Progress Update - Social Prescribing

There is considerable interest nationally, and regionally in the development of social prescribing especially within some of the integrated care systems. The impact and evidence for social prescribing is increasing and it has gained a profile amongst many different parts of the system as a way of combining traditional health and care services to be able to reach and help people with a range of social issues.
The case for working with primary care is compelling with an estimated 30% of people seeing their GP for a non medical reason. ***RCGP chair Professor Clare Gerada said she had referred more people to food banks than A&E in one week.***

In addition adult social care and other parts of the NHS are under pressure with staff reporting less time for people, and an increasing backlog of complex cases.
Many of the conditions that are currently prevalent in the community or within an ageing population are preventable.

The H&WBB have previously received and endorsed the social prescribing model for Shropshire, supported the business case, and proposals for expansion. This paper provides an update on progress and outlines our ambitions for the future.

What is Social Prescribing and What Does it Offer?

Social Prescribing can be the **key to** identifying those people at risk of poor health whether that be due to a medical condition or a social issue relating to housing, loneliness, debt., unemployment, low level mental health. Social prescribing is an **intervention in it's own right** offering a non-clinical solution to support change in people through access to activities or interventions in their local communities.

The current Shropshire Social Prescribing model concentrates on referrals of people with:

- One or more long term conditions
- Pre-Diabetes
- Frequent attenders at GP practices
- Social isolation and loneliness
- Mild to moderate mental health issues
- Cardio-vascular risks
- Joint pain (linked to musculoskeletal health)
- Significant behavioural risks, e.g. smoking

The model is proactive as it identifies those most at risk through audit of at risk groups and through opportunistic referrals from primary care, adult social care, job centres, voluntary sector, mental health teams.

Delivery of Key actions

- Continuation of programme management approach with clear governance and accountability
- Learning from the demonstrator site in the Oswestry/Ellesmere locality systematically applied as the programme has scaled up.

- Step by step methodology for implementation
- An approach for working with the voluntary and community sector
- Quality assurance process for groups receiving referrals from the SP Adviser
- Systematic use of measurement tools and collection of data on outcomes
- Dedicated social prescribing advisor time for primary care practices signed up
- Project implementation teams in each practice with GP champions
- Range of marketing information and promotional materials for professionals being developed and regular media communication.

Social Prescribing Delivery Sites

Practices referring include:-

South Shropshire	Central	North Shropshire
Bishops Castle Bridgnorth Albrighton Brown Clee*	Severnfields Claremont Bank Marden Radbrook Green	Plas Fynonn Cambrian Caxton Ellesmere

- No social prescribing advisor but working with us on a community health improvement model

In development – Market Drayton and Whitchurch with interest from other GP's and primary care practices in different parts of the county..

Asset Based Model of Development and New Partnerships

Working with each locality has been central to the work, with partners from the voluntary sector, community groups, the GP practice and staff from local organisations such as Fire and Rescue, Lifestyle Services, Let's Talk Local. This brings together a new relationship and stronger connection between community and primary care creating an environment that provides people with the connections, support and advice they need to get well and stay well.

New and stronger partnerships have evolved with the voluntary sector, (both in terms of taking referrals and offering interventions to individuals but also through two posts hosted by the voluntary sector and now working with the established delivery team) . The delivery team are drawn from Community Enablement, Help2Change, adult social care, and public health.

To support phase two of the programme a stronger alliance has been formed between Healthy Lives and existing local networks to support the expansion of the model, and includes, Compassionate Communities, (the hospice led network of support) the Creative Wellbeing Network (led by Jane Povey), Healthwatch and Community Pharmacies. Their individual actions create a wider network of support which underpins and is essential to the

Phase Recent Developments Include:-

Patient Activation Measures Licences

Shropshire has secured from NHS England a number licences which will enable us to continue to use Patient Activation Measures this beneficial tool assesses how activated a patient is as well as identifying what to do with that information gathered at assessment. PAM uses a series of 13 statements about beliefs and patient confidence around the management of their individual condition (linked to health behaviours, clinical outcomes and costs for delivering care) Beneficial for identifying people who are able to change but also useful to enable a practitioner to choose the correct intervention.

Workforce Transformation

Development of a hybrid model which supports a multi team approach in the three localities and sub localities to look at how the unique assets, skills and expertise of the Social Prescribing Advisers and staff in Let's Talk Local can work alongside each other in a more complimentary way to create a model of prevention that reaches people at risk, and supports those people to improve through behaviour change and motivational support.
The cross skilling between LTL practitioners and social prescribing advisors will enhance behaviour change skills, motivational interviewing with a renewed focus on What Matters to Me to support self management Cross fertilisation of measures and outcomes will be mutually beneficial to teams and people using services ultimately as well as helping to reduce pressure in primary care and the need for social care assessments .

Development of a Social Prescribing proposal to work with Children and Young People

Specific focus on 16-24 year olds with poor employment prospects, isolated not in higher education. A social prescribing advisor trained in working with young people, with behaviour change and motivational coaching skills to support We have looked at other social prescribing programmes however there is limited evidence on a model for working with young adults specifically so we would draw on examples of work in other sectors such as the Citizens Board and Wellbeing Enterprises in Halton who have supported an entrepreneurial approach however we believe we are filling a gap in good practice. Links young farmers groups and other local sources of support such as a local community leader supportive of young adults (sports based, cycling, music, art, practical) .

Westminster University – Interim Report and Local Analysis

The external research team recently presented an interim report on the model (within the demonstrator site). They are also analysing data using three validated tools (measuring patient activation, people's concerns and lonliness) as well as patient satisfaction, the experience of professional and service users and system data including attendance at GP's A&E, unplanned hospital admissions. The interim report provided positive feedback on the model and changes in behaviour with a reduction in people's concerns.

A fuller report containing the final analysis of all patients in the evaluation will be completed by December 2018. Local data analysis has also been completed on some aspects and is demonstrating improvements in well being and other indicators.

Shropshire's Regional Role

Shropshire leads the Midlands Social Prescribing Network and chair's the regional steering group, and provides support to individual areas to develop local programmes, organise the annual Midlands wide conference, disseminate information across the network, work with the steering group to develop an offer of support to organisations across the Midlands. As the profile of the work has evolved Shropshire has been asked to participate in regional and national workshops invited to offer a local govt. on the future of social prescribing and it's links to personalisation within the NHS England Ten Year Forward Plan.

Funding and Sustainability

The CEO of the council and the other directors have given their backing to the model as has the accountable officer for the CCG. The current programme has been funded by existing resources with no external monies and scaling up will require additional funds to ensure long term sustainability

We believe however that the social prescribing model can reap real rewards for our local population and is a way of reaching people at risk of health conditions or with existing health problems (often exacerbated by social risks) placing considerable demand on overstretched services such as primary care and adult social care. Social Prescribing offers something different which seeks to address these.

Our Ambitions for the Future

- Shropshire wide social prescribing programme in all primary care practices and other community venues
- Expand referrals from across the wider system as the programme is scaled up- job centres, community support officers, children's social care, schools
- Let's Talk Local Teams and Social Prescribing Advisors working in an integrated team
- Working with the mental health trust and acute sector
- Self referrals
- Expansion of training for frontline health and care staff – Healthy Conversations
- Population health approach supporting the system at STP level