Transformation Partners
in Health and Care

Conversation guide for Social Prescribing managers

Sept 2023

What is this slide deck for?

Aim:
Enable SP managers to have conversations with PCNs and GP partners around the contract changes post 23/24 and value of social prescribing

Goal of conversations:
To gain commitment to SPLWs being permanent members of the workforce with

1. appropriate pay and ongoing contracts secured
2. ensuring support and training is in place
3. and contracts sit where make most sense for the local area
4. and their true value is realised in practice.

Contents

Considerations

Who is the conversation with

- Who is the right person to have the conversation with?
- Who is involved in decisions around workforce in your PCN/practice or borough? What are their drivers and priorities?
- Who set up the social prescribing contract with the employer (if non PCN)?
- Who has a great deal of influence over staffing decisions? E.g. clinical directors, GP partners

Who are your allies

- Who is a supporter and advocate of the SP service?
- Who has helped with SP recruitment in the past?
- Who could help you to influence decisions about funding and contracts?
- Can you locate an ally at different levels of the system e.g. at place, PCN or ICB?

Where is the conversation currently

- What has been said about contracts and SP workforce to date? And by whom?
- What information has been shared about the GP contracts with yourself/throughout the PCN? What hasn't been shared that could be?
- What was your last communication?
- Where is decision making at currently?
- What are the current PCN and practice priorities - how does this affect the conversation?

What is the context around decision making?

- What is currently working well about the social prescribing service and general practice working together?
- How do GPs currently view SP in the area?
- How is SP supporting GPs to achieve their priorities? And alleviate their pressures
- How is social prescribing currently perceived, how can I understand this?

What are your next steps?

➔ Map who you are speaking to, who you might be missing
➔ Dig into where the conversation and understanding of information around GP contracts is currently at

➔ Bring existing allies in to support your thought processes, can I test my approach out?
➔ Engage new allies

➔ Plan what might be needed to get a conversation with decision makers
➔ Plan what might influence and help decisions makers prioritise the social prescribing workforce

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Arguments to make the case

Quotes

"Funding for ARRS is going to continue and be recurrent in subsequent years" - Sam Shwab, Deputy Director, Primary Care Workforce

‘The funding for the additional roles scheme will be rolled forward, it will be recurrent, there is absolutely no risk to PCNs.

‘They should recruit using that funding this year. And they will have the money, it will come in future years for them to pay their staff.

‘There’s no concern at all that money will suddenly be withdrawn and that practices will be left with responsibilities.’

Dr Amanda Doyle, National Director for Primary Care and Community Services

Read more

Arguments for Social Prescribing

Argument 1) Social Prescribing is an integral part of general practice, to meet the needs of patients, and the needs of general practice

Argument 2) Social prescribing helps reduce the burden on primary care and supports recovery

Argument 3) Strengthens the workforce, practice and PCN

Argument 4) Enables more integrated neighbourhood working and unlocks the resources of the voluntary sector, to ultimately tackle health inequalities

Argument 5) Will help practices and PCNs achieve targets

Argument 1) Social Prescribing is an integral part of general practice, to meet the needs of patients, and the needs of general practice

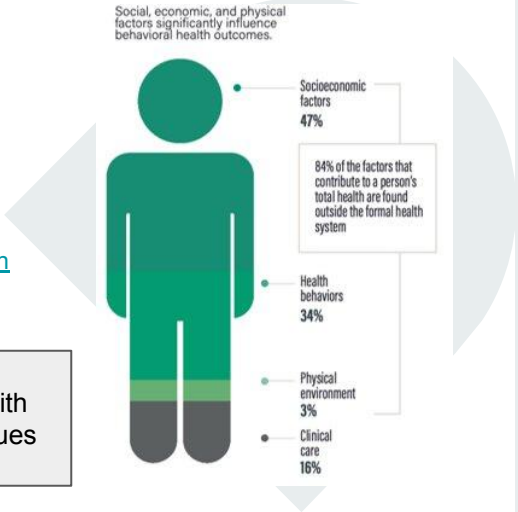
Key messages

- Demand for general practice is higher than ever
- However, this demand is often non clinical - there are estimates that 1 in 5 appointments are for non medical reasons
- With increasing need around cost of living and the mental health burden, even where the reason is medical, there are likely other non clinical factors at play
- Therefore, social prescribing link workers are needed now more than ever to support with patients needs and reduce the demand in general practice

Evidence

- Medical care was responsible for only 10%–15% of preventable mortality - US review of studies
- Clinical care only accounts for 20% of health outcomes - County health rankings study
- More data to back up the impact of social determinants on health

Example in practice:
Identifying how many people come into the GP surgery with non clinical issues or asking GPs what are the biggest issues among their patients, proposing how SP can help



Policies and drivers

Fuller stock take report

Key points

- The report emphasises much more joint working, partnership and neighbourhood approaches to delivering care
- This included working alongside people and communities
- Proactive, preventive and personalised care are key
- SP teams and community led prevention are key facilitators and enablers of many of the ambitions in the report
- There are teams being assembled in London to support with delivering ambitions of the report

Argument 2) Social prescribing helps reduce the burden on primary care and supports recovery

Key messages

- Social prescribing link workers can spend more time with patients and deal with issues that may take multiple non clinical agencies to solve
- This helps reduce GP appointments, the length of GP appointments and admin time
- It also solves issues that are non-clinical and the 'causes' of the 'causes' making re-attendance less likely, as the root causes of poor health and mental health are resolved
- This preventative approach can be taken one step further by Social Prescribing Link Workers targeting high frequency/intensity users and proactively getting them the support they need
- Overall, this means GPs can focus clinical care and support recovery of general practice

Evidence

- An evidence review by NASP shows social prescribing does reduce pressure on primary care and lead to cost savings They are currently undertaking a longer term evaluation of the economic benefits
- An academic review showing Social Prescribing can reduce service demand
- Surveys have indicated that 59% of GPs think social prescribing can help reduce their workload.
- Do you have local data showing the impact of SP on primary care attendance?

Example in practice:
Identifying before and after GP attendance for people who have accessed SP or proposing referral routes that avoid GP attendance e.g. care navigation at the front door

Policies and drivers and influences

Dr Helen Stokes-Lampard, Chair of the Royal College of General Practitioners, discusses how the use of social prescribing supports general practice to deliver high quality, holistic care

Argument 3) Strengthens the workforce, practice and PCN

Key messages

- Social prescribing Link workers have skills that aren't usually present in the workforce e.g. social work, counselling, voluntary sector experience, this is hugely beneficial for general practice in their ability to build partnerships
- Social Prescribing link workers act as the bridge into the community and community assets that GP surgeries may not have access to otherwise or be able to refer patients onto
- It's important to maintain this to continue good MDT working, especially during times of uncertainty in general practice
- It also enables new ways of working in general practice which increase efficiency and effectiveness e.g. pop up clinics held by SPLWs preventing attendance, co-producing services with patients so they get the right support first time rather than being bounced around professionals in the practice

Evidence

- This review shows social prescribing link workers are a vehicle for accruing social capital, enabling people to be more confident supporting their own health, reducing over reliance on health care
- Have you got any examples from your local practices? What skills are you and your team bringing? What relationships now exist that wouldn't have without the SP service?
- How has MDT working improved with the involvement of SPLWs?

Example in practice:
Understanding what relationships the practice/pcn wants to build and proposing how SP can support with this (including a specific patient group e.g. digitally excluded) or proposing new ways of proactive working that increase overall efficiency

Policies and drivers and influences

Nicola Gitsham, NHS England, shares her views on how important Social Prescribing Link Workers are for Integrated care and partnership working.

Argument 4) Enables more integrated neighbourhood working and unlocks the resources of the voluntary sector, to ultimately tackle health inequalities

Key messages

- Social Prescribing Link Workers support cross practice and PCN working by linking in with each other and services that span boroughs and wider geographies
- They work directly with patients and patient groups e.g. CORE20PLUS5 groups, especially those who may be less willing to engage and are able to shape care to suit their needs better
- They are integral for neighbourhood working as highlighted in the Fuller Stocktake report
- Without a partnership approach, it won't be possible to tackle inequality and improve the population's health with the current level of resource

Evidence

The King's Fund makes recommendations for how inequality can be tackled. One key point is:

- "Most importantly, tackling health inequalities requires a local shift in expenditure patterns to address some of the underlying causes of inequality. This does not need to wait for any national change in funding formulas, although reviewing workforce distribution to prioritise the most-deprived areas may be considered. It can be done now on a local whole-system integrated basis, with ICSs offering local partners the flexibility to think differently about how funding is spent."

Social prescribing Link Workers help tackle the causes of inequality, investing in SP is a step towards the above action.

Read more here

Policies and drivers and influences

This blog by Dr Jagan John explains how important SPLWs are for tackling inequality

This blog by the Kings Fund emphasises how key SPLWs are in the wider fight against inequalities and improving population health

Argument 5) Will help practices and PCNs achieve targets

Key messages

- The four IIF targets focus on health inequalities and quality of care (in terms of waits and access)
- Social Prescribing link workers can support in achieving these by supporting patients to wait well, access support, as well as help shape services to target patients effectively and deliver culturally appropriate and impactful care, in this respect they can also help with QOF
- There is also a continued commitment to expand the Social Prescribing Workforce in the Long Term NHS Workforce plan. It outlines
- Social prescribing link workers Increase from over 3,000 current posts (September 2022) to 9,000 by 2036/37 (doubling of ambition over the next 12 years as the original target was always 4,500 by March 2024)

Evidence

- How has your team helped targets to be achieved?
- How has the SP service delivery aligned with the personalised care DES and Health inequalities DES?
- How can engaging with communities through the SP service support wider practice and PCN goals?

Example in practice:
Identifying how SP can support targets that matter to the practice, asking what are the current priorities and linking the SP activity to this

Policies and drivers and influences

Impact and investment fund guidance 23/24

NHS Long Term Workforce plan