Transformation Partners
in Health and Care

London Social Prescribing and Evaluation Showcase

November 2023

Jenny Brooks (TPHC)

What is covered today

Topic	Time	Who
Background – importance of social prescribing impact and current activity	10 min	• Jenny Brooks (Programme manager – TPHC)
National Academy of Social Prescribing - our commitment to social prescribing evidence and impact	5 min	• Katy Knight - Senior Evidence and Evaluation Specialist – NASP) • Anthea Terry - (Head of Evidence and Evaluation – NASP)
Live example - an ICB wide approach in North East London • Template for capturing SP data and dashboard • Perspective from a social prescribing link worker • Impact of SP data from a GP perspective	15 min	• Lauren Moy (Programme manager - NEL ICB) • Raquel Cerezo Martin (Social prescribing link worker Redbridge) • Lisa Wolff (Social prescribing link worker – Havering) • Victoria Tzortziou-Brown (GP Tower Hamlets, NHS NEL ICB Research and Innovation Lead)
Live example – a borough wide reporting approach in Barnet, led by Age UK social prescribing service	15 min	• Caitlin Bays (SP manager - Age UK) • Seher Kayikci (Public Health Barnet)
The minimum dataset	10 min	• Denys Rayner (Project Manager Minimum Data Set Content & Launch – NHS England)
Q&A	15 min	• Jenny Brooks (Programme manager – TPHC)
Next steps	15 min	• Jenny Brooks (Programme manager – TPHC)
Breakout rooms - topical discussions hosted by our speakers	20 min	Hosted by our speakers • Social Prescribing reporting for services – Caitlin Bays • The national minimum data set – Denys Rayner • Supporting voluntary sector impact – Katy Knight and Anthea Terry • ICB support for SP impact – Lauren Moy
Close		

Join the Slido to share your reflections throughout

Slido.com

#SPEVAL

Why is evaluation and demonstrating the impact of Social Prescribing important?

- ✓ **Supports investment in social prescribing and prevention across sectors, particularly VCSE**
- ✓ **Influences decision making and better targeting of resource to tackle inequality**
- ✓ **Enables better understanding of local populations, development of shared insight for effective neighbourhood teams**
- ✓ **Ensure social prescribing remains business as usual by evidencing value**

These ambitions align with core NHS targets, mandates and plans for improvement, including:

- ICB statutory requirements
- Hewitt ICS report
- ICB/ICP integrated care 5 year strategies, informed by joint needs assessments

- PCN DES, Personalised care and Health Inequalities Supplement

- Modern general practice
- Plan for recovering access to primary care
- Fuller Stock Take report

- National NHS Inclusion health framework
- CORE20PLUS5

Read our summary slides on policies, with key messages here.

What we're doing in London

Social Prescribing and Evaluation Community of Practice

- Monthly sessions sharing best practice, holding discussions and helping co-producing plans for regional support in this area
- Open to all roles at any level. Get in touch if you'd like to join. We are reviewing the group in the new year.

What this has led to…

- Case studies and mapping of examples – to be published soon
- Paper on how VCSE and Health can work together to demonstrate impact

Working with Office of National Statistics to identify improvements to ONS-4

- We held a London wide feedback session, which provided amazing insight
- Now we are planning activity in response to feedback to support use of ONS-4 nationally

Upcoming support – to be released early 2024

The London Social Prescribing Evaluation Toolkit

- Plans and content co-produced with a group of SPLWs, managers and PCN managers
- Currently developing content with the system

Social Prescribing and Evaluation case study series

- Detailed examples of:
- How social prescribing is being evaluated across London
- What is supporting services to evaluate

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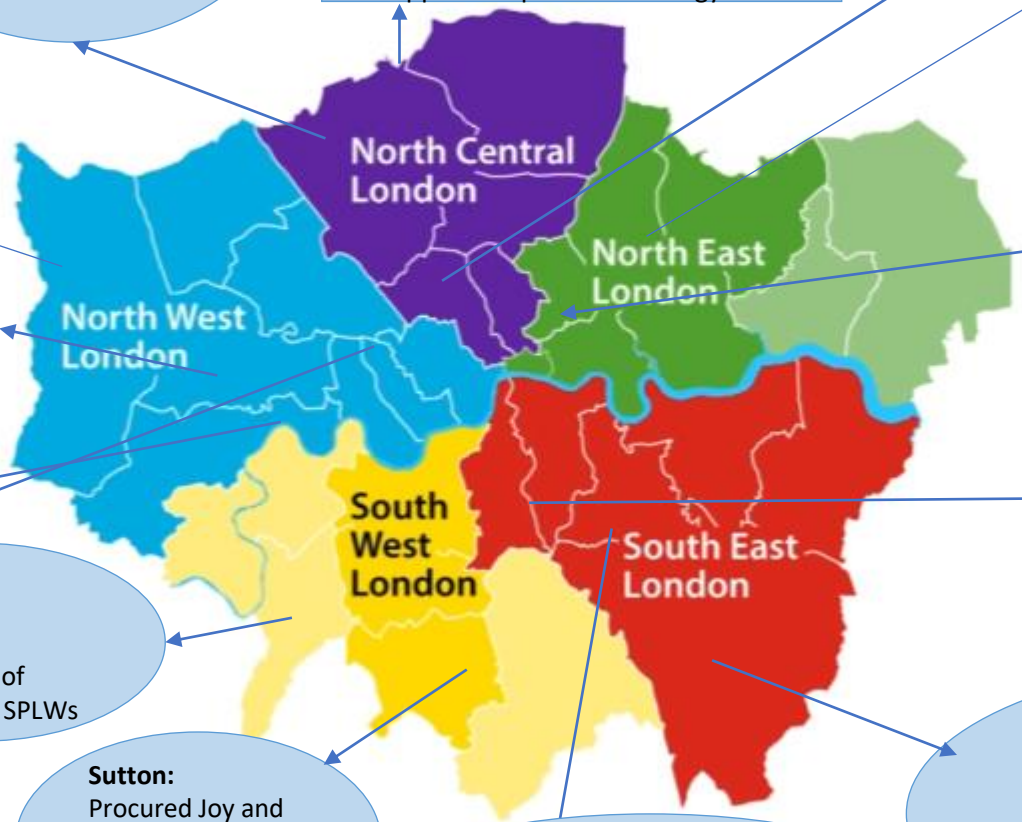
NWL
- Commissioning Joy across all boroughs for Social Prescribing
- Working with NAPC (National Association of primary care) on evaluation. Action Learning Sets being undertaken with each borough to look at:
- Controls: Tools and Technology within the work systems; Colleagues: People's behaviours, the process used, culture of MDTs etc; Caseloads: patient management, task generation, onwards support, patient activation.
- Evaluation frameworks being designed by 3ST (VCSE alliance) and the Bi-borough partnership

Barnet, Age UK: Borough wide system for regular reporting SP data. Working with public health on yearly report and GP attendance yearly report, linking data. Elemental shares a gap report about services with SPLWs.

NCL
- Developed list of recommended patient outcome measures for SP
- Looking at what outcomes are being captured across different boroughs to understand how consistency could be improved
- ICB wide use of MyCaw as part of Long Terms Conditions work within personalised care support planning.
- Wide variety of case management systems being used
- Supports Pop health strategy

Camden: Working to embed evaluation in VCSE employers and SP, working with UCL evaluation exchange

NEL
- Pilot site for National Minimum data set work
- Developed template for EMIS/SystmOne/Joy including minimum dataset and extra information
- Data is feeding into the ICB wide PowerBI dashboard
- They hold a regular evaluation group focused on embeddingr data collection into SPLW consultations and data analysis using the dashboard



Tower Hamlets: Co-produced 6 outcome, 40 indicator measure what makes a good life (BBBC). Rolling this out for SPLWs and wider.

Harrow: Used data from Joy on services, to support recommissioning of Housing support

Westminster: Holding borough wide group for all connector roles – called Octopus, now looking at KPIs for services, to show impact

Lambeth: Social prescribing innovators project designed a process for evaluation with SPLWs at the core including joint staff and resident feedback forums, and yearly report

Merton: Undertook separate evaluations of HWBCs and SPLWs

Hammersmith and Fulham: Healthwatch is carrying out an evaluation of the SP service

Sutton: Procured Joy and has designated a lead to implement the system.

Southwark: Feedbacks data on gaps across borough to ICBs to inform commissioning through SP oversight group.

Bromley: Collecting monthly cumulative referrals via EMIS (GP fed)
SP activity providers are running their own evaluation – Bromley Well.
Healthwatch evaluation of SP service at the patient, SPLW and GP level

NASP Evidence Team

29th London TPHC Showcase Event

Anthea Terry – NASP Head of Evidence and Evaluation

Katy Knight – Senior Evidence and Evaluation Specialist – Evaluation specialism

What we will talk about today

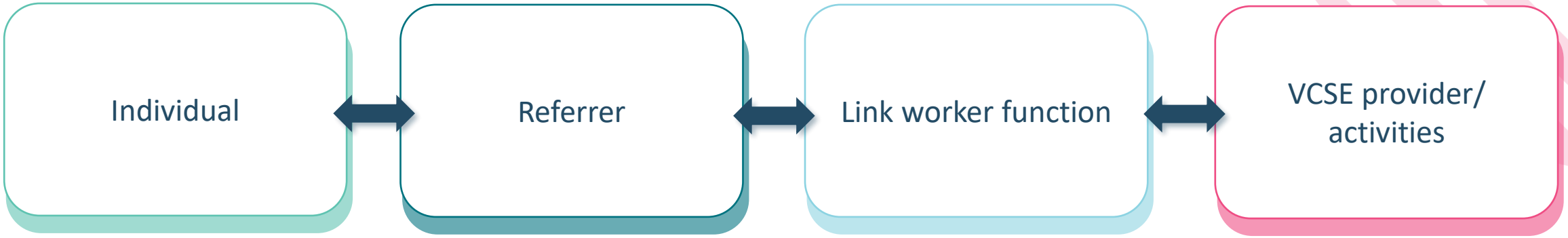
- What do we know about VCSE evaluation of social prescribing and how to support it?
- What is NASPs role in social prescribing evidence and evaluation?
- What are the opportunities for collaboration?

What is NASPs role in social prescribing evidence and evaluation?

- We bring stakeholders together to share knowledge, identify and address evidence gaps, research challenges and opportunities through **collaboration,** being **convenors** and **communicators** of evidence, and increasing **capability** for evidence-based approaches.

Where does the evidence come from?

Academic research
Evaluations from other SP projects (private, charitable, other government depts)



NHS patient records
- Demographics

Social determinants (e.g. deprivation)
Other contextual factors

NHS data, various sources/systems and scales:
- E.g. GP appts; SNOMED codes; secondary care admissions, etc.

Evaluations
- Small scale
- Variable
- Non-specialists

Highest priority needs

Develop better ways to report on the economic value of social prescribing in the UK

Support VCFSE organisations in the UK to deliver evaluations of social prescribing that are of use to them and to their commissioners

socialprescribingacademy.org.uk/evidence-on-social prescribing/
Sign up to the evidence collaborative here. Email evidence@nasp.info if any issues

Supporting the VCFSE sector to evaluate social prescribing

Dr Marie Polley, Abby Sabey, Dr Helen Seers, Professor Helen Chatterjee

- Rapid scoping review aimed to:
  - Identify and collate resources to support evaluations of SP programmes
  - Assess the appropriateness/quality of these resources
- Headlines:
  - 61 resources identified that met inclusion criteria
    - 15 comprehensive toolkits
    - 13 partial toolkits
    - 33 resources focused on one aspect of evaluation
  - Developing a shared language across sectors could facilitate a more consistent approach (glossary of evaluation terms could be produced)
  - Difference in cultures across funders/sectors is a limitation on evaluation activity
  - A range of learning and training needs were identified

Download the report here and scroll to appendices to access the 61 resources to help you evaluate social prescribing.

What next?

- What works for whom?
- Better evidence on:
  - particular population groups
  - specific conditions
  - health inequalities
- …for both intervention and implementation

- Consistency and consensus
- Simple, consistent impact measures for evaluation
- ‘Gold standard’ measures for economic impact/service usage

- Data sharing

- Alternative ways to evaluate

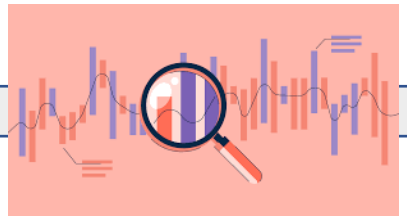
Live example - an ICB wide approach in North East London

- Lauren Moy (Programme manager - NEL ICB)
- Raquel Cerezo Martin (Social prescribing link worker Redbridge)
- Lisa Wolff (Social prescribing link worker – Havering)
- Victoria Tzortziou-Brown (GP Tower Hamlets, NHS NEL ICB Research and Innovation Lead)

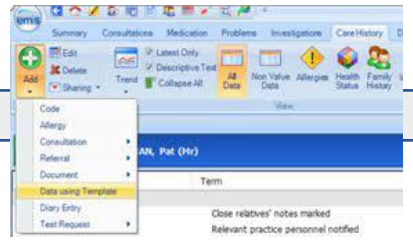
Minimum dataset – Template & Dashboard

14 SP Teams across 45 PCNs

Social Prescribing Evaluation Group



Minimum dataset



EMIS/SystmOne template

Dashboard

Procurement of CMS / DoS

Quality Improvement

Improvement cycle

Social Prescribing Reporting and Evaluation in Barnet

Caitlin Bays - Social Prescribing Manager

Seher Kayikci - Senior Public Health Strategist

29/11/23

Barnet SP Reporting

- Case Management System: Elemental (Funded by PH and ICB)
- Reporting duties: SP Manager – (Age UK Barnet)
- Report Recipients: PCNs, Barnet Federated GPs, Public Health, Age UK Barnet, ICB and Health and Wellbeing Board.
- Frequency: Monthly, Quarterly and Annually.
- Types: Excel and Presentation formats.
- Content: Service Utilisation, Referral Reasons, Appointment information, Demographics, Onward Referrals, Outcomes, Feedback, Gaps in services, Updates.

Evaluation

Annual cycle of evaluation conducted by Public Health.

Purpose:

1) Patient outcomes: Measured via ONS 4, demonstrates personal well-being on the four outcomes measures – satisfaction, worthwhile, happiness and anxiety. In addition, patient feedback survey results.
2) Impact evaluation: analysis of EMIS data, demonstrates the benefits of the service to the system – GP and A&E attendance.

Limitations / Challenges:

- Outcomes include GP attendance reviews which are manually done through EMIS – EMIS access is limited for analytic staff not directly employed by PCN.
- Covid 19 skewed data analysis for the early years of the service.

Evaluation: Impact for the PCNs and the Service

- Showcase the value of the service and made a case for embedding Social Prescribing into PCNs as well as outlining where higher engagement is needed.

- PCNs use the reports to support project work (e.g. health inequalities, winter pressures etc) and provide insight into the needs of their population.

- Measuring patient outcomes helps identifying successes and improvements needed in our service (ONS, GP attendance and feedback survey - asks patients how we can improve our service).

Wider Impact of the Reports

- Annual cycle of reporting to the Health and Wellbeing Board to raise of awareness of the needs and to demonstrate success of the service.
- Public Health used the reports for informing the Community Innovation Funding decision making. The funding is used where higher needs are.
- Social Prescribing reports are used to generate discussions to develop borough's Neighbourhood Model across the ICB, the Council and VCSE.
- Helps identify needs and trends, informing local commissioners and projects such as: MH transformation, Healthwatch, Adult social care commissioners. Using these report to understand, Utilisation and needs and onwards signposting and resources suggested.
- Community organisations have used the reports to help identify service needs in the borough, for example, Age UK Barnet have responded to fulfil a service gap identified for older adults as well as sharing knowledge and insight to the Age-Friendly Barnet programme.

The Minimum Dataset and Information Standard

The background and rationale behind the launch of the new Social Prescribing Minimum Data Set and Information Standard

What is the Information Standard?

The Social Prescribing Information Standard has been designed to aid the sharing and recording of information for the whole patient journey. This is from an initial referral, includes the various meetings and support offered through to the message back to the referrer and GP at its conclusion.

The standard is all about the recording and sharing of information within social prescribing which includes:

- Information required to support the conversations between the link worker and the client
- Information to support people, showing that their healthcare is joined up and avoids them having to retell their story multiple times
- Providing information that can be shared with the person themselves, their family or carer
- Summary information back to the referrer and GP for the person's overall record
- Information for commissioning uses, e.g. to understand the scale and effectiveness of social prescribing services, aid future planning and support population health initiatives etc.

Why has the Information Standard been created?

NHS England

Our health and care information isn't all recorded in a single place but in many different systems. When we go to hospital or to a GP surgery, a record of the conversation between the person and clinician is made, including any decisions and actions taken. Records are created in other settings too, such as care homes. A care and support plan agreed between the resident and care home staff is recorded in a care home record system.

People access care in many more settings today than they ever did before, and for professionals and people themselves to have a complete picture of a person's health and care, we need to join all these many records together, so information follows the person whenever and wherever care is provided

Recording information consistently

- For information to flow between systems, it needs to be organised and recorded in the same way every time.
- Agreed national standards and definitions must be used so that any computer can reproduce it with the same meaning.

Right place, right time

- When information standards are implemented by care providers and their computer system suppliers, information will be recorded consistently across different settings.
- This enables meaningful information to be made available to the right professionals at the right time, so it can be used to inform decisions about the care of the person.

Information tailored for different needs

- Not everyone we interact with needs to see all the information in these records to advise us on what tests we might need, or diagnose a condition, or meet our care and support needs, but they might need to see some information from more than one record.

What is the Minimum Data Set?

The Minimum Data Set is a sub section of the Information Standard and consists of four sections of terms supported by SNOMED codes. These sections are:

- Demographic information
- Needs & Concerns
- Support
- Measures

- There are now 78 agreed terms (excluding outcomes) that provide descriptions with the aim to collect these nationally
- These are all available on the various core GP IT systems and on recommended Social Prescribing specific systems, and if used they can record the terms and coding
- We know that there will be some SPLWs who do not have access to these systems, however it will be possible either to collect them manually in a data sheet or via a template such as Ardens
- As there are only a limited number of codes the terms are at a high level so it is understood that they will have to be interpreted as the best fit and you may wish to add additional terms for your own benefit
- It is intended to add to the data set in time following experience of the roll out

Why are we doing this?

- One of the key aims is to ensure that the person only needs to provide their information once and this is expected to greatly improve their experience
- This will help any clinician supporting the individual to see their overall needs in their care plan, and will improve their understanding in future consultations to provide the best care
- Commissioners will have a better understanding of the needs and support required of a locality to ensure that they are providing the right support
- It will benefit Link workers by demonstrating the benefits of the work that they are doing to the wider system and profiling the value of the service
- Many link workers are concerned that their referrers do not always understand the work that they are doing and this will help improve the awareness and support better referrals and feedback using simple dashboards
- With the roll out of Population Health and the reliance on SPLWs to support the initiatives this will improve the data provided to support the various initiatives within communities
- This will be the first time that there has been an opportunity to provide national feedback on the work that Social Prescribers are doing

How did we develop the terms?

- This piece of work has been 3 years in the making
- We have engaged with stakeholders consisting of those with lived experience, link workers, business managers, regional teams, researchers and other social prescribing professionals
- In addition, we have worked with the major software suppliers to ensure that they are ready to support the MDS
- There have also been several pilots nationally and linking into the experience of well-respected long-term practitioners who have helped us refine the terms
- We also looked at existing SNOMED codes and sought to not duplicate where at all possible
- We have however developed several new codes for this exercise

Minimum Dataset Terms

NHS England

Demographic Information:

- NHS NUMBER
- POSTCODE OF USUAL ADDRESS
- PERSON BIRTH DATE
- PERSON STATED GENDER CODE
- ETHNIC CATEGORY CODE 2001
- Requires reasonable adjustment for health and care access (Equality Act 2010)
- PERSON MARITAL STATUS
- Pregnant
- Religious or other belief system affiliation
- Sexual orientation
- Caring status
- Young Carer?

Needs & Concerns:

- Mental Health problem
- Physical Health problem
- Mobility Ddrugs
- Unhealthy alcohol drinking behavior
- Overweight
- Underweight
- Diet poor
- Chronic pain
- Dyssomnia
- Needs assistance with shopping
- Needs assistance at home
- Lack of exercise
- Victim of domestic abuse
- Victim of discriminatory abuse
- Difficulty communicating
- Unable to perform information and communication technology activities
- Relationship problem

Needs & Concerns Continued:

- Parenting problem
- Patient themselves providing care (finding)
- Social isolation (finding)
- Feeling lonely
- Problem related to social environment
- Bereavement due to life event
- Employment problem
- Not in employment, education or training
- Housing unsatisfactory
- Homeless
- Transport problem
- Unsatisfactory living conditions
- Low income
- Difficulty with money management
- Difficulty obtaining food
- Unable to heat home
- Education problem

Support:

- Structured physical activity programme
- Support for self management
- Transport education, guidance and counselling
- Finances education, guidance, and counselling
- Houses education, guidance, and counselling
- Bereavement counselling
- Advice about benefits
- Employment support
- Support with volunteering
- Support for parent
- Abuse counselling
- Social care
- Emotional and psychosocial support and education
- Advice about support groups

Minimum Dataset Terms continued

NHS England

Support Continued:

- Caregiver support
- Help with household management
- Social support
- Counselling
- Alcohol abuse prevention education
- Drug abuse prevention education
- Health promotion education
- Healthy eating advice
- Signposting to training resource
- Signposting to Volunteering activity
- Support to creative activity
- Signposting to nature-based activity
- Signposting to childcare support resource
- Signposting to peer support resource
- Signposting to debt advice resource
- Signposting to education resource

Measures:

- **National Wellbeing measure (ONS4**)
- Assessment using Personal Wellbeing Score
- 1. Overall, how satisfied are you with your life nowadays?
- 2. Overall, to what extent do you feel that the things you do in your life are worthwhile?
- 3. Overall, how happy did you feel yesterday?
- 4. On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?

Measures continued:

- **Warwick-Edinburgh Mental Wellbeing Scales**
- Assessment using Warwick-Edinburgh Mental Well-being Scale
- 14-item scale WEMWBS score
- 2. Overall, to what extent do you feel that the things you do in your life are worthwhile?
- 3. Overall, how happy did you feel yesterday?
- 4. On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
- Assessment using Short Warwick-Edinburgh Mental Well-being Scale
- 7-item scale WEMWBS score

Personalised Care:

- Referral to social prescribing service
- Social prescribing declined
- Social prescribing case closed
- Seen by health and wellbeing coach
- Seen by care coordinator
- Personalised Care and Support Plan agreed
- Review of Personalised Care and Support Plan
- Shared decision making
- Has personal health budget

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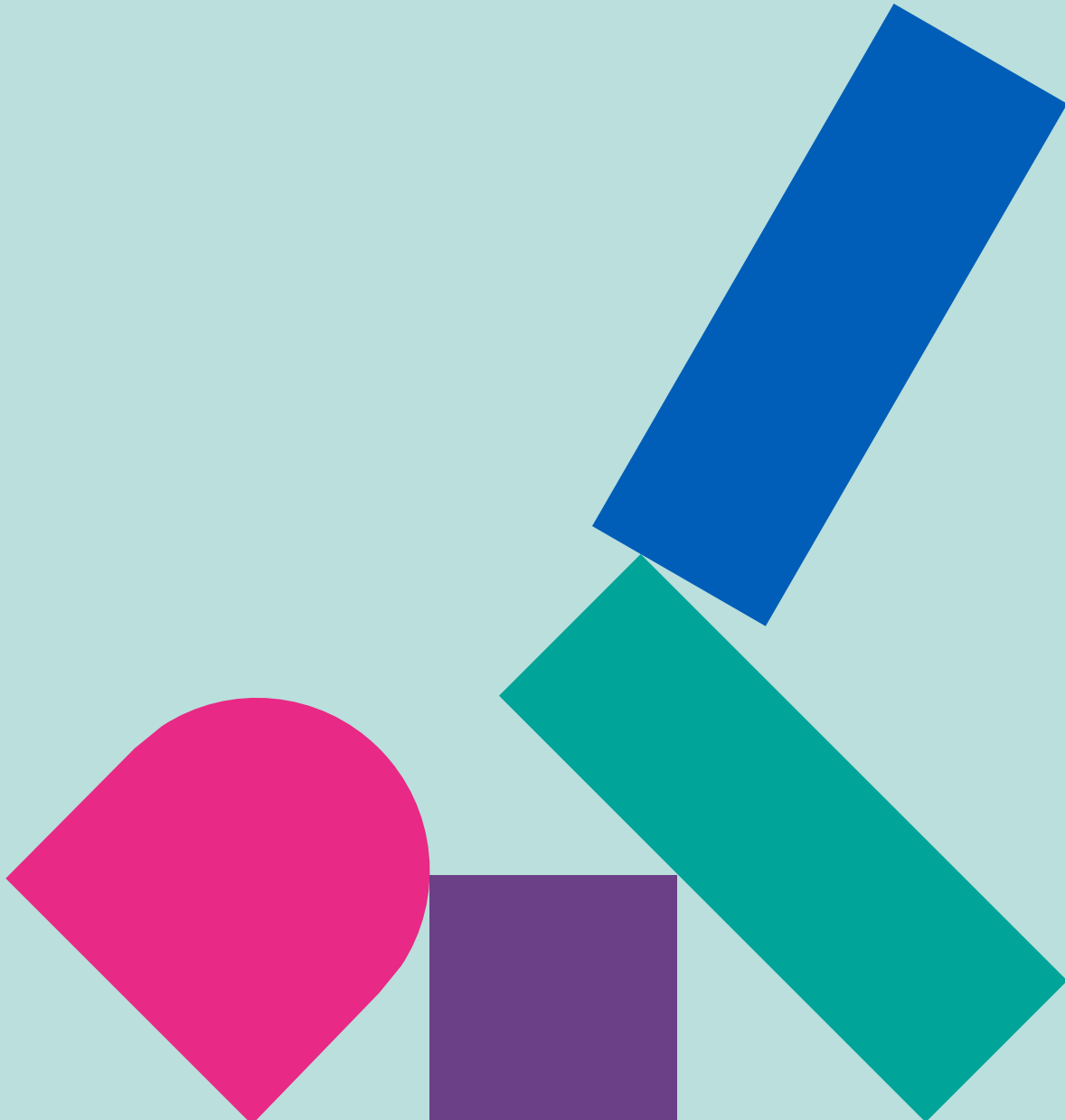
NHS

Q&A



Next steps

1. We will distil themes from today, share recording and key messages
2. Share any answers to questions we've taken away
3. Look out for the Social Prescribing and Evaluation Toolkit and contribute any examples, reports to be featured
4. Get in touch if you'd like us to develop an in depth case study on how you are measuring or reporting social prescribing impact in your area

jennifer.brooks14@nhs.net

6th December – NASP – the latest evidence for social prescribing webinar

7th December - data management in general practice -NHS/PRSB looking at standardising the recording type of encounter/consultation, such as face-to-face consultations in the surgery, to improve the data available to practices, commissioners to support planning

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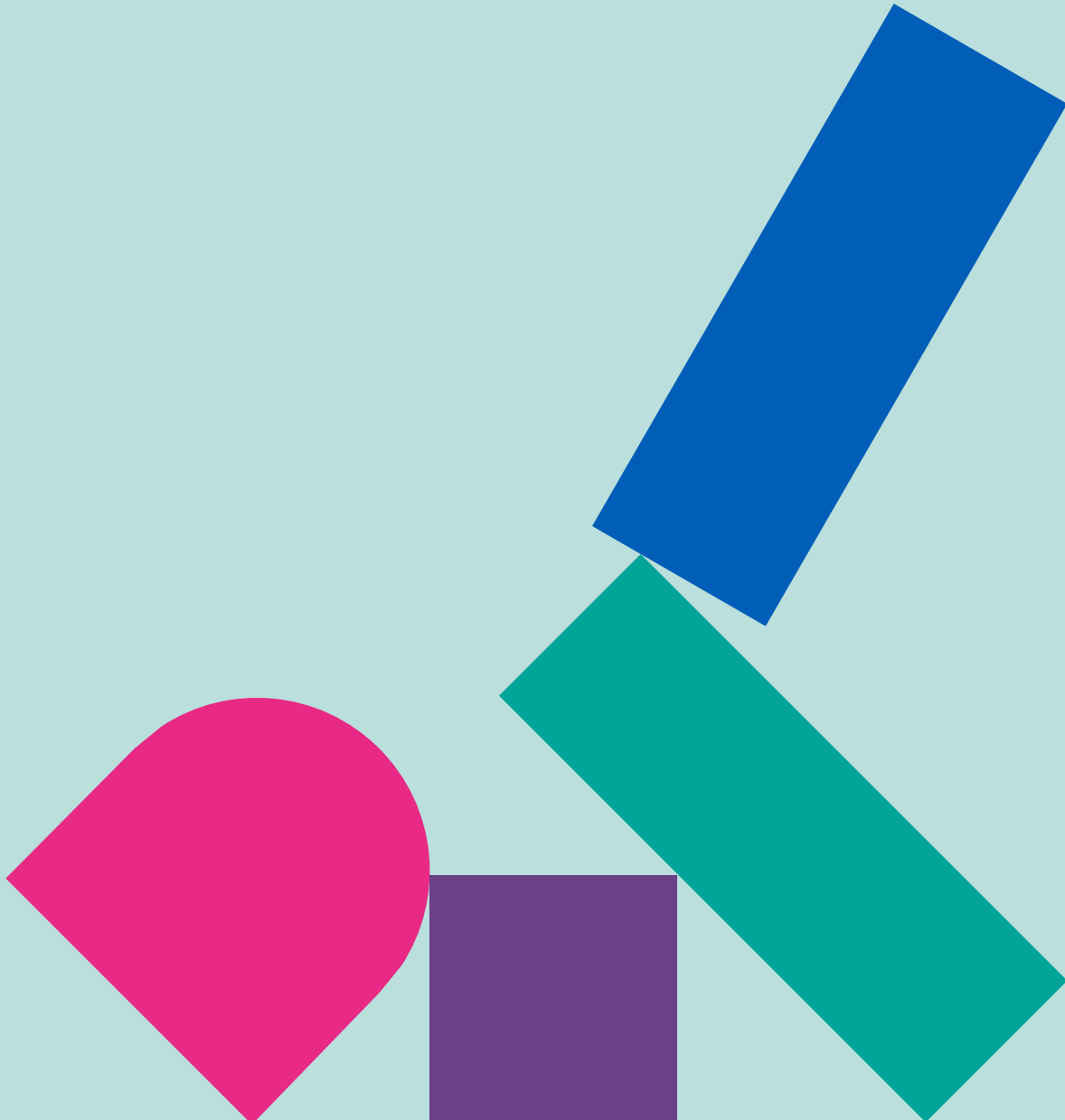
NHS

Breakout rooms



Choose what room to join by following the links in the teams chat

1. Social Prescribing reporting for services – Caitlin Bays
2. The national minimum data set – Denys Rayner
3. Measuring impact and the VCFSE– Katy Knight and Anthea Terry
4. ICB support for SP impact – Lauren Moy
5. The Social Prescribing Evaluation Toolkit – Jenny Brooks (stay in the main room)

Themes from breakouts

Social Prescribing reporting for services – Caitlin Bays

- People were interested in what are the benefits of different case management system. How do you evaluate when you don't have one?
- Who to raise the importance of having a case management system with for social prescribing and make the case?
- What influence do case management systems have and how can we use this to make the case for investment in areas that don't currently have a case management system?

ICB support for SP impact – Lauren Moy

- Shared where funding came from for dashboard – used Digital First for ICB work and local authorities for case management systems .
- Bringing SP data, GP data and secondary care data together – to do the analysis and in the dashboard
- Discussed cohorts and long term conditions

Measuring impact and the VCFSE– Katy Knight and Anthea Terry

- More training and skills building would be useful, especially for small VCSE organisations
- Frustration that data is discussed at a level which is very different from small activity organisations – difficult for them to know what to gather and what would be useful
- Tricky when its 1000s of different groups, should umbrella VCSE orgs support how they can enable
- How can faith groups collaborate
- Who and where does responsibility lie – ICB/LA/VCSE? it isn't clear who should be driving and who is doing what

The national minimum data set – Denys Rayner

- Discussed SP outcomes
- Working with people with low level mental health- how do we document impact on this cohort and frequent flyers
- Terminology is very high level and there isn't much around CYP and CYP mental health specifically
- Data requirements will evolve depending on what questions are being asked and what we need to answer

Resources

NASP Evidence resource database

Specific resources

- This NASP webinar gives a comprehensive introduction to evaluating a social prescribing service.
- This practical guide outlines how you can measure impact on wellbeing, focusing on community and voluntary sector.
- A wealth of tools were created by The Inspiring Impact programme by NPC to support the community and voluntary sector to better collect, use and evaluate data.