
Building Health Partnerships

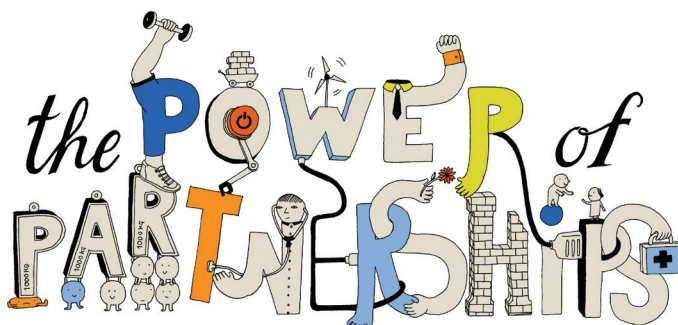
No. 05

One of a series of Partners in Practice case studies from the Building Health Partnerships programme.

Social prescribing in City and Hackney

Hackney has piloted a social prescribing model to improve the health of isolated over 50s and people with type 2 diabetes.

The Building Health Partnerships (BHP) programme enabled effective engagement and co-design with the voluntary, community and social enterprise (VCSE) sector to support the success of the scheme.



IVAR Institute for Voluntary Action Research



NHS
England

Key points

- An effective social prescribing scheme needs cross-sector buy in, bring your partners and stakeholders together early and involve everyone in the design process.
- Implementation always takes longer than you think. Use existing information systems as much as you can but be aware you may need to undertake a mapping exercise if systems are not up to date.
- Establish your criteria for measuring the success at the beginning and ensure any data collection methods are usable for services of all shapes and sizes.
- Social prescribing highlights gaps between what your patients need and what is available in the community which can be a valuable commissioning tool, providing the impetus for opening up discussions with partners in the community.

"The benefit has been the opportunity to raise awareness in the CCG of the VCSE, and vice versa. It's about getting a conversation going where there was no conversation previously."

ABOUT BUILDING HEALTH PARTNERSHIPS

The Building Health Partnerships programme aims to improve health outcomes through supporting the development of effective and productive partnerships between Clinical Commissioning Groups (CCGs), local authorities and voluntary, community and social enterprise (VCSE) organisations. Supported by NHS England, the programme is delivered by Social Enterprise UK in partnership with the Institute for Voluntary Action Research (IVAR). It takes a facilitative approach, working with a cross-sector group.

"Sometimes an impetus is needed to bring people together. Building Health Partnerships provides that. By focusing on just a couple of main priorities we have given ourselves the chance to see real, measurable results."

The core sessions include the following:

- a diagnostic session to create a shared understanding of the national and local health policy context
- a partnership development session to cement partnership working and develop an area-based action plan to address the key challenges
- an expert seminar to tackle specific local needs and build local knowledge
- a partnership development session to embed learning and review delivery of action plans
- additional bespoke support and facilitation from a dedicated facilitator.



Find out more: www.socialenterprise.org.uk/buildinghealthpartnerships

Background

With welfare reforms and budget cuts taking their toll on local residents and services in City and Hackney, Hackney Clinical Commissioning Group (CCG) was looking at how to meet the needs of its community.

The CCG identified that a successful social prescribing programme could help patients to take control of their own wellbeing with community support, reducing the demand on GP and hospital services. Putting this model in place was also seen as an opportunity for improving partnership working in Hackney.

The CCG had commissioned a Social Prescribing Project for the borough and thought this could be integrated with the BHP programme to engage a larger number of cross-sector practitioners and avoid duplication. The £50,000 bursary, offered as part of the BHP programme, could be used to extend the work.

Our approach

With the focus on social prescribing agreed, participants were nominated and invited from three sectors, the CCG; VCSE organisations and the local authority. All participants had direct involvement in local health and wellbeing provision.

This cross sector, collaborative approach made it possible to move faster to develop joint objectives, action plans and co-design a social prescribing scheme.

The partners agreed to the following joint objectives.

1. Define exactly how a local social prescribing model might operate
2. Outline the level of connectivity and engagement that would be required
3. Identify how, where and for which groups in Hackney could a social prescribing programme be piloted.

What we did

The BHP led sessions created an excellent forum for engagement and joint action between the different sectors, ensuring stakeholder buy in to the scheme from all sectors.

A range of cross-sector participants attended the BHP expert-led seminar where Adrian Renton of University of East London reviewed the evidence on the benefits of social prescribing. They also heard from Tina Stack from NESTA about the People Powered Health Project, the lessons NESTA had learnt from implementing social prescribing projects, and the different ways of commissioning these models.

Partners agreed on what success would look like, the potential risks of the project and how to mitigate against them. They also looked at:

- what training and support was needed to make the model work in Hackney
- the pros and cons of aligning it with Adult Social Care evaluation

- what evidence would need to be collected and how that could be supported.

Family Action, a local voluntary organisation, won the tender to manage the Social Prescribers. The Social Prescribers are trained individuals based within each GP consortia. They take referrals from GPs, liaise with patients about opportunities and services available through the VCSE sector and link patient participation groups with volunteers. They expect to see up to 100 patients each week and report back to GPs on each patient after eight weeks.

Through BHP, the partners initiated a comprehensive mapping exercise of the VCSE sector in order to update the local authority database and website with information on every Hackney organisation's health and social care offer. This ensured that the Social Prescribers will be able to access up-to-date knowledge of the community services available to patients.

What was the impact?

Initially, the partners simply benefitted from a closer working relationship with one another. A VCSE participant at the BHP expert-led session said: "Thank you, a breath of fresh air to have CCG and GP members present and willing to engage with the VCSE sector."

The BHP approach has increased CCG, GP and VCSE knowledge about the services available to refer people to in City and Hackney. For example, a GP involved in the programme was made aware of the local Turkish community centre and what support they might be able to offer to his patients from Turkish backgrounds.

The Social Prescribers started work in 18 GP practices at the beginning of February 2014 and within two weeks 11 assessments had been undertaken.

GPs and the Social Prescribers are keeping track of any patient needs that cannot be addressed in the community. This information will be used to inform the commissioning of services and shared with the VCSE sector to inform their business development. Queen Mary University has been commissioned to carry out an evaluation of the pilot, with an interim report expected to be available in July 2014 and a final report in January 2015.

"Leadership is all about facilitation, not about dictating or contract management. You need a collaborative, value based, outcome based approach."

HOW TO FIND OUT MORE

 @bhealthp

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Social Enterprise UK

We are the national body for social enterprise. We are a membership organisation. We offer business support, do research, develop policy, campaign, build networks, share knowledge and understanding, and raise awareness of social enterprise and what it can achieve. We also provide training and consultancy for clients of all kinds.

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Institute for Voluntary Action Research

We work to understand, support and strengthen voluntary and community sector (VCS) organisation and management using action research. We work collaboratively; concentrate on problem-solving; and want our work to be relevant and practically useful.

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