Healthier Communities Select Committee				
Report Title	Developing Social Prescribing in Lewisham			
Contributors	Portfolio Manager, Whole System Model of Care Programme Lead, Public Health and Age UK		Item No.	4
Class	Part 1	Date:	12 September 2017	

1. Purpose

1.1 This report provides members of the Heathier Communities Select Committee with a briefing on social prescribing activity in Lewisham. The report highlights gaps in activity and plans to further develop social prescribing activity.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are invited to note the current position and the planned next steps for the development of social prescribing in Lewisham.

3. Policy Context

3.1 Members of the Committee considered a scoping note for the in depth review of social prescribing in June 2017. This scoping note set out the policy context, summarised below:

- The challenge of caring for an elderly population, with increasingly complex health needs, has generated considerable interest in the benefits of social prescribing.
- It has been estimated that 20% of GP visits are attributable to social rather medical problems (see the 2010 Marmot review, 'Fair Society, Healthy Lives').
- Some health experts have advocated for the increased use of social prescribing as a mechanism for dealing with increased pressure in primary care.
- Other experts suggest that there is little robust evidence of the effectiveness of social prescribing.

3.2 Chapter 2 of the Five Year Forward View clearly states the NHS's commitment to empower people and engage communities to take more control of their own health. A robust and growing body of evidence has demonstrated the value of person-centred and community-centred approaches, alongside greater local understanding of NHS England's self-care efficiency aspiration underpin why coordinated action on self-care and social prescribing is important.

3.3 The south east London STP, in common with all of London's STPs includes a commitment to self-care and social prescribing.

4. What is social prescribing?

4.1 The scoping paper previously considered by the Committee provided a definition of social prescribing.

4.2 The Report of the Annual Social Prescribing Network Conference held in London on 20 January 2016 set out the following short and fuller definition:

Short definition:

Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.

Fuller definition:

A means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector.

5. The extent of social prescribing in Lewisham

5.1 The scoping note previously submitted to the Committee sets out key activity developed to support social prescribing in Lewisham:

- Community Connections, established in 2013 by a consortium of voluntary sector organisations led by Age UK Lewisham and Southwark, is a community development programme that supports vulnerable adults' access local services and organisations to develop services that respond to identified need. Last year, Community Connections, supported 991 vulnerable individuals in Lewisham - 690 of these individuals through person centred support plans developed by home visiting community facilitators and a further 301 through advice and information given to adult social care on specific cases. Community Connections, Community Development Workers developed 55 organisation support plans working with various community groups and organisations to develop new project or increase capacity of existing projects.
- Lewisham SAIL (Safe and Independent Living) was introduced July 2016 and fully launched in February 2017. Aimed at the over 60s, SAIL provides a quick and simple way to access a wide range of local services to support older people in maintaining their independence, safety and wellbeing. Anyone can make a SAIL referral by simply answering the yes/no questions on the checklist. The checklist enables access to a wide range of support services which improve: Health and wellbeing, mental resilience, social Isolation, financial inclusion, fire safety, home security, safeguarding and personal safety and security. Over 300 SAIL checklists have been received since the scheme went live and around 25% of referrals from GP practices, more than 10 different GP practices represented within this. At the end of June 2017 SAIL Connections has made 416 onward referrals to preventative services aiming to support older people to

remain independent in the community safely. In Southwark, where it's more established, the scheme receives around 200 referrals a month.

- The LBL Health and Social Care Directory of Services has been developed. In May 2017, the web pages had over 12,000 views compared to 8,000 the previous month.
- In addition to the activity highlighted in the scoping note, Lewisham Library Service runs a 'Books on Prescription' service.

5.2 Public Health also commissions a range of schemes that individuals who are recipients of social prescriptions can be referred to. These include:

- 'Exercise on Referral' scheme, a 12-week supervised exercise programme located in leisure centres across Lewisham for people with certain medical conditions or other risk factors. The scheme receives over 2000 referrals a year.
- WeightWatchers / Slimming World. 12 weeks free group sessions for those classified as obese. The services supported over 1000 individuals in 2016.
- Lewisham Stop Smoking Service
- "Be Inspired" programme delivered by Greenwich Co-operative Development Agency (GCDA). This delivers a range of community nutrition and physical activity initiatives including healthy walks, walk leader training, community cookery clubs, food growing and working with community organisations to stimulate volunteering opportunities around good food and physical activity.
- 20 local voluntary and community projects in North Lewisham through the "Choose Health" fund. These include a walking football group at Millwall Football Club, a gardening and social club at Friendsbury gardens, Pulse (Brockley community café) and REMEC Elderly Project.

5.3 A Social Prescribing Review Group was established in December 2016 to develop a system-wide approach to the development of social prescribing in Lewisham. The group aims to deliver a short term project that captures the schemes and activity in Lewisham that might be considered social prescribing, identify gaps in provision to improve coordination/ targeting of activity and potentially establish a more coherent social prescribing model. The group will ensure that activity specifically focussed on mental health not captured in this paper, will be included in the mapping exercise. The stakeholder group includes representatives from Health, Primary Care, Public Health, Social Care and Community Connections.

5.4 Four local care networks have been established to improve connections between services, better co-ordinate care and strengthen relationships between professionals. A number of tools, services and partnerships have been developed to support local care networks to facilitate more effective social prescribing. These include:

- **Neighbourhood Community Teams** (NCTs) These virtual teams bring together district nurses, adult social care staff.
- **Multi-disciplinary Meetings** bring together members of the Neighbourhood Community Teams with GPs and other health and care professionals such as Mental Health workers to plan and arrange holistic coordinated care for patients and service users with complex needs.

- **Neighbourhood Co-ordinators** support health and care staff within each neighbourhood to improve multi-disciplinary working and facilitate effective liaison between health and care providers across Lewisham for patients and services users with complex needs.
- **Lewisham's Single Point of Access** has a team of advisers who can support residents requiring general health and care information and advice.

5.5 Four Neighbourhood Community Development Partnerships, one in each neighbourhood, have been established. The NCDPs, delivered by Community Connections, bring together voluntary and community sector organisations and groups in that area to support community development and connect to statutory health and care providers. Community Connections workers are encouraging local community groups to engage with each partnership, organising the partnership meetings, and playing a key role in aligning the work programmes of the different community development workers in each neighbourhood to maximise the use of resources and avoid duplication. The NCDPs clearly have the potential to enhance the role of the voluntary and community sector in relation to social prescribing.

5.6 In 2016, Lewisham Community Education Provider Network commissioned 'care navigation skills' training for GP receptionists. The purpose of the training was to introduce general navigation skills into the non-clinical workforce, so that they may be incorporated, to some degree at least, into the work of staff that have direct patient access. This work is different in scope to training for 'Care Navigators', a distinct role that has been developed in many health and care systems.

5.7 A number of voluntary and community sector organisations deliver social prescribing activities in the borough. LVSC, who continue to map social prescribing initiatives in London, has highlighted the work of Sydenham Gardens and the Prince's Trust. In addition, a range of activities are delivered by community organisations that health and care partners can refer into. It is our understanding that these activities include:

- Community Teachsport, deliver the 'Active Lifestyle for All' programme aimed at supporting inactive people to lead active and healthy lifestyles (the team has developed links to some GP practices in N3).
- Natures Gym provided 2685 volunteer hours to support conservation activities in Lewisham parks.
- Trinity Laban's 'Retired not Tired' programme provides opportunities for over 60s to take part in creative activity, interact socially and develop new skills.
- Community Connections' Development Workers support the development of community based services and resources. In the last year, the Community Connections Development Workers supported 55 organisations or groups including supporting 10 groups with funding applications raising £19,608.

6. The plans for social prescribing in Lewisham

6.1 The development of the on line directory of services has a close link with the development of any future Social Prescribing Model. A project to deliver improvements in the content as well as the search functions and navigability of the directory is

underway. The development of a screening tool/questionnaire which links to the directory will support any future social prescribing model. Please see the separate report on Adult Social Care on-line activity for more detail.

6.2 The Healthy London Partnership recently published a Social Prescribing Resource document. Healthy London Partnership intends to build on this resource in 2017 when additional resources and support will be available following further collaboration with NHS England, Public Health England, the Social Prescribing Network, Greater London Authority, London Councils, London branches of the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Public Health (ADPH) and input from local STPs, Clinical Commissioning Groups and voluntary and community sector organisations. This resource pack will be considered by the Social Prescribing Review Group (July) and will help shape the future approach to developing social prescribing activity.

6.3 NHS England has selected London as a test-bed for accelerated implementation of self-care and social prescribing. NHSE is in the process of procuring a provider to trial and test new ways of working in relation to self-care and social prescribing in one, possibly two, London STP footprints. The specific service requirement includes the provision of training and engagement with local GP practices and voluntary sector organisations. This involves implementing an evidence-based volunteering for health or health champions model within general practice, new roles and methods of working for GP receptionists, developing a how to guide and evaluation report so that all Sustainability and Transformation Partnerships (STPs) can benefit. The project completion date is 31 March 2018. A number of providers approached Lewisham regarding developing a bid to work in the borough.

6.4 The Neighbourhood Community Development Partnerships will each produce a neighbourhood community development plan, informed by Community Connections' gaps analysis, identifying key priorities. This plan will inform the future work of the local partnership, including local health and care partners. There will also be a small grant fund of £25k per partnership to deliver local solutions to the local priorities identified.

7. The effectiveness of social prescribing in Lewisham

7.1 Many of the individuals who have accessed the Public Health funded projects and services have benefitted from an increased sense of social inclusion and consequent improvement in mental and physical wellbeing in addition to the improvement in the primary reason for referral e.g. improved physical fitness or weight loss. Many have gone on to become volunteers. This includes becoming walk leaders or delivering a community cookery club.

7.2 Community Connections' Community Facilitators use tools based around the 5 ways to wellbeing to support adults experiencing low mood, isolation and poor mental wellbeing to become more connected with community based support services and decrease isolation. In the year 2016-2017 68% of vulnerable adults supported reported an increase in mental wellbeing based on a 5 item checklist completed at the start and end of the Community Facilitators casework. A 3 month follow up using the same

wellbeing checklist shows that self-reported wellbeing continues to increase after community connections involvement. There is a 10% increase in average wellbeing score from the point of referral to 3 months after the end of the Community Connections intervention is completed.

7.3 The Social Prescribing Review Group will consider the evidence in relation to the effectiveness of social prescribing when developing plans for future activity. It will draw on the evidence review developed by Dr Marie Polley, Co-Chair of the Social Prescribing Network and Senior Lecturer in Health Sciences and Research at the University of Westminster (due to be available in July). It will also consider the evaluation recently produced by the Integration Pioneer project in Leeds. This will be help shape the approach to evaluating local schemes.

7.4 If the NHSE self-care and social prescribing initiative takes place in Lewisham, this will provide robust evidence of the effectiveness of this approach.

7.5 A review of the SAIL initiative is planned. This will evaluate the first 6 months of the programme and will consider gaps and recommendations for improvement.

8. The gaps in social prescribing coverage

8.1 An initial review of social prescribing schemes in Lewisham undertaken by the Social Prescribing Review Group shows that most of the schemes are targeted at specific groups, for example over 60s, people with long term conditions etc. Although the group will work to identify gaps in more detail, it has recognised that an approach that includes both physical and mental health, with broader health and wellbeing objectives would be of benefit. There is an obvious gap in social prescribing tools / support for people under 60.

8.2 Lewisham will continue to strengthen and develop connections both within and across its local care networks and build stronger links within and across the voluntary and community sector, through the Neighbourhood Community Development Partnerships. This activity will seek to address gaps in social prescribing coverage as well as gaps in activities for prescribers to refer to.

9. Financial Implications

9.1 There are no specific financial implications arising from this report. Any proposed activity or commitments arising from activity to support the development of social prescribing will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources.

10. Legal implications

10.1 There are no specific legal implications arising from this report.

11. Crime and Disorder Implications

11.1 There are no specific crime and disorder implications arising from this report.

12. Equalities Implications

12.1 Although there are no specific equalities implications arising from this report, the development of social prescribing will continue to focus on improving health and care outcomes and reducing inequalities across the borough.

13. Environmental Implications

13.1 There are no specific environmental implications arising from this report.

14. Conclusion

14.1 Members are invited to note the contents of the report.

If there are any queries on the content of this report please contact sarah.wainer@nhs.net or on 020 3049 1880.