



It has been a busy year for the South Tyneside Social Prescribing Team since our last update. In May 2019 we were awarded the contract to expand the 'A Better U' Coaching Service to all practices across South Tyneside, growing quickly from four to eleven practices across the borough. We are currently rolling out to a further ten practices and our aim is to be providing the 'A Better U' Coaching Service across the whole of South Tyneside by December 2019. We have also continued to provide a Social Prescribing service to High Intensity users of both Primary and Secondary care through our Psychosocial Link Workers and have been working alongside the Integrated Care Team to provide Link Worker support to their patients. Our services are now delivered by a team of Link Workers, Link Worker (Coaches) and Psychosocial Link Workers.

The Impact - Our People

As a person centred organisation, the positive impact of our work is best illustrated through the people we support and the changes they see in their day-to-day lives. Each month we will share stories from across our project teams showing how behaviour change conversations with our practitioners have made a difference to the lives of the people we support in South Tyneside.

Meet 'Debbie'

Background:

Debbie was connected with a Link Worker (Coach) through the 'A Better U' pathway as she is living with COPD, CHD and obesity. She shared with our coaching team that walking and exercise was increasingly difficult and that she had previously been in very active job. She had previously lost weight which had eased pain in her legs, helping her to walk more freely. During the initial appointment with her Link Worker (Coach), goals were set around weight loss.

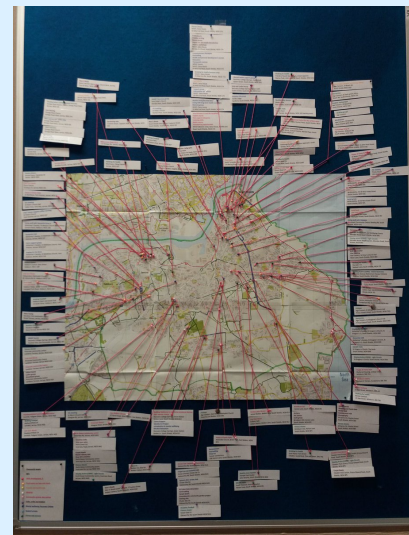
Support:

An Occupational Therapist referral was made by Debbie's Link Worker (Coach) and stair lift fitted to help her in the house. Using Solution Focused Therapy, 'Debbie' was supported to begin realising her weight loss goals by drawing on her current strengths and past achievements. Debbie began attending weekly weigh in sessions at the surgery to keep her motivation high.

Achievement:

Debbie increased her confidence and motivation throughout her appointments and has taken an active role in working towards her weight loss targets. She has lost weight and has discussed how to 'future proof' this with her Link Worker (Coach). Debbie no longer requires weekly weigh in appointments with her GP and has begun attending a community weight loss group. Debbie has also improved her mobility and pain management.

Debbie's activation (PAM) score increased from 55.6, level 2 to 67.8, level 3



The Impact - Our Community

An important part of our work is connecting with our local community and supporting people to access the wealth of services in South Tyneside.

To support our team in making referrals, we have put together an 'Asset Map' in our offices for staff and visitors to utilise. Our knowledge of the support available has led to GPs and other healthcare teams asking us to help increase their awareness of services in the area.

In September we held a farewell party for our Mutual Aid Group which is now being continued at Age Concern South Tyneside. The group members and FCC staff came together to celebrate the achievements of individual group members and to reflect on how far everyone had come. We have supported the group and Age Concern with the transition and are pleased to see the group continuing to do so well.



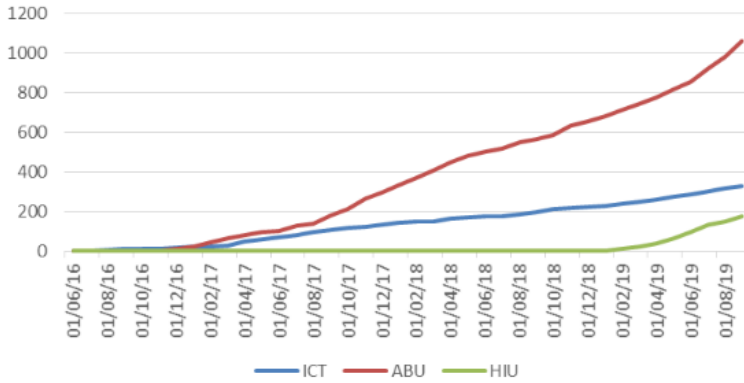


FIRST CONTACT CLINICAL

ENABLING HEALTHY BEHAVIOUR CHANGE

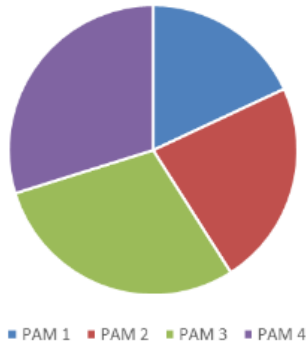
The Impact - Our Data

Referrals - cummulative



Since we began delivering coaching services across South Tyneside we have seen a consistent increase in referrals to our services. We have see a more prominent increase in referrals for the 'A Better U' Coaching Service in recent months due to the appointment of new Link Worker (Coaches) and also the expansion into additional practices.

All referrals - Initial PAM



PAM is the assessment tool used by all First Contact Clinical's South Tyneside Coaching teams. 42% of people who have engaged with our coaching teams score in the PAM 1 or PAM 2 bracket, showing that the referral methods we are using support us in reaching a high number of people who have lower activation. We continually review our practice and are currently undertaking research to understand how the service can work at it's best for the professionals and services who refer to us.

What's Next?

In order to continuously improve the service we are providing, we will be carrying out qualitative evaluations with both staff and people who have experienced our services. We will initially be contacting people who have experienced the High Intensity User (Primary Care) Service, followed by a review of each of our projects. The aim of our research is to evaluate the impact our service and to identify any areas which we could improve the experience of the people we aim to support.

Bitesize Data

Below are statistics showing the demographic of people engaging with both the 'A Better U' Coaching Service and the High Intensity User Project.

1281

total number people who have engaged with First Contact Clinical's South Tyneside Coaching teams.

59%

of people engaged with the ABU Coaching Service have two or more long term conditons.

71%

of people engaging through the High Intensity User pathways have at least one long term condition.

6.3

is the average increase in PAM Score following an intervention from a Link Worker (Coach).

50%

of people engaging through the High Intensity User pathways are recorded as a PAM 1 when they begin working with the service.