HASC
27th March, 2023

Social Prescribing

Responsible Officer **Penny Bason, Head of Joint Partnerships**
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1. Summary

1.1. Social Prescribing is an important programme in our system that supports people to take control of their health and wellbeing and improve their chances of preventing ill health. The Shropshire model described in this report is an integrated programme and a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCSE). Within the Health Wellbeing and Prevention directorate, the Healthy Lives Team delivers the service. The Voluntary and Community Sector deliver the Community Development element of the service, and some of the link worker time. The programme benefits a range of referral and delivery partners including Primary Care, Social Care, Job Centre Plus, the VCSE, Libraries, Sports and Leisure, self referral and more.

1.2. The programme is achieving fantastic results and can demonstrate significant improvement in outcomes for people who take part (details in Appendix B below). We believe that the success of the programme is in large part due to the integrated approach we have taken with Primary Care, the Voluntary and Community Sector, Public Health and many other partners.

1.3. This report provides an update on the offer and its development in Shropshire. It describes the programme and recent progress on the Adult programme, as well as progress in developing the Children and Young People's Social Prescribing offer. Referral data can be found in Appendix A, Children and young people's data in Appendix B and a summary of comments from clients can be found in Appendix C.

2. Recommendations

2.1 Note and endorse the progress and improved outcomes for Shropshire people.
2.2 Note the development areas, particularly working with Adult Social Care, A&E and CYP, and discuss how system partners can support this work.
2.3 Discuss if there are any areas the committee would like to know more about.

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.2. As a health and care system we work to reduce inequalities in Shropshire. All decisions and discussions must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health.

4. Financial Implications

4.1 There are no financial implications as a result of this report.

5. Background

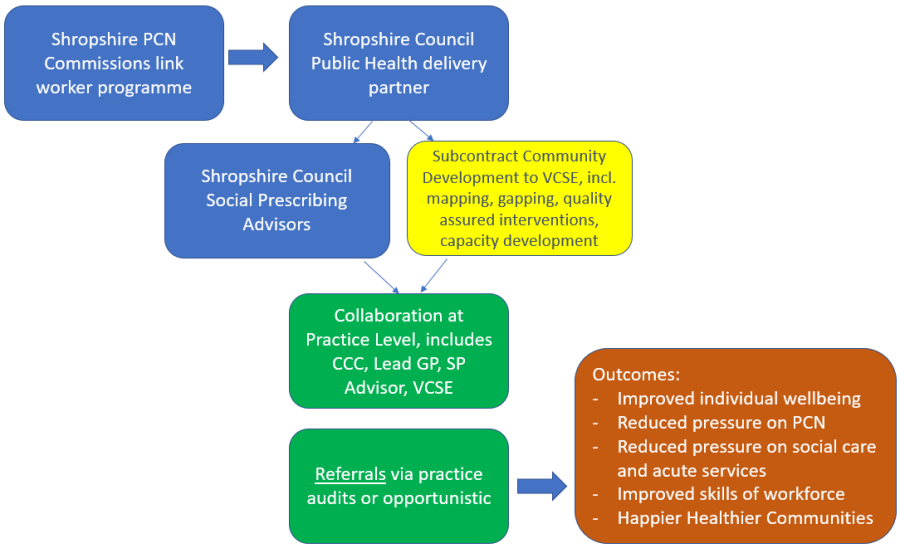
Adults Social Prescribing Programme

5.1 Social prescribing is a programme of listening and working with people, often referring people to support in their community that empowers them to take control of their health and wellbeing. Through non-medical 'link workers', (known locally as Healthy Lives Advisors), who give time, focus on 'what matters to me' and take a holistic approach, motivational interviewing and behaviour change techniques, a person is supported to connect to community groups, activity of interest, and, where required statutory services for practical and emotional support.

5.2 Social prescribing in its broadest sense has been happening in our communities for many years. Our vibrant voluntary and community sector working with public services support people in communities with non-clinical approaches with great success. In recent years the NHS and Local Authorities have been keen to recognise this work and encourage its development. By formalising Social prescribing across services, there becomes a greater offer of community support for people, as well as increased understanding and recognition of the work of our community and voluntary sector partners.

5.3 In Shropshire, Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively for over 6 years to develop and roll out a model that supports people in the community where they live. This model is preventative in its approach; it supports people with their emotional wellbeing as well as physical health and social issues and supports them to have the confidence and motivation to take positive lifestyle decisions. The model started in 3 practices in Oswestry, and was soon joined by 8 additional practices; in 2020-21 the programme was rolled out across all Shropshire PCNs and GP practices.

Diagram 1 below describes the delivery model:



5.4 Additionally, the system has invested in 'Winter Pressure Link Workers' who are employed by a range of providers including Shropshire Council, Age UK and Shropshire Mental Health Support Service. These Link Workers work through the winter months, primarily with those who are vulnerable (including the those discharged from hospital), offering help at home, befriending, shopping and a variety of other support offers to keep people well this winter. Shropshire Council is also investing further in Social Prescribing through the Local Shropshire Target Operating Model, and our Demand Management work to reduce preventable demand on children's and

adults social care provision. The size of the team also means that Shropshire Council has invested in Team Leaders to ensure the fidelity of the programme and high-quality service delivery.

6. Data

6.1 A robust data set has always been collected and monitored as part of the programme. This has included referral (referral data from across the PCNs can be found in Appendix A), and outcomes data including Measure Yourself Concerns and Wellbeing (MYCAW), Office of National Statistics (ONS) wellbeing scale used for all people/ patients; and a loneliness scaling tool. These tools give before and after measures to show outcome data across the programme. This can easily be extracted and illustrated on Power Bi.

6.2 2018/19 Westminster University Evaluation found that:

- The service is aligned to national best practice identified by the Social Prescribing Network and NHS England
- 134 people recruited into the evaluation. 105 completed pre & post outcome monitoring
- **A reduction of 40% in GP appointments**
- Improvements in Measure Yourself Concerns and Wellbeing (MYCaW) concerns
- Support included behaviour change and motivation
- Changes translated into improvement in weight, Body Mass Index, cholesterol, blood pressure, levels of smoking and physical activity
- **High patient satisfaction – suitable times, venue and ability to discuss concerns with the Advisor**
- Unmet needs were supported beyond the remit

6.3 A more recent look at all the data across Shropshire found that:
Across all practices in Shropshire there are 1433 SP clients with baseline and follow-up data for the MYCaW concerns. 77% reported an improvement in their Concern 1 and 73% reported and improvement in their Concern 2; with 58% voicing an improvement in their wellbeing.

<u>Reasons for referral in order of most common are:</u>

- Lifestyle risk factors (including smoking, weight and physical activity)
- Mental health
- Lonely or isolated
- Long term health conditions

<u>Referrers include:</u>

- GP practice
- Schools
- Self referral
- Adult social care
- Job centres
- Mental health social work team
- Enable

6.4 Additionally, Appendix C below provides a summary of comments made by clients during their follow up appointments.

7.0 Summary of key information:

- ❖ Shropshire Social Prescribing is an integrated service with the voluntary and community sector, Primary Care, Local Authority and partners;
- ❖ There have been over **6500** referrals to date;
- ❖ Increase in referrals of **52%** compared to 2021-22
- ❖ The service is up and running in all GP practices in the Shropshire Council area which are part of the Shropshire PCNs;
- ❖ The service is preventative in nature, and it works to improve wellbeing in order to prevent further issues
- ❖ The community development element is delivered by our VCSE colleagues, Qube, Community Resource and Hands Together Ludlow
- ❖ The Mayfair Centre in Church Stretton deliver social prescribing advising for the Church Stretton Practice;
- ❖ Outcome measures demonstrate improved health and wellbeing of those who participate in the programme;
- ❖ Additional to this model, the Winter Support Service is mobilised across Shropshire to support winter pressures across the system.

8.0 Development

- The service is embedded in all four Primary Care Networks (PCNs) in Shropshire (North, Shrewsbury, South East and South West)

- In addition to Social Prescribing, the Healthy Lives Team are commissioned to deliver Health and Wellbeing Coaching in the South East and South West PCNs

- Social prescribing community development officers are mapping and filling gaps in provision for example setting up a new pain management support group in Shrewsbury

- The service is working with the Shrewsbury PCN to a trial group consultations project for people who have recently been diagnosed with diabetes

- New Social Prescribing posts have begun to work on the RESET multidisciplinary team project supporting those at risk of rough sleeping and substance misuse

- Working with adult social care to identify people at an early stage who might benefit from Social Prescribing in order to prevent issues escalating to a higher level of need later on

- Working with partners to trial supporting those in hospital or presenting to A&E to offer support in the community that could facilitate a timely discharge or redirect people to support in the community

- Developing a referral pathway to stop smoking support for those discharged from Redwood hospital

- Exploratory conversations about increasing the offer for stop smoking and weight management

9.0 Recognition in national publications or websites

- Delivered national webinar on creative health and social prescribing delivered by Naomi Roche
- Delivered on national Children and Young People's webinar delivered by Naomi Roche and Claire Sweeney
- Delivered on webinar for schools on our Social Prescribing for Children and Young People delivered by Naomi Roche and Claire Sweeney
- Delivered session to national personal health and social education (PHSE) group delivered by Claire Sweeney and Sharon Cochrane
- Shortlisted for Local Government Chronicles Award 2023
- https://www.kingsfund.org.uk/publications/social-prescribing
- LGA Website – presentation by Jo Robins and Lee Chapman
- National Healthwatch website – report by Healthwatch Shropshire

10. Social Prescribing. Children and Young People – Update

10.1 After the successful pilot programme in the South West PCN to bring social prescribing to the children and young people (CYP) of Shropshire, this programme has been rolled out across the county. Following in the footsteps of the adult programme, the CYP programme has been developed through engaging with local organisations, services and children. Two key components of the programme are to provide a link worker role to support CYP, and secondly to link with activities to enable young people to engage, motivate, gain confidence, grow as individuals, set and achieve goals, manage their mental health and inspire.

10.2 The programme aims to work collaboratively with Primary Care, schools, the voluntary and community sector and young people, to help us understand what kind of support is having an impact on children and young people's wellbeing. Both the one to one sessions with the advisor and the additional activity aim to provide feedback from young people.

10.3 In 2021, the service was complemented by the additional activity, which was commissioned by Shropshire Council in the wake of the pandemic Four providers formed the 'Provider Collaborative' who delivered different activity for young people in the south west. By forming a collaborative, the providers worked together to give young people the best opportunity to benefit from our offer. Bringing together partners who all have specific areas of interest and something different to enhance young people's experiences as well as the opportunity to continue to learn from each other is central to the idea. Some elements of the 'Collaborative' continue to work with young people and increase our awareness of the barriers and challenges young people are experiencing, with a focus on continuously improving outcomes through social prescribing lies at the heart of this collaborative.

10.4 Learning from the 'Collaborative' has helped develop the Oswestry Test and Learn Integration project 'Community Collaborative' as well as the development of subsequent grant programmes for CYP. The Oswestry Community Collaborative has brought together voluntary and public sector organisations to develop preventative community activity for children, young people and their families.

10.5 As a group we aim to share experience, resources & knowledge while also offering peer support to overcome some of the practical issues that are faced by young people living in our rural communities.
10.6 Shropshire Telford & Wrekin & BeeU has been selected as one of 8 sites nationally to take part in the INSPRYE Programme.

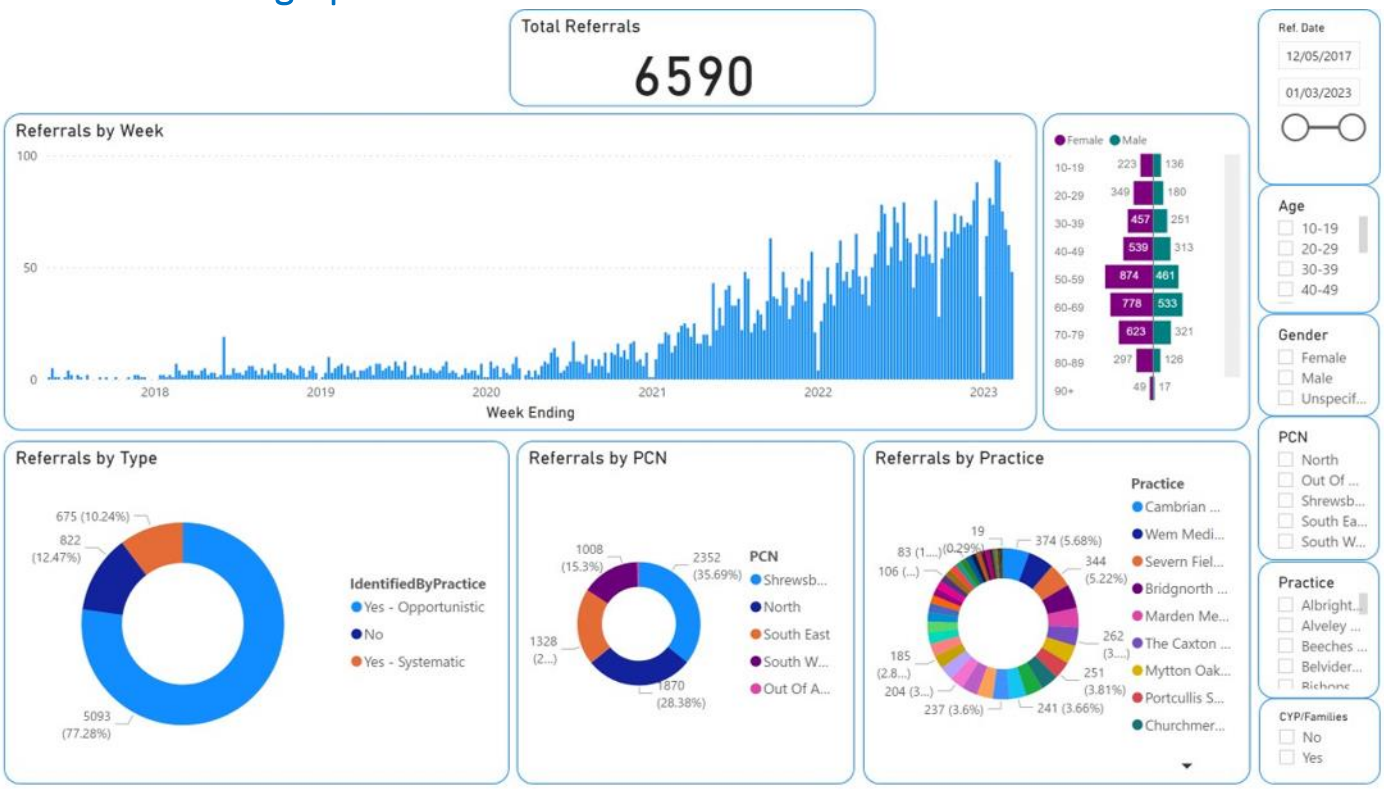
This project is a partnership between University College London, the Anna Freud Centre, the Child Outcomes Research Consortium (CORC; who have longstanding relationships with many CAMHS across the UK and who have developed a range of tools for measuring mental health outcomes in CYP), the National Academy for Social Prescribing (who are leading on advocacy and development of the national SP scheme), and the Youth Social Prescribing Network (who represent community organisations and link workers in youth SP).

The INSPYRE project seeks to build on the existing knowledge and practice in CYP Social Prescribing and increase Social Prescribing referrals in young people by developing a new care pathway for CYP on Child and Adolescent Mental Health Service (CAMHS) pathways. Nationally, CYP referred to CAMHS face long waiting lists, with 76% of CYP experiencing a deterioration in their mental health during their wait. INSPYRE will offer SP to CYP as soon as they are placed on waiting lists to support mental health and experiences of care

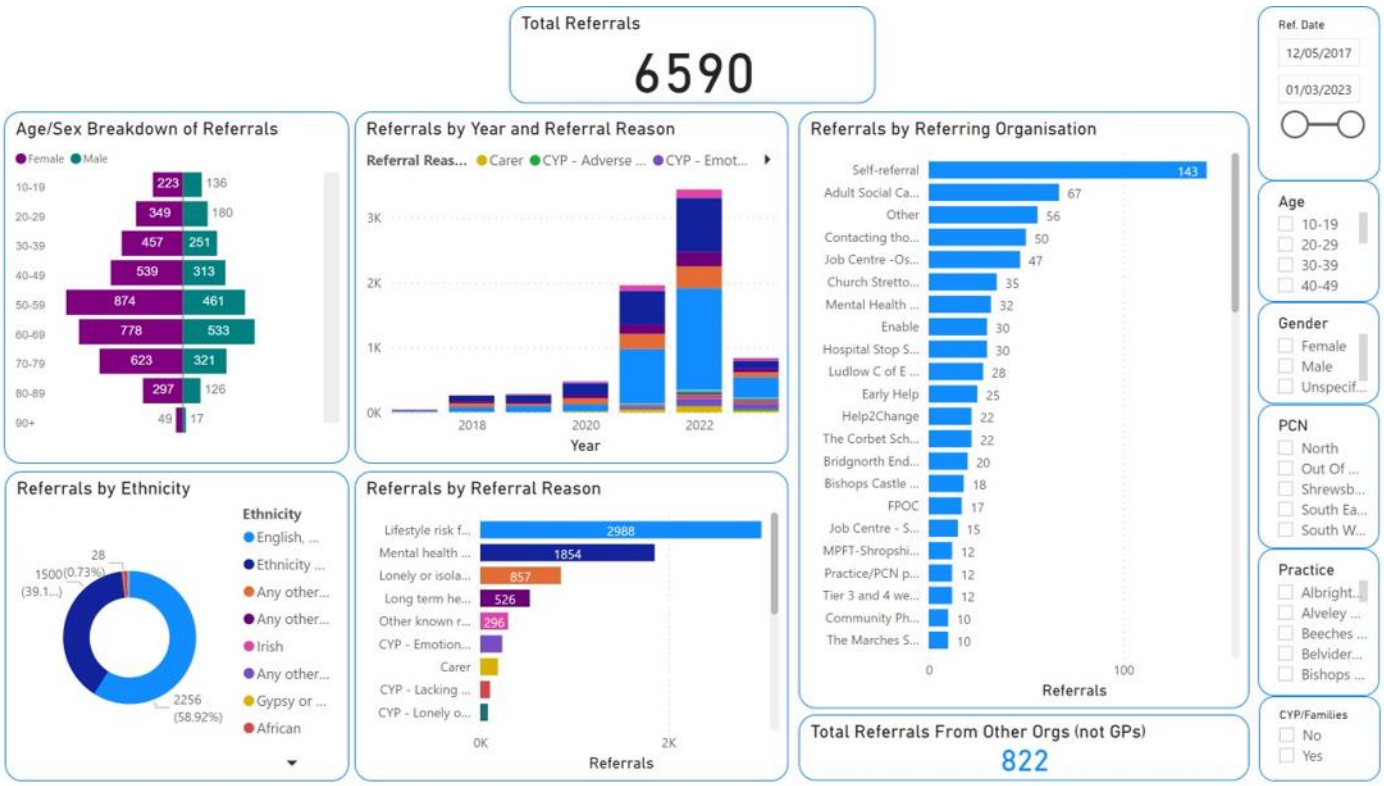
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) https://www.gov.uk/government/publications/life-chances-fund
Cabinet Member (Portfolio Holder) Cllr Cecilia Motley
Local Member n/a
Appendices **Appendix A – Social Prescribing Referral data** **Appendix B – CYP data** **Appendix C – Satisfaction statements** **Appendix D – Team picture and Social Prescribing in Action**

Appendix A

Social Prescribing Update:

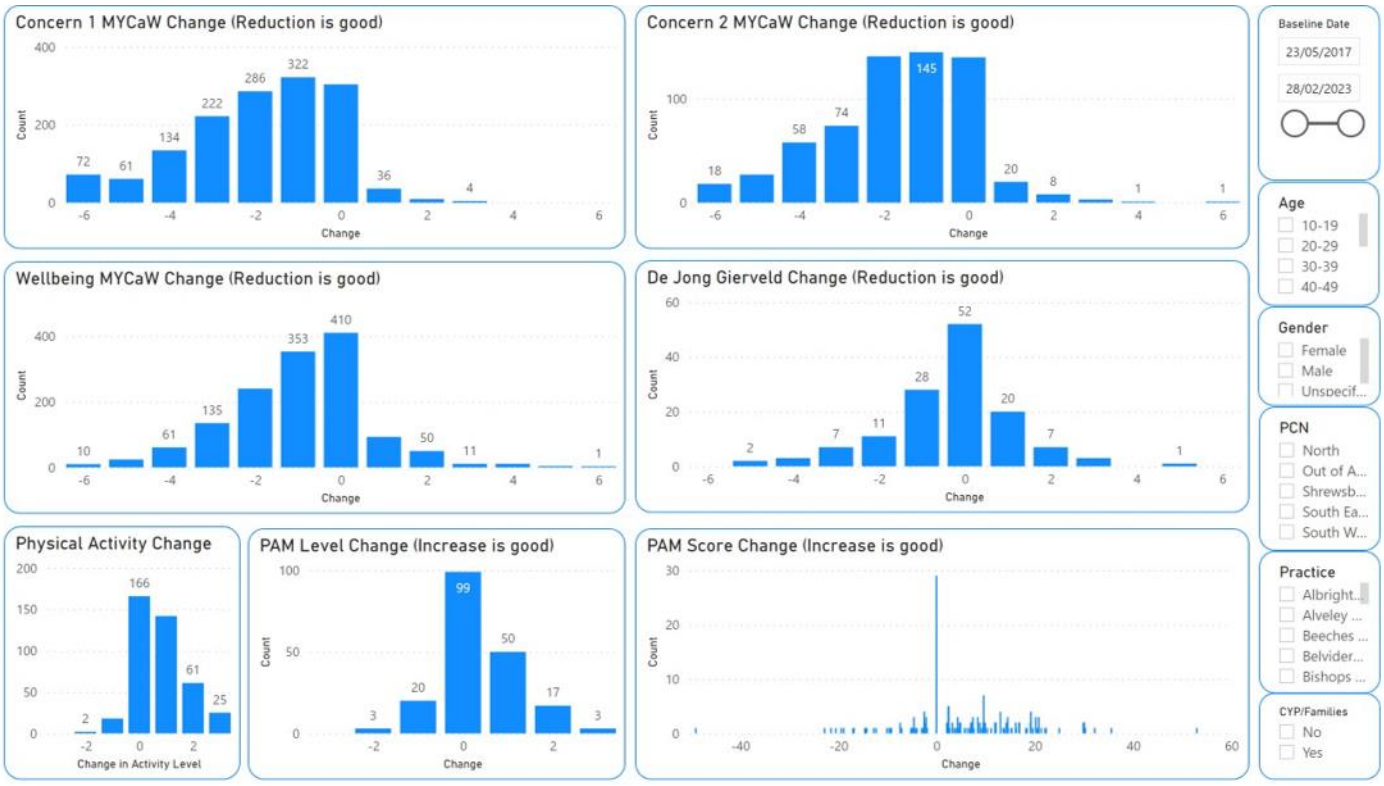


Referral Reasons

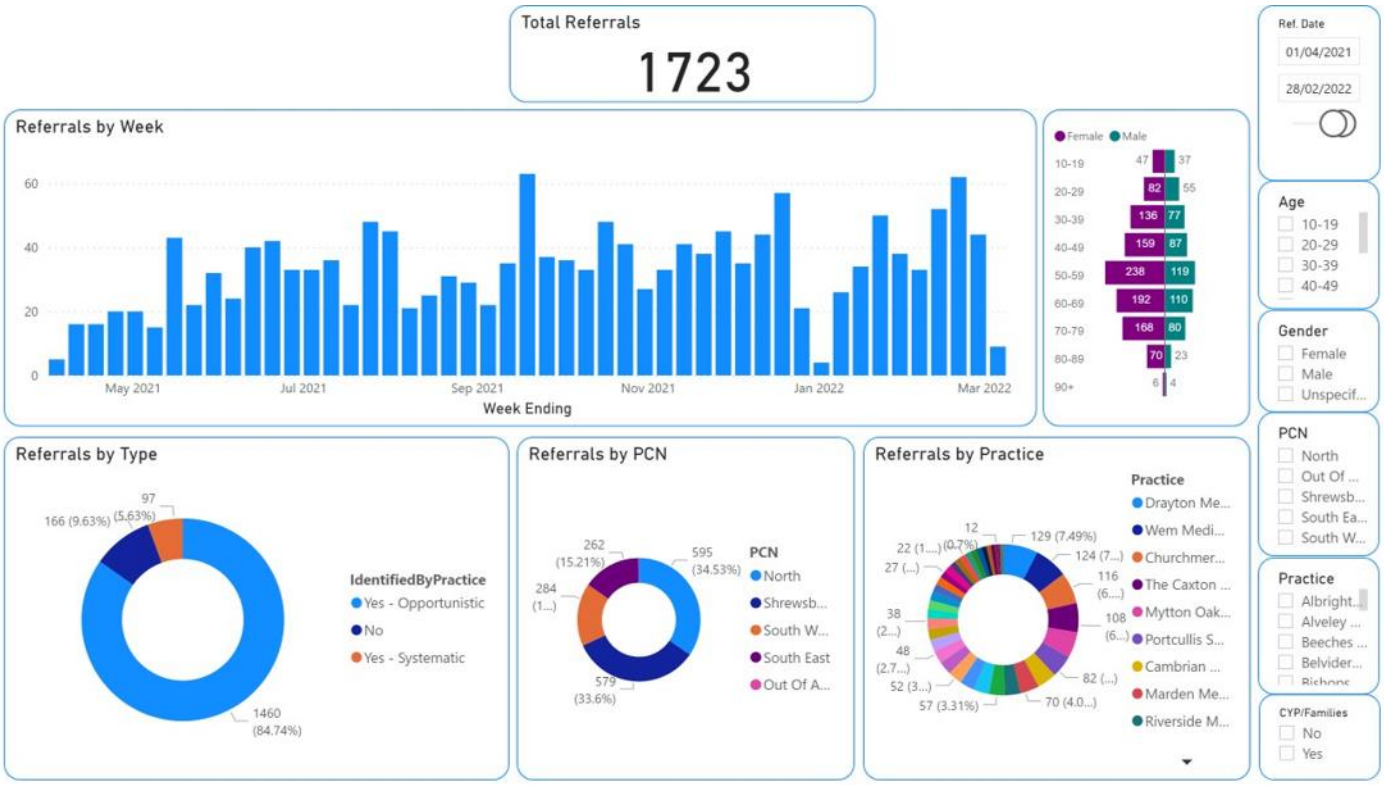


Referred to

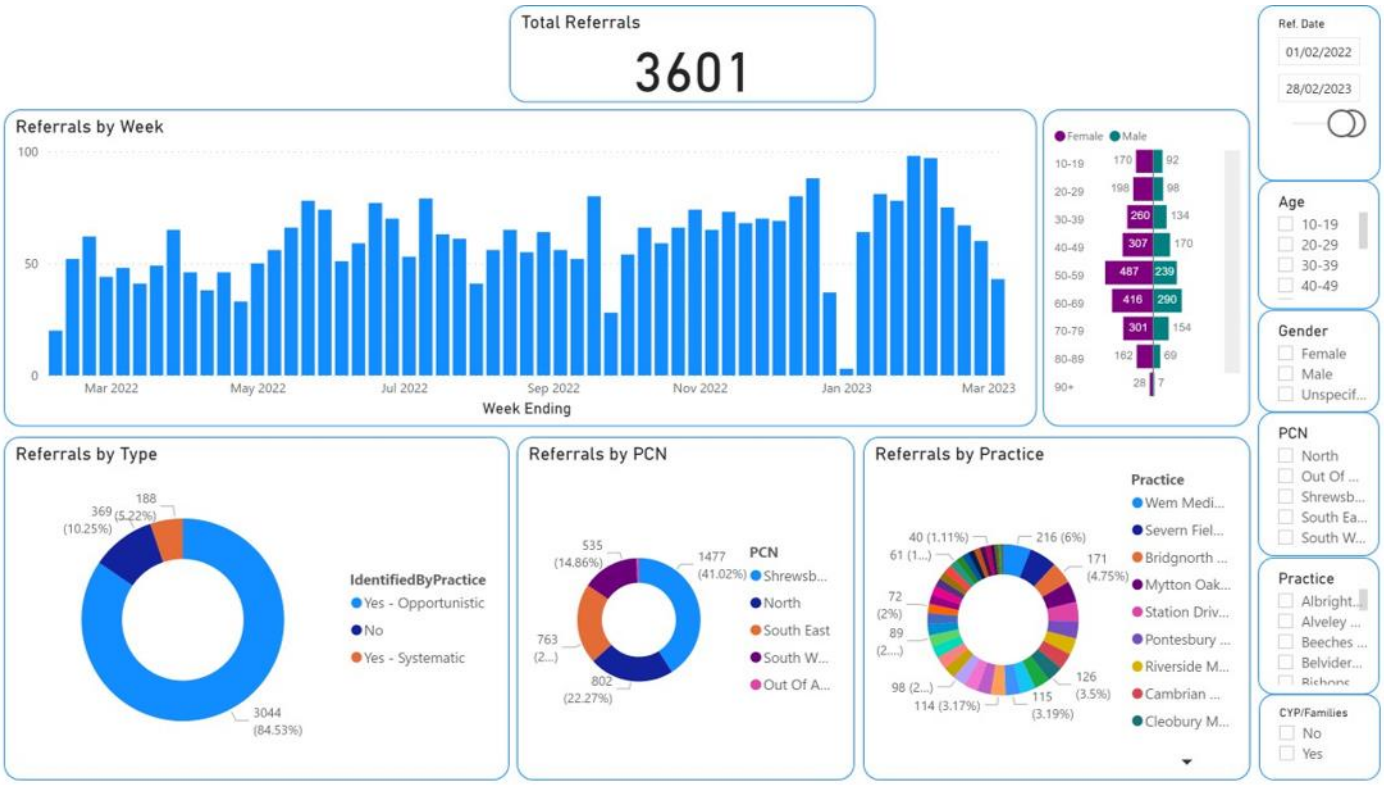
MYCAW follow up



Referrals 01/04/21-28/02/22

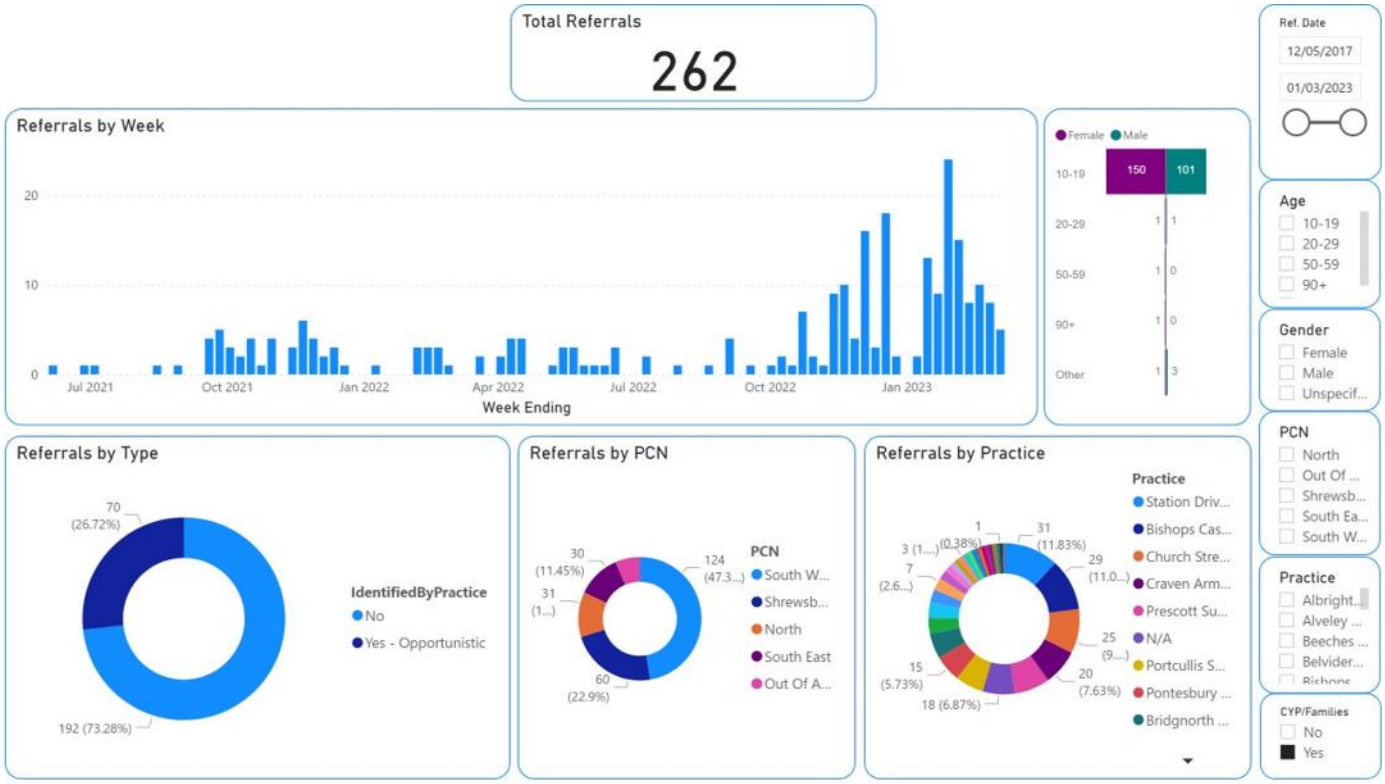


Referrals 01/04/22 – 28/02/23 <u>increased by 52%</u>



Appendix B

Children and Young People's Social Prescribing Report



Appendix C

Feedback Summary to March 2023

Collated March, 2023.

High levels of satisfaction:
How convenient and suitable was the location/venue? **4.84 / 5**

How easy was it to discuss your concerns with your Social Prescribing Advisor? **4.84 / 5**

"Mitch was a welcome support whenever he rang, as was Rob before him. Normal conversation was key to my particular situation. Some weeks the only person i spoke to was a grocery delivery person. Hard to believe but true. **I now have more communication with others** as I have visits from other organisations which is so beneficial. Hubby cannot converse logically 90% of the time & i so need that normality that has long gone, so thank you ,Mitch & Rob for your time & care."

"Jo Aston was beyond brilliant. She **explained everything clearly and was excellent**. I suffer with severe deafness and she was so well aware and made the sessions so pleasurable"

"Amazing, really helped me so much with everything and my life is on the up with support off Elwyn, he's been so friendly and understanding and he's also **helped me with so much such as providing me with resources and information to get me to where I am now**."

"Isobel was great at listening at a low point for me**. I find it hard to talk and Isobel was the first person I had opened up to.**"

"I find it very difficult to open up about my problems. **Rob encouraged me to open up** and after a very short whill felt comfortable talking with him."

"Very helpful with my **weight but also help with my Mums condition (dementia**) sent me information on both problems"

"I have been able to **stabilise my pre-diabetic sugar levels and increased my exercise**. My weight is stable but I know and understand that I do need to reduce my weight. This is my next goal. All advice given has been **positive and achievable**."

Appendix D

Team picture and social prescribing in action


MAYFAIR
COMMUNITY CENTRE
"Run by the community for the community"
2002
MAYFAIR
NO PARKING
MAYFAIR
COMMUNITY CENTRE