

Happy, Healthy & Involved

Social Prescribing in Warwickshire and the West Midlands: A Consultation Meeting

Kellogg College – University of Oxford
Wednesday 13th February 2019

Chaired by Lawrence Dawson

AGENDA

1000-1010: INTRODUCTIONS

1010-1035: THE WHITESTONE SOCIAL PRESCRIPTION PROGRAMME:

Introduced by Dr Sacha Simon, he and the team will present and discuss the development of the 'Health, Happy & Involved' project, from its inception until the present day. They will cover the facilitators and barriers to its creation and operation and how the 'Link Worker' position would complement the system.

1035-1045: THE STRATEGIC IMPLEMENTATION PLAN:

Mr Michael Slemensek, Chair of Happy, Healthy & Involved, will introduce a potential strategic implementation plan, for a regional roll-out of the programme.

1045-1200: FORMALISING A PROJECT LAUNCH PLAN:

All of the delegates will have the opportunity to discuss the details of a regional plan, including research involvement, resources, funding and timeframe.

1155-1200: CONCLUSION followed by LUNCH.

ATTENDEES

Mr Richard Bishop – Chief Technical Officer, Arden Primary Care.

Cllr Les Caborn – Healthcare Portfolio Holder, Warwickshire County Council.

Mrs Lydia Hirst – Chair, Guideposts Trust.

Mr Matthew Jones – CEO, Guideposts Trust.

Mrs Patricia Lawlor - Secretary, Whitestone Surgery Patient Participation Group.

Cllr Jeff Morgan – Cabinet member, Warwickshire County Council. Whitestone Ward Cllr.

Dr David Nunan – Senior Research Fellow, Department of Primary Health Care, Oxford.

Cllr Izzy Seccombe – Leader of Warwickshire County Council.

Dr Sacha Simon – Senior Partner, Whitestone Surgery.

Mr Mike Slemensek – Chair, Happy, Healthy & Involved.

Cllr Richard Smith – Director Volunteer Friends.

Dr Stephanie Tierney – Senior Research Fellow, Department of Primary Health Care, Oxford.





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BRIEFING DOCUMENT

Firstly, I would like to extend my thanks to you all for attending this meeting and considering the University of Oxford Department of Primary Care to act as consultants for a project to regionally replicate the award-winning model of social prescribing created at Whitestone surgery.

It is hoped, that with the attending stakeholders, we will be able to decide on a programme of implementation that will be agreeable to all, in terms of timetable, resources and funding.

With the government directives regarding the implementation of social prescribing and community-based support, as well as the recent announcement of the establishment of 1000 new 'Link Worker' posts by 2021, the onus is on local authorities to establish and monitor the success of implementation of their own social prescription plans. As such this meeting offers a unique opportunity to design a gold-standard programme, the creation and analysis of which will be based on the best contemporary research information, provided by experts in their field.

The summary guide published by NHS England recommends the collection of data which can help both quantify and qualify the success of the establishment of an implementation programme. It will be proposed by the research team, that with the correct design, not only can we supply the information suggested, but also collect, analyse and understand the reasons for resultant trends such as a reduction or increase in GP or hospital visits, the change in wellbeing of those patients involved and the extent of social prescription uptake. Such a design would be able to inform the NHS and government regarding the applicability and effectiveness of this for of health care, not just in this region, but nationally as well.

Finally, could you consider the following for the day:

1. What foundations need to be in place from the outset?
2. What are the barriers/enablers to implementing a successful HH&I programme in another setting?
3. What do you understand by social prescription?
4. What aspects of the service do you think have worked well?



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'Happy, Healthy & Involved'

Meeting at Kellogg College, Oxford on 13th February 2019

Additional Information

Purpose

The purpose of this document is to highlight further information which may be of relevance in writing a summary report or other academic work by the research team, relating to HH&I and its strategic implementation.

Overview

The Whitestone Health and Wellbeing Project reached a significant milestone in August 2018 by successfully delivering its objectives set in January 2017 and having produced a health and wellbeing hub model for social prescribing. Interim and end of stage reports have been produced by the Project Board. The Board then moved to a new project stage with a vision to consolidate the outcomes and work to promote the uptake of the model across the County as a model as an example of best practice. The project team produced a high level strategic implementation plan demonstrating how the model could be implemented as a social prescribing model over an 18 month period within Warwickshire.

The Project Board sought from the earliest stage to design a hub model that was 'replicable' – in other words containing processes and assets that could be brought in and utilised in another locality. One of the criticisms of HH&I has been that whilst it may work in the area of Whitestone – which can draw upon volunteers with high levels of skills and qualifications to contribute to the project development work and service delivery – it could not work in more deprived areas of the community in Warwickshire because of a shortage of volunteer skills in the health and wellbeing arena. The Project Board has aimed to make the system transferable and the strategic implementation plan has built in a flexible approach to roll out which allows for skills and knowledge to be acquired and built up in specific settings.

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HH&I building blocks

This paper sets out the key building blocks of a HH&I model (see section below). The model has the potential to become the 'bedrock' for social prescribing and the foundation upon which health networks and public health and wellbeing promotion can be constructed as part of a coherent and joined up approach. There are several key issues and potential barriers to be managed in order to achieve successful wider implementation and benefit realisation of this model. The building blocks of HH&I are very briefly set out below.

1. Practice GPs & PPG members working together with a shared vision

This step involves GPs and PPG members developing a shared vision for social prescribing in their area, developing and owning a plan for this with support. This could be a single practice or a cluster of practices with their PPGs coming together to develop a plan for their area.

2. Mapping of assets

Mapping of assets includes the collation of demographic and health data for the area and identifying all community-based assets available for delivering health and wellbeing activities and services.

3. Directory of services

The publication in a brochure of all local health and wellbeing services which is delivered or made available to all residents in the community area and is displayed at GP practices, pharmacies and other local venues.

4. Co-ordinator role

This step involves the recruitment of a paid co-ordinator who will have responsibility for the locality or a number of localities. The role purpose is to prevent isolation, promote education and ensure the health and



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wellbeing of the patient population is centrally co-ordinated – being able to signpost individuals to the most appropriate services without being reliant upon medical and nursing input. This will include among other things- the compilation of a services directory, planning and co-ordination of the surveys, survey analysis and signposting.

5. Community development support

The HH&I model relies a great deal upon the principles of asset-based community development (ABCD) in terms of the development and support of community groups, charities and volunteers – as well as expert support in engaging successfully with community groups. Community development support by WCC Localities Teams is a key requirement.

6. Volunteer recruitment

The recruitment of volunteers is important to help resource activities led by the PPG e.g. a carer's café, health and wellbeing events and volunteer recruitment is an essential part of the survey – identifying people who want to become involved in supporting their community and signposting them on to groups where they can have an opportunity to do so.

7. Enhancing local services

This step comes in once an initial survey has been conducted and community needs and requests analysed. The surgery/PPG can begin to look at matching need to local available services and where necessary support the introduction of a new community based service. Enhancement also would include helping to promote existing services more within the community or increase/improve information or access/transport to those services.

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8. Building partnership connections

The surgery/PPG partnership must build up a list of key partners, statutory agencies as well as community groups who will come in and support the delivery of health and wellbeing provision in that locality. This forms part of the wider HH&I health and wellbeing 'hub'. The co-coordinator can play a key part in this development.

These building blocks form a consistent framework for social prescribing, to which other forms of provision can be attached. The Joint Strategic Needs Assessment (JSNA) process for example can feed its findings into this hub framework which could play a part in responding to actions plans coming out of JSNA consultation. The existence of recognisable implementation steps is a valuable aid to implementing the model more widely and constructing a project and delivery programme using the building blocks as key deliverables.

HH&I - notable features

The HH&I model is a unique development in Warwickshire and the success of its pilot has rested upon many critical success factors. Most notable amongst these are:

- 1) HH&I is based upon a shared vision between GP and PPG and joint working/partnership.
- 2) It involves key partners working at a local level
- 3) It involves community interaction on a wider scale through its survey programme
- 4) It recognises the importance of building and enhancing community based assets (community development). Health and wellbeing does not rely purely on the NHS but community (including private sector) has an enormous role to play.
- 5) Social prescription achieved at three levels.
 - By simply providing clear information about health and wellbeing and local services and activities which people can choose to access themselves.



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- By providing targeted information at individuals and groups via survey responses and the co-ordinator and other signposting activity by the surgery teams.
- By direct referrals by GPs, nurses and other health workers into services and volunteering opportunities available in the community, featured in the directory.

Wider landscape - NHS Long Term Plan

Currently there are many arrangements for partially delivering social prescribing in Warwickshire and it is a fragmented approach. Work is under way within the Warwickshire County Council Public Health Team using a series of partnership workshops to define a more coherent approach. This is coinciding with a national initiative from Government to promote and support social prescribing.

The NHS Long Term Plan aims to ramp up social prescribing by providing 1,000 'link workers' by to Primary Care Networks (PCNs) – with a new emphasis on personalised care. Their role will be to link patients to non-medical services to meet their personalised needs to improve health and wellbeing. This is a considerable boost to social prescribing resources and any wider social prescribing model for implementation would need to consider how it incorporates the link worker resources into its framework.

Welcome as the programme is there will be a number of issues affecting ability to achieve maximum benefit to patients and communities.

- It will only bring a small number of link workers to each area – so caseload will become an issue.
- The programme appears not to deal with the wider opportunities for prevention. Public health is about preventing ill – health for as long as possible and the Government programme only starts in the doctor's surgery when the doctor refers to the link worker. Models such as HH&I offer more because they offer a wider approach to social prescribing which includes information and encouragement and pathways to living healthier lifestyles – before the need for a medical referral arises.

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- Importantly – HH&I focuses on the needs of carers too- which appears not to be a priority of the proposed programme. The programme does not deal with how practices become more centrally focused on driving up health and wellbeing or how community assets, upon which social prescribing relies so much – can be developed.
- The programme does not appear incorporate volunteering as a therapeutic aid by itself – a key part of HH&I.

The HH&I model therefore offers a much wider and more holistic approach to social prescribing – but adoption will need to synchronise with all of these developments taking place.

Key issues going forward

The active and willing participation of GPs and practices in taking up the model is a key challenge to successful implementation and planning must involve an element of each practice and PPG being able to have freedom to develop a tailored design that responds to local need.

There are varying levels of confidence, knowledge and capability within individual PPGs which must be acknowledged and managed within the implementation.

NHS approaches to establishing social prescribing capability could inadvertently displace existing and emerging good practice in social prescribing (such as HH&I) through an overly bureaucratic approach

Potential financial disincentives for practices through adoption of HH&I must be resolved at a high level and a pre-requisite to implementation will be convincing GPs about the positives for their own practices. A business case should accompany any plans taken to CCGs, PPGs and practices.

Finally the biggest challenge, which follows implementation, is how the intended benefits of social prescribing, are charted and measured. New performance indicators and measures of success must be defined, including how savings are



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identified and tracked and the impact of diverting these savings to other areas of acute services.

Mike Slemensek
Chairman – Happy Healthy and Involved

27 February 2019

Useful Links

- **HH&I home page:** <http://happyhealthyandinvolved.org/>
- **Whitstone Surgery leading the way in social prescribing in the UK as seen on BBC News:** <http://whitstonesurgery.org/news/whitstone-surgery-leading-the-way-in-social-prescribing-in-the-uk>
- **HH&I Project Survey:** <http://bit.ly/happyhealthyandinvolvedsurvey>
- **HH&I Pilot Project Review:** http://whitstonesurgery.org/wp-content/uploads/2018/08/HHI_Pilot_Project_Review_Report_2018.pdf
- **Whitstone Surgery Patient Participation Group:** <http://whitstonesurgery.org/ppg>
- **Whitstone Surgery voted 'PPG of the Year 2016' by the National Association for Patient Participation:** <http://whitstonesurgery.org/news/whitstone-ppg-win-ppg-of-the-year-2016>
- **POSITIVE VIBES HEALTHY LIVES: Exploring together activities for our 12 to 16 year olds:** <https://whitstonesurgery.org/positivevibeshealthylives>