Northern Periphery and Arctic Programme
2014–2020

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ConnectingUists

Social Prescribing Service

RemoAge
REMOTE SUPPORT OF AGED PEOPLE

ConnectingUist

T1.1 Remote activity support in the homes

Social Prescribing Service for socially connecting older persons in their communities

Summary

ConnectingUists provides a social support service for older people identified as being socially isolated or lonely to assist them in socially connecting within their communities so improving their wellbeing particularly for those self-managing long-term conditions at home. Individuals may be referred via online digital form to the scheme confidentially by their GP, community nurse or other healthcare professional. Once a Social Navigator has received the referral, an appointment will be arranged for further assessment and to agree a social support plan. This information will then be forwarded, with client agreement, confidentially to the individual's GP. This Social Support plan may be held as a digital plan and will include a range of agreed activities to encourage social participation including potential use of/training on ICT (eg. VC/social media) for remote linking to friends/family, etc.

Typology of Impacts

Tangible impacts

☒ **Improved access to services**
☒ **Cost savings**
☐ Time savings
☐ Reduced energy consumption
☐ Reduced environmental impact
☐ Business development
☐ Job creation
☐ Improved competitiveness
☐ Other tangible impacts (specify)

Intangible impacts

☐ Building institutional capacity
☒ **Raising awareness**
☒ **Changing attitudes and behavior**
☐ Influencing policies
☒ **Improving social cohesion**
☐ Leveraging synergies
☐ Other intangible impacts

Contact

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http://www.wihb.scot.nhs.uk/
Health Board Offices, 37 South Beach Street, Stornoway,
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Service end users

The target group for the service is;

- Older people socially isolated in remote communities
- Persons self-managing long term conditions which impacts on social participation
- Carers of older people with Long Term Conditions

Challenge

The service addresses the social support needs of persons at risk of social isolation that can negatively impact upon their health. This is particularly important for remote communities where the demographic and geographic challenges result in increased numbers of older persons at greatest risk of social isolation and are faced with greater physical barriers to their social participation. The dispersed nature of remote communities also mean there is limited infrastructure among public services to provide social support while community support is reliant on mechanisms for overcoming the low critical mass in remote populations to sustain community resilience. The Social Navigator service helps to overcome these difficulties by providing a connecting service that harnesses community assets and links remote and isolated persons to these assets.

Service provider roles and Collaboration

- Western Isles NHS – Healthcare provider and Health services planner/commissioner
- Comhairle nan Eilean Siar – Local Authority for providing referrals to service via social care services.
- Advocacy Western Isles – Social Navigator role provided via SLA with this community support organization
- Uists Council Voluntary Organisations – Third sector support organization for coordinating links with third sector community support
- Taghsa Uibhist – Third sector support organization for coordinating links with third sector community support

Service availability

Service piloted across 3 Primary Care Practices in the Isle of Uist.

Service Delivery, process and organization

Service delivered via Social Navigator hosted by community organization and based remotely in targeted communities with links to Primary Care and Social Care services who refer into service. Clients can be seen in home or in community environment as per their preference.

Technology and tools

The innovative use of technology will be a key component in delivering a successful social prescribing model in remote and rural area such as Western Isles. The key areas in which technology were tested include:

- Creation of simple accessible digital online referral forms for entry to service via key health and social care professionals.
- Creation of digital Social Plans that can be shared with relevant care professionals in support of their clinical care plans.
- Creation of electronic Social Prescribing Knowledge Resource of relevant social actitivities/ interventions coordinated by the 'Social Navigator' to support access to information and attendance as agreed in Social Plan. This will aid identification of community gaps in areas where such activities/interventions do not exist.
- The prescription of technological applications to act as an intermediary support and signposting tool for persons. This will include the option for prescribing of iPads or equivalent technology for client's use of existing social networking applications/ Videoconferncing-Skype applications to aid social participation and networking. Accessed via Social Navigator, Community Group or via the Daily Living – Assistive Technology Centre.

Service support

IT support provided for creation and maintenance of the service digital infrastructure around online referral protocols and digital plans. Prescription of digital tools based on existing off-the-shelf technology with support built into these. Training in use arranged as required via third party community support organization.

Implementation process

Stakeholder meetings with relevant professional and community groups in implementation areas. Steering Group arranged with representatives of above during implementation and monitoring of service.

Skills, knowledge and competences

Pilot operated via link to community Advocacy service who had experience in the provision of community support. Future rollout and use of in-house staff to provide would require onward sharing of skills in social support from existing service. Awareness material developed for referring professions to give them knowledge of the role of the service and how to access.

Risks and Solutions found

Some digital infrastructure challenges which reliant on national Govt. to resolve – scheme underway to deliver this. Some resistance from certain community groups was experienced due to misinterpretations around service aims. Further engagement and involvement in implementation taken to reduce this.

Communication and dissemination

Promoting the service in the local communities to raise awareness and engage prospective users

Service longevity

Service is currently in place till end May 2017 and exploring funding via synergous projects to continue and expand the digital offering for further 2 year period.

Output metrics

There are between 10-15 clients of service both currently in receipt of service and completed interventions since went live in March 2017.

Over 50 Service professionals engaged and provided training in referral mechanisms estimated across the implementation area based on numbers of staff groups operating in the pilot area.

Wider stakeholder engagement was via range of formal/informal fora so actual numbers not retained but estimated to be circa 100-200

Tangible impacts

Job creation

1 x Social Navigator position

Intangible impacts

Raising awareness

See promotional material disseminated to professionals and stakeholders in pilot area.

Influencing policies

Western Isles Health & Social Care Partnership have now adopted this as a viable approach to tackling social isolation in support of improved health and wellbeing outcomes as part of their Strategic Plan. See Plan priorities https://ijbwesternisles.scot/index.php/strategic-plan/strategic-priorities

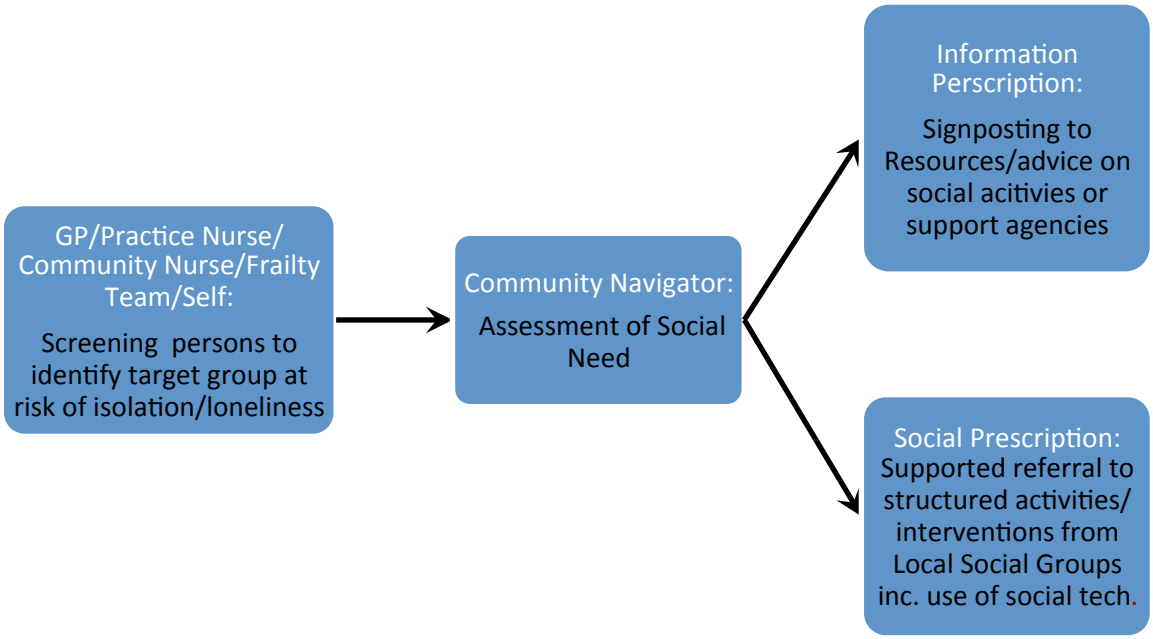
This has resulted in a Safe @ Home Programme bringing together projects such as ConnectingUists that aim to support vulnerable persons in their homes and looks to extend the principle pursued in this Remoage project. In particular around the opportunities from technology for enabling more connected service provision around social support so complementing our existing eHealth initiatives.

Improving social cohesion

Results from clients showed improved social isolation measured via validated Social Isolation scales in forms delivered to clients:

Please also see attachments

ConnectingUists Social Prescribing service model:



Video

Video outlining service and case story of service beneficiary: https://vimeo.com/251120011

Interview with Western Isles project: https://youtu.be/M3LGVB3MywE

Western Isles Project presentation: https://youtu.be/ZuUWMR-iBNY?list=PLloS7TUd1_xWXSKLBEmCfbN_OIrr4bW_i

For More Information
Please Visit **Remoage.eu**

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