

Healthier Communities Select Committee		
Title	Social prescribing in-depth review – first evidence session	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	12 Sept 2017

1. Introduction

At the first evidence session of the committee's in-depth review of social prescribing, members will receive written and in-person evidence from key council officers and partners, including:

- Fiona Kirkman (Preventative and Early Intervention Programme Manager, Lewisham)
- Sarah Wainer (Programme Lead, Whole System Model of Care, Lewisham CCG)
- Camilla Biggs (Lewisham SAIL connections manager)

(The officer report on social prescribing is included before this note)

The following written submissions have also been received from a number of local organisations:

- Sydenham Garden (see below – annual evaluation also attached as appendix A)
- Lewisham Carers (see below)
- Lewisham Speaking Up (see below)

2. Key lines of enquiry

The key lines of enquiry, as agreed at the last meeting of the select committee, are set out below:

- **The extent of social prescribing in Lewisham:** Who are the partners and organisations currently involved in the development and provision of social prescribing services? What types of activities and interventions are provided, and how many people are being referred? What types of problems is social prescribing commonly used for, and which groups of people tend to be most commonly referred?
- **The plans for social prescribing in Lewisham:** What is the potential for expanding social prescribing in Lewisham? For which problems and groups of people could it play more of a role? What further partners and organisations could be involved in the development and provision of social prescribing? What is the capacity of local partners and organisations to provide more services?
- **The effectiveness of social prescribing in Lewisham:** For which problems and groups of people has social prescribing been used most effectively? How are the outcomes of activities and interventions captured and measured? How is the effectiveness and efficiency of social prescribing schemes evaluated?
- **The gaps in social prescribing coverage:** For which problems and groups of people is social prescribing coverage lacking? What further help and support do providers and other local organisations need to reach more people? What help and support do providers and local organisations need to improve the way they work more generally?

3. Written evidence

3.1 Sydenham Garden

Are you involved in the provision of, or referral to, any schemes in the borough that could be described as social prescribing?

We run, and refer to social prescriptions.

If so, what sort of schemes are you involved in? Which groups of people tend to be referred? And which local organisations are involved?

We provide fixed-length social and creative activity for people experiencing a wide range of mental ill-health. We also provide similar activities for people recently diagnosed with dementia. This is our core provision and all co-workers (the name we give people who access our services) are referred by health professionals. Along with this we also provide workshops, events and volunteering opportunities for local residents that could also be considered a social prescription, but is often not directly referred to by health professionals.

Many local organisations are involved directly and in directly, but primary refers are GP practices, IAPT, Hospitals, Secondary Care teams (old CMHT) CSS, SLAM, Community Connections, and Mindcare. Organisations involved in helping us deliver our work are SLAM, IAPT, Voluntary Services Lewisham and to a lesser extent BL Mind.

Social prescriptions we refer our co-workers to include: Voluntary Services Lewisham (Gardening), Community Connections, Local Library's, Living Well, Time Bank, BL Peer Support, Arts Network, Natures Gym and Dig it.

From your experience, what are the most effective non-clinical interventions in use in Lewisham and more widely? Is there any evidence on these?

Without trying to sound big headed I believe our Garden Project (which is based on STH: Social and therapeutic Horticulture), our Growing Lives Project (Also STH but with accreditation and work experience), our Art & Craft Project and our Sow & Grow project (underpinning creative and social activity with CST for people with dementia) are some of the most effective non-clinical interventions I have seen in use, not only in Lewisham but worldwide. I have lived in Malawi, and I've been invited to speak and visit organisations across the UK, in Europe and in the US on behalf of Sydenham Garden, giving me a strong understanding of the effectiveness in comparison to what is on offer. The anecdotal evidence is backed up by our statistical data, which shows that levels of wellbeing are on average catastrophically low, and getting lower year on year, when co-workers join us. However, in the year just evaluated, when co-workers finish with us they leave "at normal levels". This is based on a validated measure called Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), and confirmed through case studies, focus groups, Likert Scale Questionnaires and carer feedback.

Putting our own projects to one side, there is a growing evidence base for social prescriptions, but it's nothing new. Bromley by Bow formalised a social prescribing model back in the 80's. However, there is recent evidence around access to gardening and greenspace – Gardens and Health, Kings Fund. The reports based on the Ecominds project, which include a wealth of evidence for the health and economic benefits of Ecotherapies can be found at, <https://www.mind.org.uk/about-us/our-policy-work/ecotherapy/>. Sustain have gathered evidence and share it at <https://www.sustainweb.org/growinghealth/evidence/> (we are referenced and case studied here too).

Broader evidence points to a greater proportion of health being determined by social factors. Most of the evidence has this figure at around only 30% of health being determined by clinical factors! Yet the vast majority of our local and national health budgets are lost on clinical treatments. The Marmot Review probably makes one of the most compelling cases for change in this area. If 70% of health is determined by social factors, then surely we should see a significant proportion of our budgets funding this area, and a significant proportion of health professionals referring to regularly to social prescriptions?

Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?

There is an appetite amongst the adults with mental ill-health that we work with, and amongst the professionals that refer to us. An independent evaluation in 2017 of our Growing Lives not only showed how effective the work was, but that participants felt they would like more of this type of work. This view is consolidated by the fact we have to manage waiting lists and have a third more referrals than we can place.

Another report that would suggest there is an appetite amongst our client group would be the Review of Lewisham Psychological Services in 2015 by Dr Edana Minghella. It showed huge discrepancies in access by gender and ethnicity demographics when compared to the census. Our ethnicity and gender breakdown closely reflects that of Lewisham, and this could be seen as an indication of the appetite amongst such demographics.

If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?

As previously mentioned, I believe people with mental ill-health would be of benefit. Ecotherapies, creative and social activities, peer support and physical activity would all be social prescriptions that would be of benefit. However, from our involvement with the Social prescription Network (who published a piece on the Link worker being the key to social prescription success), and from our own experience, the link work between the prescriber is and the prescription is vital. From our experience separate organisations set up to sign post, or link people, do not work (as they serve their own interests, and add an extra “mile” to the patients journey) and we have found funding for our own link worker to be most effective. I would also imagine a link worker or training for a social prescriber to be based and managed in practises themselves to be an effective model also – but please not another costly sign posting organisation!

3.2 Lewisham Carers

Are you involved in the provision of, or referral to, any schemes in the borough that could be described as social prescribing?

Dr Brian Fisher: As a Lewisham GP, I use Community Connections to refer patients to 3rd sector groups. It is a simple process. I get no feedback from CCs, so I don't know how effective or useful it is for my patients. Also, I don't know how complicated it may be for my patients.

As a patron for Lewisham Carers, I would say that we provide a service to which Lewisham GPs can refer. We aim to make the service as straightforward and helpful as possible. We seek and respond to feedback and understand that the services we provide are much needed and seen to be useful.

If so, what sort of schemes are you involved in? Which groups of people tend to be referred? And which local organisations are involved?

Dr Brian Fisher: As a GP, I tend to refer people with multiple problems who are also rather lonely and cut out of society. Using Community Connections means that I don't have to know about the various groups in the borough – I can rely on the system to match up my patient with the most suitable group.

Lewisham Carers operates on a neighbourhood model throughout the London Borough of Lewisham, with regular “pop-up” advice and information sessions in GP practices.

Carers Lewisham provides:

ADVICE, INFORMATION AND ADVOCACY

- Financial and welfare benefits
- Help to complete Lasting Power of Attorney forms
- Combining paid work with caring
- Getting practical help in the home

- Managing the condition of your cared for person
- First Aid training
- Getting support from health and social care
- Your Rights as a carer

EMOTIONAL SUPPORT

- 1 to 1 support
- Support groups: Mental Health Carers, Parent Carers, Older Carers, Male Carers
- Coping Strategies training
- Relaxation days, pampering, massage
- Access money for you to have a holiday or time out from caring
- Outings and activities

SPECIALIST SUPPORT

- Dementia Support

We offer specialist dementia advice, information and support to the families or friends of the person who are supporting the person with dementia. We work closely with other organisations in the London Borough of Lewisham who offer services to those with dementia and can therefore help you to access any practical help you may need. We can provide information about the illness and help you to cope with the challenges it may bring, as well as financial advice (disability benefits etc.) and emotional support.

- End of Life Support

We offer rapid response and needs assessment, on-going emotional support as well as practical support with Advanced Care Plans, deputyships, benefit checks, and Carers Assessments. We also offer guidance for carers in assessing and planning for future needs throughout referral and signposting to counselling and bereavement support services.

- Counselling and therapy

The counselling service is open to anyone physically caring for, or emotionally supporting a relative, partner or friend with a disability, long-term physical or mental illness, or frailty. Young Carers over the age of 12 can also access this service. Counselling usually takes place on a weekly or fortnightly basis. The maximum length of counselling is 30 sessions.

- Working for Carers

Employment support project for unemployed and economically inactive unpaid carers across South and Central London

We offer:

- One-to-one support
- Needs assessments and action planning
- Carer-specific employability training programme
- Peer and group activities
- Time-limited in-work support to enable sustainable employment

From your experience, what are the most effective non-clinical interventions in use in Lewisham and more widely? Is there any evidence on these?

Dr Brian Fisher: As a GP, I think the most effective non-clinical interventions would include:

- Citizens Advice
- Lewisham Carers

- Time Banking
- Deptford Action Group for the Elderly
- Samaritans

I understand that there is evidence on all these groups in respect of health gain.

Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?

Dr Brian Fisher: As a GP and as a patron of Carers, I think that there is an increasing appetite for social prescribing. However, the real rate-limiting factor is the threat to groups from government austerity which is decimating the number and size of community groups across the country including in Lewisham.

If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?

Dr Brian Fisher: As a GP, I think that there may be more benefit to be gained by patients who are less disabled than the people I described above whom I currently refer to the third sector. It would be easier for them to contact groups and they may possibly get more out of them. Hospitals could do more referrals I should imagine.

Dr Brian Fisher: Speaking as a director of a software company, Evergreen Life, currently offering record access and other IT services to people using the NHS across England, I think that there is an opportunity to develop software that would help to semi-automate social prescribing, widening the user-base and allowing people and patients to make their own choices. This could be offered when people were booking appointments online or ordering repeat prescriptions and/or looking at their records.

3.3 Lewisham Speaking Up

Are you aware of any schemes in the borough that could be described as social prescribing?

Yes, we run some activities which could be described as social prescribing and we do refer people we work with to other schemes that could be described as such.

If so, what sort of schemes are you aware of? Which groups of people tend to be referred? And which local organisations are involved?

As we work exclusively with adults with learning disability, this is the group that we are most aware of in terms of receiving or making referrals. As well as running our own groups, we are also aware of groups run by Heart n Soul who provide arts activity groups for people with learning disability including 'Allsorts' and the Heart n Soul choir.

However, being based in the Albany we are also aware of other schemes that are used by older people, particularly 'Meet me at the Albany' which is an arts based programme run by Entelechy.

We have recently acquired funding from the Deptford Challenge Trust to set up a 'Speak Up and Wellbeing' group for adults with a learning disability who receive little or no support from statutory services. This was a result of us holding a people's parliament event on Loneliness and Friendships. At this event we found that 60% of people with learning disability told us they experienced some level of loneliness. We also observed that the people who said they were lonely most often were those who do receive traditional services such as a day service or support in the community.

We would see this group as one that fits the description of social prescribing. So far, our referrals have come from community connections and service providers. Our aim with this new group is to prevent loneliness and isolation and to support people to make and sustain friendships. We aim for the group to develop as a peer support network. In our view, this will lessen the chances of those people using GP or hospital services for socio-economic based problems that lead to anxiety and depression.

We have also referred people to Community Connections and Volunteer Centre Lewisham, usually because they are experiencing some form of social isolation.

Some of the organisations involved in what we would see as social prescribing: Lewisham Speaking Up, Heart n Soul, Entelechy, Community Connections, Ahoy, Voluntary Action Lewisham, Volunteer Centre Lewisham, Lewisham Disability Coalition,

From your experience, what are the most effective non-clinical interventions in use in Lewisham, and more widely? Is there any evidence on these?

From our view of supporting people with learning disability we would say the most important non clinical interventions are those which address the social problems that this group can face. This includes our own work as an advocacy organisation – both 1;1 advocacy for example helping people to resolve issues with debt, benefits housing etc. and self advocacy which addresses issues such as self esteem, confidence, meeting friends and socialising. Activity based groups such as arts, gardening and sports seem to work well. They provide a supportive social environment and should be able to signpost people onto to services if more serious issues arise. We would also imagine that these types of interventions work well with older people and those experiencing mental ill health. As stated in the background paper, evidence is more anecdotal rather than quantitative, but from our experience we know that people do really value these groups and activities.

Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?

We would like to see more social prescription type activity in the borough, hence our idea and bid for the ‘Speak Up and Wellbeing’ group. So we definitely have an appetite for this type of intervention!

If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?

We would welcome the growth of this type of activity as we do receive referrals for people looking to develop a social life. This can be very difficult for some people with learning disability and autism. We know that disabled people experience higher levels of loneliness and we know that loneliness is detrimental to overall health. More interventions around making friends and developing relationships, including sexual ones will help people have happier and healthier lives. For many learning disabled people, this isn't something they can do without support. We would like to see a greater focus on supporting people in this area.

Many of the same arguments might be made in relation to older people and those experiencing mental ill health.

4. Further reading

- Annual Evaluation of Sydenham Garden 2016 – 2017, Sydenham Garden (see appendix A)
- [The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update](#), CRESR, Sheffield Hallam University, May 2017 (see appendix B)
- [Rotherham Social Prescribing](#) (presentation from King's Fund event on social prescribing), Janet Wheatley, Chief Executive, Voluntary Action Rotherham (see appendix C)

4. Recommendations

The Committee is asked to note this information.

If you have any questions, please contact John Bardens (Scrutiny Manager) on 02083149976.