

Social Care and Health Overview and Scrutiny Committee

September 2023

Social prescribing in Walsall - the opportunities

Ward(s): All

Portfolios: Cllr Flint – Wellbeing, Leisure and Public Spaces, Cllr Perry – Resilient Communities

1. Aim

To provide a current overview of social prescribing activity in Walsall.

Social prescribing link workers in the Borough are based in five different organisations. Their primary purpose is to link citizens to opportunities in their local community (often in the voluntary and community sector) to enhance the health and wellbeing of those citizens. These services often focus on those who experience the greatest inequalities.

2. Recommendations

That the Social Care and Health Overview and Scrutiny Committee:

Provide a collective voice to identify opportunities to enhance the work, profile and sustainability of social prescribing link workers and the wellbeing services they refer into.

3. Report detail – know

Context

- 3.1. There are high levels of deprivation and need in Walsall. The wake of COVID-19 and the cost-of-living crisis has exacerbated these. To help Walsall residents stay well for longer, prevent ill health and reduce inequalities will require collaboration. Social prescribing already forms an important part of this approach, linking people to a range of community assets and increasing the resilience of communities more broadly.

- 3.2. There have been roles for many years which link people with support services. These linking roles have been within statutory services (such as case managers and co-ordinators) and within the third sector (community development workers).
- 3.3. Public health developed and commissioned the “Making Connections Walsall” (MCW) programme in 2017, which consisted of 4 hubs, West Midlands Fire Service and a number of small community voluntary sector groups and organisation. MCW had an initial focus on addressing loneliness and social isolation in older people, with the aim to expand it to deliver on other priorities, i.e., reducing the age threshold to 50 years and the expansion of the befriending provision. In 2020 MCW mobilised as part of the council’s response to COVID-19, whilst also retaining its original purpose.
- 3.4. The programme commissioned by Walsall Council Resilient Communities team went out to tender for a new contract in March 2022 to continue the service with a focus on an all-age support and not just older people. The programme is currently recurrently funded, and will be tendered again for April 2025. There are currently 4 MCW locality hubs. There is one (FTE) social prescriber within each hub. There is a detailed breakdown of the evaluation of the service from April 2022 to March 2023 available in Appendix 1. Some of the main headlines are as follows:
- 427 Walsall residents were supported with 1823 contacts.
 - There were twice as many women accessing the service as men.
 - 71% were white (which reflects the levels of diversity of the Borough)
 - The majority of those helped were older people.
 - The main issue / need that was presented was that of anxiety or low mood.
 - 64% of people were referred on to a voluntary organisation or service.
- 3.5. Walsall Housing Group (whg) acquired some project funding for a small number of social prescribers (1 full time and 5 part time social prescribers) just prior to lockdown – the programme is currently funded by whg, but now has a waiting list. The value of whg’s approach was evidenced through an evaluation carried out by the Housing Associations Charitable Trust HACT (please see full report and evaluation in Appendix 2). A further young people’s social prescribing project, delivered in conjunction with MindKind is outlined in Appendix 3.

Activity summary

- A total of **277** customers engaged with the social prescribing service during the research reporting period (2021- 2022). Please note that to date 427 customers have benefitted from access to the service.
- The average length of engagement was **145** days, with service users taking part in an average of **5** individual sessions.
- Just over a third of service users (**81**) were referred to a further support service to ensure their longer-term needs were addressed.

Impact summary

- 91.7% of service users reported positive change in the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) mental wellbeing scores.
 - A large proportion of service users (**87%**) reported low levels of wellbeing prior to engaging with the service, compared to **28%** of service users who reported low wellbeing after receiving support.
 - 22 customers progressed into employment.
 - 36 customers took part in training to move them nearer to employment.
 - 28 customers attended accredited training courses.
 - 6 customers became regular volunteers within their own communities.
- 3.6. There is also a history of NHS specific social prescribing in Walsall commencing around 2017 initially funded by the Clinical Commissioning Group and delivered by One Walsall.
- 3.7. The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019. The purpose of ARRS was to provide roles which reduced demands on GPs. One of the roles included is that of social prescribing link workers. In Walsall, PCNs (funded by ARRS scheme) are currently the single biggest provider of social prescribing with 16 posts. Locally once the ARRS funded social prescribing roles commenced, the CCG-commissioned-service (One You) was decommissioned. The PCN funded social prescribing roles will be funded in the current form until 2024. There is an understanding that it will continue, but no further details are available at this stage.
- 3.8. PCNs have a larger population base to cover, currently just over 299,000 patients across Walsall PCNs. On average each PCN is receiving between 70 new referrals per month. As with other social prescribing services, they have significant unmet needs and demands.
- 3.9. Children's services and the wider partnership intend to recruit eight social prescribers for parents of those under two as part of the early development of Family hubs.
- 3.10. In terms of services for social prescribing teams to signpost and refer into, there are a wide range available in Walsall. For example, Public Health commission a range of mental health and wellbeing prevention and early intervention services across the life course (e.g., POP (Positive Outcomes Project – Young People's Health and Wellbeing Service), conservation volunteers, bereavement, and counselling support, as well as the Thrive wellbeing mobile unit (includes addressing barriers to mental wellbeing, e.g., debt, income, employment etc). Please note that the wellbeing unit does include an element of social prescribing, referring into local partners/services. The service had 5520 contacts with individuals between May 2022 and April 2023.

- 3.11. Public Health also invest (e.g., directly through small grants directly and also via Walsall's Crowdfunding platform) in a range of smaller local services and organisations. These community assets provide support for residents who access them directly or via a referral route for social prescribers and other relevant health professionals.
- 3.12. Public Health have also recently commissioned a Wellbeing Support Service. This will provide support (e.g., utilising a social prescribing approach) across the fundamentals of wellbeing (e.g., debt, unemployment) alongside tailored advice to promote healthy behaviours (e.g., physical activity, weight management, healthy eating, smoking cessation). Enabling residents to address these wider issues will have the benefit of increasing capacity to make improvements to their own health.
- 3.13. Most senior and strategic partners see real benefits for increased referral into and access to the widest range of existing community assets and further development of these. The resourcing of those community assets historically has been piecemeal and short term. A Community and Voluntary Sector strategy is to be developed by the council, with partnership input, which will aim to set out expectations around commissioning from Voluntary and Community Sector (VCS) partners.
- 3.14. Social prescribing is also very much at the forefront of calls for national research proposals. For example, with the Royal College of Art working with MindKind on green social prescribing in the borough and Wolverhampton University working with the ICB.

Social Prescribing Leads Group

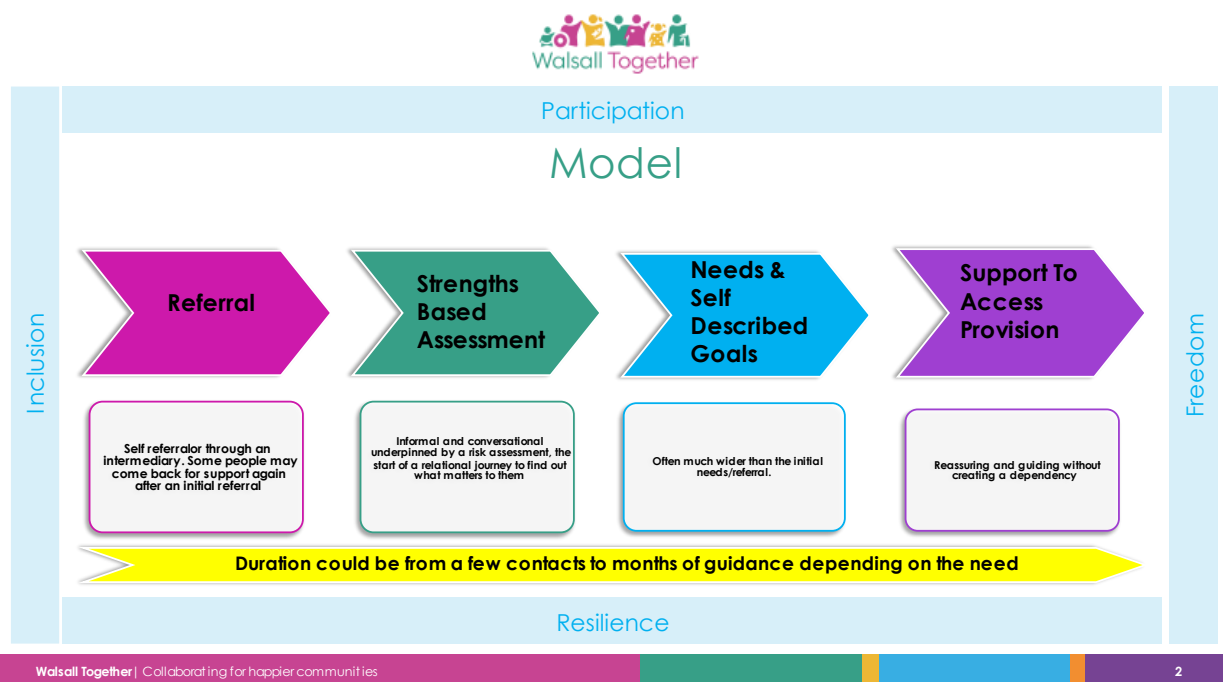
- 3.15. Lead social prescribing link workers and those in associated roles have been meeting using a "community of practice" approach since September 2022. A recent evaluation confirmed the usefulness, and it has become a routine well-attended group. It has additionally been a vehicle for wider place-based cohesion. The Black Country Healthcare NHS Trust has recently opened a Recovery College in Walsall and the social prescribers' group have supported links into communities.
- 3.16. The main impacts have been:
- A shared understanding of each other's roles and expertise
 - Collaborative problem solving around cohorts or individuals with particular needs.
 - Increased trust and openness about practices
 - Sharing good practice and new knowledge about community resources

- Identifying hot spots and areas of unmet need, which have then been acted upon (e.g., travel passes and access to training for social prescribers)
- Stimulating innovation and new provision (e.g., boxing gyms for disengaged young men)
- Advising on planned developments (e.g., bereavement hubs, homelessness strategy)
- This leads group committed to developing the areas in the sections of this report outlined below.

Definition, quality and outcomes

3.17. The NHS defined social prescribing as *“a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.”*

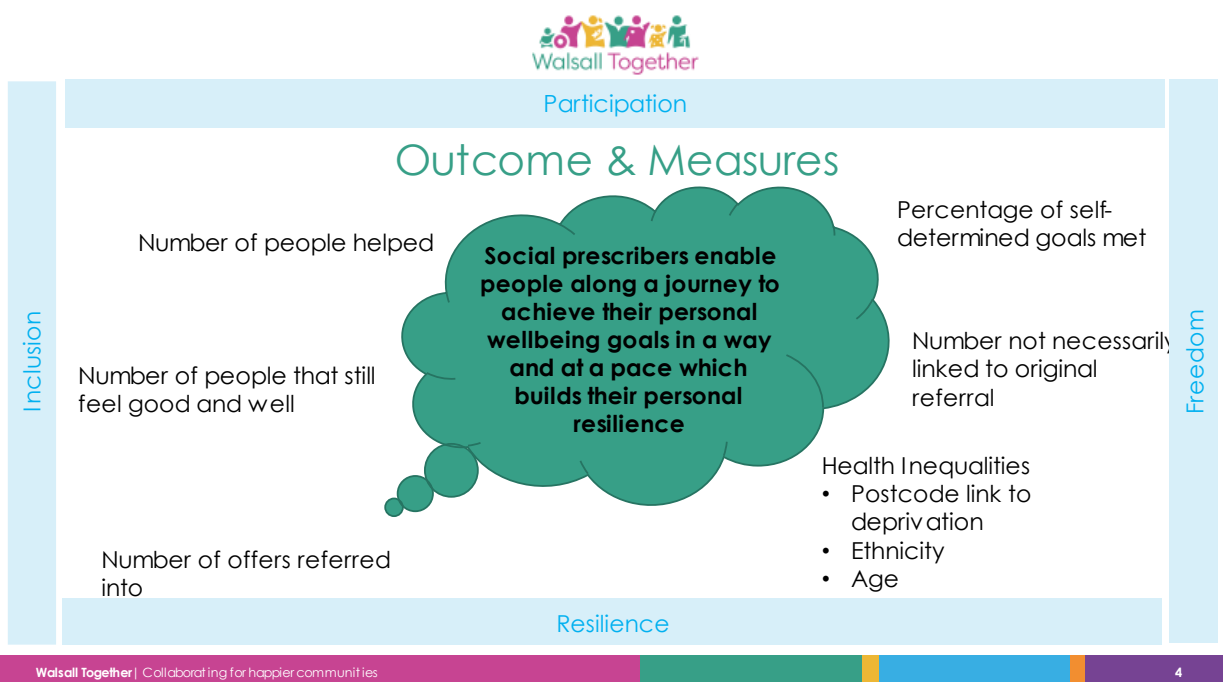
3.18. The social prescribing link worker leads group, as outlined above, agreed a summary model for the Borough. Each current approach has a different orientation and flavour and how activity/outcomes are captured, but the core process is similar.



3.19. The leads group also developed a shared perspective of the quality of social prescribing. These statements serve as a useful narrative summary of the nature of social prescribing which enhances the definition.



3.20. The overall outcome for all of the social prescribing services in the Borough was also agreed by the leads group (see below), and there is work to develop a shared dashboard by Walsall Together to enable a wider picture of social prescribing across the Borough. As part of the wider work in Walsall Together around a partnership outcome framework, there will be a mechanism for bringing together wellbeing measures to enable a Borough-wide view of changes to wellbeing which will link closely to this work.



Community assets

3.21. An associated piece of work to the development of social prescribing was a co-produced map of current community assets (that social prescribers link into). This mapping has concluded and will be uploaded to a portal, discussions are taking place with the council around the most suitable platform and mechanisms for upkeep. This will link closely to the work on the Walsall Wellbeing Outcomes Framework (WEOF).

Resourcing

3.22. The Additional Roles Reimbursement Scheme (ARRS) resources for social prescribing link workers comes directly from national government and is based on actual posts up to a maximum (on the basis of population). There is little discretion to spend the allocation differently. However, some PCNs nationally have used the allocation to commission other organisations to carry out the work on their behalf.

3.23. A number of the smaller social prescribing offers are on a fixed-term basis. This can make retention of staff and longer term planning difficult. It is certain that we will need increased resource both for social prescribing link workers and community assets to meet demand.

3.24. A brief review of regional adverts shows a typical salary of 25k for a social worker and 31k for a senior social prescriber with supervisory responsibilities. Some of our prescribing link local social prescribing services do not meet these levels for their salaries.

Training, Development and Governance

3.25. There are number of widely available sources of practitioner information. Nationally there is the "Future NHS Collaboration" which is an interactive platform which hosts a number of topics, one being social prescribing. It does include useful information such as sample documents and centrally generated proposals for a competency framework as well as webinars with useful topics. However, the volume of material produced is likely to be a barrier to social prescribers accessing it. Further, the branding and content is very NHS focused, though clearly some of the participants are not NHS based.

3.26. Whilst there are recommended courses and guidelines for social prescribers, there are no universal standards which are applicable to all types of social prescribing. This lack of unifying standards and a wider professional identity can limit the impact of the social prescribing workforce.

- 3.27. There is also the National Association for Link Workers which has a more community focus in style, branding and content. They frequently reference and quote senior leaders based within the NHS but balance this with themes around VCSE. It is much easier to navigate the information and access it quickly, it also offers a range of on-line training resources.
- 3.28. The Integrated Care System (ICS) has regular helpful network meetings to connect social prescribers. This includes sharing of information at place and presentations, primarily from ICS based agencies. The style and content tends to have an NHS bias, templates shared presuppose that all social prescribers work via PCNs.
- 3.25. The supervision and line management arrangements of social prescribers supplement these sources of information. Some practitioners would value additional clinical supervision. This is frequently cited in forums and literature as a positive addition to the quality of social prescribing. There is a proposal this can be provided via the ICB. However, possibly due the maturity of the social prescribing leads group, this request has not been made in the last 12 months.

Promotion and communication

- 3.26. There has not been any systematic promotion of the purpose and opportunities of social prescribing across Walsall. People can misunderstand the purpose or may not refer people who could benefit. People may not be aware of the whole range of current schemes for social prescribing and can mistakenly believe there is only one.
- 3.27. This needs to be considered alongside the current high levels of demand across all services and unmet need.
- 3.28. Even if people are aware of social prescribing there is a commonly stated need to better coordinate and market the potential community assets. This also links to the motivation of social prescribers in terms of the visibility and “professional pride”. As an example, Making Connections Walsall does have promotional material which is distributed within the community, and an online referral form has made it easier and quicker for referrals to be made.

Conclusions

- 3.29. We have a developing system of social prescribing across Walsall which is meeting a wide range of needs and working well with community provisions, delivered through a range of providers described within this paper.

- 3.30. All approaches to social prescribing experiences more demand than the services are able to deliver.
- 3.31. The Walsall wellbeing outcomes framework gives us an ideal opportunity to further enhance the approaches to quality and outcome measurement for social prescribing.
- 3.32. The mapping that has already been undertaken of community assets (which will be accessed through an online portal) will enable us to maximise opportunities in a sustainable manner and it will require resources to do so.

4. *Financial information*

The various models of social prescribing are commissioned differently. Given the reduction in demand on statutory services and clear alignment to improved wellbeing and prevention of ill health, there is a good case for “investing to save” in these services.

5. *Reducing Inequalities*

- *Give every child the best start in life.*

Social prescribing in family hubs will work with the most disadvantaged families to enable them to access the widest range of community assets, thereby improving their resilience.

- *Enable all children, young people and adults to maximise their capabilities and have control over their lives.*

Social prescribing is most relevant to those experiencing inequalities (such as poverty) and major life events (a cancer diagnosis). The model of social prescribing enables individuals to identify their personal goals and then achieve them.

- *Create fair employment and good work for all.*

Many people who attend social prescribing include meaningful activity as a goal. This can include caring for family members and volunteering as well as paid work.

- *Ensure a healthy standard of living for all.*

The PCN model of social prescribing is closely allied to specific physical and mental health goals. All approaches are crucial in delivering on those things which improve health indirectly, such as exercise and good housing (determinants of health).

- *Create and develop healthy and sustainable communities.*

Social prescribing as an intervention is based on individual interventions rather than communities. However, the social prescribers are interdependent with community assets. Also, some people accessing social prescribing have goals about being more connected to communities which in turn will enhance those communities.

- *Strengthen the role and impact of ill-health prevention.*

At the heart of social prescribing is the provision of holistic support and advice to individuals to help them thrive, connect them with appropriate with services and support them to connect with others, and/or to access training, employment etc. These all have a role in ill-health prevention.

6. Decide

There are a number of next steps which would develop the approach further:

- promote availability and impacts of social prescribing.
- understand pressures on services (activity, demands and unmet needs)
- consider sustainable funding opportunities for the schemes.
- consider sustainable funding for community assets.
- continue with leads network to add to quality of the offers.
- build the evidence base with the development of the partnership dashboard.

7. Respond

Feedback, offers of support and recommendations from Overview and Scrutiny Committee will be fed back into the Social Prescribing Leads group for consideration and action.

8. Review

Review and quality improvement activity linked to social prescribing happens through the Social Prescribing Leads group which meets every six weeks face to face.

Appendixes

Appendix 1 – Making Connections Walsall Evaluation

Appendix 2 – WHG Social Prescribing Project

Appendix 3 – WHG and MindKind young people's social prescribing project

Appendix 4 – Walsall Wellbeing Outcomes Framework

Background papers

None.

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