

# Enhanced Social Prescribing Service Report

Social Prescribing Mental Health Team

**April 2024**

Reporting period: Financial Year 2023/24



**The Rainbow  
Foundation**

# EXECUTIVE SUMMARY

## RAINBOW COVERAGE AND LOCAL CONTEXT



Rainbow Foundation Enhanced Social Prescribers operating in **20 GP Practices** across Wrexham, available to all patients who have a Wrexham GP



27,625 people (20.4%) have a limiting long-term illness in Wrexham

## INPUT



2.28 WTE mental health nursing and trained counselling staff covering **20 GP Practices across Wrexham**

## OUTPUTS



**3,000 per 100,000** population contacts took place



**Two Thirds of all appointments** were addressing patients **mental health concerns**, with patients having quicker access to therapies and interventions through accessing the Social Prescribing Team. One Third of all appointments are for concerns such as loneliness, bereavement and financial difficulties.

## IMPACT



**83.3%** of patients reported a **positive improvement in their wellbeing (S)WEMWBS**, after support from the Social Prescribing Team, with an average improvement of 3.5 points which is statistically significant



The **Social Return on Investment** for the Rainbow Foundation Social Prescribing Team is **£7.06 for every £1 invested**



# 3 KEY MESSAGES

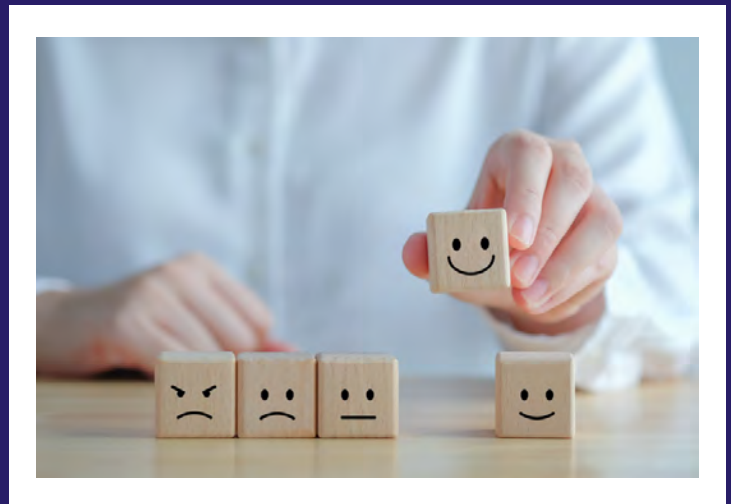
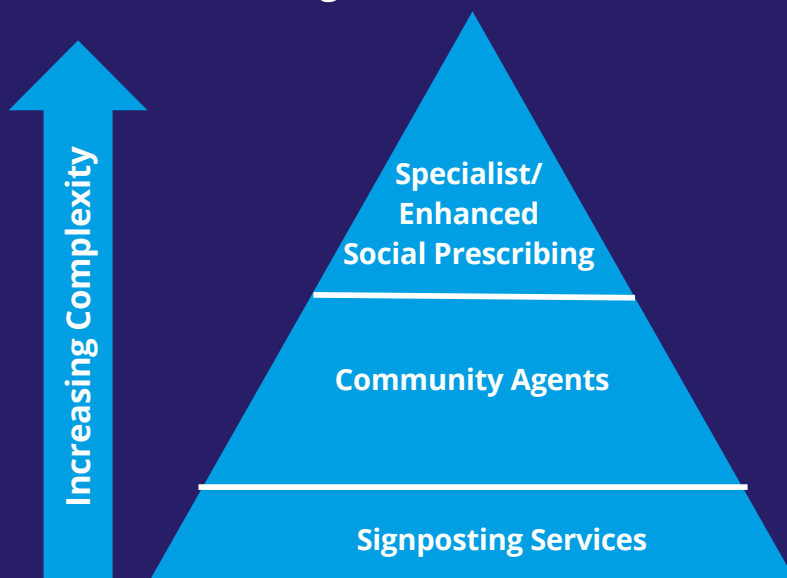
about the Rainbow Foundation's Social Prescribing Service

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## COMMUNITY ASSET BASED SOCIAL PRESCRIBING

The Rainbow Foundation Enhanced Social Prescribers provide **mental health support and talking therapy (CBT)** through eight 1:1 sessions working on establishing **what matters** to the patient and health and wellbeing **goal setting**. The patient receives time with a trained Social Prescriber, qualified in mental health and/or talking therapy (Registered Mental Health Nurse or BACP accredited counsellor trained in CBT and mental health) and motivational interviewing.

### Social Prescribing Wrexham Model



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## EMPOWERING COMMUNITIES THROUGH USE OF LOCAL ASSETS

In line with the Welsh governments Tackling Loneliness and Isolation in Wales Strategy, The Rainbow Foundation Community Wellbeing Team (Social Prescribers, Community Agents and Volunteer Coordinator) is committed to identifying, working with, and developing new local services and resources that can provide personalised support to individuals, thereby enhancing community resilience and well-being aligned to the five ways to wellbeing. The Rainbow Foundation launched four Bereavement Support Groups across three different locations where people can connect with others. The groups meet monthly in Central Wrexham, Marchwiell and Penycae. The aim is to provide a safe space for people to talk in a supportive way about bereavement and what it means to them.



# 3

## SOCIAL RETURN ON INVESTMENT

**£ 1 : £7.06** for every **£1** spent  
**£7.06 in social value**  
**is generated**

Social Return on Investment economically measures the good things that happen as charities help people and communities. In other words, it figures out how much good comes from the help charities provide, in economic terms. It is important as it helps us see what real and positive difference is being made to people's lives. It also shows where help provided by charities can be improved. This helps charities know how to use their resources wisely and make the biggest impact on people's lives.

**The Social Return on Investment is estimated to be £7.06 for every £1 spent. This means the savings to the wider public sector health and social care system are over 7 times the cost of the service.**

**The Social Prescribing Service is designed to deliver these quality outcomes.**

### Improve support in the community

- Reduction in GP attendances
- Reduction in Mental Health Usage
- Reduction in A&E attendances
- Reduction in referrals to secondary care



### Reduction in Loneliness and Social Isolation

- Increase in sociability, communication skills and making social connections
- Reduction in loneliness and support to hard to reach people



### Health Improvement

- Reduction in symptoms of anxiety and/or depression, and negative mood
- Improvements in mental wellbeing and positive mood
- Reduction in prescriptions
- Improvement in physical health and a healthier lifestyle



This graphic shows the quality outcome measures reviewed and the associated metrics to measure impact and calculate the Social Return on Investment.

# SERVICE OFFER

## For Patients & Partners that refer:

A direct service based in GP surgeries across Wrexham that supports patients to engage in a 'What Matters to You' conversation to help them improve their health and wellbeing. To promote resilience, improve mental wellbeing, patient knowledge and skills to increase self-help and healthy behaviours and manage long term conditions.

Enhanced Social Prescribing offers a combination of talking therapy, mental health support, goal setting and sign posting to help patients. The team offer a gateway to access other support from health, local government and third sector.

## Social Prescribers help people with:

Mental Wellbeing (including depression, anxiety, and trauma)

Grief

Employment Difficulties

Adverse Childhood Experiences

Loneliness

Chronic Illness

Healthier Lifestyles

Long Term Conditions & Pain Management

Relationship Challenges

Money Worries

## Offering support such as:

- Talking Therapy sessions
- Cognitive Behaviour Therapy
- Lifestyle Coaching/Goal Setting
- Pain Management/Sleep Hygiene
- Sign posting and referrals to other agencies, health services, charities, or community groups
- Advance Care Planning
- Carers Support
- Bereavement Support
- Access to Wrexham Community Agents outreach service
- Access to The Rainbow Foundation: Meals on Wheels, Day Opportunities, Domiciliary Care, Community Groups/Support, and transportation
- Wider access to services and support across Wrexham

**To the staff:** The Rainbow Foundation operates with a team-based approach.

### Induction & Training

- Social Prescribing Toolkit
- Staff Handbook – includes lone working, confidentiality, safeguarding
- Mental Health First Aider / Safeguarding / Suicide Awareness / Motivational Interviewing / Coaching / Cognitive Behavioural Therapy (accredited)
- Social Security Benefits and Debt Management
- Follow 5 Ways to Wellbeing
- Shadowing and mentoring opportunities
- Use of approved websites, applications and library to support advice and patient self learning
- Standardised approach to casework addressing 'what matters'
- Shared Case Management System
- Community Sector Directory (acknowledge limitations)
- Commitment to rolling programme of training and development for SP's to upskill, aligned to wider public health agenda

### Management and Support

- Adopting a Quality Advice Framework (Advice Quality Standard)
- Casefile Audits – quality of advice, support and process followed
- Clinical Supervision – safe space to offload and talk through difficult cases
- Peer support – support and share learning

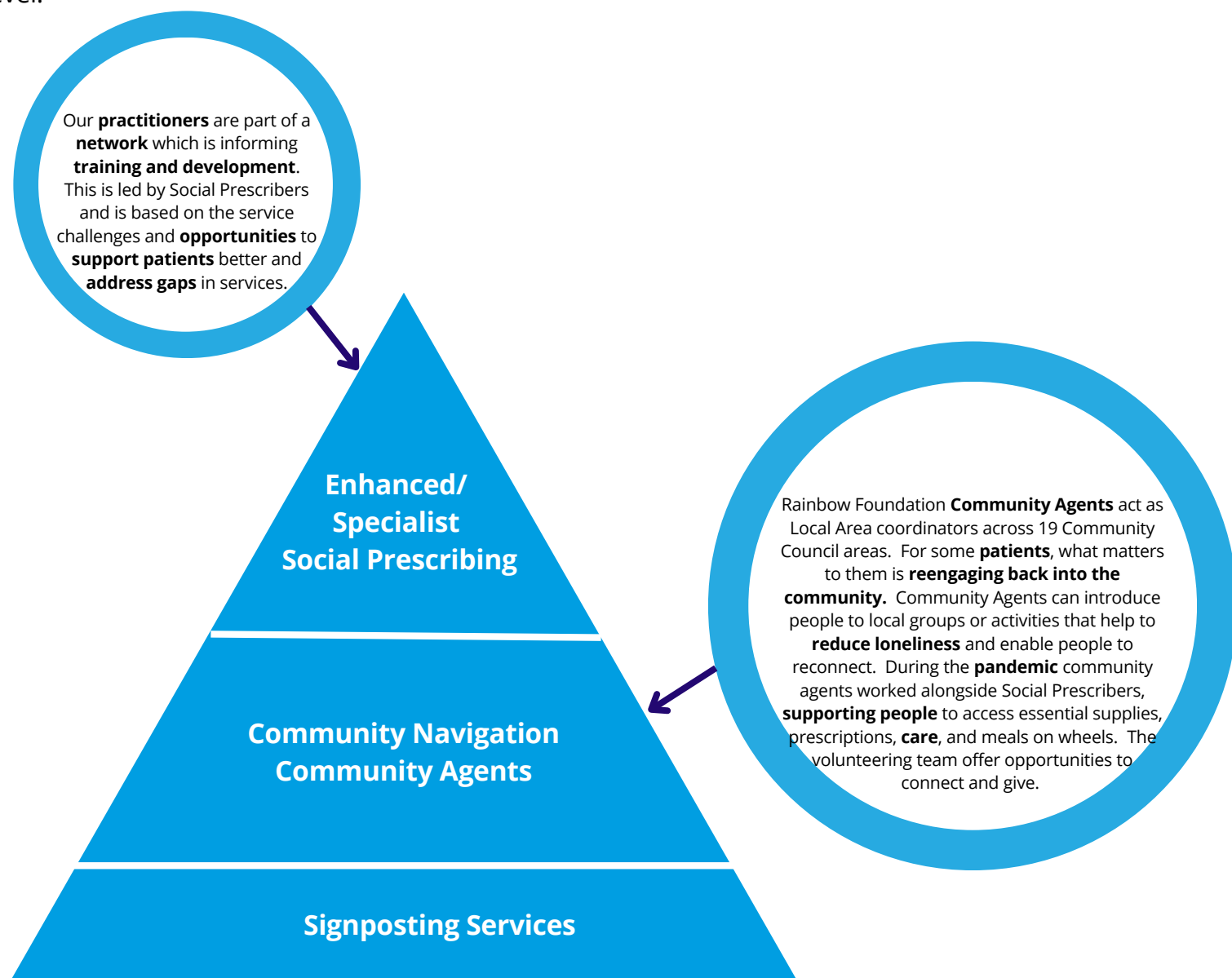
Providing





# SOCIAL VALUE

The **Enhanced Social Prescribing** Service is built on the **principals** of Social Value, and considers the **social, economic and environmental wellbeing** of Wrexham as a whole and at a local area level.



Many of the people referred to the Enhanced Social Prescribing Service by social care, housing organisations and other third sector organisations are people who would have accessed their GP and primary care services for support. Wrexham's social prescribing model operates across Wrexham and provides a comprehensive social prescribing programme. The Enhanced Social Prescribing Team (working with Community Agents) in this way means that people with non-medical needs are supported and the demand moved from primary care to social prescribing and the third sector.

## Service Outputs

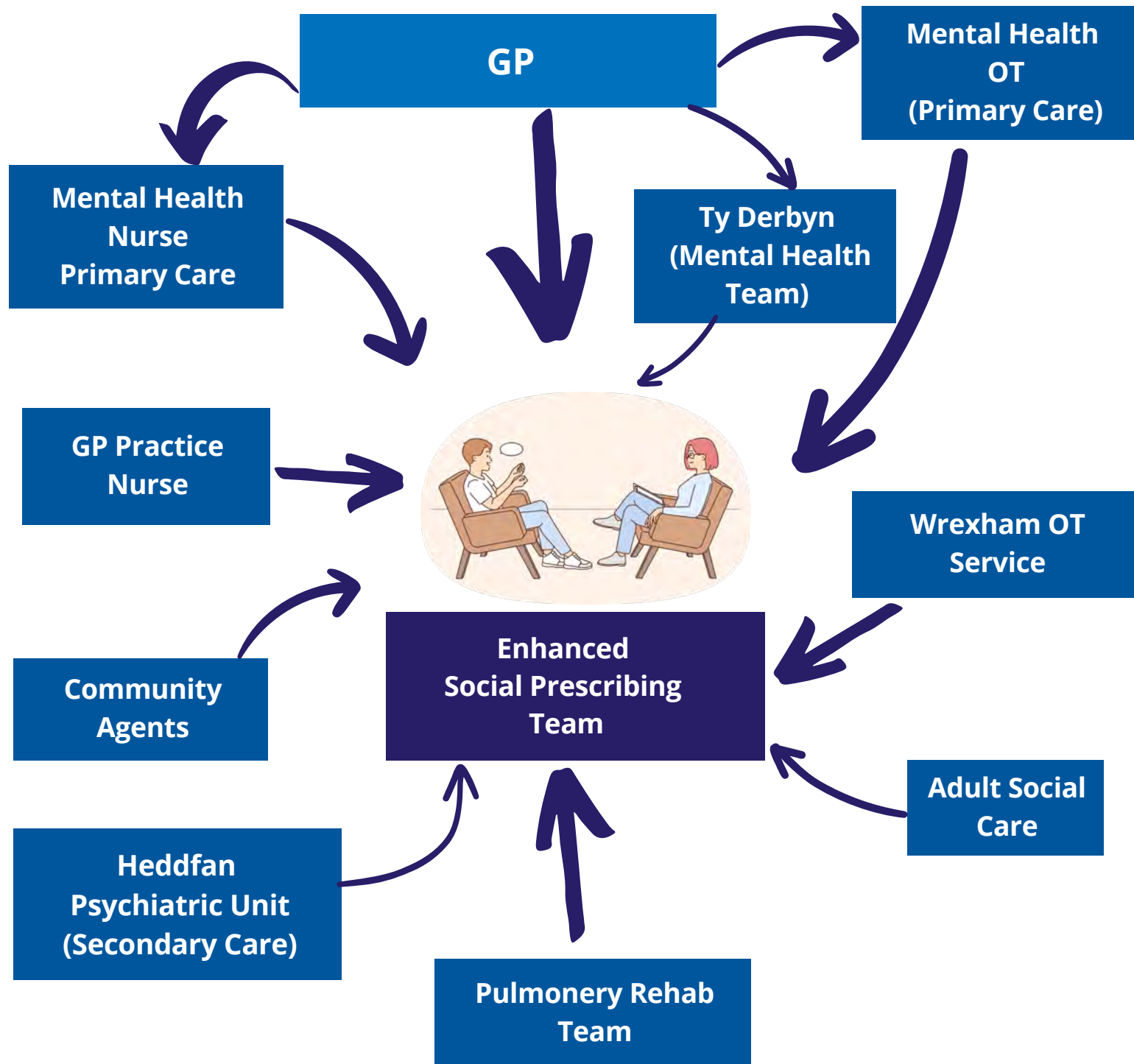
- A consistent practical approach to Social Prescribing for referring healthcare professionals, local authorities, community groups and third sector.
- A confidential accessible service for patients to receive the support and care they need with behavioural change and positive improvements to their wellbeing.



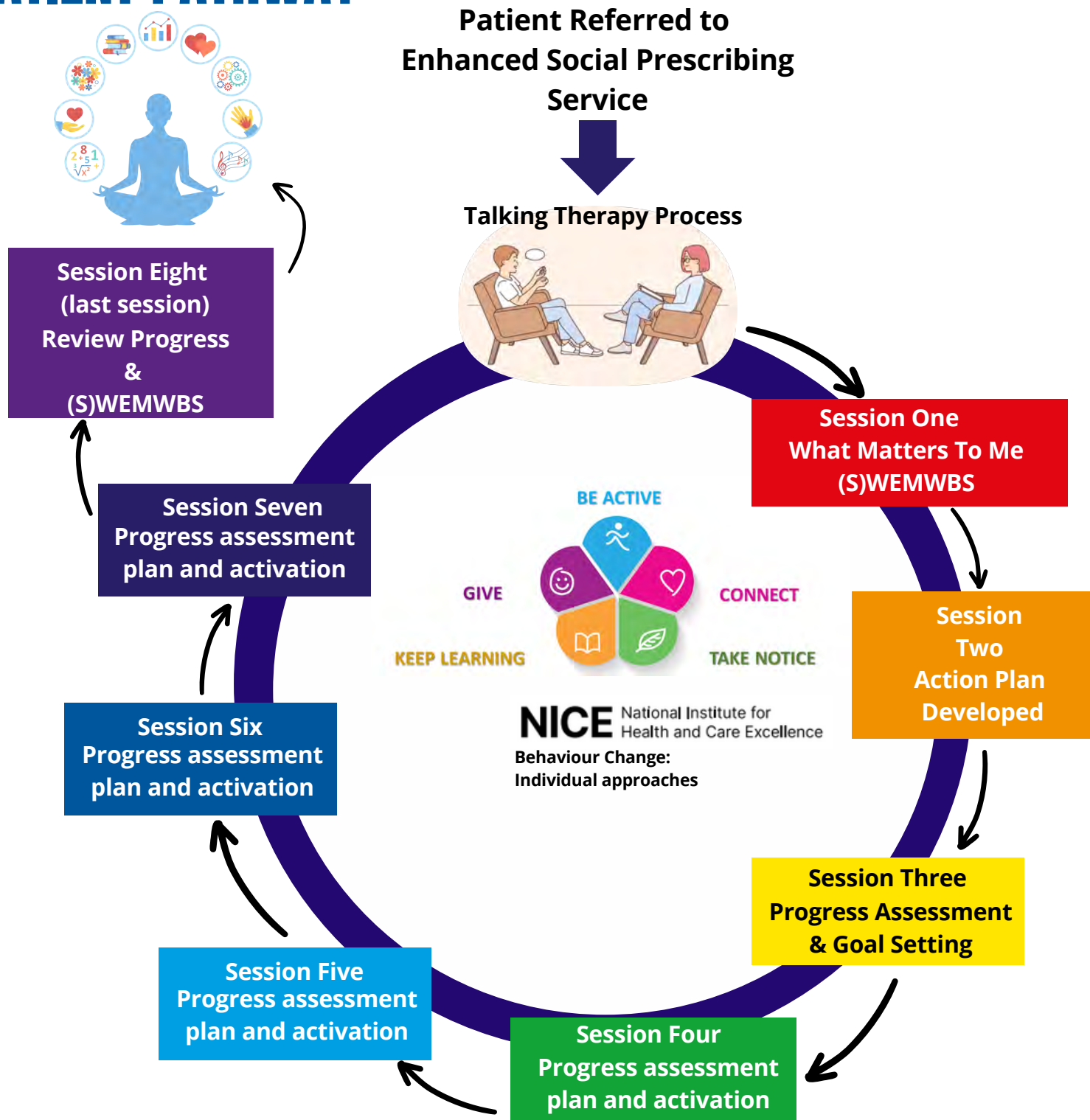
# REFERRAL ROUTES

## Who refers to the Social Prescribing Team:

The diagram below shows the professionals who refer to the service. A range of professionals across health and social care refer patients for support. Patients can also self-refer into the service.



# PATIENT PATHWAY



Patients are reviewed regularly and are discharged at a point that is right for them. The number of sessions required is dependant on the needs of the patient.

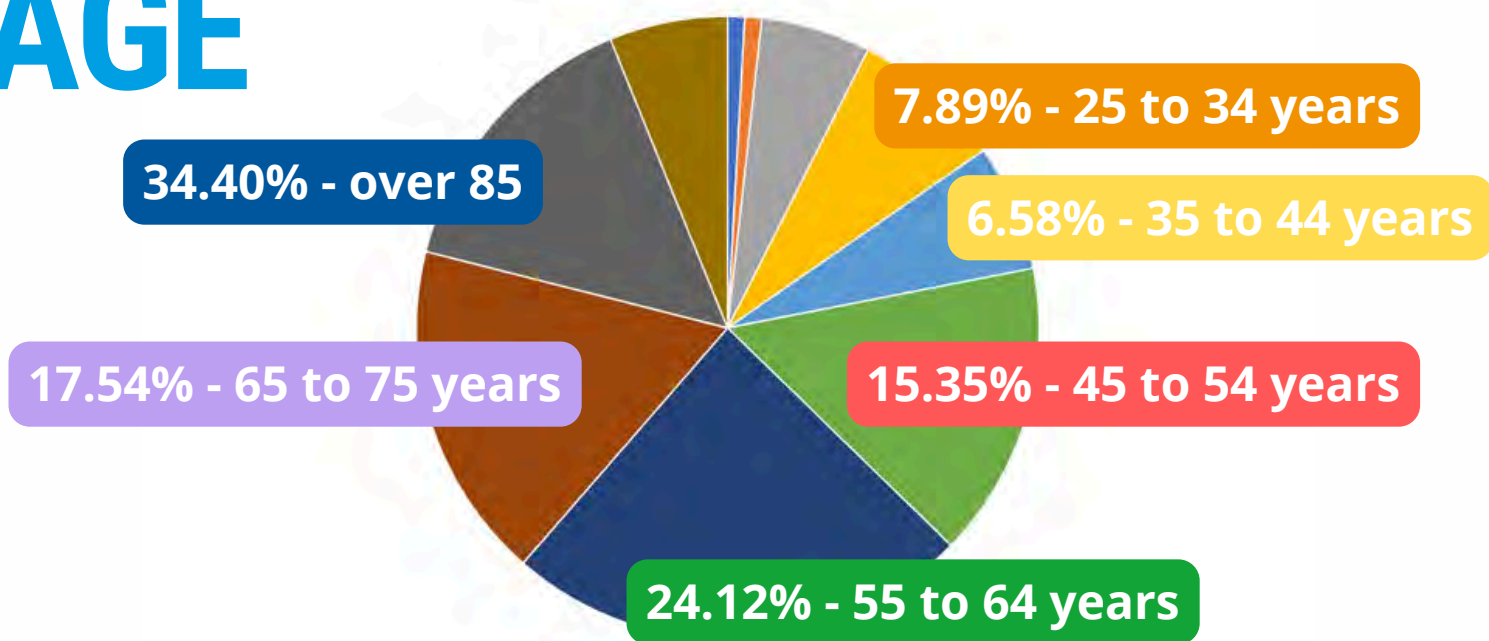
Patients are given information on discharge as to how to access the service again with a new matter either by self-referral via Social Prescribing Team email or through their GP Surgery.



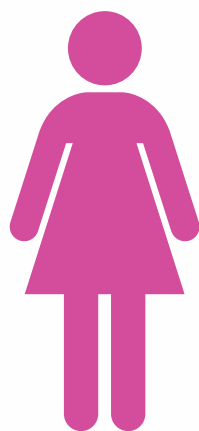


# SERVICE REFERRALS & DEMOGRAPHICS

## CLIENT AGE



69.3%



30.7%



### Complex Cases:

Most clients present with a mental health and wellbeing need and have a long term condition



# SERVICE OUTPUTS

The Social Prescribing service has:

MADE OVER  
**2,200**  
CONTACTS  
WITH PEOPLE ACROSS  
**WREXHAM**

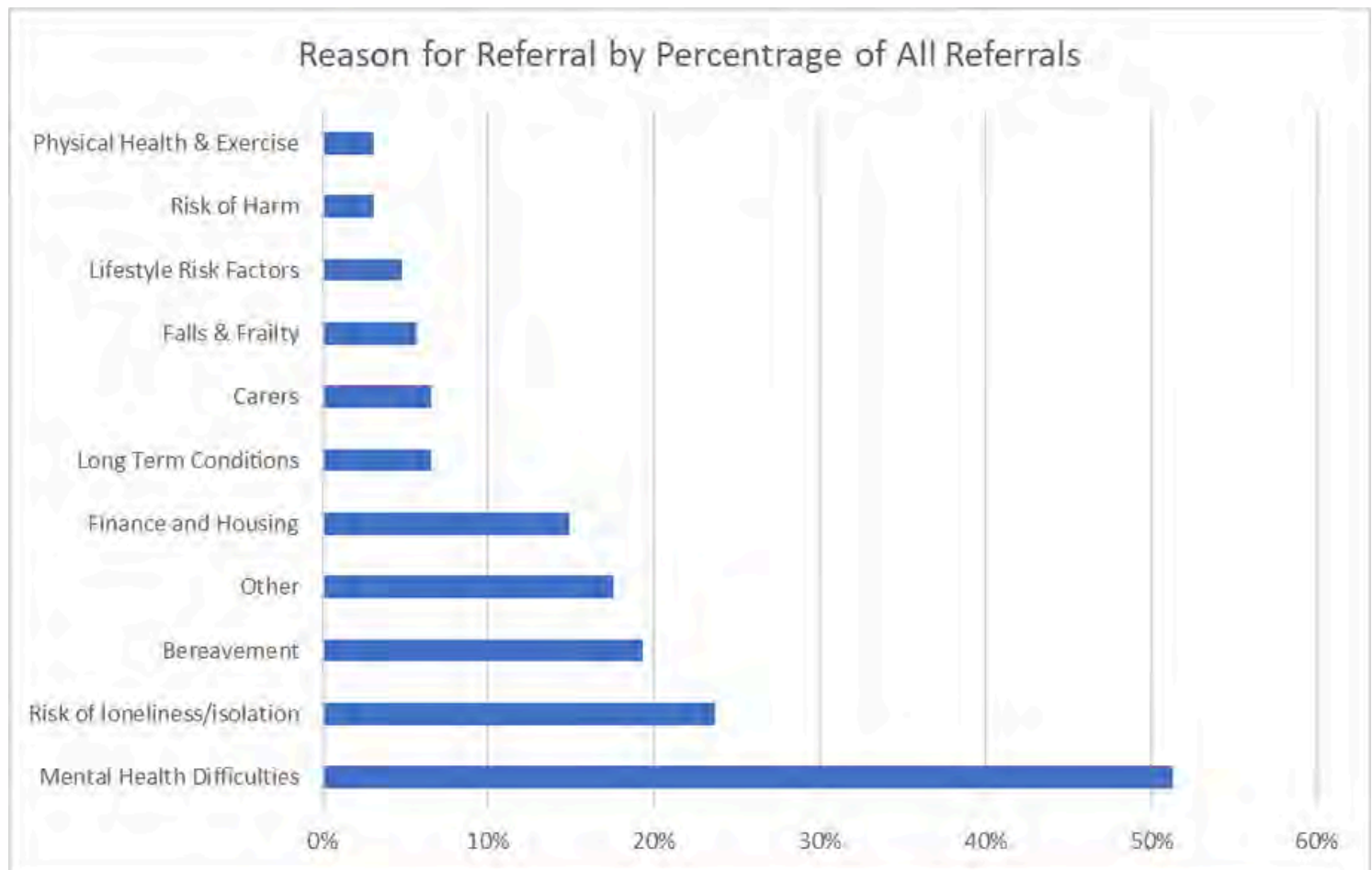
OVER  
**1,000**  
APPOINTMENTS  
SESSIONS  
SUPPORTING  
IMPROVEMENTS TO  
MENTAL HEALTH

SUPPORTED OVER  
**500**  
CLIENTS WITH  
SOCIAL  
PRESCRIPTIONS  
& SIGNPOSTING



# REFERRALS

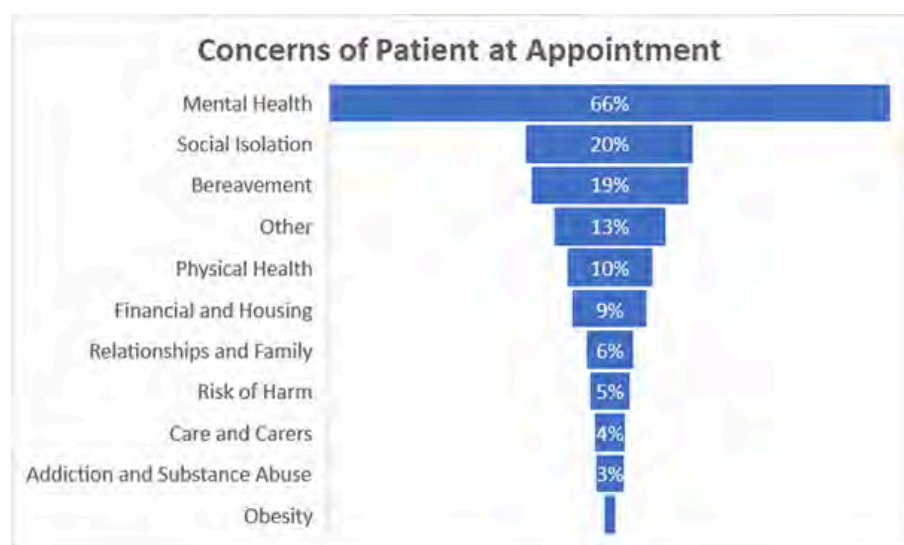
All GP practices in Wrexham refer to the service. The chart below highlights reasons for referral. Most clients are referred due to mental health difficulties, and these range from anxiety, depression (clinical and able self-motivate), low self-esteem and stress management.



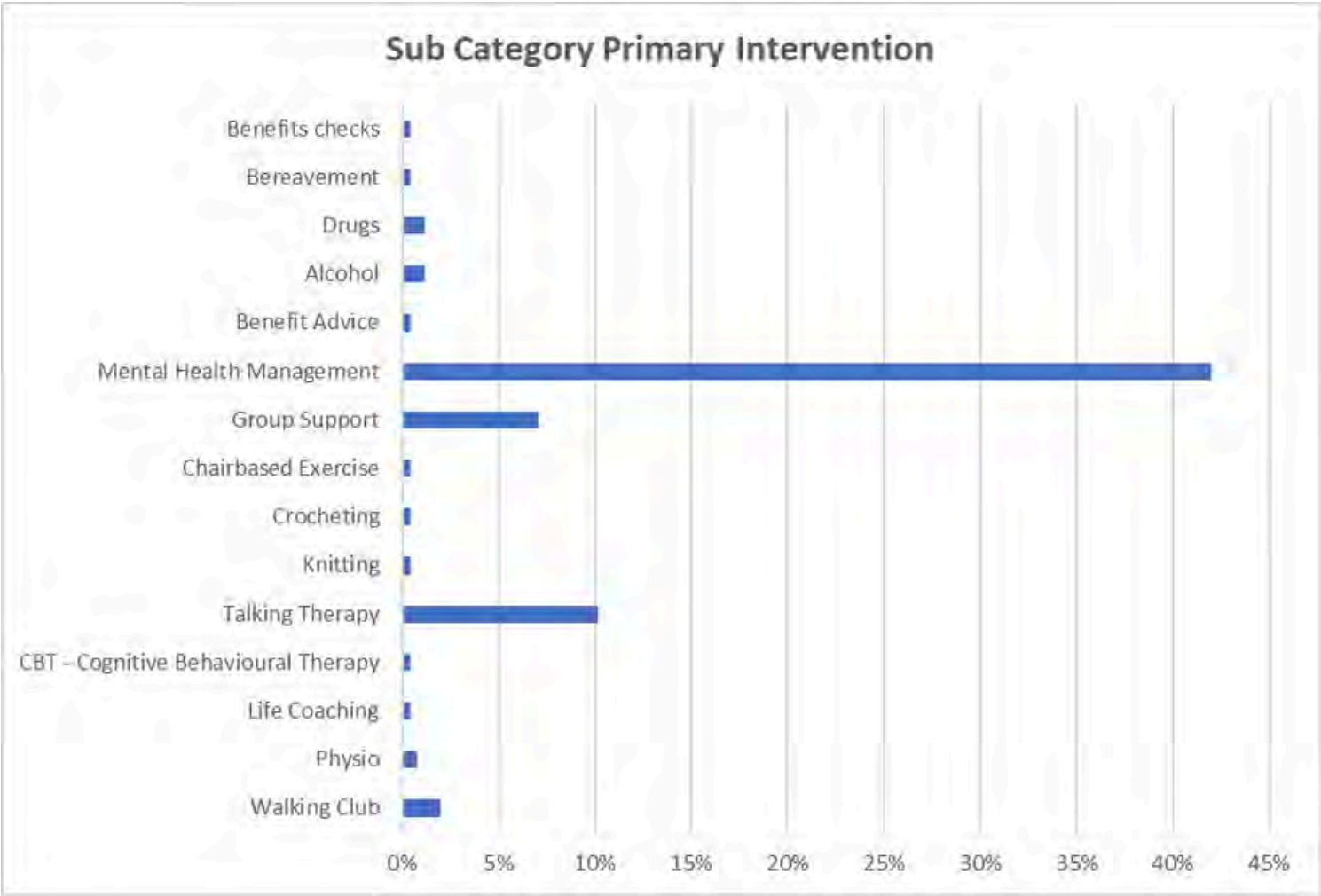
# APPOINTMENTS

When asked the question “What Matters Most” people share more than the original referral reason, with the social prescribers. The chart below shows the categories of concerns raised at appointments.

Two thirds of all appointments are addressing people’s mental health concerns. Many people suffer with a range of conditions from low motivation, low self-esteem, stress, anxiety, through to tier 1 mental health needs. Most patients present with 2 or more concerns.



# PRIMARY INTERVENTIONS



The sub categorisation shows that most interventions were support with achieving better mental health. By supporting people to care for their own mental health in the community, it reduces likelihood of referral to secondary care, reduces risk of harm, and likelihood of anxiety conditions such as panic attacks as people learn coping strategies. This information further demonstrates the need for mental health support for people within our communities and has a positive impact on diverting patients with a non-acute or chronic clinical physical need from primary care.



# **PRESCRIPTIONS**

The Enhanced Social Prescribing Service has access to a range of services within the community, provided by the third sector, health and social care. In 2023, the following prescriptions were made. Adopting this community-centric approach can help provide more appropriate and effective ways of engaging people and improving their health and wellbeing. In the diagram below, the larger the font size of the prescription, the higher the number of prescriptions made.

**Community Agents**  
**Coping Skills - Anxiety**  
**Protective Factors**  
**Single Point of Access -**  
**Wrexham Social Services**  
**Advanced Brighter Futures**  
**Active Futures**

**Citizens Advice**  
**Mindful Meditation**  
**GP Surgery - Wrexham**  
**Compassion**  
**Self Care**  
**Relaxation Techniques**  
**Positive Affirmations**  
**What is anxiety?**

**NEWCIS: Carer Assessment**  
**Wrexham Community Mental**  
**Health Team**  
**Bereavement Support Group**  
**Telecare**  
**AVOW**  
**Dan 24/7**  
**Depression**  
**Wrexham Food Bank**

**Daily Exercise**  
**National Trust Erddig**  
**Unhelpful thinking habits**  
**Domestic Abuse Safety Unit**  
**Falls Prevention Service**  
**CALL Helpline**  
**Beyond Our Control**  
**Rainbow Day Opportunities**  
**Volunteering through AVOW**

**NHS Sleep Guidance**  
**Challenging Negative Thoughts**  
**Problem goal framework**  
**Social Anxiety**  
**Parabl - talking therapies**  
**Nightingale House Hospice**  
**Thought Journal**  
**Welfare Rights**  
**The Pain Tool Kit NHS**  
**Stepping Stones North Wales**

**The silver line**  
**Age UK**  
**NEWCIS: Carer Groups Drop-ins**  
**Age UK Shropshire**  
**Mind Wrexham**  
**Counselling - Drug and Alcohol Service**  
**StepChange**  
**Cruse Bereavement Wales**  
**Men's Advice Line**  
**Breathworks**  
**CAB**  
**Ramblers**

**Attendance Allowance Applications**  
**Rainbow Lunch Club - Penley**  
**Rainbow Lunch Club - Marchwiell**  
**Knit, Natter and Crochet**  
**Carers Trust Cheshire West**  
**Housing Options Team**  
**STOPP**  
**The Parrot**  
**Thoughts Recording Sheet - Anger**

**Samaritans**  
**The Elms**  
**Project 65**  
**U3A**  
**Blue Badge**  
**Menopause Support Group**  
**Meals on Wheels**  
**Changing Habits for Life**  
**Vision Support**  
**Falls Prevention Class**



# IMPACT OF SERVICE

## WELLBEING SCORE

The social prescribers use the SWEMWBS (Short Warwick-Edinburgh Mental Wellbeing Scale) which is a self-reported questionnaire designed to measure mental well-being.

**The average increase across all patients was 3.51 points, which is higher than the 1-3 points which is statistically significant.**

**83.3% of clients reported an improvement in their mental well-being.** Some clients have more complex needs and their journey does not end, some require acute mental health support, others have an acute need relating to long term condition or physical health need and require further support, which includes working with community agents.

SWEMWBS is responsive to change at individual and group level. At individual level a **change of between 1 and 3 points** meets thresholds for **statistically important change in wellbeing.**

### SWEMWBS Score Definition

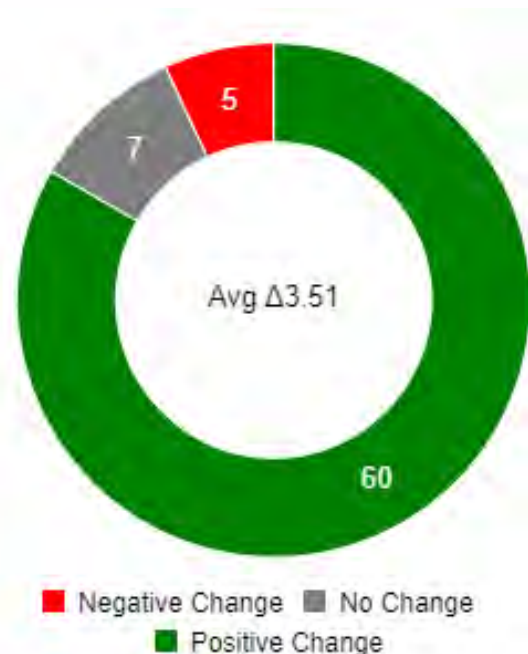
17 or less	probable depression
18-20	possible depression
21-27	average mental wellbeing
28-35	high mental wellbeing

**The SWEMWBS scoring supports the social prescribing team with;**

**Holistic assessment:** allow the Social Prescribers to gain an understanding of aspects of the patient's life satisfaction and emotional state

**Tailored interventions:** Results can help the social prescriber to tailor social prescriptions and interventions to address specific areas of concern

**Outcome measurement:** changes to the SWEMWBS over time helps indicate the effectiveness of prescriptions, and evaluate impact interventions is having on the well-being of individuals



**Communication:** Using the questionnaire as a basis for conversation, at a point when the patient feels comfortable to be open with the social prescriber, helps identify and prioritize aspects which may require attention

**Empowerment:** Completing the SWEMWBS empowers the individual by increasing awareness in their wellbeing and demonstrates the impact their active participation in the prescriptions has had on improving their health and wellbeing.



# SERVICE APPROACH

## BEHAVIOURAL CHANGE: INDIVIDUAL APPROACHES

The Enhanced Social Prescribing Service follows the 2018 NICE Guidelines Behavioural Change: Individual Approaches. The guidelines outline best practice when supporting behavioural change.

Ensure the content, scale and intensity of each intervention is proportionate to the level of social, economic or environmental disadvantage someone faces and the support they need (proportionate universalism)

Employers should ensure staff are aware of the importance of being supportive, motivating people and showing them empathy


Ensure behaviour change interventions aim to both initiate and maintain change. Interventions should include techniques to address relapse and recognise that it is common

A quality assurance process is in place to assess whether the intervention was delivered as planned (intervention fidelity), achieves the target behaviour change and health and wellbeing outcomes, and reduces health inequalities. (The frequency of quality assurance checks should be specified.)

Base behaviour change interventions and programmes on evidence of effectiveness

## FIVE WAYS TO WELLBEING


The Social Prescribing Team have adopted the 5 Ways to Wellbeing. These are a set of practical actions aimed at improving our mental health and wellbeing. They were developed by the New Economics Foundation from evidence gathered in the Foresight Mental Capital and Wellbeing Project (2008).



**Bod yn sylwgar**  
Take notice

Cymrwch amser i chi'ch hun, sylwch ar bethau o'ch cwmpas a sawrwrch y foment


Take time for yourself, notice things around you and savour the moment



**Cysylltu**  
Connect

Gwnewch amser i gysylltu â ffrindiau a theulu i helpu i gyfoethogi'ch diwrnod


Make time to connect with friends and family to help enrich your day



**Bod yn fywiog**  
Be active

Mae bod yn fywiog yn gwneud i chi deimlo'n dda. Symudwch - dawnsiwrch, canwrch; camwrch allan - ewch am dro, i redeg neu i feicio


Being active makes you feel good. Get moving - dance, sing; step outside - go for a walk, a run or cycle



**Dal ati i ddysgu**  
Keep learning

Gall dysgu rhywbeth newydd fod yn hwyl, gwneud i chi deimlo'n dda a datblygu'ch hyder

Learning something new can be fun, make you feel good and build your confidence



**Rhoi**  
Give

Fe all gweithredoedd o garedigrwydd, helpu eraill neu hyd yn oed gwirfoddoli eich gwneud i deimlo'n hapusach

Acts of kindness, helping others or even volunteering can make you feel happier





## Relationship Issues and Homelessness

# CASE STUDY



### A few words about Chris

Chris is 32 years old; he had recently separated with his partner of one year and was homeless. Chris referred himself to the Rainbow Foundation Social Prescribers, he had previously been prescribed anti-depressants by his GP and felt his depression was not under control. Chris was sleeping in his van, after the relationship had broken down, he moved out of the home he shared with her.

### WHAT WE DID

The Social Prescriber worked with Chris over the course of the sessions to look at:

- his feelings, thoughts, and emotions during and between each session to improved his understanding of what had happened
- Chris was assessed using the suicide identifying checklist to ensure he was kept safe
- the Social Prescriber helped Chris understand what housing support was available to him
- the Social Prescriber worked with Chris on a sleep routine and healthy eating pattern and exercise that would help with his anxiety and showed him how keeping a journal to process thought patterns would benefit him.

### Outcome for Chris

**Chris's mental health improved by 7.6 SWEMWBS points from 14.75 (probable depression) to 22.35 (average mental wellbeing).** Chris felt considerably better and told us that having someone who could listen, advise and signpost was helpful and felt less lonely and more confident for his future.





Take Notice



Keep Learning



Be Active



Connect



Give

Poor Mental Health and High Anxiety

# CASE STUDY

## A few words about Dan

Dan is 33-year-old and was referred by his GP. Dan described himself as an anxious person, his anxiety had increased since his dog passed away in August 2022. He reported that his sleep had deteriorated since then. Dan has been registered deaf since aged 18 months, his mum works nights shifts and his dog gave him a feeling of safety as he used to alert him during the night of any noises. This feeling of safety had gone since the death of his dog.



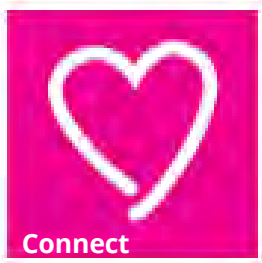
## WHAT MATTERED TO DAN AND WHAT WE DID

The Social Prescriber worked with Dan over the course of the sessions to look at:

- his feelings and thoughts. Dan described himself as an introvert, feeling safe in his environment of 'gaming'. Dan was supported to widen social connections based on past hobbies.
- negative automatic thoughts, unhelpful thinking styles and cognitive restructuring. The Social Prescriber worked with Dan on CBT, and tools and techniques to cope with unhelpful thinking patterns.
- Dan was referred to the NERS programme (as requested by his GP) for help with weight management
- Dan was referred to the F2F confidence building course and for help with interview techniques and job search support session. The Social Prescriber focused on confidence building to support Dan seek employment.

## Outcome for Dan

Dan reported improvement in mood and was much more optimistic for the future. On (S)WEMWBS Dan initially scored 15.84 indicating probable depression after 6 sessions of support and hard work by Dan to put in place actions identified in the goal setting, **Dan's score increased to 24.11 an increase of 9 points**, now indicating average mental wellbeing. Dan's appearance changed he lost weight and had a haircut for the first time in a very long time, and was taking pride in his appearance. Dan developed the confidence to look for employment.



## Loneliness and Bereavement Support

# CASE STUDY



### A few words about Catherine

Catherine is 73-year-old and recently moved to a new village following the sudden death of her partner. Catherine does not drive and had no friends or family nearby.

### WHAT WE DID

Catherine was referred to the Rainbow Foundation Bereavement Support Group in Marchwiel, and reported how beneficial she was finding it to talk through her grief since her partner died.

As Catherine worked through the stages of grief, she was referred to the Rainbow Foundation monthly lunch club and the weekly shopping trips to a supermarket. As her confidence grew, and she felt able to be more socially active, the Social Prescriber referred her to a local club giving Catherine an opportunity to meet new people and have a regular activity she enjoyed.

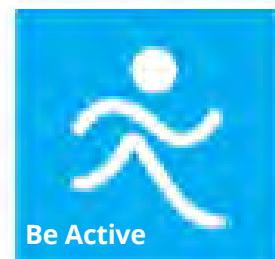
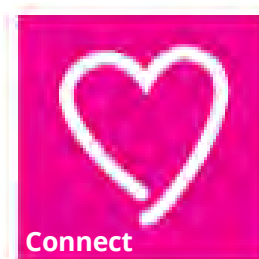
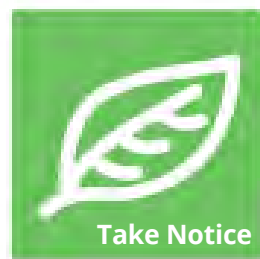
Catherine was put in contact with the local Women's Institute, and she became part of the WI monthly meetings as well as participating in regular trips and a book club.

### Outcome for Catherine

**Catherine wellbeing score increased from 19 (possible depression) to 25 (average mental health).** Catherine has reported feeling much more confident and part of the community. She is managing her grief well, and actively participates in several clubs which she was introduced to by the Social Prescribing Team. Catherine now knows she can self-refer to the Social Prescribing Team when she has felt she has needed some additional help for her needs.



# CASE STUDY



## Risk of Self Harm

### A few words about Andrew

Andrew is 57-year-old. Andrew self referred and was being supported by mental health services. Andrew presented with suicidal ideation and thoughts of harm to others.

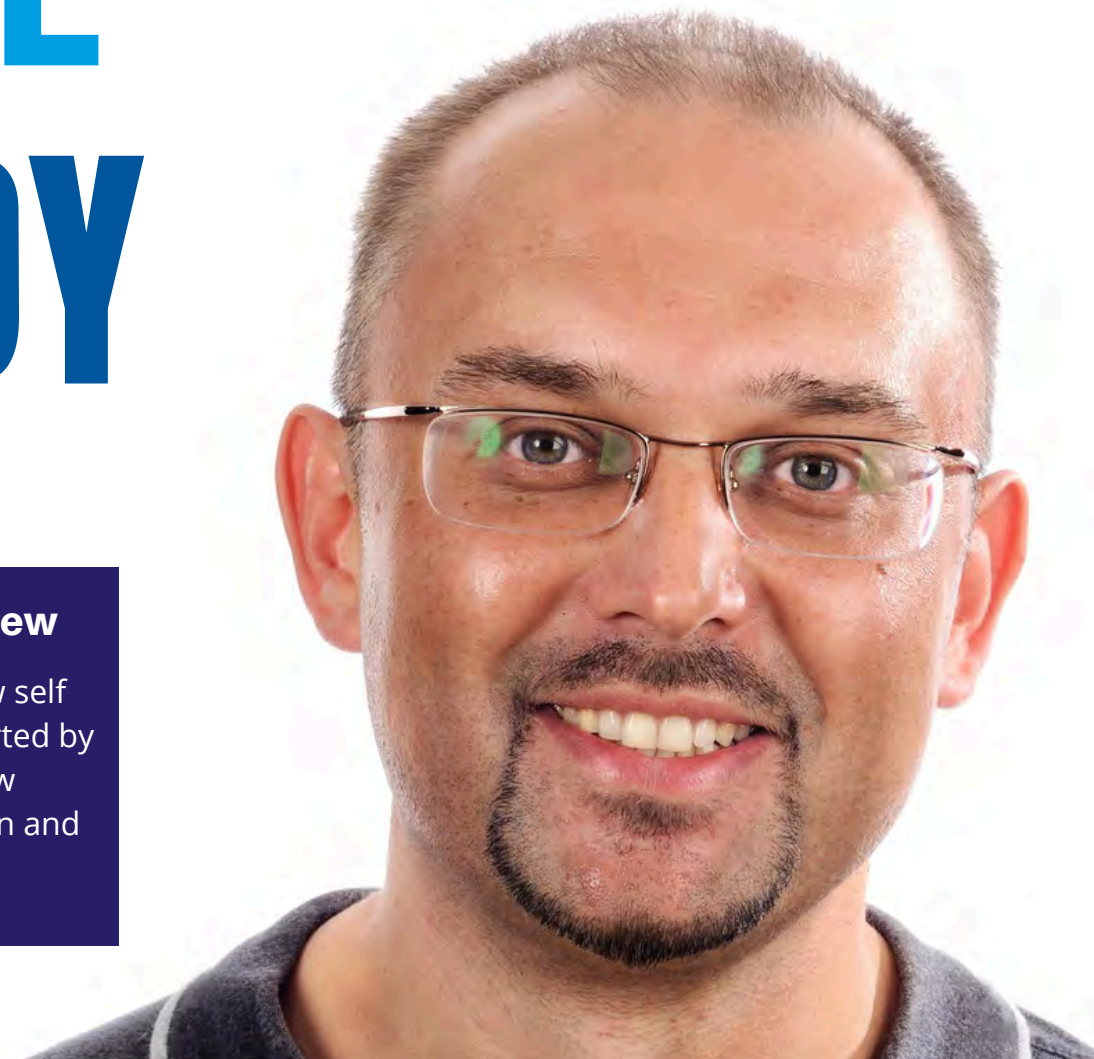
### WHAT WE DID

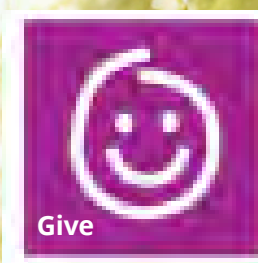
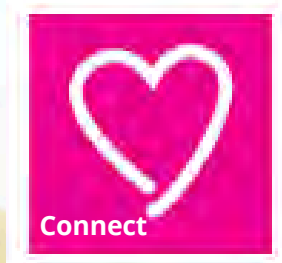
The Social Prescriber worked with Andrew to do a risk assessment regarding the intention to commit suicide and found there was no immediate risk. Part of the assessment was identifying the support by his GP and/or other agencies. The Social Prescriber liaised with Andrews GP practice and with his Mental Health Support Worker. To put in place a plan that included:

- Out of hours support
- A lifestyle review and plan for sleeping and eating habits, daily routines, exercise, alcohol consumption and personal hygiene
- CBT for behavioural change support
- A referral to CIAS (Drugs and Alcohol Service).
- Grounding techniques, the reframing of negative thoughts and understanding that it is okay to have a bad day

### Outcome for Andrew

**Andrews wellbeing score increased by 8 points.** His original score was 7 probable depression and after 8 sessions moved up to a score of 15, a movement of 8 points. Andrew was a complex case however the improvement through being supported by Social Prescriber, meant for Andrew he was able to go on holiday with his partner and joined community activity groups to socialise and meet new people. Something Andrew would not have thought possible before engaging in the Social Prescribing Service. He gradually over time demonstrated an increased positive mindset.





# CASE STUDY

## Family Carer Support

### A few words about Jane

Jane is 62-year-old she lives with her parents and is their main carer. Jane's father had been diagnosed with Dementia and was suffering with memory loss and changes in mood. Jane's mum was recovering from recent stomach cancer surgery.

### WHAT WE DID

The Social Prescriber gave Jane space to talk through her feelings and needs. Jane was encouraged and supported to look after her own wellbeing. Self-care information was identified and shared, and wellbeing information given. Jane worked on her sleep hygiene and breathing techniques for stress management. Jane was signposted to Dementia connect, Newcis, the befriending service, and local care services, for support in caring for her parents. The Social Prescriber helped Jane with accessing the falls team as both Jane's parents had recently fallen.

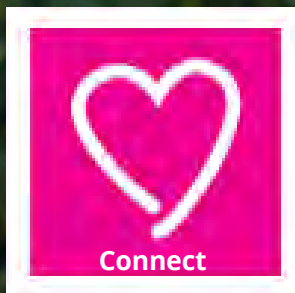
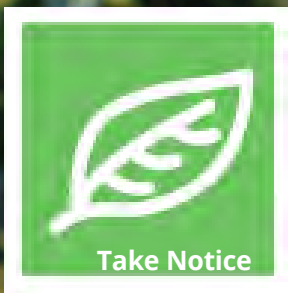
Jane was signposted to citizens advise and welfare rights to ensure all the correct benefits were being claimed.

The Social Prescriber arranged regular phone calls for support and to give Jane the time to talk through feelings. Jane was helped with techniques to help her communicate with her dad given his memory loss, such as reminiscence therapy.

### Outcome for Jane

**Jane's (S)WEMWBS score improved from 22 points (average mental health) to 28 points (high mental health).** Jane felt very grateful for the support, time and information given, and the organizations that were shared to help and support at home. Jane reported feeling better able to cope with home circumstances and caring responsibilities. Jane felt more positive about moving forward and the future.





## Domestic Abuse

# CASE STUDY



### A few words about Lucy

Lucy is 51 years old and was separating from her husband. Lucy's marriage was a coercive controlled and financially abusive relationship, and Lucy was suffering from the trauma experienced within the relationship.

## WHAT WE DID

The social prescribing sessions allowed Lucy to have time to talk through the home situation and divorce. Helping Lucy identify her needs in terms of mental health, wellbeing, sleeping, eating and general health, and develop a plan to work on improving each area. Lucy was supported with;

- talking therapy to deal with the trauma
- a sleep hygiene plan and breathing techniques for anxiety and panic.
- Lucy discussed her social support and network, and coproduced a plan of groups in the area that Lucy could join. The Social Prescriber followed up with other groups of interest as Lucy's self-confidence improved.
- the social prescriber supplied food bank vouchers, and signposted Lucy to local organizations that could advise and assist on income issues Lucy was facing, such as Welfare rights and citizens advice.
- work around self-esteem, confidence and entering the workforce again.

## Outcome for Lucy

By the end of the course of sessions with the social prescriber. Lucy had applied for a new job as she was feeling more confident. She began meeting with friends again and had made exercising regularly part of her routine. Lucy reported she was feeling better in herself and sleeping better.

**Lucy's (S)WEMWBS score had improved from 19 points (possible depression) to 26 points (high mental health).**

# CASE STUDY

### A few words about Hannah

Hannah is 55-year-old and attended initially for poor mental health and high anxiety.

This presented as self-loathing, negative thinking, suicidal ideation and withdrawing from social activities and work based training.



### WHAT WE DID

Hannah was experiencing an 'Existential Crisis' and had begun to question her relationships, values, and beliefs. The Social Prescriber worked with Hannah to;

- do a risk assessment, regarding the client's intention to commit suicide, there was no immediate risk or intent. Support out of hours was identified
- A lifestyle review looked at sleep, eating habits, daily routines, exercise, alcohol consumption and personal hygiene.
- Referral to Stepping Stones and Kim Inspire.
- undertake talking therapies working on encouraging behaviour change and for the patient to set achievable goals and evaluating her 'Protective Factors'.
- work on grounding techniques, for anxiety, the reframing of negative thoughts, healthy relationships and understanding that it is okay to have a bad day.
- Hannah was sign posted to several activity groups including arts, support groups, volunteering, and social groups.

### Outcome for Hannah

Initially Hannah scored 15 indicating probable depression on SWEMWBS. After 8 sessions with the Social Prescriber Hannah scored 21, a movement of 6 points. Moving into average mental wellbeing and she had made positive changes to her lifestyle and thinking habits.



# INNOVATIONS IN COMMUNITY ASSET DEVELOPMENT



The Social Prescribing Team have identified trends in referrals, and gaps in service provision, to better support people in their communities. This has led to the introduction of a number of innovations in the community, using the third sector and volunteers to implement community assets that have been shown to have high engagement, usage and reported to be valued by the local communities they serve.

Below are some examples of Innovations developed by The Rainbow Foundation to tackle loneliness, anxiety and depression in the community and help people feel a sense of community and help improve their feelings of self worth.

## **Menopause Group:**

The Hot Ladies is a support group for ladies of menopause age and over. Ladies come together for fun, support and lots of laughter with other people who understand the challenges of the menopause.



## **Carers Support:**

The Carers support service helps people in the local area, identify areas of need based on their individual circumstances. Carers are referred to relevant services for respite help, as well as services such as falls prevention, if their loved one is at risk of falls.



## **Active Futures:**

The Active Futures programme supporting people with MSK conditions, pain management and frailty, has three principals, improving independence in old age by 1) Exercising regularly, 2) Peer support with exercising and 3) wellbeing support and education.



## **Compassionate Cymru:**

Following the Welsh Governments production of a Compassionate Cymru Charter. The Rainbow Foundation appointed a Wrexham-wide Compassionate Cymru Connector who works with individuals, organisations, and communities to improve how people in Wrexham care, die and grieve.





# GP PRACTICE FEEDBACK

In January/February 2024, The Rainbow Foundation conducted a survey of the GP Practices, who have access to and use the Enhanced Social Prescribing Service. The survey was completed by GPs, Practice Managers, Allied Health Professionals, Nursing and administrative staff.



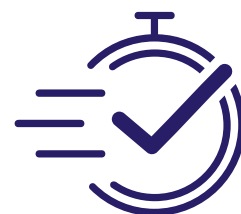
**82%** Often or sometimes refer to the Enhanced Social Prescribing Service.

**89%** Strongly agreed or agreed with the statement:  
"I can think of patients, whose lives improved, by the Social Prescriber and the practice team working together."



**61%** Strongly agreed or agreed with the statement:  
"As a result of the Social Prescribing Service, I feel closer to the community, and have found some patients are becoming less reliant on me and more engaged with the wider services."

**61%** Strongly agreed or agreed with the statement:  
"My practice would benefit from more hours of Enhanced Social Prescribing time to further reduce the demand to see GPs/Practice Nurses."



## There were a number of comments received from colleagues in primary care.

"This is an excellent service , provided by an excellent provider, and we would very much like it to continue."

"I do feel the service is valuable and appreciated by staff and patients. There have been some patients where I have had some close contact with the social prescriber as we look to provide person centred care between OT and social prescriber input. Thank you for all you do. "

"Excellent service with such approachable, helpful team thank you."

"Social prescribers provide a vital service for our patient population."

"The service provided give support to our patients and is very well organised and patients do ask to speak to [Enhanced Social Prescriber] who comes to the surgery."

"A brilliant service for those that need it."

"Excellent service provided."



# BENEFITS OF THE SERVICE DELIVERY MODEL

The following benefits have been identified on reviewing evidence-based case studies within the current Rainbow Foundation Service Model:

1

## **Comprehensive Social Prescribing Offer Addressing Mental Health**

This holistic health planning approach ensures that all aspects of physical and mental health are considered when planning a care plan based on the needs of the individual. There are reports from patients that caring for their physical health and wellbeing is helpful in managing an already difficult condition. Giving people a sense of ownership and autonomy where they otherwise feel their health is outside their control.

2

## **Reduction in Primary Care Demand**

Social Prescribers and Community Agents have reported that clients on their caseloads have avoided booking appointments in primary care, as they know there is another alternative for help. There are patients, who have been discharged from the Social Prescribing Team, who have re-referred themselves back into the service, if they need to do so, as they know they need help with a non-medical matter. Before the introduction of Social Prescribing, these patients would have booked appointments in Primary Care. This ultimately frees capacity in primary care for patients with medical care needs. Social Prescribing has demonstrated that the emotional wellbeing of people increases as patients actively engage in new healthy habits and participate in exercise and hobbies that promote health and well-being. There is evidence that the socio-economic impact of this is reduction in demand for primary care as there is less reliance on medication and increased ability to self care.

3

## **Reduction in Mental Health and Secondary Care Demand**

The addition of the Enhanced Social Prescribing Service adds to mental health pathway across Wrexham. This service takes demand from specialist mental health teams, by freeing capacity, helping support demand management in secondary and tertiary care services.

