVENTION

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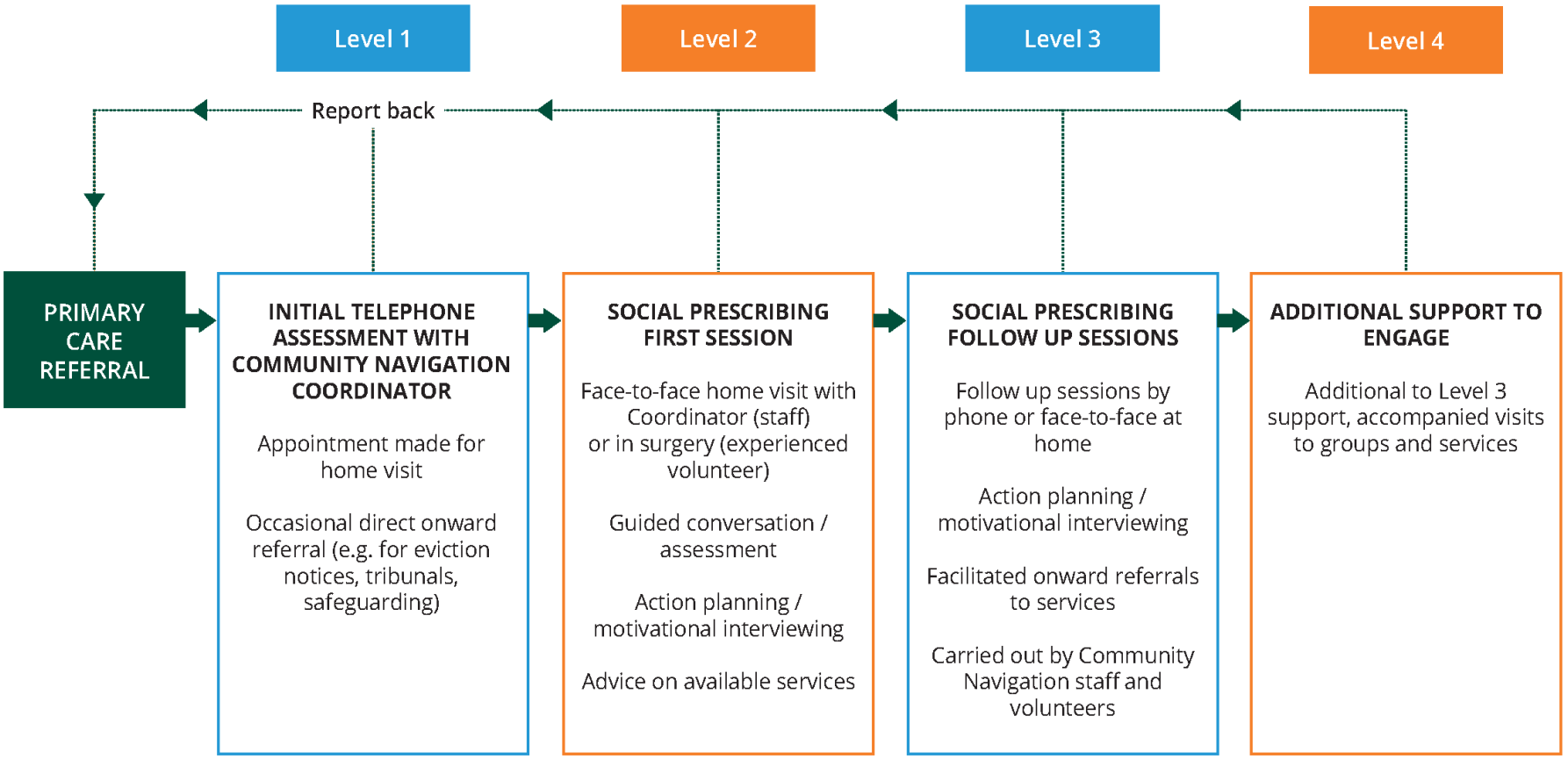

CN Plus

Department of Health and Social Care's Health and Wellbeing Fund
23 SP services, including Community Navigation in Brighton and Hove
Three year programme 'Community Navigation Plus' since Autumn 2018

Enables the CN service to;

- Work with four VCS partners to deliver specialist SP services for; Transgender people, BME people, including those with language needs and Gypsies and Travellers
- Work more intensively and for longer with the existing complex cases being referred
- Take referrals from Adult Social Care
- Do outreach work in Libraries
- Train link workers at Wellsbourne Health Centre

B&H Evidence on Social Prescribing

Community Navigation Service

Four evaluations in 2015, 2016, 2017 and 2018 consistently show;

- ✓ Improved wellbeing
- ✓ Reduced isolation
- ✓ Improved access to information, groups and services
- ✓ High patient satisfaction

Rapid Evaluation of the Social Prescribing Service in Primary Care in Brighton & Hove (BHCC Public Health Team, Feb 2019)

"GPs find the service valuable as an alternative option for those clients they feel unable to help and as a source of information about local services"

Adults with Multiple Long Term Health Conditions in B&H (BHCC JSNA Programme,Nov 2018)

The first recommendation is to "Develop a one stop prevention referral pathway, including social prescribing….SP needs to be considered in commissioning"

Informing development on national evidence and good practice

Informing Common Measurement Framework

The Community Navigation Monitoring and Evaluation framework has been evolving over the past four years.

As one of the most established of the 23 DHSC funded schemes, CN in B&H is informing the national Common Measurement Framework.

Presenting our work nationally

Presented our M&E model at the first international conference on SP evidence at Salford University in June 2018.

Ran workshops on link worker development at the Kings Fund national social prescribing conference and the South East regional conference in November 2018.

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Denise's story

Denise felt she has lost her sense of usefulness due to her health problems. She was recently retired and her children had left home. Her husband is still working so this added to a sense of isolation affecting her confidence and her sense of purpose in life.

Denise met the Community Navigator face-to-face three times in her GP surgery over a three-month period. Together they discussed ideas and researched local support groups. She knew about Breathe Easy support group prior to meeting the Navigator but had not followed this up herself. The group links people living with a lung condition. With support, Denise felt confident to contact the group herself knowing that the Navigator was there to give her more support and to go with her to the first session if she felt she needed it.

Three months after joining the group, Denise reported significant improvement in her wellbeing. A year later, she reports maintained levels of wellbeing, resilience and the ability to cope with challenges she previously felt she wouldn't have dealt with. She continues to attend the Breathe Easy group regularly, and through her increased confidence has recently gained employment working from home.

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Denise Says

"The Community Navigator helped me see things differently; reflecting on what I can do, rather than what I can't. Knowing she was supporting me gave me confidence to take the next steps.

"I would definitely recommend the service to others. If the doctor had just given me a leaflet I would have looked at it and it would have gone in the recycling – seeing someone face to face makes all the difference."

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Thank you