

## Info sheet – social prescribing and navigation aims and approaches

Social prescribing and navigation schemes both direct patients through an increasingly complex health landscape, generally away from clinical treatment and towards social and community-based services. In Bristol, in particular, there is currently a range of such services. As a general rule, social prescription refers from general practices, whereas navigators can take referrals from a range of sources, but these are not hard and fast definitions.

### What are the ultimate aims of social prescribing and navigation schemes?

All of these schemes direct people to services, but the motivations behind this vary.

**Reducing hospital admissions and readmissions** is a stated aim of several schemes. In the NHS Rapid Review of 2016, the top outcome of The Camden Stroke Navigation Service was 'no readmissions at 6 weeks and 6 months post stroke compared to a 7.5% baseline'. The NHS five year forward view proposes a different vision, one of **a system in which clients and services are more accurately matched**. Some schemes are underpinned by a **model of individual wellbeing**. Connect for Health, the social prescribing service to improve health and wellbeing for people living in South and East Leeds, goes further in its stated aim 'to help and support patients to maintain a healthy lifestyle, prevent illness or manage existing health problems and long term conditions in a way that cannot always be solved through traditional medical routes alone'. Others, contrastingly, are more interested in **holistic system change** - Dorset Community Action have a VCSE community navigator as part of their 'Better Together' programme, a programme whose aim is to 'coordinate and optimise the social, medical and psychological health of patients in the community'.

### What are the most common approaches of these programmes?

The model of **a link workers based in surgeries**: In the West Wakefield Health and Wellbeing project, the Brighton and Hove Community Navigation Pilot and Dundee Equally Well care navigators were based in each surgery. Bromley-by-Bow's service is funded by Macmillan and has staff **based in a centre receiving referrals from a range of sources**. **Volunteer navigators** are used in the Brighton and Hove navigator project while **unqualified clinical staff** navigate in the Cumbria pilot and the Bristol Mental Health recovery teams.

### What is the typical client group?

There isn't one. In the NHS Cumbria CCG Care Navigators Pilot, patients are 75 years and over who are **frail and at risk of unscheduled admissions** to acute care. North Somerset's Care Navigator service is for **people aged 18 and over who are responsible for paying for their own social care**. While Bristol Mental Health's recovery navigators are intended to 'assist people during a period of acute mental health crisis, with daily health, social care and wellbeing needs, building resilience and connecting into community resources'.

### For more information

- For a more in depth national study of social prescribing please look at the University of Westminster's Making Sense of Social Prescribing at <http://bit.ly/2xJWnne>
- For more information about the range of services available in the region, look overleaf. If you are aware of any services that are not represented here, or that have changed their remit or contact details, please contact The Care Forum.

**Mental Health**

**Dementia Roadmap**

An online signposting resource provided by Dementia Pathfinders Community Interest Company.  
W: [Dementiaroadmap.info/northsomerset](http://Dementiaroadmap.info/northsomerset)

**Dementia Navigators**

A navigation service run by the Dementia Wellbeing Service, a partnership between the Alzheimer's Society and Devon Partnership NHS Trust.  
Bristol Mental Health / Devon NHS Trust  
T: 0117 9045151

**Recovery Navigators**

A navigation service run by Bristol Mental Health, a consortium of public and voluntary sector organisations  
North Team at Greenways T: 0117 354 7300  
Central Team at Brookland Hall T: 0117 955 6098  
South Team at Petherton T: 0127 579 6200

**Community Navigators**

Community Navigators Bristol offers free signposting and support to people over 50 who want to feel less isolated and more involved in their community.  
For north Bristol, call Laura T: 0117 951 5751, for central, east or south Bristol, call Gemma T: 0117 440 9100 or visit [www.communitynavigators.org.uk](http://www.communitynavigators.org.uk)

**Health Alternatives**

Southmead  
W: <https://www.southmead.org/current-projects/healthy-alternatives>  
T: 07732 954624  
E: [colettebrown@southmead.org](mailto:colettebrown@southmead.org)

**Community Webs**

A service providing patients with access to services and support within the BS3 community and beyond.  
T: 07375 073 493

**Community Connectors**

A service run by Curo to help people get more involved in local events and activities.  
E: [communityconnectors@curo-group.co.uk](mailto:communityconnectors@curo-group.co.uk)  
T: 0300 123 2464

**Signposting and support**

Wellspring Healthy Living Centre  
A service run by Wellspring, a community led healthy living centre in Barton Hill.  
T: 0117 304 1425  
T: 0117 304 1432

**Pathways to Health**

A one to one session with a fully qualified worker to talk about making changes to your life.  
Knowle West Health Park  
T: 0117 9030024

**Care Navigators**

A free navigation service run by the council for people aged 18 and over who are responsible for paying for their own social care.  
T: 01275 888 801

**My Script**

A social prescribing service based in Bath and run by DHI.  
T: 01225 310 077



**Key**

Self referral

Professional referral

Self referral and Professional referral

**Over 50s**

**General Health**

**Social Care**

**North Somerset**

**Bristol**

**South Gloucestershire**

**Bath and North East Somerset**