Social Prescribing and Community Radio

Cormac Lawler
@SalfordSPx @RadioRegen
Social prescribing: the background

Our health is largely social – acknowledging the ‘social determinants of health’

Reducing burden on GPs and other services (e.g. 15% of GP visits being for social welfare advice: Polley et al.)

Recognising and reducing health inequalities (Marmot Review, 2010)

A drive towards personalised healthcare
Social prescribing: a definition

“Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.”


‘A bridge between health care and the voluntary sector’ – Chris Easton, Tameside & Glossop Integrated Care Foundation Trust
it's help that doesn't come in a tube or a bottle

https://www.youtube.com/watch?v=O9azfXNcqD8
Social prescribing: an overview

- Flavour of the month/year
- Different to different practitioners / service managers / commissioners
- Various models: e.g. signposting by GP receptionist, intensive support from link worker…
- Increasing evidence base – work ongoing on producing coherent common framework
- Part of wider agenda of personalised / person-centred approach to health
Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care

**INTERVENTIONS**

**Specialist**
Integrated Personal Commissioning, including proactive case finding, and personalised care and support planning through multidisciplinary teams, personal health budgets and integrated personal budgets.

**Plus Universal and Targeted interventions**

**Targeted**
Proactive case finding and personalised care and support planning through General Practice. Support to self-manage by increasing patient activation through access to health coaching, peer support and self-management education.

**Plus Universal interventions**

**Universal**
Shared Decision Making
Enabling choice (e.g., in maternity, elective and end of life care).
Social prescribing and link worker roles.
Community-based support.

**TARGET POPULATIONS**

- **People with complex needs**
  - 5%

- **People with long term physical and mental health conditions**
  - 30%

- **Whole population**
  - 100%

**OUTCOMES**

- **Empowering people, integrating care and reducing unplanned service use.**

- **Supporting people to build knowledge, skills and confidence and to live well with their health conditions.**

- **Supporting people to stay well and building community resilience, enabling people to make informed decisions and choices when their health changes.**

James Sanderson (NHS England)
Social prescribing: key characteristics

- asset based approach
- stronger focus on wellness not illness
- emphasis on the importance of personal choice and control in achieving and maintaining wellbeing

(‘Social Prescribing at a glance’, 2016)
A case study: Bob in Liverpool

[From Dr William Bird keynote (Intelligent Health, 2018)]
Meet Bob
Let’s get Bob active
We can give him NHS treatment
‘Bob, why don’t you get off the bus a stop early?’
‘Bob, you really should take the stairs instead of the lift’
‘Bob, why don’t you try Betty’s keep fit class on a Tuesday?’
‘Bob, have you tried cycling to the shops?’
Or we can link him with a group of supporters who walk 2 miles to Anfield.
and to Bob, that is not exercise or health
Physical Activity is now hidden behind a much greater experience for Bob.

It is invisible to him.

It is a ‘means to an end’ not the end itself.

‘The end’ is now getting to Anfield.

And finding this greater value for each person will help create the industrial scale required.
What’s meaningful & motivating for you / him / her?
Activities on prescription

- Arts
- Exercise
- Books
- Learning
- Gardening

...all of these ‘on prescription’
Social Prescribing Pathway

Individual with complex needs

Visit to GP

GP refers to social prescribing services

Assesses needs

Refers to community services

One or more paths

Direct route

Indirect route to work

Outcomes

Improved Health

Improved Wellbeing

Improved Work Opportunities

Social prescribing links people into community support to help them improve their quality of life

Learning and Skills

Improving skills or providing adult learning opportunities

Community Employment Support

Providing specialised support to find and retain work

Activities

Engaging with a range of activities, to improve confidence, social networks and wellbeing

Created by WORK FOUNDATION

Steadman et al. (2016)
Putting the person at the centre

Why are you here?

What would you like to do?

How would you like things to change?
Link worker: a key role

To listen

See the whole person – not just ‘a problem’

Motivation – keep going, keep trying

To be on their side, when often no one else is

Assess needs, building on assets

Be (sometimes) the one person who believes in them

But also, to challenge (when person expresses over-confidence / competence)

Build up their own toolkit (for managing condition/health)

Make the person an expert in themselves
Link workers’ role

“It's as though I've known her a million years… She's got the ability to make me feel special. And before [she] came I was like a, well a car with a flat tyre. I was getting nowhere very fast.” (in Dayson et al., 2016)

“I just expected the Link Worker to introduce me to the gym, and that would have been it. And I think, if it had just been [that] I would have turned round, and I would have gone the opposite direction. But because of the way it was so gradually and really professionally linked in to different things, I just felt as though I’d floated into it, rather than getting shoved from behind. I just felt as though I was gradually moved into it.” (in Moffatt et al., 2017)
## Who pays for it? Who does what?

<table>
<thead>
<tr>
<th>Who pays for it? Who does what?</th>
<th></th>
</tr>
</thead>
</table>
| **Funded by**                   | • Clinical Commissioning Group (CCG)  
• CVS  
• Local Authority  
• Housing Association  
• Grant |
| **SP initiated by**             | • GP / GP receptionist  
• Health professional  
• Adult Social Care  
• Ambulance / Fire services |
| **SP managed by**               | • Link worker / community navigator / wellbeing coordinator |
| **Referred to**                 | • Voluntary sector org  
• Advice org  
• Health professional |
Implications for voluntary sector

“One problem is that when you try to sell the social prescribing concept to GPs, they get it and they think they’ve struck oil. They think there’s loads of free stuff and if they dig around they can save themselves a fortune.” Mike Wild, Macc

“The last thing you want to do is send the sector loads of extra referrals when they just haven’t got the resources to cover it.” Janet Wheatley, Voluntary Action Rotherham

https://www.thirdsector.co.uk/social-prescribing-not-always-win-win/local-action/article/1460014
Voluntary Action Rotherham (VAR) on behalf of Rotherham CCG delivers 2 Social Prescribing programmes.

VAR manages the programme and micro commissions activity from the VCS - contracts/ spot purchases/ grants

Co-produced between Rotherham CCG, VCS and service users

Supports the VCS to deliver options and solutions to people’s needs.

“Rotherham’s model provides funding to front line VCS organisations. It’s a resourced intervention rather than just signposting to already overstretched VCS services” – Janet Wheatley (n.d.)
‘Social prescribing’: a contested term

Here’s my prescription 4 Social Prescribing: Don’t call it Social Prescribing call it ‘Community Building’ & don’t situate it in the doctors surgery -just make that one of many entry points. The Neighbourhood is the unit of change, not the waiting room. Sorry 2b so prescriptive.
• Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
• Also shorter version (SWEMWBS) – shown in table below
• https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

<table>
<thead>
<tr>
<th>Statements</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been able to make up my mind about things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Social Prescribing tool from West Wakefield, Yorkshire:

Based on Five Ways to Wellbeing (e.g. [https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/](https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/))

Endorsed by National Institute for Health and Care Excellence (NICE)
This tool contains the following statements:

1. I am content with my friendships and relationships
2. I have enough people I feel comfortable asking for help at any time
3. My relationships are as satisfying as I would want them to be

Using this scale: how to score and interpret your results

In order to score somebody’s answers, their responses should be coded as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>4</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
</tr>
<tr>
<td>Neutral</td>
<td>2</td>
</tr>
<tr>
<td>Agree</td>
<td>1</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>0</td>
</tr>
</tbody>
</table>

The scores for each individual question need to be added together. This gives a possible range of scores from 0 to 12, which can be read as follows:

Least lonely: 0 1 2 3 4 5 6 7 8 9 10 11 12 Most lonely

- Campaign to End Loneliness measurement tool
- Very simple scale, positive wording
• Wellbeing Star
• 8 outcome areas, linked to 5-step Journey of Change
• Part of the Outcome Star range of (proprietary) tools
• http://www.outcomesstar.org.uk/using-the-star/see-the-stars/well-being-star/
Patient Activation Measure (PAM)

- 10 or 13 questions, producing score: 0 – 100
- Commercially licensed tool
Dave is 32. He was drinking 6 litres of cider a day and was told he didn’t have long to live.
He knew that alcohol was linked to most of the problems he was facing, but was convinced that no one would be able to help.
He has accessed many different services over time, most recently failing to complete the Leigh Recovery Partnership programme.
What he really wants is to be able to see his children and for them to see him as a role model. He has suffered a series of medical issues linked to his alcohol and has been attacked one night when drunk in Leigh.

**IMPACT**
Impact of the CLW service on Dave’s life

Through support from the link worker and other services, Dave has been able to stop drinking completely over a period of about 6 months (although he is still smoking cannabis regularly). Through the peer support group that the link worker referred him to he met his girlfriend who has also recently become sober.

Stopping drinking has been particularly difficult for his social life; he is no longer able to go out with some of his friends for fear of being tempted to drink. His new lifestyle has, however, given him the chance to meet up with old friends from school and work and to improve his relationship with his parents and children.

The link worker has been very important to him, listening and giving him time to talk about his challenges. He sees the link worker as a friend and hopes they will continue working together.

**Dave’s use of services**
- Interview and dates of appointments with his GP suggest a reduction in Dave’s use of primary care services
- 10 meetings in total, ongoing informal contact with CLW
- Continued involvement with the Leigh Recovery Partnership
- Continued hospital attendance due to ongoing health issues

**NETWORKS OF SUPPORT**

CLW visits

Dave’s hopes for his future

Dave’s journey

Wigan Community Link Worker service evaluation, 2016
Social prescribing: some issues (our work in Salford)

How can we ensure the prescription is meaningful for the person?

A person might be resistant to a prescription: how to avoid?

Why do some people not take up referrals; how to minimise this?

Group settings: highly anxiety-producing for many people
Activities used as treatment media must have significance and purpose for the client, be perceived by her/him as interesting and worthwhile, relate to her/his personal, social, cultural and economic needs and take account of environmental factors that govern her/his life. These can be art and craft activities, creative activities, self-care activities, work activities, leisure activities, lifestyle activities (such as gardening or routine walking), community outings or social activities. The occupational therapist converts them into therapeutic media by using activity analysis, synthesis and grading which allow the component parts of the activity to be matched with specific, desired performance outcomes.

Creek, 2003 – ‘Occupational Therapy as a complex interaction’
Social prescribing

Social anxiety

Too complex? Other services

Independent Group-based

Readiness for change

Barriers: Financial Mobility Transport

Characteristics of activity: Outdoors, Cultural, Physical, Chatting, Making, Creative,

Occupational fit: Passions Interests Desires Values

Action plan / referral

Salford tool: assessment to activity (work in progress)
Getting involved in social prescribing

• Get on the radar of key partners & commissioners
  • (by running pilots and evidencing outcomes)
  • (by talking their language)
  • (by making your work visible, e.g. on Twitter)

• Particularly interesting landscape in GM – ‘Devo Manc’, Greater Manchester Health & Social Care Partnership

• Engage local GPs – ask what they’re doing, show them what you could do
References

  https://www.socialprescribingnetwork.com/resources
  https://www.kingsfund.org.uk/sites/default/files/media/Janet_Wheatley.pdf
Useful links

• Social Prescribing Network: https://www.socialprescribingnetwork.com/
  • SPN Resources: https://www.socialprescribingnetwork.com/resources
• King’s Fund: https://www.kingsfund.org.uk/publications/social-prescribing
• Social Prescribing wiki: https://wiki.healthylondon.org/Social_Prescribing_and_Self_Care_Wiki
Salford Social Prescribing Hub on Twitter: @SalfordSPx

Twitter chat – #SocialPresHour @SocialPresHour – every 2nd Wed, 8-9pm

Email: C.Lawler1@salford.ac.uk / cormac@radioregen.org