East of England

Social Prescribing Network and Learning Event

13th February 2020, Fielder Centre, Hatfield, Hertfordshire

NHS England and NHS Improvement

Introduction from chair:
Welcome and overview

Dr Marie Polley
Co-chair of the National Social Prescribing Network

Join the all day conversation

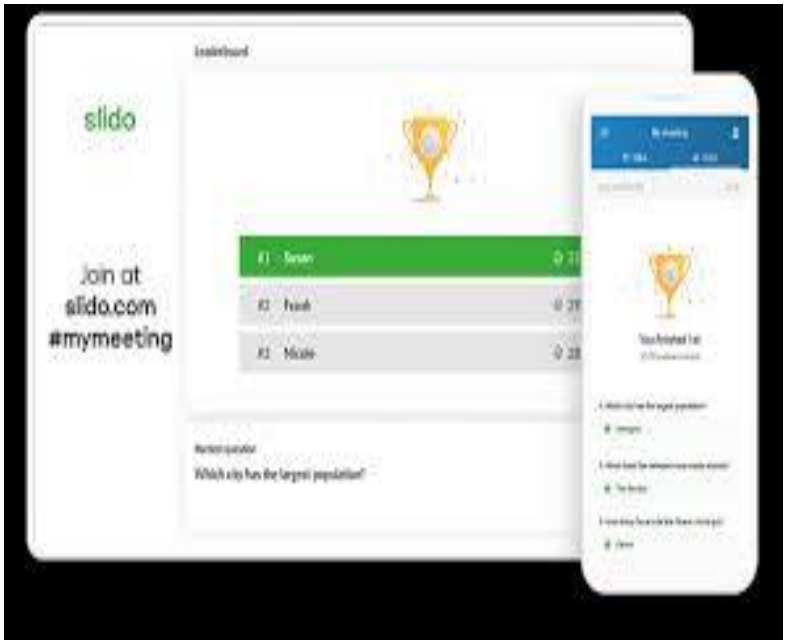
Download the **Sli.do** app

or

Go to:

https://app2.sli.do/

Type in the event code: **#W413**



‘How one GP thinks social prescribing can change lives’

Dr Ollie Hart,
GP, Partner Sloan Medical Centre,
Person centred care clinical lead NHS Sheffield,
Director Peak Health Coaching

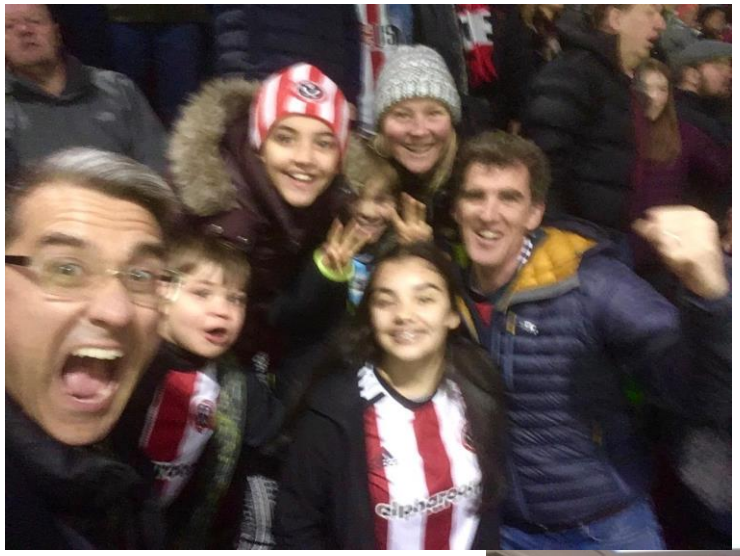

My perspective on Social Prescribing
Dr Ollie Hart- Feb 2020

About me:

- GP partner – 14 years
- Person centred care lead NHS Sheffield – 6 years
- Sit on the SYB Social prescribing board
- Director of Peak Health Coaching – 3 years
- Parkrun Health and Wellbeing Ambassador- 2 years
- Co-chair NHS England SSM strategy - 1 year
- Clinical Director Heeley Plus PCN- 8 months

PEAK HEALTH COACHING

‘WE’



Coming up…….

- Why?
- Personalised Care- the context
- Working Smart- Activation
- Health Coaching
- Valuing what you all believe in

What contributes most to good long-term health?

100% The Health System

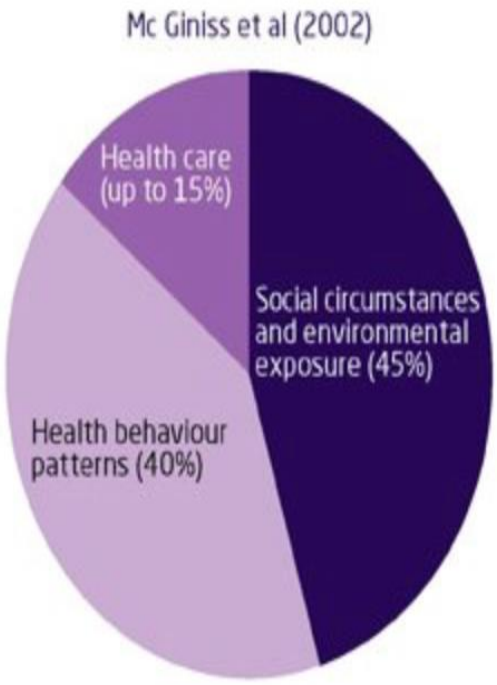
70%:30%

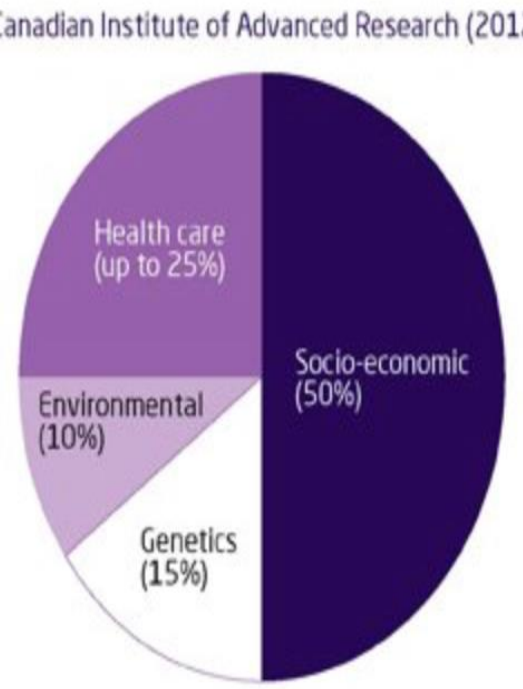
50:50

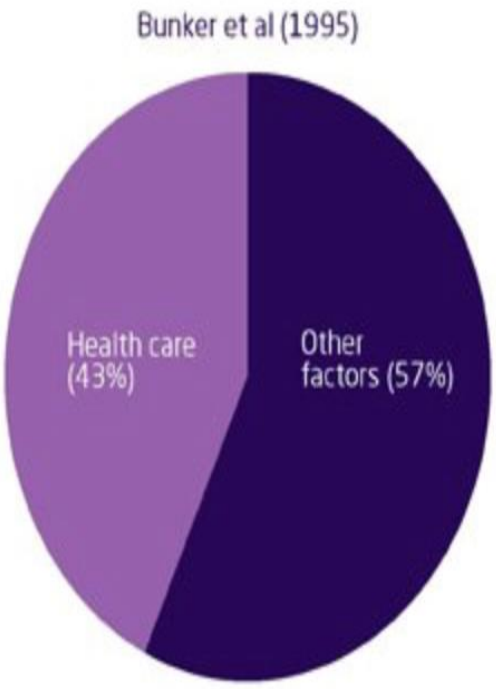
30%:70%

100% The Person themselves

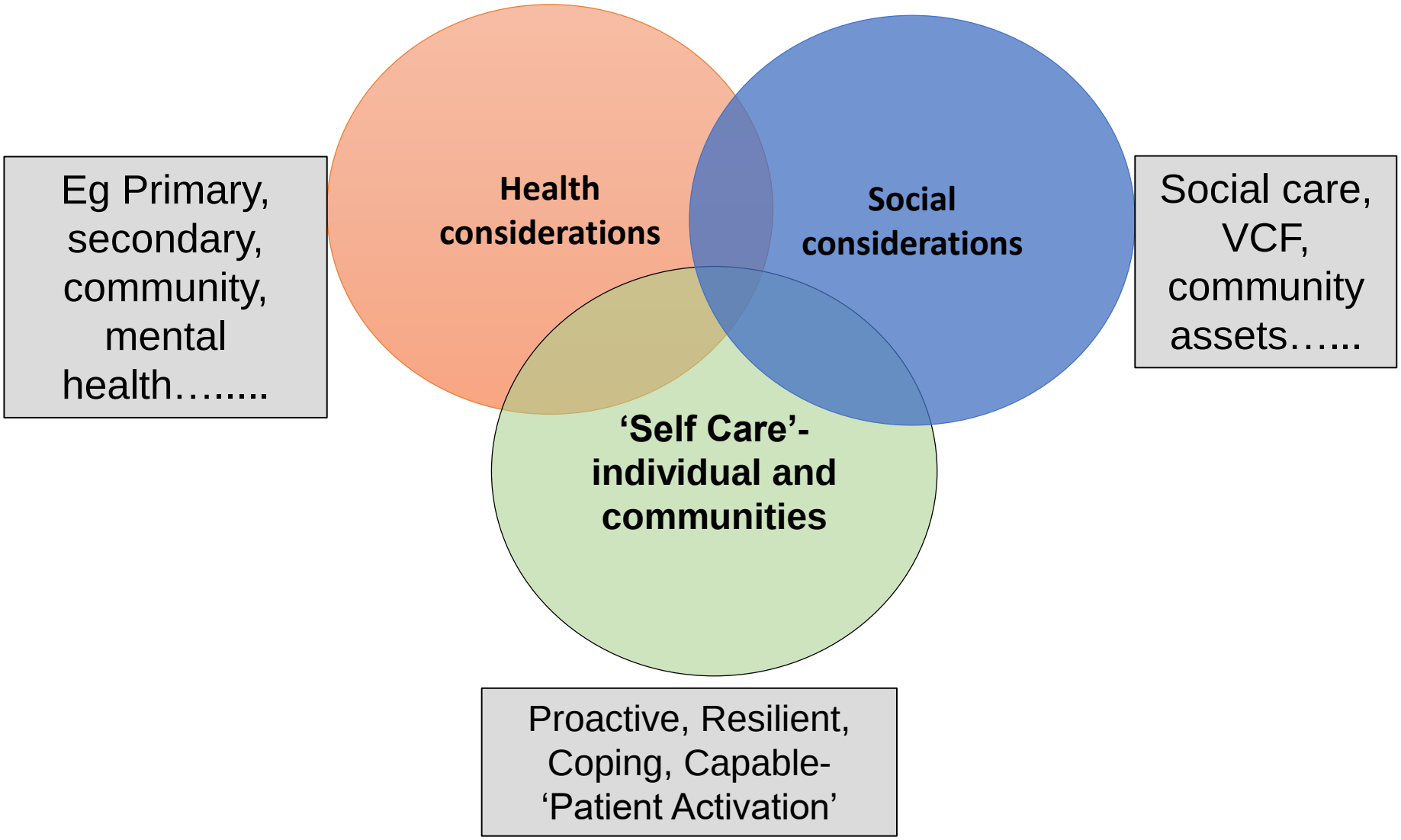
Kings Fund Review 2012



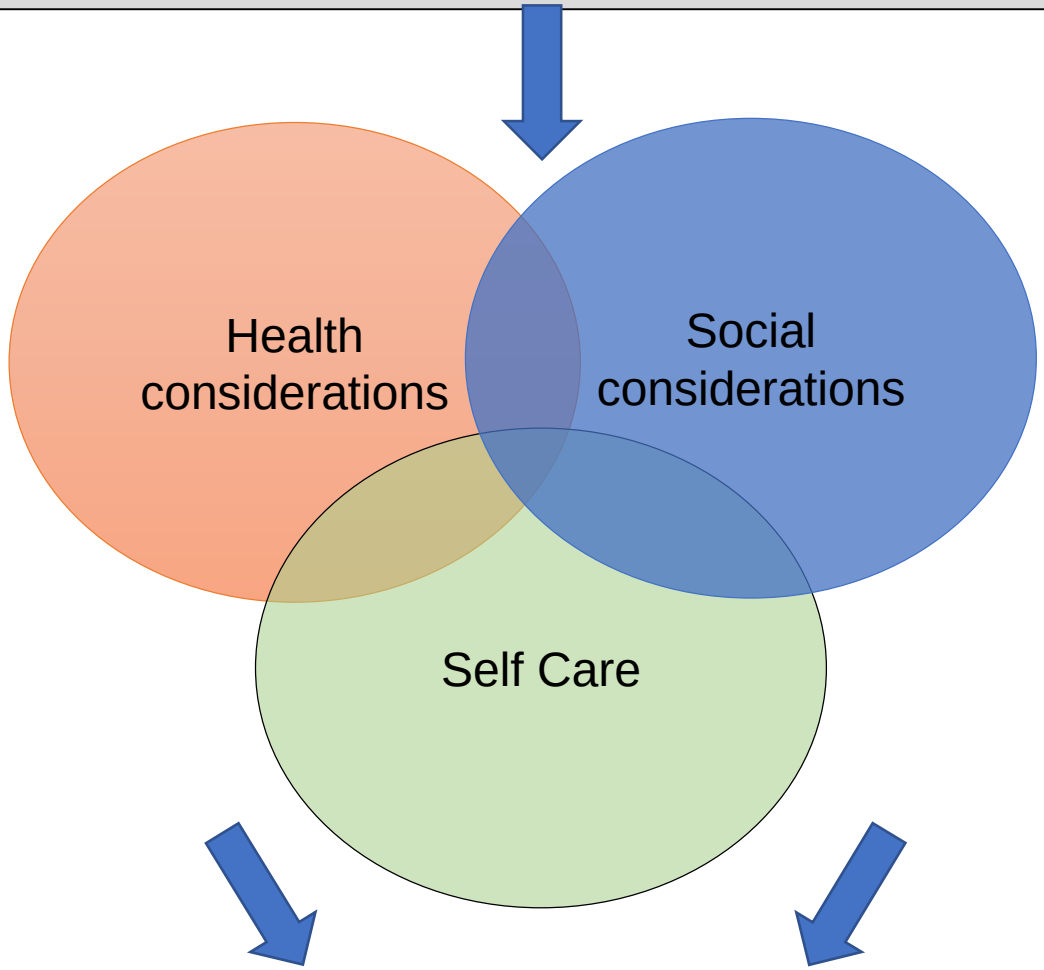




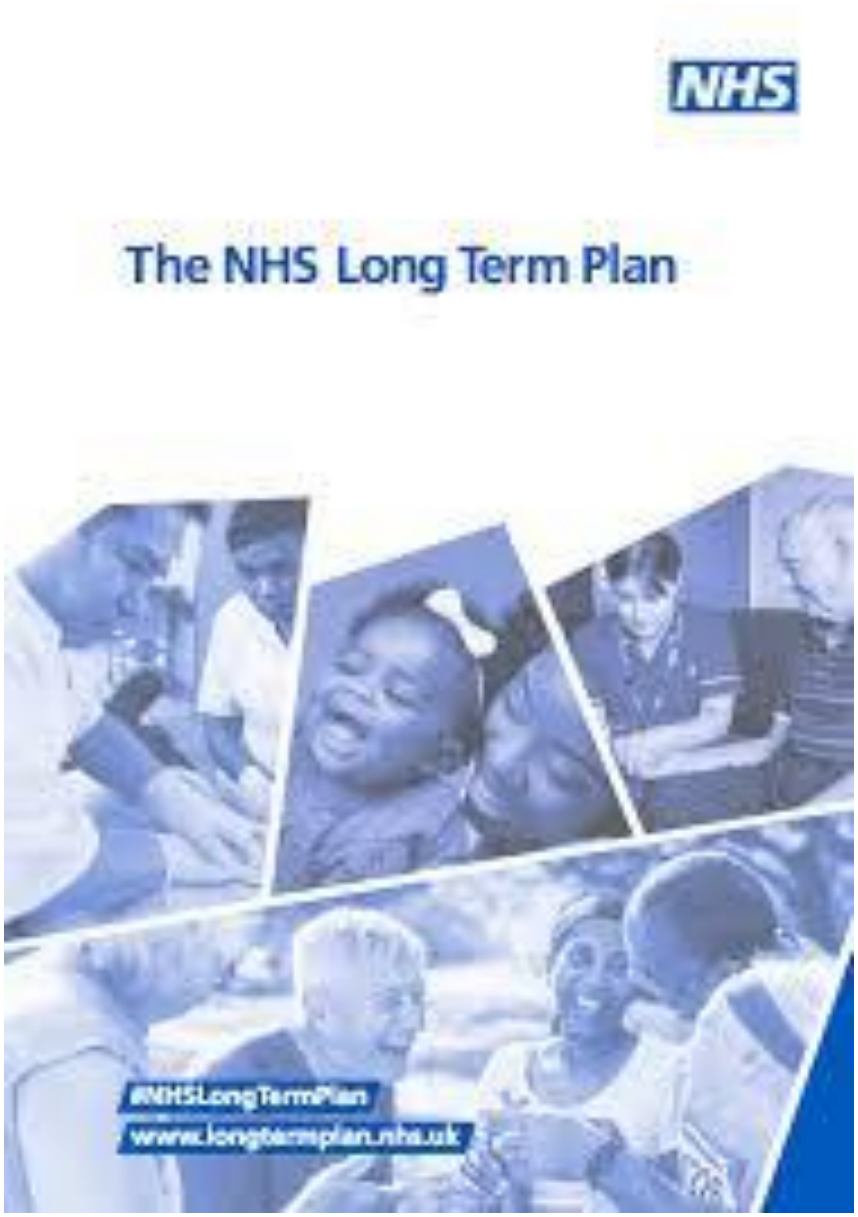
Key dimensions of Health and Wellbeing

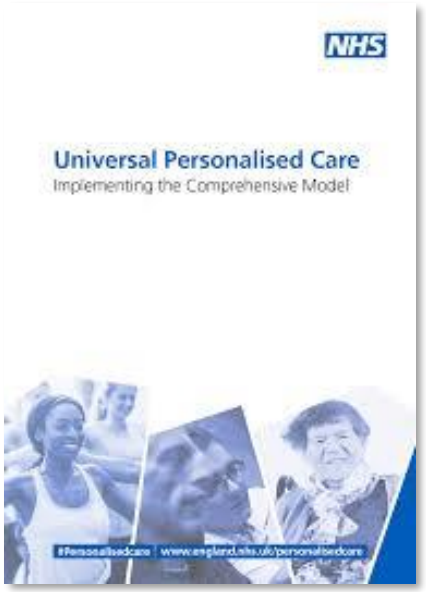


This shared space is crucial-
co-ordination / shared values are key



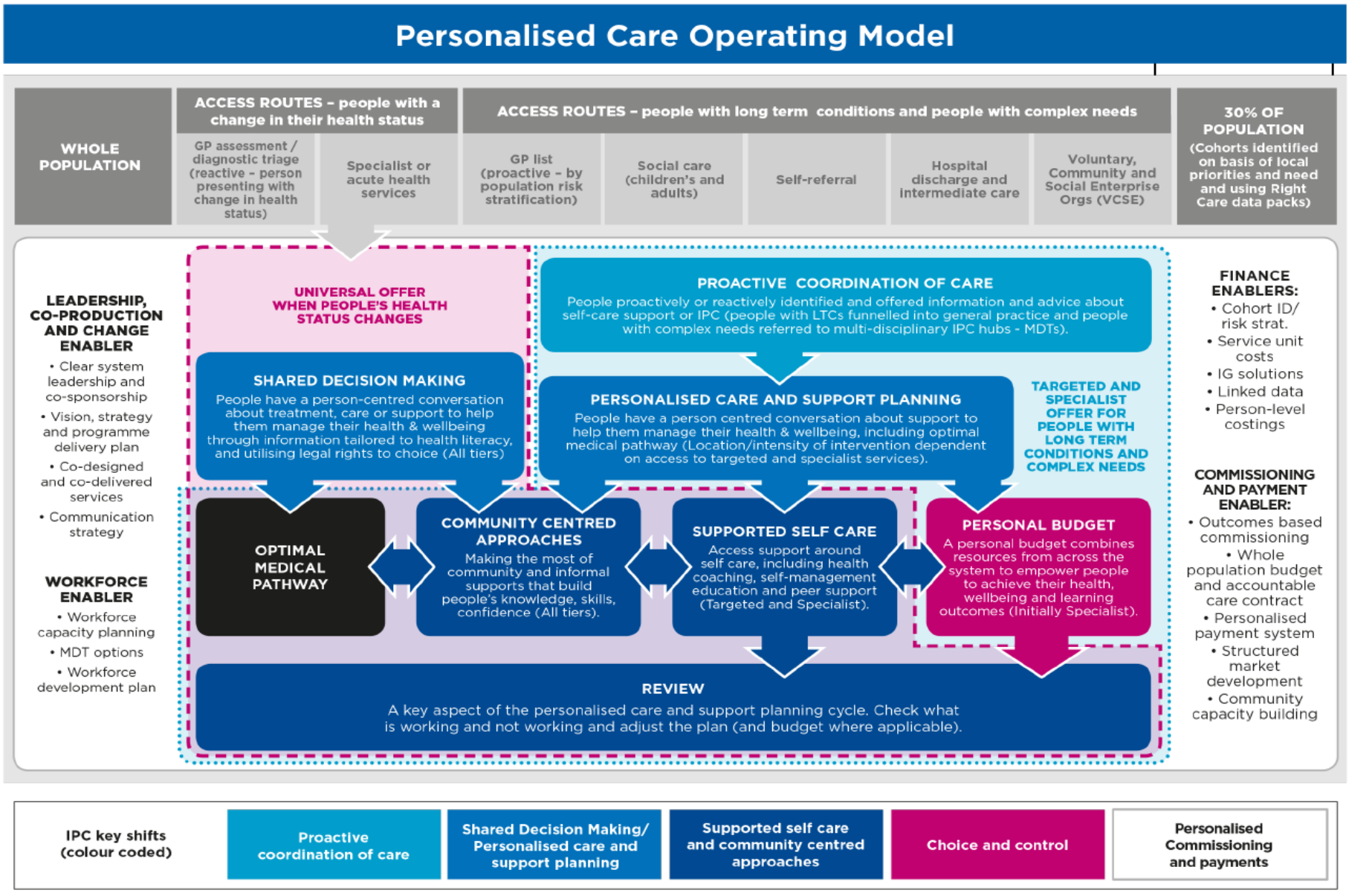
drive towards self care, as far as capable.
asset based, ‘coaching approach’


NHS
The NHS Long Term Plan
#NHSLongTermPlan
www.longtermplan.nhs.uk


NHS
Universal Personalised Care
Implementing the Comprehensive Model


BMA
NHS England
Investment and evolution:
A five-year framework for GP contract reform to implement The NHS Long Term Plan
31 January 2019
#NHSLongTermPlan
www.longtermplan.nhs.uk

Personalised Care Operating Model



IPC key shifts (colour coded)	Proactive coordination of care	Shared Decision Making/ Personalised care and support planning	Supported self care and community centred approaches	Choice and control	Personalised Commissioning and payments

Frank's Story- https://youtu.be/hVScAfJmOzo

Frank's Story

- Long distance lorry driver
- Type 2 diabetes – On insulin, and 3 medications
- "lots of tellings off from doctors and nurses"
- New practice, new coaching approach
- Matched with a local cycling scheme, via link worker
- Learnt to ride a bike

Frank's Outcomes

- Regular member of weekly cycling group
- Rides in between on his own now
- Lost 3 stone, came off insulin
- Activation increased – Level 2 to Level 4
- Now leads the riding group
- Become a peer volunteer in the practice

Social prescribing – addressing people's needs in a holistic way

GPs and other health care professionals can refer people to a range of local, non-clinical services, supported by a link worker or connector

What is social prescribing? (SYB support doc.)

- **a mechanism for linking patients with local non-medical sources of support**
- Recognises **psychological, social, environmental and economic** factors in health and wellbeing and health inequalities.
- It may occur alongside or **instead** of a medicalised approach.
- Primary care and wider professionals refer patients to a **‘link worker’** who helps the patient to identify **what matters most to them**
- The client and link worker **co-produce a plan**, that taking a **strength-based approach**, **empowers the patient to enhance their own health and well-being**.
- The plan builds on the skills and resources of the patient and may include them accessing a **wide range of non-clinical services, often including community assets and voluntary services.**

For me, two key components:

- The **social prescribing connector element** ie the support from the social prescribing link worker (person centred conversation)

- The **community assets and other services** that the person is supported to access. (Needs sustained resource!)

Excellent new link worker

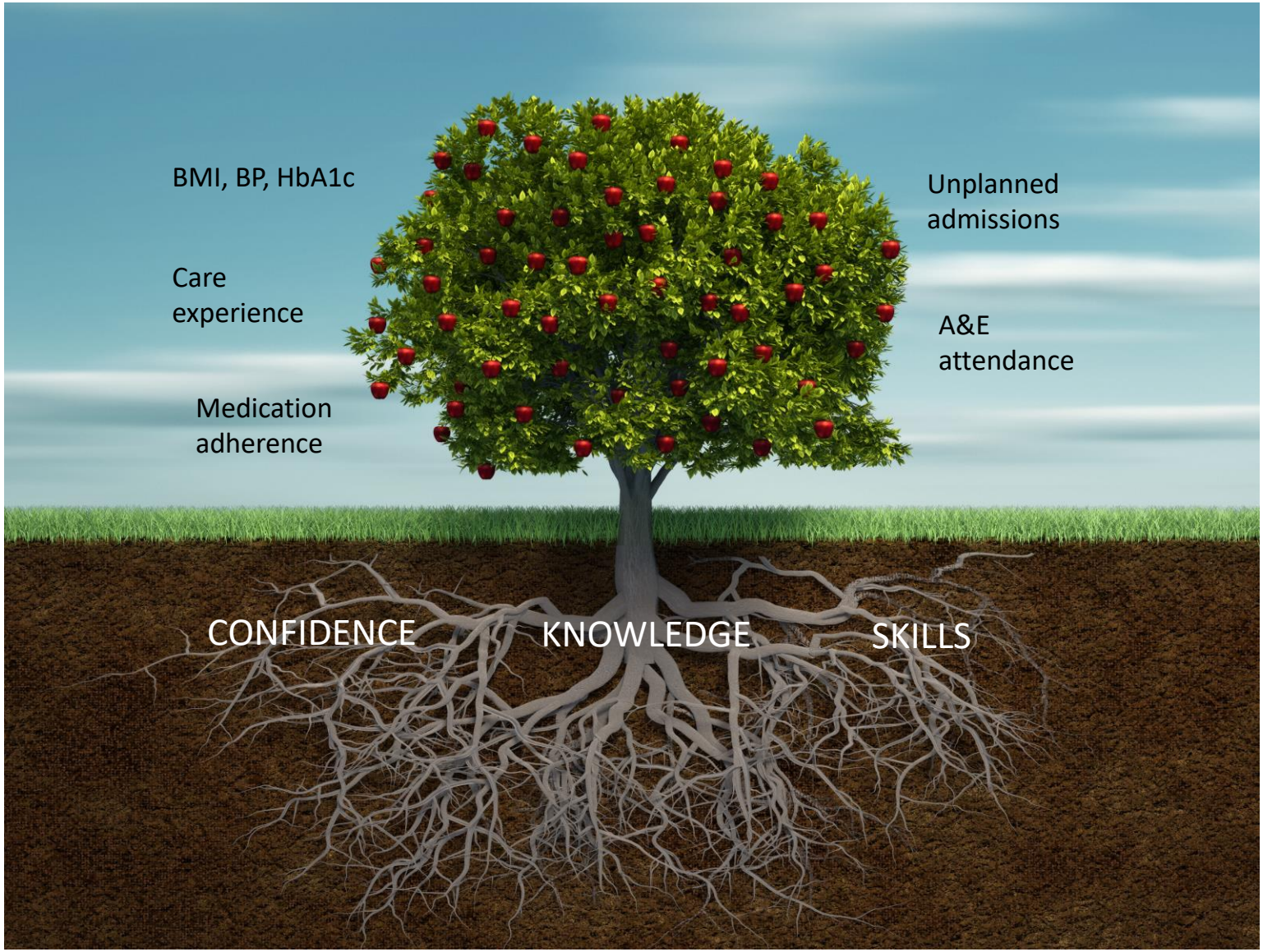
- Help people to self-manage chronic pain
- Talk to people about healthy diets
- Get people hooked up with exercise options
- Connect people to volunteering options
- Reduce social isolation

- We'll have more time than other practice sessions
- Give you some space and time to hear your story properly
- Help you make sense of what matters most to you right now
- Help you to think through what might be important to consider next in life

Patient Activation:

Possessing the **skills, knowledge** and **confidence**
to actively engage in your health and change behaviours where needed
to achieve
better health outcomes

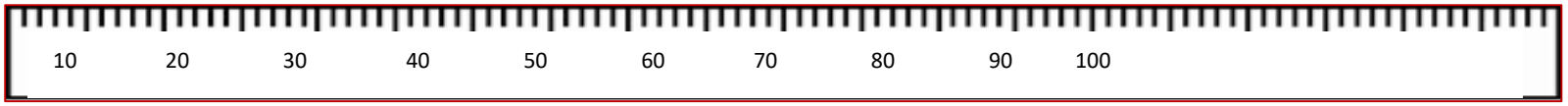
Activation is not easily observed…



1.	I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2.	Taking an active role in my own healthcare is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3.	I am confident I can help prevent or reduce problems associated with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4.	I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5.	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6.	I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7.	I am confident that I can carry out medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8.	I understand my health problems and what causes them	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9.	I know what treatments are available for my health problems	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10.	I have been able to maintain lifestyle changes, like healthy eating or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
11.	I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
12.	I am confident I can work out solutions when new problems arise with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
13.	I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

Four activation levels reside along a continuum

Activation is developmental



0-100 point empirically derived point scale

Allows us to understand how an intervention specifically impacts a change in PAM score

Health Coaching- Belief model

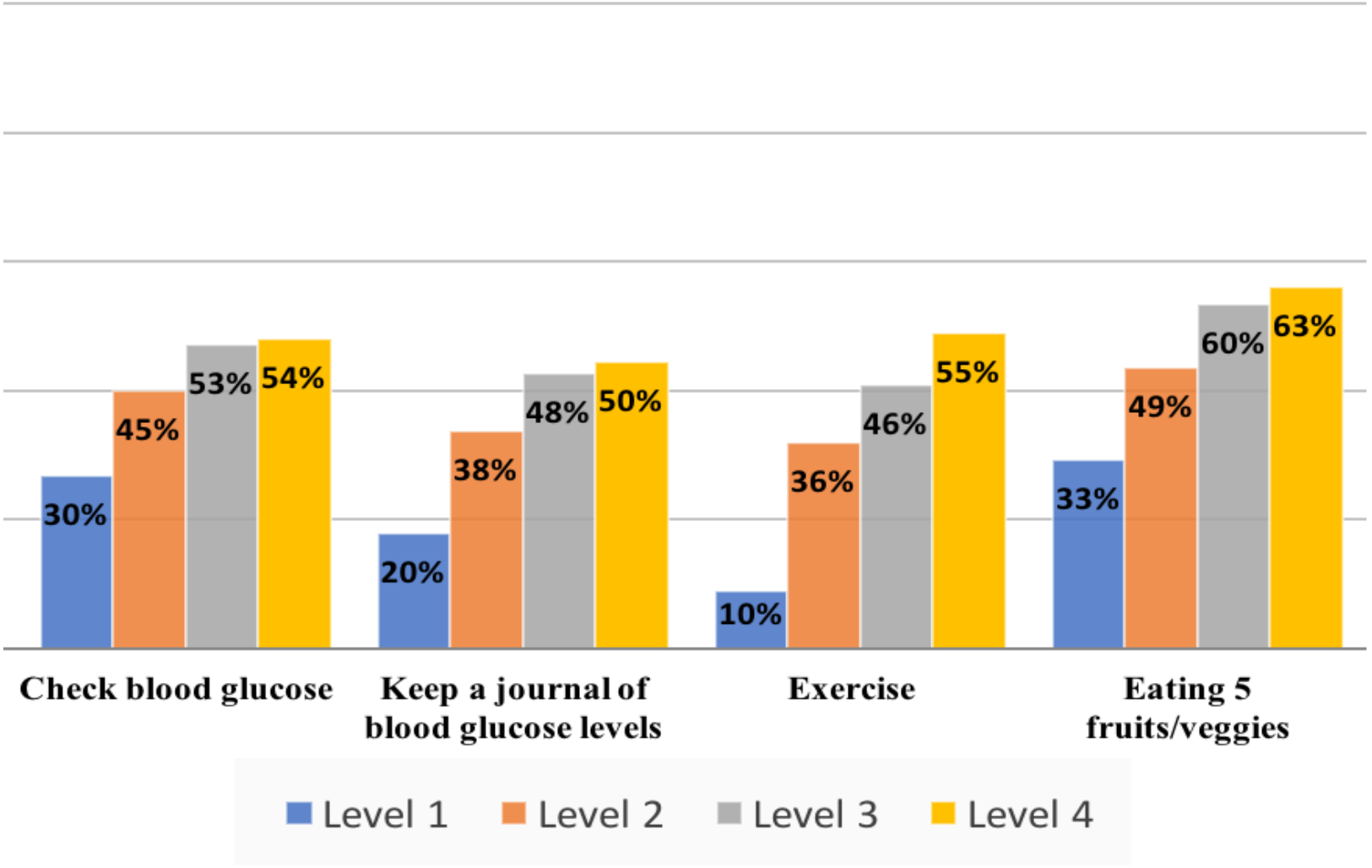
- Believe in the persons resources – however small can grow
- HCP and person
- Believe it is worth developing these resources
- “doctor knows best” ?

Health Coaching - Awareness and Ownership

- Awareness- What matters most to me (now)
  v. What is currently happening
- Create unease- stimulate thinking (+Health info)
- Leads to ownership of the issues

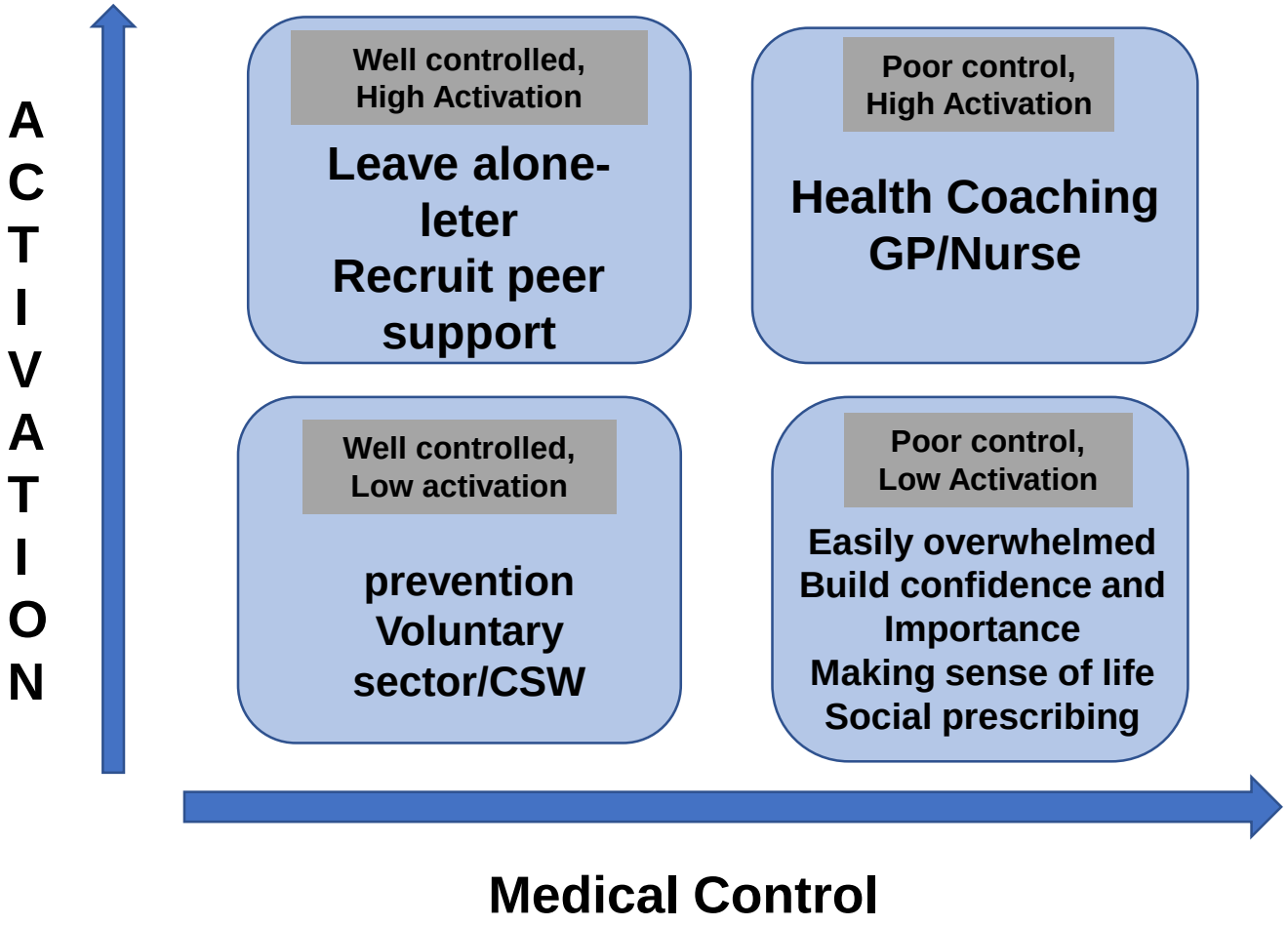
- Moving away from a one size fit all
- Staff have skills to adapt their approach (activation levels)
- Systems match right approach- person, time
- Reduces waste – Allows us to work SMART

Where is the biggest gain to be had?

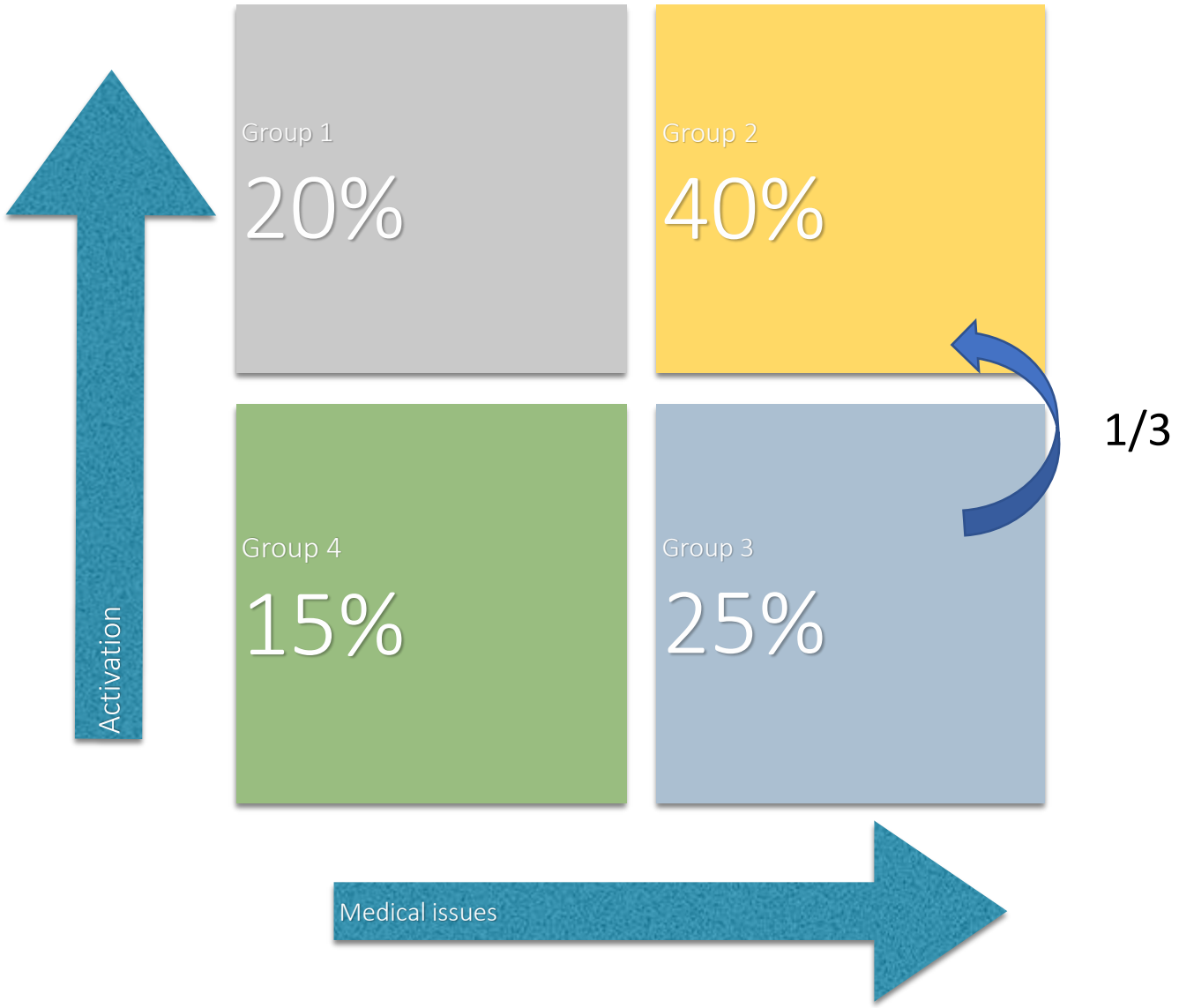


Source: Picker Institute, 2005

How might you allocate resources?



What has happened in Diabetes?



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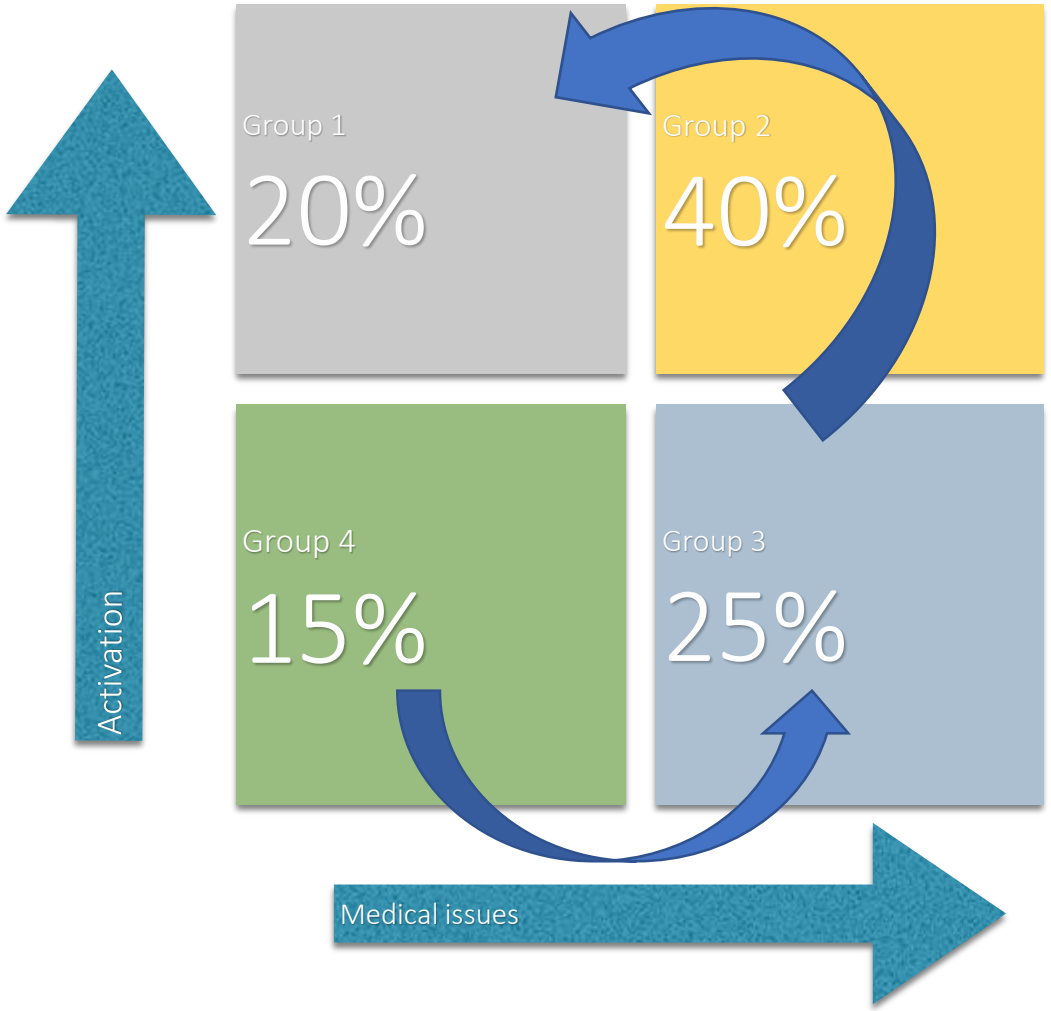
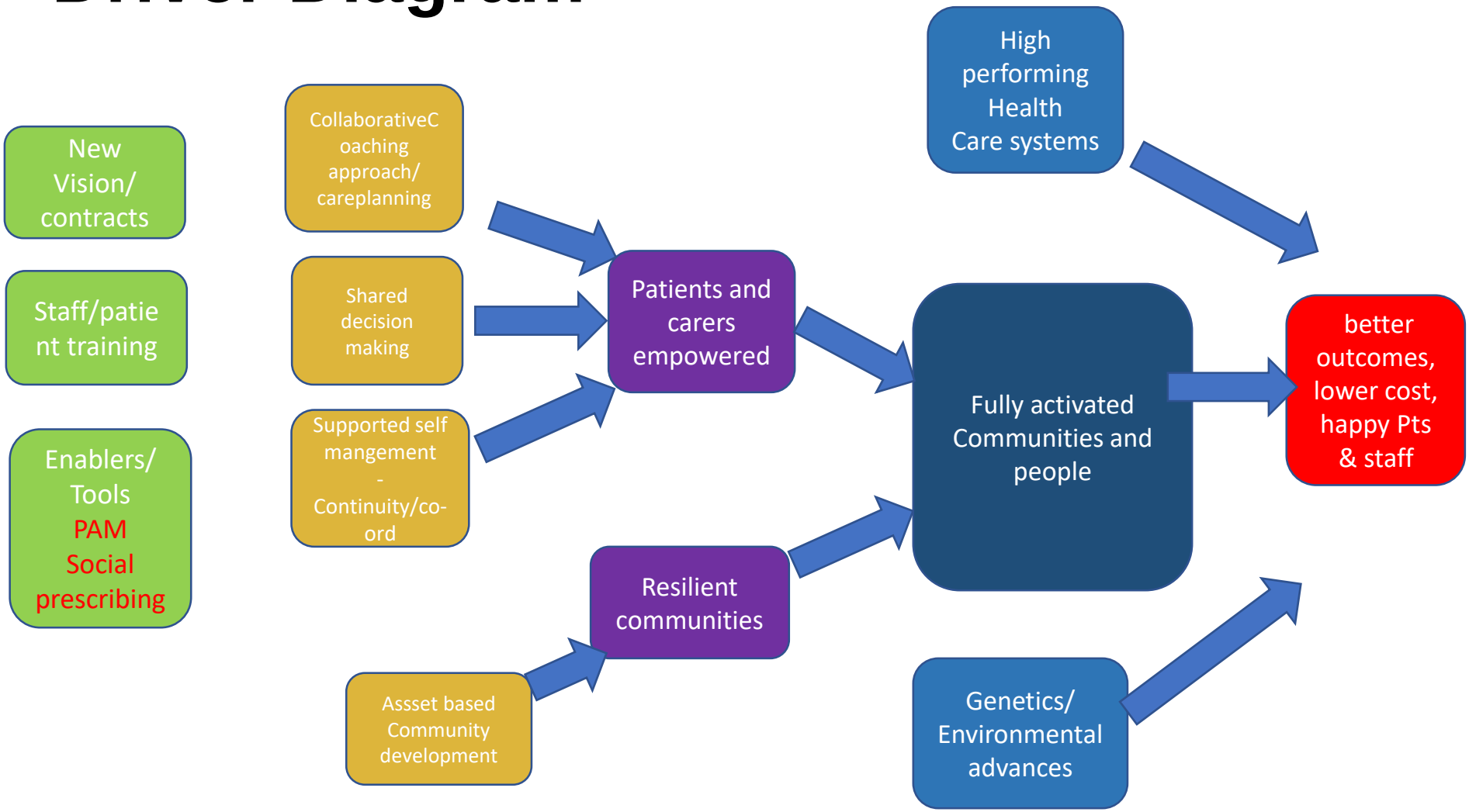


Driver Diagram



What next?.... a stepping stone…….

- Mindset shift – Health and Wellbeing stretching beyond NHS
- Primary Care Networks (Integrated teams)
- Personalised Care
- New Roles- link workers
- levers for change
- ‘Communities of Health’

Take Home Message

- Personalised care is the NHS of the future
- Social prescribing is one aspect of personalised care
- Holistic , Integrated…..wider de
- Patient Activation
- tool for working smart,
- valuing the early changes
- Longer term ‘Community of Health’

NHS England & Improvement – national and strategic aims and progress

Jennie Walker
Head of Personalised Care
NHS England & Improvement

Social Prescribing: national and regional strategic aims and progress

Jennie Walker, Head of Personalised Care

NHS England and NHS Improvement

Long-term plan: 5 major practical changes to the NHS service model

1. We will **boost 'out-of-hospital' care**, and finally dissolve the historic divide between primary and community health services.
2. The NHS will **redesign and reduce pressure on emergency hospital services.**
3. **People will get more control over their own health, and more personalised care when they need it.**
4. **Digitally-enabled primary and outpatient care** will go mainstream across the NHS.
5. Local NHS organisations will increasingly **focus on population health** and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

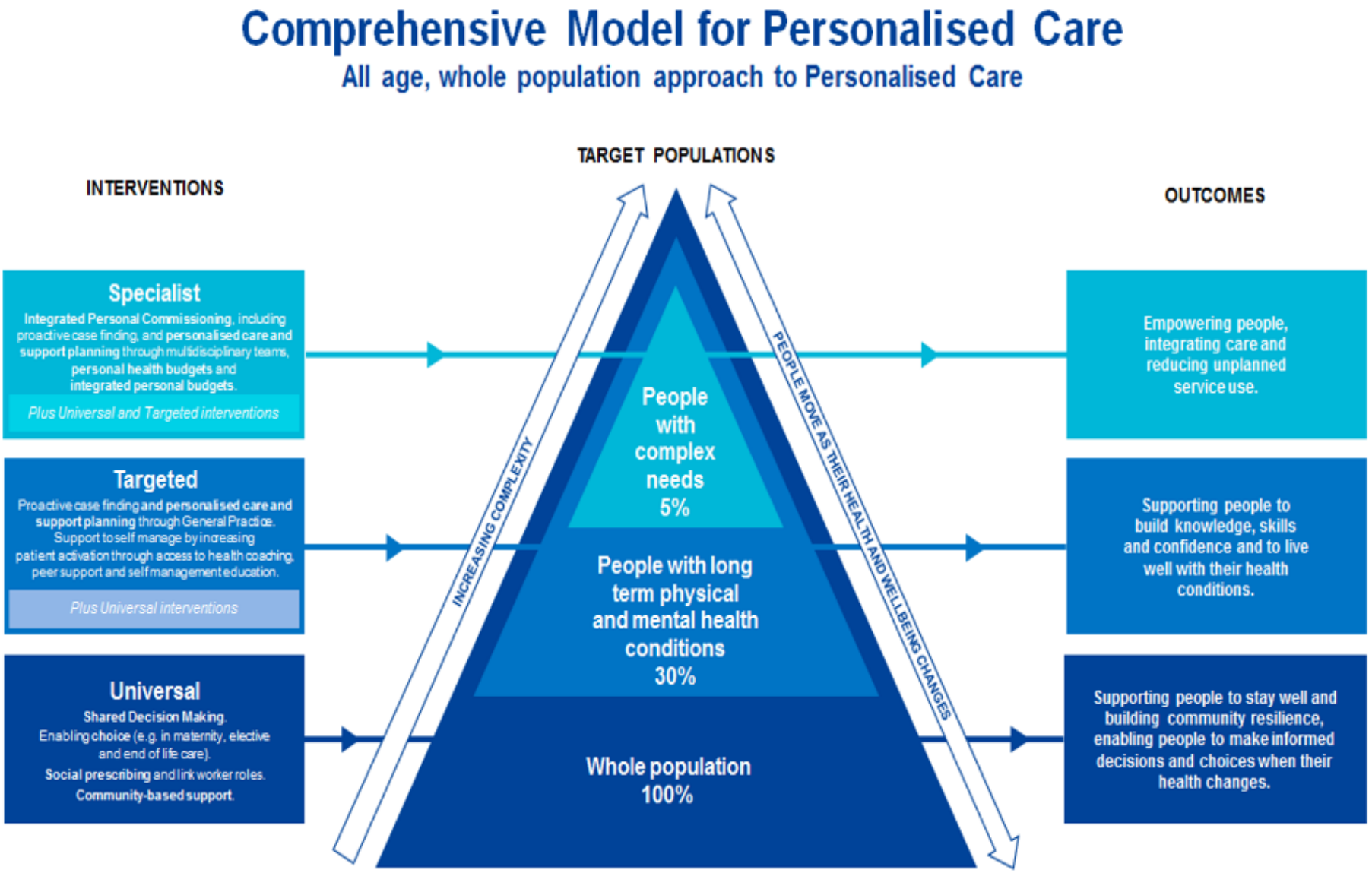
The NHS Long Term Plan

#NHSLongTermPlan / www.longtermplan.nhs.uk

Long Term Plan commitments

- 1.39. We will **roll out the NHS Personalised Care model** across the country, reaching **2.5 million people by 2023/24** and then aiming to **double that** again **within a decade**.
- 1.40. As part of this work, through **social prescribing** the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. **Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21** rising further by **2023/24,** with the aim that **over 900,000 people** are able to be referred to social prescribing schemes by then.

This means a, comprehensive whole population approach:



The scale of ambition

LTP commitment	19/20 target	23/24 target
Personalised Care reaches 2.5million people by 23/24	Over 670,000* personalised care interventions benefitting over 500,000 people	2.5million people by 23/24
1,000 SPLWs **900,000 referrals**	1,300 SP link workers recruited and trained Over 97,000 people referred to social prescribing link workers	4,500 SPLW recruited and trained 900,000 people referred to social prescribing link workers

East LTP responses

- All the responses talk about social prescribing and recognise its potential to transform services around the individual;
- Some fantastic existing schemes that can be built upon, and this was recognised in a number of the plans;
- All plans talked about the importance of the wider determinants of health and that we need to work differently to achieve improving population health.

The scale of ambition: the East 2023-24

STP	DES + CCG funded link workers	Social Prescribing Referrals
Cambridgeshire and Peterborough	21	14,395
Hertfordshire and West Essex	111	29,344
Mid and South Essex	114	43,305
Bedford, Luton, Milton Keynes	92	15,795
Norfolk and Waveney	68	16,520
Suffolk and North East Essex	41	15,881
East England Region	**447**	**135,240**

Five year framework for GP contract reform

- Funding directly to primary care networks (PCNs) for a new, **additional social prescribing link worker to be embedded in every PCN multi-disciplinary team**, through the Network Contract Direct Enhanced Service (DES).
- Since July 2019, at **100% reimbursement** of the actual on-going salary costs, up to a max amount (£34,113) GP Contract Reform, section 1.26. The percentage will neither taper nor increase during the next **five years**, giving networks maximum confidence to recruit to the full.
- Experience shows that many PCNs may **choose to fund a local voluntary sector organisation to employ the link workers on behalf of the network**. The contractual arrangement will be for local areas to decide, but the funding will be routed via the Network Contract DES.
- Funding will also be available to **all PCNs** across England, including local areas where link workers are already embedded in primary care multi-disciplinary teams.

PCN DES

- There is a specific requirement within the contract for each PCN to provide a social prescribing service and the contract also includes personalised care and support planning as an integral part of the Enhanced Health in Care Homes service.
- It also includes three personalised care roles based in primary care; social prescribing link workers; health and wellbeing coaches; and care coordinators, all of which will be reimbursed at 100% of actual salary plus defined on-costs, up to the maximum reimbursable limits for each role.
- These roles provide further opportunities for PCNs to enhance the delivery of personalised care and can form a resource for GPs and other primary care professionals to provide a broad approach to personalised care, which can free up capacity and appointments in primary care.
- The social prescribing link worker role continues from the 2019/20 Network Contract DES. Social prescribing referrals have also been included in the Investment and Impact Fund (IIF).

PCN DES

- A national delivery support and training offer will ensure that our workforce has the confidence, skills and knowledge to deliver quality personalised care. For link workers, this will build on the existing training and development offer and the Personalised Care Institute (live from April 2020) will set out what training is available and expected for the three personalised care roles.

- As stated in the contract, the personalised care specification and anticipatory care specifications have been deferred until 2021/22. These specifications will now be reworked and negotiated with GPC England in a similar manner to the three finalised service specifications. This enables a more phased approach to delivery.

PCNs in the East

- 149 PCNs in the East of England
- 112 link workers offered or in pos
- About 70 here today!

"As a link worker, it is a privilege to give people time to be heard, space to consider positive changes in their lives and empowering them to move forward."

Diane,
Link Worker

National Academy for Social Prescribing

Launched Oct 2019, the aim of the Academy is to promote health and wellbeing at a national and local level – by championing social prescribing and the work of local communities in connecting people for wellbeing by focussing on:

- **raising awareness of social prescribing** beyond the traditional health system
- **exploring new ways of sourcing non-statutory and statutory funding** for community-based activities
- **brokering relationships between different sectors**
- **promoting the evidence base across sectors**
- **promoting accredited education and training.**

NHS England is a partner in the newly formed Academy.

Q & A

Personal Journeys:
Voices of people who have benefited from social prescribing:

Video: Nicolle's experience of the service and Suzi (her Community Navigator)

Talk: Nilufar Verjee (neice of client)

Regional Network & Learning Update

Tim Anfilogoff
Regional Social Prescribing Facilitator

Sian Brand
Regional Social Prescribing Facilitator & Learning Coordinator

Regional Facilitator Roles

- Partnership with National SP Network
- Supporting networking and sharing best practice
- Conferences and events
- Ongoing support and advice

How's it been for us?

Worked Well

- Vision
- Close link to NHSE – influencing guidance
- Support to focus on transformational change
- Speed of policy change

Worked Less Well

- Speed of implementation
- Changeover of some local leaders
- Part of NHSE or not part of NHSE?
- Some CCGs not responding

NHSEI Link Worker Offer

- Regional SP Facilitator & Learning
- Coordinator to support all EoE STP areas
- Link Worker welcome pack
- NHSEI Collaborative Platform - england.socialprescribing@nhs.net
- Webinar series – copies on platform

NHSEI Link Worker Offer

- 2 Link Worker workshops
- 2 learning events
- 6 online learning modules, 2 released to date – Health Education England - E-learning for Healthcare
- Support development of peer support networks / communities of practice

Morning Workshops

1. The Arts and SP	**Room E**
2. Improving Population Health: Community Centred Approaches to Improving Health and Reducing Inequalities	**Room B**
3. Better Outcomes for ‘High Intensity Users’ and Right Care	**Boardroom**
4. STP Masterclass	**Room D**
5. Link Worker Learning Co-ordinator session: holistic practice and the transformative value of SP	**Main Hall**
6. Children, Young People and SP	**Room C**

Refreshment Break

Lunch

1pm to 1.55pm

(Optional) Launch of Herts and West Essex Integrated Social Prescribing Operating Model in main hall (starts 1.15pm)

Afternoon Workshops

1. Loneliness and Social Prescribing	**Room B**
2. Volunteering in the STP/ICS Economy and Workforce Planning	**Room C**
3. Supporting systems to evidence the impact of Social Prescribing	**Main Hall**
4. Link Worker Learning Co-ordinator session: coaching for activation	**Boardroom**
5. Personalisation and Social Prescribing	**Room E**
6. Unpaid Carers and Exercise	**Room D**

Live link to Ontario Alliance of Community Health Centres

(Winners of international Social Prescribing award 2019)

Professor Kate Mulligan, Director of Policy and Communications

Alliance for Healthier Communities

Advancing Health Equity in Ontario

www.allianceon.org/
Rx-Community-Social-Prescribing-Ontario

Plenary, summary of workshops

Key issues for the region

Help us set the priorities for the new National Academy of Social Prescribing (NASP)

Bev Taylor
Senior Manager Personalised Care
NHS England & Improvement

National Academy for Social Prescribing

Web: www.socialprescribingacademy.org.uk

Twitter: @NASPTweets

Email: enquiries@socialprescribingacademy.org.uk

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NHS England is a partner in the newly formed Academy.

Draft: what difference could the Academy make?

National Academy for Social Prescribing

Aim	What might this involve?
1. Raise the profile of social prescribing - ***make some noise***	• National network of **social prescribing partners** – citizens, community groups, organisations committed to connecting people for wellbeing • **Social media campaign** • Showcase how **community activities improve wellbeing** – events across England?
2. Develop innovative funding partnerships - ***find some money***	• Broker new funding partnerships – for the VCSE sector • **Invest directly** in scaling up local VCSE/ community initiatives • Explore establishment of **shared investment funds** for scaling community activities
3. Broker ***relationships*** across all sectors	• Influence senior leaders across government • Develop a network of **NASP Ambassadors** • Create joint initiatives with national bodies
4. Shape and share the ***Evidence*** base	• Create **easy-to-use evidence summaries** • Develop a **collaborative of academics** to build the evidence base • **Identify evidence gaps** and encourage new research
5. ***Spread what works*** – share learning on social prescribing	• Develop an **international collaborative** to share learning • Create a **library of resources** on website – what works • Promote success stories – **learn from practice**

Can you help us create the work plan for the new National Academy for Social Prescribing?

National Academy for Social Prescribing

We're creating a work plan for what the new National Academy for Social Prescribing (NASP) will do to fulfil our vision of enabling people to live the best life they can. We've created five aims with partners and put some initial ideas down about what NASP may do.

We'd be grateful for your feedback on the draft slide 'what difference could the Academy make?'

We've also got some questions:

- If NASP could only do one thing, what would you like that to be?
- How important is ensuring that local VCSE organisations and community groups get funding and support to you? If so, how can NASP help to support sustainable local funding for VCSE groups and organisations?
- How would you like to be involved in supporting social prescribing and the work of NASP?

Please send your feedback to enquiries@socialprescribingacademy.org.uk by 29th February 2020.

Helen Stokes-Lampard, Chair of the Board

NHSE/I Social Prescribing Priorities 20/21

1. *Support Primary Care Networks to **recruit social prescribing link workers***
2. *Further develop **learning support for link workers,** building on online learning programme, webinars and link worker peer support networks in Integrated Care Systems.*
3. ***Local plans –** support CCGs and partners to develop shared plans for developing sustainable community offer, resource VCSE sector and embed link workers.*
4. *Explore how social prescribing can be developed, including how **children and young people** can be supported.*
5. *Work with partners to develop a competency framework and **standards for link workers.***
6. ***Evaluate the effectiveness** of the social prescribing link worker model in primary care networks.*

The NHS Long Term Plan

#NHSLongTermPlan / www.longtermplan.nhs.uk

NHS England publications:

- Summary Guide to Social Prescribing
- Social Prescribing Link Workers: Reference guide for primary care networks
- Universal Personalised Care
- NHS Long Term Plan
- Five Year Framework for GP Contract Reform
- Network Contract DES specification 2019/20
- Network Contract Directed Enhanced Service Additional Roles Reimbursement Scheme Guidance

NHS England has set up an online learning platform to share resources, provide peer support, and have online discussions.

To join, email england.socialprescribing@nhs.net

"Thanks for attending and supporting the East of England SP Network"

Please can you complete the event evaluation form

Social Prescribing Regional Facilitator:

Tim Anfilogoff:

tim.anfilogoff@nhs.net

Social Prescribing Regional Faciliator & Learning Coordinator:

Sian Brand

sian.brand2@nhs.net

NHS England

Social Prescribing Online Collaborative Platform

england.socialprescribing@nhs.net