Hywel Dda University Health Board and Public Health Wales Local Team

Social Prescribing (and similar approaches): navigating individuals to non-medical solutions to well-being.

1. INTRODUCTION

Hywel Dda University Health Board is exploring innovative approaches that support individuals to attain and maintain their health and well-being and to co-produce solutions to 'dis-ease' – long term conditions, changes in personal circumstances, loss of social connectedness, recovery from mental health problems, etc.

These approaches may better address the needs of individuals and communities as well as the increasing demand on health and social care services.

Referrals to 'non-doctor' solutions have long been a vital part of healthcare – whether to quit smoking or to address intractable pain through appropriate physical activity.

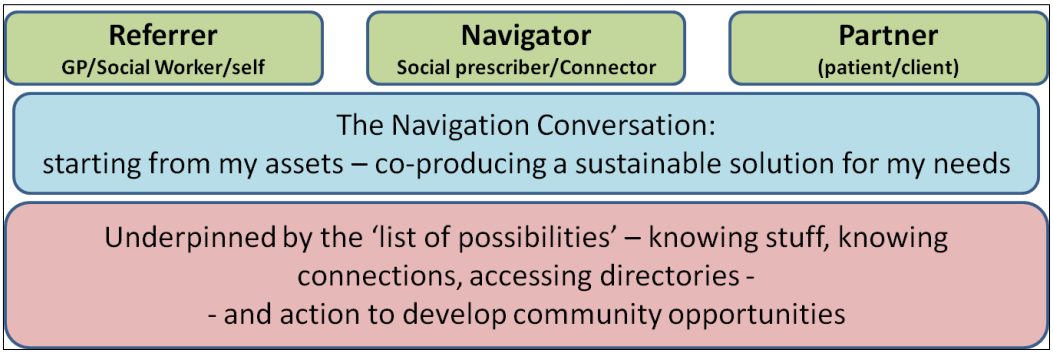
Traditionally, signposting options for support through the NHS or in other parts of the community have been gathered together into directories of services or waiting room displays.

The essential (often missing) element is the skilled navigation conversation that supports an individual to identify their own individual and community assets to find a workable, sustainable solution to their needs with, where necessary, vital support to start that journey. Action may also be needed to develop solutions where none exist.

Approaches that use these key elements to help an individual address a, perhaps, more social aspect of health have the potential to make more appropriate use of scarce resources, particularly in Primary and Community Care – directly in line with Prudent Healthcare principles.

These common key elements are used in a variety of initiatives across the three counties of Hywel Dda (as this paper will outline). Approaches that originate from a doctor's consultation room have tended to adopt the somewhat ugly label, '**Social Prescribing**'. This paper will describe similar work operating through a variety of partnerships/locations.

The common elements of these approaches include:



Across the three counties of Hywel Dda, a number of programmes are exploring the use of this construct:

- *Making Every Contact Count* approaches
- Primary Care *Lifestyle Advocates*
- Healthy Lifestyle Advisors
- Community Connectors
- Time Banks
- Social Prescribers
- Resilience Workers

2. BACKGROUND

The Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health recently wrote to all Chairs of health boards, local authorities, regional and public services boards and WCVA (21/08/17) outlining that:

> *Our Social Services and Well-being (Wales) Act, our Well-being of Future Generations (Wales) Act, and our programme for government, Taking Wales Forward, are all founded on a model of health which recognises the impact of social determinants on health and well-being and draws on all sources of help and support.*

recognising the role of:

> *non-clinical care and support . . which can support people's well-being. . . available in the community or provided by the voluntary or third sector. There is growing recognition of the role of this type of care and support and increasing examples of local action to develop effective ways of linking people to it.*

In its recent 'Prosperity For All' - the National Strategy (September 2017), Welsh Government set out its vision, which includes to:

- expand the community health and social care workforce, with innovative new roles, such as 'community connectors' that support social prescribing and more formal partnerships with volunteers and the third sector. (p14)
- build the capacity of communities as places which support better health and well-being using approaches such as social prescribing. (p20)
- deliver a pilot to explore how social prescribing can help to treat mental health conditions. (p26)

Action is supported by the Primary and Community Care Development and Innovation Hub (Public Health Wales NHS Trust), which has:

- Implemented a systematic process for gathering and sharing activity in respect of social prescribing
- Published, in collaboration with Public Health Wales Observatory Evidence Service, 'Social prescribing evidence map: summary report' (June 2017)

The Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health, in their discussions with Vice-chairs of Health Boards and NHS Trusts (letter 17/10/17), have indicated that '*Welsh Government is championing social prescribing*' and expressed an interest in:

> *the development and sharing of the principles that underpin the harnessing of effective community health and well-being services to support population needs . (and). .timescales for incorporating social prescribing into future activity and . . range of initiatives.*

Hywel Dda University Health Board, with its partners, is pleased to be already engaged in activity that uses this approach, in testing various models through Primary Care and partnerships with social care and the Third Sector. The approach also forms an element of the Transforming Mental Health Services – The Journey to Recovery process that the UHB has embarked upon.

3. SOCIAL PRESCRIBING – DEFINED

A recent report from the University of Westminster provides a comprehensive definition of the approach:

> '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 well-being, often using services provided by the voluntary, community and social enterprise sector' (Polley 2017a)(my highlighting).

Betsi Cadwaladr UHB, in its recent paper, described the approach as:

- A way of linking individuals to sources of non-clinical, community-based support.
- Programmes that can improve outcomes for patients by promoting self-help, lessening the demand on services and resources by reducing clinical demand, and by developing a well-being vision for the population that looks beyond the clinical model of support.
- Interventions that can involve a variety of activities such as volunteering, arts activities, group learning, and a range of social activities (e.g. gardening, befriending, cookery, healthy eating advice), in addition to a range of sports-related activities.
- Programmes that can become the trigger for cultural change in service delivery; that can change perceptions to health and well-being, and can be a catalyst for the wider change needed to deliver a challenging agenda of re-orienting services from the traditional medical model.

Hywel Dda University Health Board Director of Public Health is working with Consultants in Public Health, the Local Public Health Team, Primary Care Clusters, joint NHS and Social Care community managers and partners in the Third Sector and Universities to develop its local understanding and support programmes of work. Key principles of our local approach include:

- Seeing patients as individuals
- Starting with that person's assets (asking "What a good day looks like for you?")
- Creating narratives rather than assessing need
- Discussing what matters rather than what is the matter
- Co-producing what might be needed to live well
- Recognising that improving health and well-being requires changes in the physical, social and economic circumstances of people's lives, not merely altering individual behaviours.

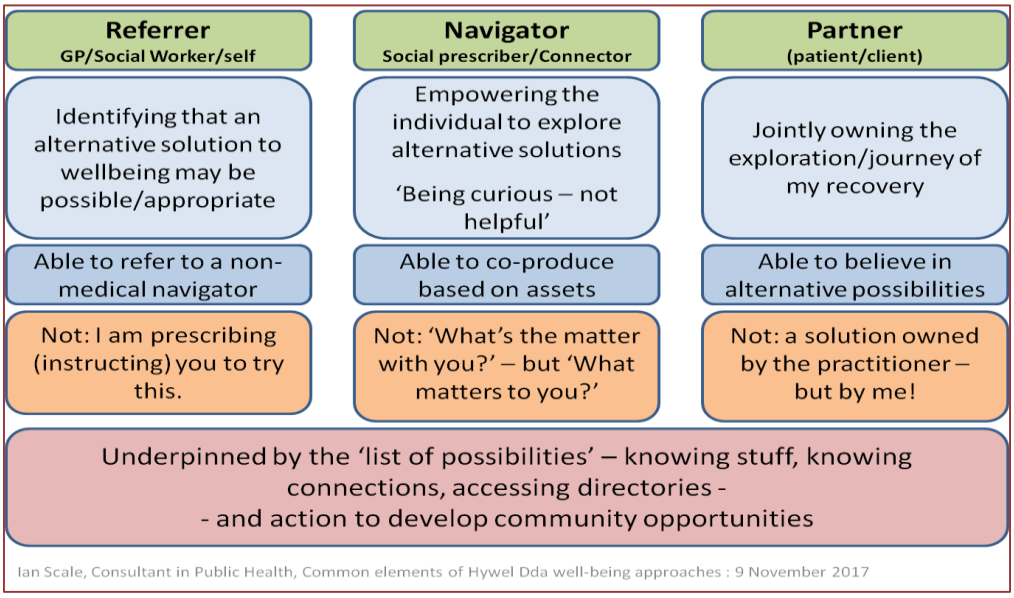
All programmes of work involve a relationship between three individuals:

- a referrer,
- a navigator and
- the individual – with the necessary backing of their own community (geographical or of interest)

Community resources:

- The plethora of voluntary and social enterprises that provide the 'non-medical solutions' are vital to the success of social prescribing. As programmes grow, the resilience of these 'connecting opportunities' will necessarily require a shift of the resources previously used in medical interventions. If a walking group is a better solution that anti-depressants – how is it funded?

Our current overarching model involves:



4. EVIDENCE FOR EFFECTIVENESS

The evidence on the role of prevention and its importance in reducing lifestyle related conditions and demand on the NHS has been mounting for a number of years. From the Wanless Report to NICE Guidance the importance of a focus on supporting behaviour change has been highlighted as the most effective force for reducing future demand for healthcare – and helping individuals and communities live healthier long lives.

There is evidence to support the use of brief interventions to aid behaviour change across a broad range of particular behavioural problems including smoking (NICE, 2006), alcohol (NICE, 2010), physical inactivity (NICE, 2006), unhealthy eating (NICE, 2008), obesity and weight management (NICE, 2006). Training and developing staff to undertake behaviour change interventions has good evidence for effectiveness (Powell & Thurston 2008, p.35). Guidance from the National Institute for Health and Clinical Excellence (NICE) suggests that individual-level interventions should be viewed in the context of community and population level interventions and the environments in which individual behaviours take place (NICE 2014 p.49).

However, while there is considerable enthusiasm for trying programmes that take a whole life/whole person approach to social, as well as health, need – it has to be acknowledged that the evidence base for effectiveness is somewhat thin.

The University of York Centre for Reviews & Dissemination concluded in a recent briefing (York CRD, 2015), that overall there was currently little good quality evidence to inform the commissioning of social prescribing. 'Most of the available evidence tends to describe evaluations of pilot projects but fails to provide sufficient detail to judge either success or value for money' (p1).

Public Health Wales completed a Social prescribing evidence map: summary report in June (PHW 2017). This identified two main types of initiatives in the literature:

- Programmes predominately targeting psychosocial need through link worker programmes, and
- Particular initiatives such as exercise on referral or commercial weight loss programmes

To quote the report conclusion:

> *The outcome postulated in the theory of change developed to inform this mapping exercise is that social prescribing interventions lead to a reduction in demand for primary and community care, which would in turn increase the long-term sustainability of the system. This evidence map suggests that there is insufficient evidence, in terms of both its likely quality and the outcomes reported, to be able to answer this question.* (PHW 2017)

Further commentary on evidence can be found in the recent University of Westminster review (Polley 2017b)

5. PROGRAMMES ACROSS HYWEL DDA

Hywel Dda University Health Board, particularly through its Public Health Directorate and in conjunction with Primary Care Clusters, is involved in scoping, developing, supporting and evaluating a range of interventions that support people to live *healthy, happy and fair lives*. These programmes are variously labelled as:

- Healthy choices/Lifestyle Behaviour Change
- Connectedness/Resilience
- Social Prescribing

<u>Healthy Choices – Lifestyle Behaviour Change</u>

Supporting people to make healthy choices through the training and development of all those that have opportunity through patient/client/public contact has been a mainstay of public health practice for decades. There are a number of programmes that tend to have a single issue focus, including:

- Smoking cessation services
- Alcohol interventions (e.g. in Accident & Emergency follow-up)
- Obesity (e.g. Baby Let's Move for pregnant women)
- Foodwise programmes
- Exercise Referral (NERS)
- Mental health (Mindfulness courses)

Local programmes that have a broader 'whole life' approach (but still tending towards lifestyle behaviour change) operate across the three counties of Hywel Dda. These include:

- *Making Every Contact Count*
    - This approach is being used across the UK to empower staff to recognise the role they have in preventing illness and supporting behaviour change. Through asking the right questions, in the right way, opportunities can motivate individuals to make more informed choices about their health related behaviour and lifestyles.
    - Generic Brief Intervention training and development has been provided to a range of staff groups across the NHS and Social Care, as well as to Third Sector groups such as housing associations, Age Cymru and Red Cross.

- The training highlights the myriad of daily opportunities that we have to promote and signpost opportunities to healthier choices and may form part of induction or be linked to specific initiatives/messages that partner organisations want to promote such as action to increase the uptake of screening programmes or the installation of smoke alarms etc.
- Carmarthenshire Public Services Board partners are using the MECC approach to ensure each agency's messages are shared with the public; including home and fire safety, housing 'Care Line' support and falls risks.

- *Lifestyle Advocates* Programme across Primary Care Clusters
  - This programme develops enthusiastic individuals working in GP Practices and Community Pharmacies to become skilled advocates for health promotion and lifestyle behaviour change. They follow a development programme designed and delivered by Hywel Dda Local Public Health Team which includes time out of practice on health promotion principles and skills and also support to seed the approaches back in their setting.
  - 35 practices/pharmacies have *Advocates* (April 17) and the programme evaluation has demonstrated an increase in health promotion activity.

- Healthy Lifestyle Advisors (a South Pembrokeshire Cluster project)
  - South Pembrokeshire Cluster have built on the '*Advocates'* programme and invested their own resources to employ two Healthy Lifestyle Advisors who can offer discrete, 40 minute appointments to see individuals that might benefit from lifestyle behaviour interventions.
  - The programme targets an age group (45 – 55) that are not (yet) labelled with a disease or condition – and offers ways of staying well that reduce the chances of problems later on – and that the individuals may enjoy adopting.
  - This way of stratifying a practice population and targeting interventions can bring particular, measurable benefits. A similar programme in North Ceredigion targeting 'pre-diabetes' has led to measurable reduction in risks and likelihood of progressing into the disease.

- Healthy Heart Check (the *inverse care law* programme)
  - Hywel Dda UHB has recently launched its local 'Inverse Care Law CVD Risk Assessment Programme'. Building on the learning from other parts of Wales and the Healthy Lifestyle Advisor programme (above) the programme is a partnership between Hywel Dda UHB Cardiovascular Disease Planning & Delivery Working Group and South Pembrokeshire Primary Care Cluster.
  - The programme targets 40–64 year-old people living in areas of deprivation. It is aimed at cardio-vascular disease prevention and early management of the disease The programme offers a 1:1 cardiovascular risk assessment health check which provides a heart age and cardiovascular risk over the next 10 years to each patient
  - Ongoing 1:1 support is provided for people to improve their health, address risky behaviours and to identify and manage early signs of disease

Connectedness/Resilience[1]

[1] Not to be confused with 'resilience' as emergency planning, flood recovery, etc or as defined in the Wellbeing of Future Generations Act as 'biodiverse natural environment and social, economic and ecological resilience'.

More holistic programmes operate that address social determinants of health and well-being and view an individual not as a 'condition' but as a person endeavouring to improve their situation. Individuals present at a variety of 'contact points'; Primary Care (in all its guises), local authority contact centres, Citizens' Advice, community care centres or County Voluntary Councils.
Expressed need may be framed around factors include financial, educational, poor housing, low self-esteem, isolation, relationship difficulties, and physical and mental health problems. More people are living longer and struggle to cope and adapt to living with Long Term Conditions which may not be addressed adequately by a clinical consultation. Without support, negative consequences can build up, such as depression, anxiety and social isolation (Polley 2017a).

A number of initiatives across the three counties of Hywel Dda UHB are led from outside the Primary Care arena. They are concerned with supporting people to find new routes to being well – linking people to an infrastructure of statutory and voluntary opportunities existing in their local area - such as support groups, arts and choirs, National Park pathways and easy access beaches, Men's Sheds, good neighbours, etc.

- Community Connectors (Pembrokeshire) (funded through the SS&WB Partnership/ICF)
    - Through the partnership gathered around the Social Services and Well-being Act, four trained individuals (with a team leader) cover separate geographical areas of the county of Pembrokeshire offering a service that helps navigate individuals to solutions to their expressed need.
    - Funded though the regional Intermediate Care Fund (ICF), the Connectors empower individuals to explore for themselves what they want to address and ideas to both relieving distress and contributing to their local community.
    - The conversations are backed by IT solutions (DEWIS, Info Engine) providing repositories of ideas as well as the Connectors' knowledge of statutory and voluntary opportunities existing in a local area - support groups, arts and choirs, National Park pathways, Men's Sheds, good neighbours, etc.
    - Main partners are Pembrokeshire County Council and Pembrokeshire Association of Voluntary Services.

- Time Credit systems (funded though UHB Primary Care)
    - Finding value through helping others can lead to improved well-being. "Taking part" – or adopting the '*Five Ways to Well-being*' can lead to social connections, neighbourly behaviour and enormously improved well-being.
    - The idea of using a time credit system to link people to ideas or opportunities is well known and Hywel Dda UHB have a well developed programme in parts of Carmarthenshire working with SPICE – a national group. Through UHB Primary Care seed funding and ICF, initiatives in the other two counties are now in development. Pembrokeshire Association of Voluntary Services is conducting early scoping for a time banking programme. A partnership in Ceredigion is working with communities in Borth and Tregaron to identify 'Community Activators' and scope potential action (see also Llanelli Social Prescribers programme below).

- Green/Blue Prescribing
    - The Mid Wales Healthcare Collaborative has led to innovative conversations around health and well-being and the partners have formed Rural Health and Care Wales to support research, innovation and development in rural health and social care.
    - Taking advantage of the outstanding, diverse and accessible natural environment of Mid Wales solutions to connecting individuals to the green spaces and blue seas provide rich opportunities for improved physical and mental well-being.

- An initial conference and newly constituted organising group is providing a basis for networking, research and action learning.
- Across the Hywel Dda area, the West Wales Nature-based Health Network, co-ordinated by West Wales Action for Mental Health (WWAMH) and the National Park has been (for 3 years) connecting practitioners, clinicians, commissioners and service users building bridges between environmental organisations and mental health services.
- Standards and evaluation methodologies are being developed for 'out in the field'.

Social Prescribing

As previously noted – this label is used where the initiation is found in the GP Surgery. It is similar in construct to many of the initiatives above – but is particularly based out of Primary Care as a way of linking individuals to sources of non-clinical, community-based support. A number of Clusters have shown interest and at least two have allocated their particular resources to exploring the potential.

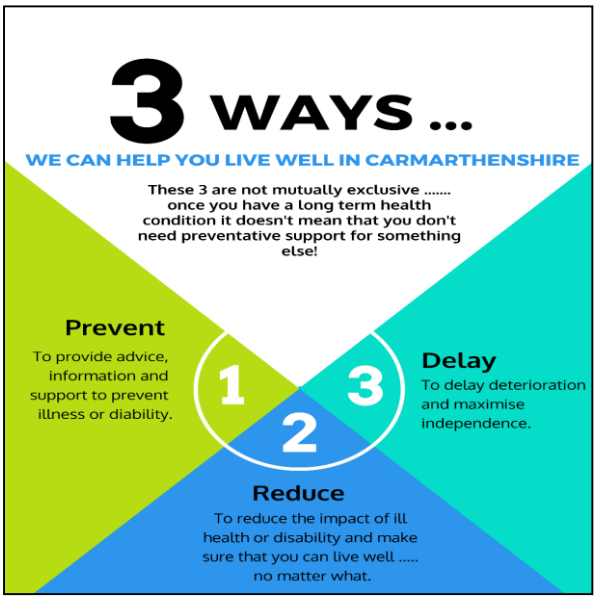
- Llanelli Cluster Social Prescribers
  - Llanelli Primary care cluster has funded , for two years, two Social Prescribers in collaboration with SPiCE, a charity founded to support and strengthen disconnected communities using time credits.
  - The two staff are active across the seven GP practices, working with patients to improve patient health and well-being through spending and earning Time Credits. The programme has been designed to work with a specific patient demographic that includes older people, regular attendees, patients living with chronic pain conditions and people with low level anxiety and depression.

- Tywi Taf Cluster Well-being Advisor
  - A second Cluster in Carmarthenshire has recently discussed the value of providing a service for its population. Following presentations from nearby schemes, a decision on appointing two 'Well-being Advisor' is being considered.

- Community Resilience Coordinators
  - These two workers deliver a Social Prescriber model working to find community/third sector solutions to loneliness and social isolation. They support patients from a surgery in each of two Cluster areas as part of the Community Resource Team (CRT)
  - The added key dimension of this programme is the action to develop new groups or activities within communities where a suitable solution does not currently exist. Working in partnership with grant funding organisations and Carmarthenshire Association of Voluntary Services the Coordinators endeavour to 'broker' resources to fill gaps in opportunity.

- ARCH: A Regional Collaborative for Health
  - Hywel Dda is a partner to this collaborative which is developing its Well-being Programme which aims to *make a quantifiable improvement to the health and well-being of the population of South West Wales*.
  - This will include '*place-based GP cluster schemes (adopting) a community asset-based approach in partnership working with the third sector and voluntary organisations to engage with 'seldom heard' groups and to empower local communities*'.

A prevention pathway, developed in Carmarthenshire, describes '*three ways that we can help our residents live well*'



Social prescribers, resilience workers and lifestyle advocates, working across the three domains can utilise individuals' personal and community assets to support people to maintain their health and well being. Time credits provide a currency of reciprocity that allow people to contribute personal assets in exchange for lifelong learning, recreation and leisure or community opportunities.

6. EVALUATION AS PART OF ALL PROGRAMMES

Given the detail concerning lack of evidence for effectiveness (above) and the need for prudent use of precious resources, evaluation is a vital part of any programme or initiative. Evaluation techniques are being used or considered for three aspects of inquiry:

Process evaluation: e.g. evidence for the effective development of a programme and its acceptability to staff and recipients

- Evaluation of the Pimary care Cluster *Lifestyle Advocates* programme has been completed each year and the reports used to inform the development of the programme

Output evaluation: e.g. case studies and stories of the perceived benefits of a programme to staff and recipients:

- The Pembrokeshire Community Connectors programme and the Llanelli Cluster (SPICE) Social Prescriber programme use the collation of client journeys to collect feedback on the operation of the programmes and some assessment of success (for the programme and the individual).
- These reports give insight into potential reduction in medical prescriptions/interventions or number of appointments/staff time

Outcome evaluation: e.g. healthier, more connected lives, decrease in impact of conditions, reduction in inequalities:

- Pembrokeshire Time Bank and Community Connectors programmes are developing links with Swansea University Academic Social Care Research Collaboration which is a Welsh Government funded project to support the development of evidence enriched practice (DEEP) and increase the quality and quantity of social care research within Wales. Workshops have been held outlining the use of *Most Significant Change Technique* - a dialogical, story-based technique suitable for evaluating complex interventions.
- An application has been made by public health colleagues to the Public Health Wales Research and Development Pump-Priming Fund - 2018/19 to *assess the effectiveness of social prescribing interventions as a means to effectively address health and well-being issues for non-critical conditions*.

7. FUTURE DEVELOPMENT

Given the range of action being undertaken by Hywel Dda University Health Board and its partners, a proposal is being developed for an umbrella 'Community of Practice' or Action Learning Set to bring together programmes and initiatives to learn from each other and to ensure synergy and coordination. Discussions are underway with the Co-production Network for Wales and the 1000 Lives division of Public Health Wales to scope this.

A bid is in draft to sustain and extend, together, the Pembrokeshire Community Connectors and South Pembrokeshire Healthy Lifestyle Advisors extending the latter across the county and engaging with Swansea University on an evaluation. The bid will be to LEADER funding.

In Carmarthenshire, an application is being made to the Welsh Government Health and Care Research Wales Social Care Research Award 2017/18, which this year has a specific Social Prescribing theme. The funding would support a rigorous evaluation of the model of social prescribing currently being implemented in Llanelli.

A Hywel Dda Local Public Health Team Consultant in Public Health is a member of the Social Prescribing subgroup of the Primary and Community Care Development and Innovation Hub which stimulates collaboration across Wales.

ENDS

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