

Social prescribing review sheet			
About you:			
Name: _____	D.O.B: _____	G.P surgery: _____	NHS Number: _____
Address: _____		Tel. No: _____	
Assessment date: _____	Venue: _____	Assessor: _____	Date System-One updated: _____
Name of Child (<16years old) : _____	D.O.B: _____	School: _____	Parental responsibility: _____
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This [assessment tool](#) supports the implementation of recommendations in the NICE guideline on [mental wellbeing and independence in older people](#)

National Institute for Health and Care Excellence endorsed this assessment tool July 2017

Please be advised that older people who have experienced or are experiencing the following life events, have an increased risk in the decline of their independence and mental wellbeing:

- Aged 80+
- Older people whose partner has died in the past 2 years
- Live alone and have little opportunity to socialise
- Have recently retired (particularly if involuntary)
- Have a low income
- Have had to give up driving
- Have an age related disability
- Are carers
- Have recently separated or divorced
- Were unemployed in later life
- Have recently experienced or developed a health problem (whether or not it led to admission to hospital)

When considering the 'About you' section, if the person has one or more of the above risk factors, then they are at higher risk of decline in their independence and mental wellbeing.

New Economics Foundation, (2008) Five Ways to Wellbeing. Available from: http://neweconomics.org/five-ways-to-wellbeing-the-evidence/?_sft_project=five-ways-to-wellbeing

National Institute for Clinical Excellence, (2015) Older People: Independence and Mental Wellbeing. Available from: <https://www.nice.org.uk/guidance/ng32>

Underscored and Bolded = 3 POINTS

Social Prescribing Tool – How do you feel today?

Being active

Baseline 2nd Assessment

1. Can you manage your household chores e.g. cleaning, gardening, shopping or laundry?

Y N Y N

Consider: (e.g. due to physical health / motivation / skills)

If no, do they appear at risk of personal decline in regards to their independence and/or mental wellbeing?

- Refer to social services/ medical or mental health support/ GP

Action Plan

2. Do you manage with cooking, preparing meals or personal cares?

Y N Y N

Consider: (e.g. due to physical health / motivation / skills)

If no, do they appear at risk of personal decline in regards to their independence and/or mental wellbeing?

- Refer to social services/ medical or mental health support/ GP

Action Plan

3. Can you get out and about e.g. walking / bus / car / taxi?

Y N Y N

Consider: (e.g. mobility / confidence / travel cards/ recently had to give up driving)

If no, do they appear at risk of personal decline in regards to their independence and/or mental wellbeing?

- Refer to social services/ medical or mental health support/ GP

Action Plan

4. Do you feel that you are getting enough physical activity?

Y N Y N

Consider: (e.g. stress balls / chair exercise booklet / walking schemes / creating connections / exercise on referral)

If no, are there any issues / barriers?

Action Plan

5. Do you feel that you would benefit from any lifestyle advice?

Y N Y N

Consider: (e.g. improving diet / eating habits, stopping smoking, drugs & alcohol support)

If yes, are there any issues / barriers?

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Social Prescribing Tool – How do you feel today?

Where you live

Baseline

2nd Assessment

1. Do you feel that your accommodation is suitable for your current needs?

Y N

Y N

Consider: (e.g. Stair lift / level access)

If no, are there any issues / barriers?

Action Plan

2. Do you feel that there are any aids or equipment that would help to support your daily living?

Y N

Y N

Consider: (e.g. walking aids / perching stool)

If yes, are there any issues / barriers?

Action Plan

3. Do you feel that you need any support with personal safety issues?

Y N

Y N

Consider (e.g. Safer places – vulnerable adults scheme run by local authority / domestic violence / victim support / trading standards / Herbert Protocol – see local Police)

If yes, do they appear at risk of personal decline in regards to their independence and/or mental wellbeing?

– Refer to social services/ medical or mental health support/ GP

Action Plan

4. Do you have a smoke alarm installed and have you tested it recently?

Y N

Y N

If no, are there any issues / barriers?

Action Plan

5. Are you able to keep your house warm and free from damp etc?

Y N

Y N

If no, are there any issues / barriers?

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Social Prescribing Tool – How do you feel today?

Keep learning - Connecting with Family, Friends and the wider community

Baseline 2nd Assessment

1. Do you ever feel lonely or isolated?

Y **N**

Y **N**

Consider: (e.g. live alone and have little opportunity to socialise/ recently retired/ befriending / silver line / Samaritans / online dating)

If yes, do they appear at risk of personal decline in their independence or mental wellbeing?

- Refer to social services/ medical or mental health support/ GP

Action Plan

2. Would you like to take part in more hobbies or activities?

Y **N**

Y **N**

Consider: (e.g. I.T. / Crafts/ Singing programmes, in particular those involving a professional led community choir)

Provide access to appropriate social directories, to inform of a range of group and one to one activities.

If yes, are there any issues / barriers?

Action Plan

3. Would you like to try any new learning opportunities?

Y **N**

Y **N**

Consider: (e.g. Expert Patient Programme/ adult learning/ intergenerational activities/ unemployed in later life)

If no, are there any issues / barriers?

Action Plan

4. Do you feel that you have a good support network?

Y N

Y N

Consider: (e.g. Family / Friends/ social networks/ health professionals/ recently separated or divorced)

If no, are there any issues / barriers?

Action Plan

5. Are you experiencing low mood or anxiety?

Y **N**

Y **N**

Consider: (e.g. bereaved of partner in the last 2 years / family issues / domestic violence/ recently separated or divorced)

If yes, do they appear at risk of personal decline in their independence or mental wellbeing?

– Refer to social services/ medical or mental health support/ GP

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Social Prescribing Tool – How do you feel today?

Take notice - Feeling Positive about your health and wellbeing

Baseline

2nd Assessment

1. Do you have any health conditions with which you require additional support?

Y **N**

Y **N**

Consider: (LTC / Sensory Impairment / Continen^ce/ recent hospital admission / age related disability)

If yes, do they appear at risk of personal decline in their independence or mental wellbeing?

– Refer to social services/ medical or mental health support/ GP

Action Plan

2. Do you feel that you have sufficient sleep and energy to enable you to enjoy your day?

Y N

Y N

If no, do they appear at risk of personal decline in their independence or mental wellbeing?

- Refer to social services/ medical or mental health support/ GP

Action Plan

3. Do you know who to contact if you were worried about your health?

Y N

Y N

Consider: (111 / friends, family / support lines / AA / Samaritans)

If no, are there any issues / barriers?

Action Plan

4. Are you aware of the help available through your local pharmacist?

Y N

Y N

Consider: (Pharmacy first - check locally / Pharmacist in General Practice – check locally / medication delivery)

If yes, are there any issues / barriers?

Action Plan

5. Have you had any falls in the past 12 months related to poor mobility?

Y **N**

Y **N**

Consider: (falls assessment)

If yes, do they appear at risk of personal decline in their independence or mental wellbeing?

- Refer to social services/ medical or mental health support/ GP

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Social Prescribing Tool – How do you feel today?

Give - Money and further support

Baseline

2nd Assessment

1. Do you have any financial difficulties?

Y **N**

Y **N**

Consider: (Debt / memory issues power of attorney / mental capacity)

If yes, are there any issues / barriers?

Action Plan

2. Do you feel that you need information on available benefits for your current situation?

Y **N**

Y **N**

Consider: (PIP / Attendance Allowance)

If yes, are there any issues / barriers?

Action Plan

3. Do you want information or support with employment or volunteering?

Y **N**

Y **N**

Consider: (Volunteering for RVS, Local NHS Trust, 3rd Sector, www.do.it.org/ / Job Centre / Adult Education/ Intergenerational activities)

If yes, are there any issues / barriers?

Action Plan

4. Is there any other support with which you would like assistance?

Y **N**

Y **N**

Action Plan

5. Do you have any family or friends that may need support from us?

Y **N**

Y **N**

Consider: (Consider sign posting to local carers service if appropriate and with consent into social prescribing service)

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