

Case study template

for Social Prescribing VCSE benefits realisation project

Name of organisation	Voluntary Centre Services Lincoln
Contact (name, email, telephone number)	Dianne Slapp dianne@voluntarycentreservices.org.uk 01522 551683 SE-hosted SPLW schemes contributing to the development of Proactive
Summary – up to 150 words	This case study highlights the role of the VCSE, as a lead initiator in developing a partnership approach to proactive social prescribing programmes and helping Primary Care Networks (PCNs) to reach their goals in terms of health inequalities. In Lincolnshire, a collective of voluntary and community groups across health, wellbeing and care have come together to develop proactive social prescribing programmes. Working with Primary Care Networks (PCN), they are using local intelligence and partnership working to effectively target their proactive work to tackle health inequalities.
Ambition	Lincolnshire Voluntary Engagement Team (LVET) has recently been set up as a CIC and is a collective of voluntary and community groups across health wellbeing and care settings, which represent a wide variety of experiences and expertise. Voluntary Centre Services Lincoln is represented on the LVET management board, alongside their work at a strategic level in partnership with LCVS. LVET's mission is to enable VCS organisations, volunteers and other community helpers to deliver a diverse range of health, care and wellbeing services, working closely with statutory partners. Together, through developing good communication mechanisms and opportunities to share good practice and community intelligence, they have created a strong foundation for the development of social prescribing across the VCSE in Lincolnshire.
Action taken	They are working proactively with PCNs as part of the proactive social prescribing approach which is set out in the Directed Enhance Service (DES). There has been some funding made available for VCSE organisations through a local organisation, Shine, targeted at groups supporting clients with their mental health. This funding has come via the Community Asset Development Fund (CAD) and the Suicide Prevention Fund, both via LPFT. VCSE organisations have been part of funding panels.



	Community Connector roles have been created linked to IPBTs. These are hosted by separate VCSE organisations (Shine, Bridge and Gainsborough Trinity Foundation) across the area. The Community Connectors host Partnership Boards which bring together VCSE organisations linked to IPBTs and mental health support, again offering first hand community level intelligence and understanding of challenges and opportunities and a service user voice to be heard.
Result	Working proactively with PCNs means that the organisation can shape and influence how social prescribing is delivered in these localities, truly responding to local need and identifying areas of priority, ultimately benefiting clients who are at higher risk of health inequalities. Their Link Workers regularly identify gaps in services and in the community for those already facing barriers. Working with their Project Officers and external Community Connectors, they then look to develop new opportunities and better lines of communication about existing support available and also encourage ad support VCSE organisaitosn to develop projects in response to this intelligence.
Next steps	The organisation is working with other health stakeholders to look at targeting support for people aged 35 and under who have mental health issues and have another health condition.
Any other information	http://lvet.co.uk/social-prescribing/