Midlands Social Prescribing Network Event

27th April 2017

Workshop Feedback

Engaging Primary Care in Social Prescribing – Workshop 1

Challenges in developing Social Prescribing:

There is a lot of evidence but much is qualitative. GPs don't always recognise qualitative evidence. How do you use Qualitative data & outcomes to give a robust care of effectiveness?

Need a buy in from the CCG before seeking buy in from individual GP practices. This takes time. Focus on the CCG's concerns/big issues and look at how SP can address this.

Practices feel they don't have the time to engage in discussions about SP and in its set up up. A champion is needed in each practice to get things off the ground, update the practices and link in with other teams.

Different partners/Organisations

Exploration of outcomes

IT systems

Skills of advisor

Shared Values:

- Caring about people
- Effective use of resources
- Sense of achievement

Ambitions:

- Working together/join up
- Evidence base to demonstrate success
- Impact on people's lives

Adapting Secondary Care Pathways – Workshop 2

COPD:

Health Behaviours

Social Influence

PA – Green

Decrease more to increase capacity

How can the Health and Wellbeing Board support Social Prescribing? – Workshop 3

Challenges in developing Social Prescribing:

GP – has no direct representation on the HWBB – is this an issue?

NHSE – is a statutory membership on the HWBB but rarely attends and is not proactive regarding the HWBB

HWBB vs STP – Duplication or alignment? – does not help the Social Prescribing agenda

Where does SP sit within the HWBB programme? Is it part of the Prevention agenda? – often HWBB focus on prevention

Does the HWBB have the right people on them?

Churn of people on HWBB – Lack of consistency & need to be continually refine

Securing common narrative – understanding community & needs. When is an asset an asset?

Health infrastructure is overly complicated – Local joint committees/ STP's/ HWBB

Having confidence, trust and assurances that services will be delivered.

SP does not happen overnight, but overtime. Built on long term relationships. The HWBB can help this.

Build on relationships past programs i.e. Making every contact count (fire/ambulance)

Has SP needed HWBB to flourish or was SP organic? In Shropshire the HWBB has helped keep focus on SP

Need to be aware funders will not fund activities they deem 'statutory provisions'

What role can large VCS organisation play in obtaining Social Impact Bonds and resourcing small organisations?

Need to make referral process easier

Cultural barriers. Cultural changes needed – HWBB can keep supporting culture change

Who's missing from the HWBB table– dentists and/or pharmacist's?

Fear of relinquishing knowledge is a problem

What can boards do? Need to take ownership of system change with SP as part of system change

Role of elected members important - more emphasis on people needed – HWBB can help with this through elected representatives

Digital tools can help. (Especially for smaller organisations)

Creating a thriving community sector with Social Prescribing – Workshop 4

Thriving Communities:

Co-produce outcomes with VCS

Work through infrastructure/anchor organisations

How to deal with local politics within VCS organisations

How to work with local people who are not part of a larger organisation?

How to get people to activities? (buddies or link workers?)

'Force' partnership creations and work through these

Challenges/Barriers:

Lack of investment in infrastructure support for the VCS

Risk of VCS group/sectors becoming saturated with demand and folding as they can't cope

Working in an environment that encourages competition and collaboration

Funding cuts within all sectors especially VCS

Commissioners need to understand the interdependencies between VCS organisations or the services they deliver

Need for partnerships across sectors to listen to and respond to the voice of communities

It can be hard to get innovation going (in all sectors)

It's not just about signposting but also about quality assurance – some organisations might not like to be 'controlled' in some way

Small amounts of money can make a huge difference

What is Community?

- 3rd Sector
- Social enterprise/ Service providers
- Local people – getting together
- Councils
- Businesses

Shared Values:

- Belief and trust in others. (including communities)
- Resilience
- Empathy
- Responsibility seeing it through

Ambitions:

- Successful achievement of goals
- People have happy healthy lives
- Acceptance by community
- Buy in from executives

Creative Inspiration Shropshire:

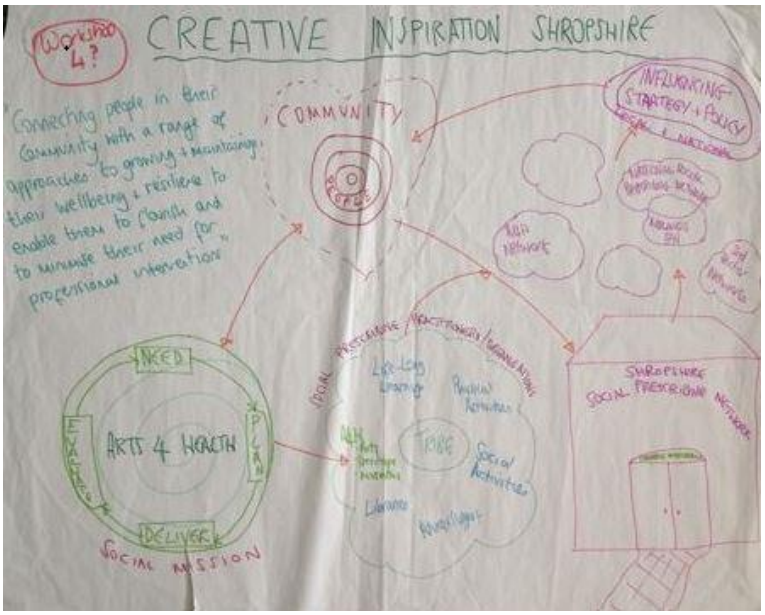
"Connecting people in their community with a range of approaches to growing and maintaining their wellbeing & resilience to enable them to flourish and to minimise their need for professional interventions"

Community = people

Influencing strategy & policy (local & national)

Arts 4 Health – Plan/deliver/evaluate/need. Arts, Heritage & Museums

Social prescribing practitioners/organisations – Life-long learning, Physical Activities, Social Activities, Advice & Support, Libraries



Ensuring the Carers Agenda & Social Prescribing are fully joined up - Workshop 5

Challenges in developing Social Prescribing:

Challenge of engagement in 3rd Sector role

Unidentified Carers – getting individuals to understand they can meet outcomes of SP agenda.

Primary care involvement:

- Referrals for clients rather than carer referrals
- Permission to contact carer from patient especially substance misuse (confidentiality)
- Commissioning of service – criteria within the localities.
- Better communication between commissioners
- Payment by results. 40% have carers involved with recovery programme (substance mis-use)

Role of carer assessment and link to services

Self-care agenda. SP is a tool within this. (Education to look after self, groups & social isolation)

Database to show voluntary sector and SP outcomes. This can be a barrier.

Care navigation role to assist more. In Herts, PPG's are working with community navigators. Issue of hard financial evidence barrier

Carers and voluntary sector involvement in STPs?

Good to use learning from previous projects – what worked, what didn't and why?

Resistance to integration barrier

Do GPs understand voluntary sector

Clinical and non-clinical integration

Carer champion in primary care

Linking teams in hospitals. Ask if individual is carer then refer to GP

Carers don't always see themselves as a carer (partner for example)

GPs to identify carers at flu jabs

Better linkage with adult and children's services needed

SP can create resilience. – eg/ volunteer linked into community and memory/health deteriorating however support has become worse

ASC need to link in to allow funding to continue e.g. for transport

No one model fits all

Measuring Carer stress- SF12 tool

Shared Values:

- Working in Partnership
- Honesty
- Brave enough to make mistakes
- Making a difference in people's lives

Ambitions:

- Working Together in Partnership
- Effective Communications – Two way dialogue

Learning point:

- Look at identifying carers and having identifiable role
- Integration across services
- Bring professionals together
- Recognise what is already being done and build on best practice
- Understanding assets that are already there
- Carers must be explicit in carers agenda
- Sharing good practice

How do you represent Social Prescribing using evaluation? – Workshop 6

Alchemy Project (TAP) was measured but not continued despite being a great project. Delivery team designed the programme but commissioners have different objectives

Using Warwickshire & Edinburgh scale in GPs but the project did not get funded. What can be done?

The plethora of tools out there is very hard to navigate. Community based tools are not accepted by GPs

Difficult to know what commissioners really want to know

Large organisations with methodology may not deliver outcomes whereas small organisations may deliver outcomes but no methodology

A simpler methodology/approach is needed. DOH/NHSE is trying to develop a single evaluation teamwork but how realistic is this?

What is measurable and meaningful for everyone?

Collaboration before competition

Issue 2 different sets of commissioners funding (similar activity separately) – Political environment

Need to take into account STPs, HWBB and 5 YFV, who may be strategic partners in pushing SP agenda especially prevention agenda

No matter how good your evidence is if commissioner has no money. If so, where do you go?

SP is currently additional but in years to come it may be part of 'core' (LA, HA and others). Need to get everyone around the table to agree a MOV (mem of understanding)

Not fighting for SP but fighting for VCS

No point in having SP without a VCS

Embed appropriate evaluation in housing

What are the research questions – respiratory, community and how?

Integrating IT and Social Prescribing

Data protection issue

Using Qualitative date & right metrics

Influencing commissioners?