



***Newcastle Gateshead  
Clinical Commissioning Group***

# **CCG Social Prescribing Strategy**

Using an Asset based Approach and Social Prescribing to connect the passion,  
power and energy of patients and staff in General Practice

<b>Change</b>	<b>Date</b>	<b>Name</b>	<b>Version</b>
Created	8 <sup>th</sup> July 2016	Steven Bramwell	1.0
Further work	14 <sup>th</sup> July 2016	Steven Bramwell	1.1
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Reviewed comments & added section	11 <sup>th</sup> Aug 2016	Sheinaz Stansfield	1.4
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## 1.0 Introduction and purpose of document

This strategy states NHS Newcastle Gateshead Clinical Commissioning Group's (NGCCG) approach to social prescribing and how we are committed to supporting member practices to develop robust systems to support social prescribing for patients.

It includes:

- Our definition
- Our aims and objectives
- Our principles
- Our approaches

The strategy has been approved by the NGCCG Executive Committee and distributed to those who have an interest and responsibilities detailed in the strategy. Implementation of the strategy will be the responsibility of the Long Term Condition (LTC) Programme Board.

## 2.0 Definition & Purpose of Social Prescribing

The current challenge the health and wellbeing system faces is to adapt and become more sustainable for the 21<sup>st</sup> Century, enabling people to adapt, change and self-manage in the face of growing social, physical and psychological challenges. Social prescribing (SP) is one approach that will enable the health and wellbeing community across NGCCG to bring services together around patient need to meet some of these challenges.

Social Prescribing provides a non –medical referral option and may be described as connecting people with health and wellbeing activities that improve both their physical and mental health.

NGCCG defines social prescribing as a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

An increasing library of evidence is now reporting the benefits of social prescribing in terms of its impact on patients, communities, and broader health and wellbeing system which is under significant demand and financial pressures. It is estimated that 20% of GP appointments are for social welfare issues, with the Low Foundation reporting 15% of GP appointments for welfare advice (1). This demand on general practice can be better managed to alleviate pressure while meeting the needs of patients in a more fulfilling way. Evidence shows that patients who are socially prescribed are able to report higher levels of confidence, well-being and new knowledge related to health (2) which is felt will have an impact on the community around the patient. Social prescribing is better for the practice and better for the patient.

Social Prescribing has the potential to transform both the culture and use of general practice. Workforce development and system changes can enable staff to support patients to self-care, using health services in an appropriate way while seeking better patient outcomes in a more cost effective way, through salutogenic approaches.

A patient's journey through the health system could be different; prior to appointment patients could be supported to seek self-care via reception staff. If an appointment is made, non-medical interventions may also be discussed and a referral to a Primary Care Navigator may be appropriate who will support the patient while referring to appropriate services for further social support if needed. This changes the model of care from general practice to centers for health and wellbeing focusing providing a more than medicine approach to the management of people.

Social prescribing can be offered in a range of ways; one-to-one work; group based activities, coffee morning, or a session ran by practice health champions. These are all examples of social prescribing. This strategy sets out the CCG's aspirations for social prescribing across Newcastle Gateshead member practices.

### 3.0 Our commitment

NGCCG came together as one organisation in April 2015. The formal merger of three separate CCGs covering Newcastle and Gateshead localities, resulted in a staff structure realignment which saw the two existing delivery teams merge into one, as well as changes to some senior management roles including a new Executive Director lead for patient and public involvement.

NGCCG is committed to transform lives together by prioritising:

- **Involvement:** of our communities and providers to get the best of understanding of issues and opportunities;
- **Experience:** people centered services that are some of the best in the country, and;
- **Outcome:** focusing on preventing illness and reducing inequalities to help people live happier, healthier lives.



## 4.0 Legislation – our statutory requirements

NGCCG has obligations to uphold the NHS Constitution and specifically impacting on social prescribing:

### Section 2 values

Improving lives; We strive to improve health and wellbeing and people’s experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

### Section 3B Patients & The Public

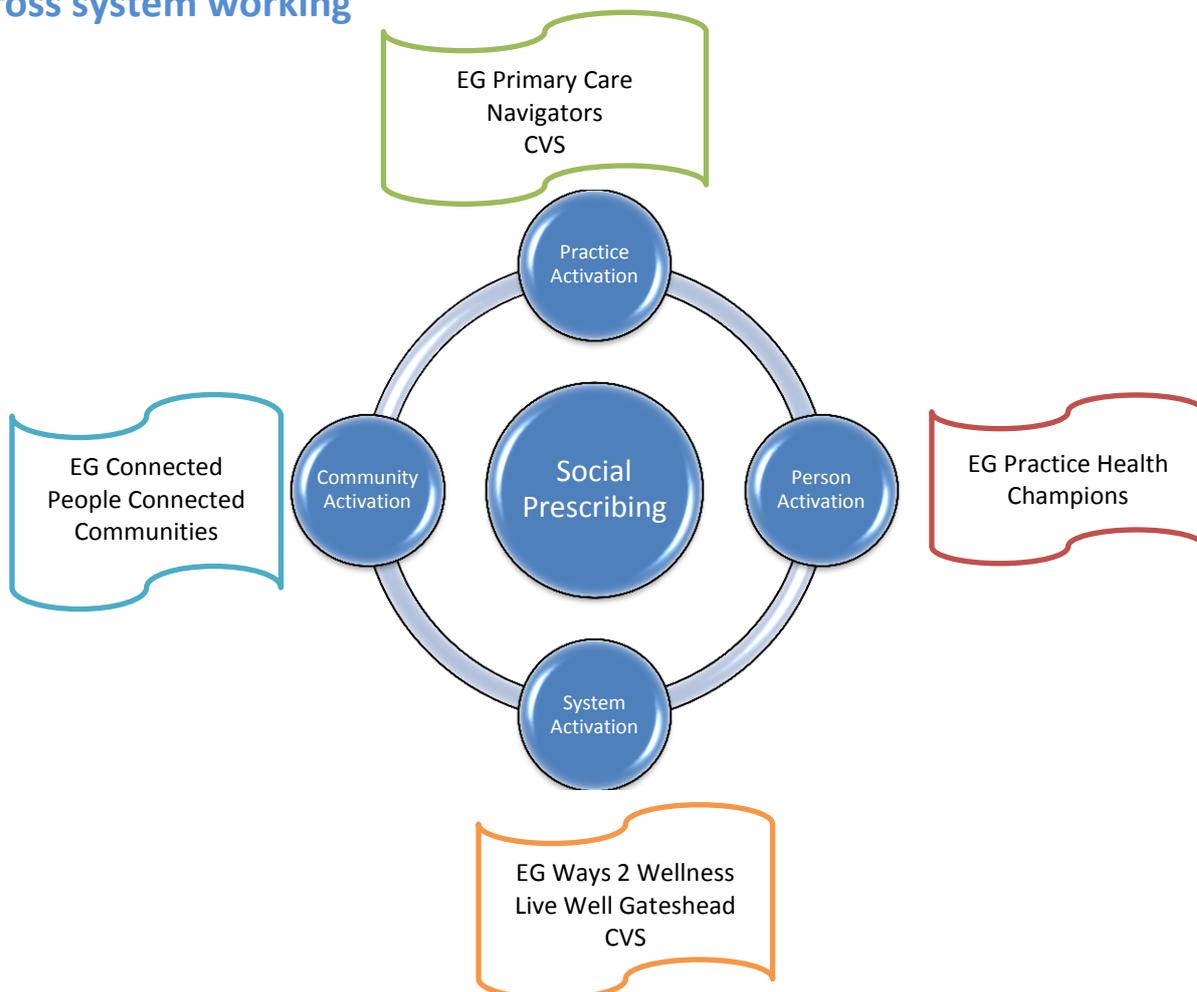
Please recognise that you can make a significant contribution to your own, and your family’s, good health and wellbeing, and take personal responsibility for it.

## 5.0 Aims and objectives of this strategy

The key aims of the strategy are:

- To set out our understanding of social prescribing
- To set out our principles of social prescribing
- To set out our approaches to social prescribing
- To set our out plan to support, grow and develop social prescribing

## 6.0 Cross system working



Embedding this work across the system is a critical success factor. NGCCG identifies this as four key areas of activation.

- Practice activation: Supporting our member practices to understand the value of social prescribing. Enabling navigation of the health and wellbeing system through redesigning existing roles in general practice through workforce development. This will embed social prescribing and support in changing the mind set of clinicians and ensure practise have a foundation;
- Person activation: Supporting and empowering patients, in an asset based way, to develop self-care and work closely with practices in the development of these approaches. Ensure patients understanding of social prescribing and the advantages of this for them. There are also non asset based approaches to adopt such as supporting patients to volunteer for example.
- System activation: Ensuring cross system working between partners in order to support social prescribing making it everyone's business, and that partner working is supported while duplication is limited. Working with local authority and CVS partners is key to this as well as developing joint working/commissioning agreements.

- Community activation: Ensuring the social prescribing isn't just working with individuals but across communities; this maybe geographical, based on a health issue or inequality. The work needs to support communities in working together to support each other and releasing the benefits of social prescribing and asset based community development.

## 7.0 Principles

In order to ensure a consistent approach to the development and implementation of social prescribing it will be important to establish a set of principles that will underpin the work, and which everyone involved across the system agrees.

Principles should aim to identify and build on the elements of social prescribing that already exist within NGCCG and ensure these are joined up in a cohesive way to form a clear pathway for social prescribing. This may involve elements of new commissioning but will build on existing assets, avoid duplication and take innovative approaches to identify alternative models of funding for social prescribing activities.

A suggested list of principles has been developed from what people identified as important at the Social Prescribing Workshop held in November 2015:

- Take an effective collaborative approach that tackles the underlying causes of inequalities and poor health;
- Results in increased understanding for individuals and communities, helping them to access and engage actively in self-help;
- Clinicians and others are able to offer a 'more than medical' approach to addressing individuals health and wellbeing needs;
- Take an approach that recognises and unlocks existing assets within our communities e.g. volunteers, community based activities;
- Take collective responsibility across NGCCG health and wellbeing system to work within identified budget envelopes and maximize use of available resources;
- Support and develop opportunities for non-statutory partners to access investment for social prescribing activities; and
- Learn from existing local pilots, to inform the best interface for referral in GP.

## 7.1 Principles - Salutogenic Approach

**‘Why do some people stay well despite highly stressful situations and significant hardship whilst others succumb to ill health?’**

‘Stress and Coping’ (1979) by Aaron Antonovsky described some of the early theories to asset based health approaches which we see today. This theory, which now encompasses thought regarding social prescribing, such as seeing health as a wellbeing state and not just disease and illness is a corner stone of the

social prescribing approach in NHS Newcastle Gateshead CCG. Antonovsky also developed ‘sense of coherence’ which are (3)

- *Comprehensibility*: a belief that things happen in an orderly and predictable fashion and a sense that you can understand events in your life and reasonably predict what will happen in the future.
- *Manageability*: a belief that you have the skills or ability, the support, the help, or the resources necessary to take care of things, and that things are manageable and within your control.
- *Meaningfulness*: a belief that things in life are interesting and a source of satisfaction, that things are really worthwhile and that there is good reason or purpose to care about what happens.

NGCCG feels salutogenesis is a principle of social prescribing and will use this theory to guide our work.

## 7.2 Principles - Five Ways to Wellbeing

- Connect
- Be active
- Take notice
- Learn
- Give

NHS Newcastle Gateshead CCG feels the five ways to wellbeing are a principle of social prescribing and will use these guiding principles in our work. Ensuring that the work meets and supports the Five Ways to Wellbeing ensures that the work meets key principles. This principle will also enable effective evaluation.

## 8.0 The Current Picture (Aug 2016)

### Local Context Newcastle

Social prescribing is still a relatively new concept for practices; however, work continues to develop to support a great use and understanding of the approach.

- Ways to Wellness works across 18 practices in West Newcastle supporting patients with long term conditions aged 40 to 74 years. The work is funded via social investors (social impact bond) and aims to support patients to find support groups, make positive lifestyle changes, gain confidence, learn new skills to name a few via addressing health inequalities. Ways to Wellness works with four service providers; Changing Lives, First Contact Clinical, Healthworks Newcastle and Mental Health Concern. This work is being independently evaluated via Newcastle University and updated information on progress of the work is presented to NGCCG.
- The Innovation Fund via NGCCG funded a number of projects across Newcastle, a number of which aim to support practices to socially prescribe to advocacy, advice and guidance, while some projects also provide meaningful activities in the community. This work is managed by Newcastle CVS and NGCCG and evaluation of the work will be available later in the year.
- Health Champions have previously been working in two Newcastle practices; Denton Turret and St Antony's. However, when NHS England support and BIG lottery funding for this work ended in May 2015 the work declined and due to small champions numbers was unviable for practices to continue. It is hoped that Health Champions can be offered in more practices across Newcastle.

### Local Context Gateshead

Social prescribing is still a relatively new concept for practices. However, a national pilot for the development of a Primary Care Navigator (PCN) in social prescribing was supported at Oxford Terrace and Rawling Road Medical Group during 2013/14. A subsequent evaluation by Deloitte, highlighted the value of this role in:

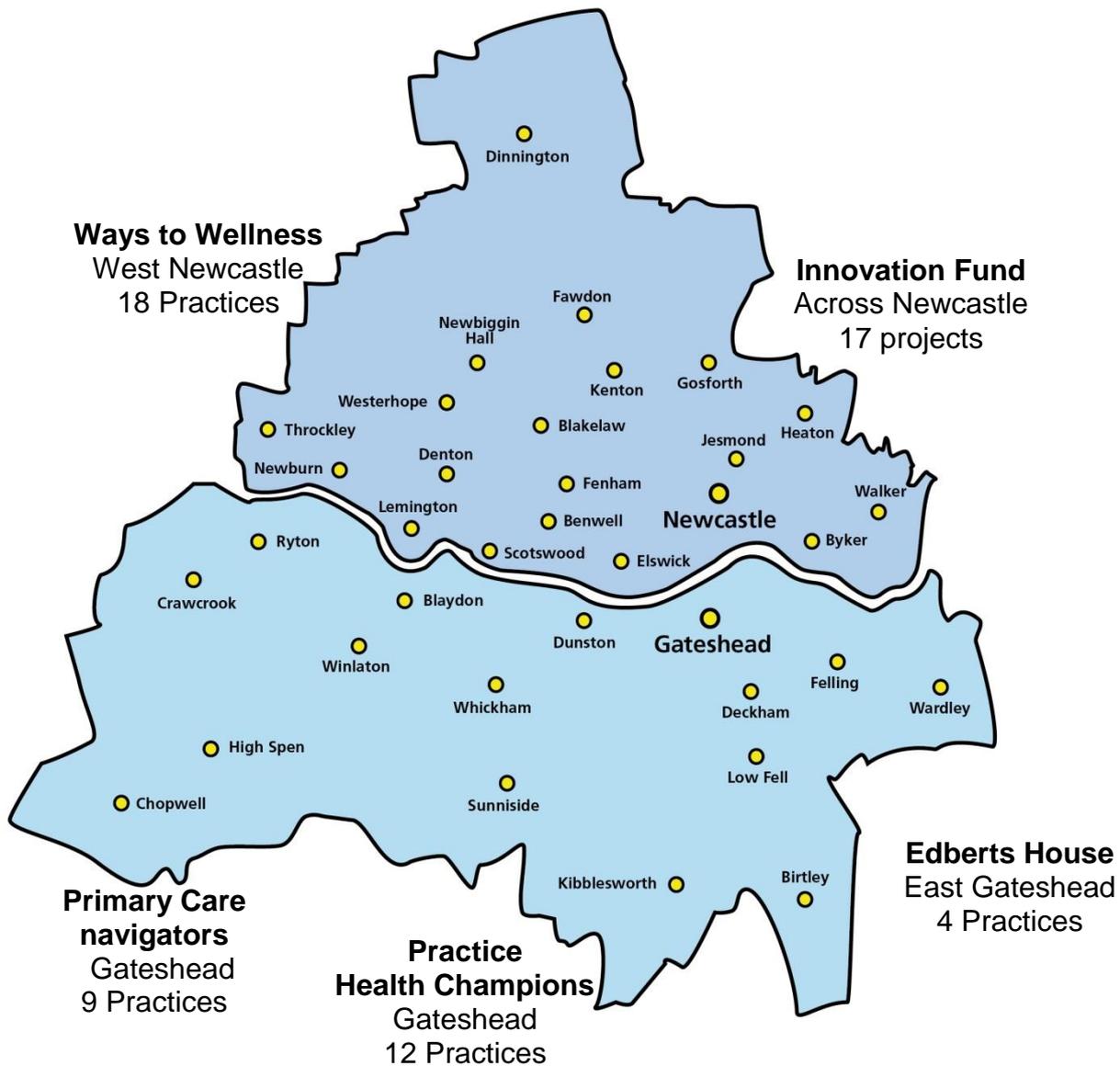
- Management of frailty and dementia through social prescribing,
- Management of people with long term conditions;
- Reductions in admissions, attendances and readmission to hospital, and
- Management of GP demand pressures. Deloitte (2016)

A further pilot at the same practice during 2013/14, on the development of practice health champions also evidenced the role of the PCN in development of patients as volunteers and value of asset based community engagement in General Practice (2). This model has been used as national exemplar by the Social Prescribing Network (5) and was presented at the houses of parliament on 9<sup>th</sup> March at the launch event of the network. In addition, the NHS confederation used this as a national exemplar for the management of urgent care for older people (4).

During 2014/15, NGCCG commissioned three pilots for social prescribing:

- Part two of the £5 per head funding to strengthen federated working at locality level: The development of primary care navigator role to manage care for people over 75 through social prescribing.
- Part three of the £5 per head funding for individual practices: One stop clinics for management of long term conditions using social prescribing as part of the Year of Care (YoC) approach across all practices. Many practices have included their PCNs in the YoC training to fulfil this requirement.
- Transformation fund 2015/16: Practice based link worker as part of the East locality. This pilot is showing significant impact of a link worker based in GP on demand management.
- Practice Champions in General Practice: Nine practices across the North East were involved in this pilot. In Gateshead this included Wickham Medical Group, Teams Medical Group and Oxford Terrace and Rawling Road Medical Group. Evaluation through Altogether Better (2016) provides compelling value of patients as volunteers and asset based community development around GP practices in the management of population Health. This work has been further developed since January 2016 with more practices supported this approach.
- A workshop supported by the Sustainability Team NHSE on 18<sup>th</sup> March 2016, identified the core role of PCNs around social prescribing to manage dementia and frailty, management of LTC's and managing GP demand. Further work is underway to develop a structured training and development programme and make this role more sustainable. Development of the PCN role currently spans the 1) Care Home Vanguard, 2) Primary Care Strategy, 3) £5 per head developments. However, other "navigator roles" are also emerging across the health and wellbeing economy. Including Age UK navigator currently being piloted at Crawhall Medical Group, Millennium Medical Group and Oxford Terrace and Rawling Road Medical Group. Fulfilling lives also have care navigators providing support to people with many complex needs, amongst others.
- Each of these developments have fostered links with the Live Well Gateshead Service, general practice would value the opportunity to contribute to further development of this service and create greater partnership working.
- Gateshead has funding from the British Heart Foundation to roll out the Year of Care model to improve the care for people with long term conditions. This model of care and support planning, in partnership with the patient, is enhanced when people understand their condition. They are able to make good decisions for self-management and take steps to maintain good physical and mental health. Having one or more long term conditions can reduce capacity to work, increase financial concerns and limit opportunity to get out and about. The Long Term Conditions involvement officer is in post to understand what can be done in Gateshead to strengthen patients' knowledge, skills and confidence. Consequently, patients are empowered to be experts in their own care and take action to improve their health.

This will help them to stay well and enable them to work in collaboration with their surgery throughout the ups and downs of their conditions. The work undertaken so far demonstrates that as well as learning about their health from health care professionals and health charities, patients learn informally from others in a similar position.



Several Models of practice activation have been piloted across the CCG, whilst many practices are now actively engaged, it must be acknowledged that there is variation to the level of activation and understanding of social prescribing; for example practice activation may be high while community activation is low. The current picture of different approaches and provision reflects the positions of the individual CCGs prior to the merger, and will help the CCG evaluate the different models of working to establish best practices, locally, going forward.

## 9.0 Approaches – Asset based (Person Activation)

Following on from the successful Health Champions work in the region NHS Newcastle Gateshead CCG will continue to support this way of working. While this asset based approach builds community impact from grass roots it also has an impact on changing relationships between patients and general practice and supporting a joint way of working. The approach may not be suitable in all practices ,however, its impact within communities can benefit a number of practices. Other approaches can be used in order to support asset based approaches but these may vary in some practices due to population and resource and must be considered in a flexible way.

## 9.1 Approaches – Practice based (Practice Activation)

A range of practice based social prescribing is on offer across the CCG. In Newcastle West Ways to Wellness support 18 practices via link workers based within a practice who work with patients to identify changes and support them on the journey. In Gateshead Primary Care Navigators provide a similar level of support in 9 practices by offering patients support around a host of social issues. Also, in Gateshead (east) Edberts House support 4 practices with link workers providing social advice and support to individuals and communities.

As Part of the NHS 5 Year Forward View and the General Practice Forward View development of Primary Care Navigators across the CCG will be supported. These will be developed from existing roles in general practice and will aim to support patients around health and social needs, while also referring and navigating the patient through appropriate systems via case management. With any new area of work the current workforce must be supported to understand and adapt to a new way of working. Working with partner organisations planning the future workforce and ensuring that this work is delivered in a structured approach with clear plans and outcomes.



## 9.2 Approaches – Supporting others (System Activation)

The CCG has strong relationships with the community voluntary sector and through our social prescribing work we want to develop close working relationships with our community and voluntary sector partners, working together for the best patient outcomes, and developing a more structured mechanism of working with local authorities to commission services to meet patient needs. Links across our Local Authority partners therefore need to be strengthened in order to establish shared practice and resources. NGCCG holds several block contracts with community and voluntary sector partners working in and around GP practices to support practices, patients and communities.

Community and voluntary Sector organisations currently offer social prescribing such as Equal Arts 'Creative Friends' and You're Voice Counts, Age UK and Sight Service jointly run a social prescribing programme – ensuring that all works links will make social prescribing a strong model across our geography. The community voluntary sector also has expertise in a wide range of health and social welfare issues and working with this sector strengthens the work and the outcome for patients.

### **9.3 Approaches – Supporting the Community (Community activation)**

Other areas of work, such as Connected People Connected Communities is exploring what the CCG and partners can do to make areas into places where people make and maintain good quality relationships. The work intends to build on, and add value to, existing developments such as introducing asset based approaches, health and care integration and developing social prescribing models. It will also enable us to consider how other areas of activity, such as housing, urban design or transport, can make a difference.

## **10.0 Quality and Standards of Social Prescribing Services**

As different models of service design and pilots of social prescribing exist across NGCCG, it is important to clearly document who has legal responsibility for the patient at different stages in the social prescribing process. Social prescribing services need to meet basic requirements related to delivery of health services and social prescribing initiatives may encounter barriers to commissioning if standards are not in place or are perceived not to be adequate.

As social prescription is to be undertaken on a wider scale, it would be appropriate for organisations to be able to have access to guidance on how a good social prescribing organisation should look, and which quality and standards to adhere to relative to the model of service provision. Different stakeholders in the social prescribing service hold different responsibilities. Some of these are outlined below.

#### *Commissioners:*

- The commissioning organisation has a responsibility for ensuring that the commissioned body is robust, well governed and able to undertake the tasks they are proposing with an appropriate framework for monitoring and safety.
- As well as statutory monitoring organisations for patient care, any commissioning organisation will collect information from organisations they have commissioned on a regular basis, much of it along standardised lines of enquiry used throughout the NHS in terms of safeguarding, information governance, outcomes reporting and management.

#### *Referring healthcare practitioner:*

- Any referring GP/Care Professional has a responsibility to make sure that the patient is being referred to an organisation that is well run, accountable, and that communicates well regarding outcomes. If the service is commissioned much of this

responsibility can be taken by the commissioning organisation, but as with any service the GP must report back any concerns.

- The GP/Care Professional also has a responsibility for making sure that the referral is appropriate and in line with robust guidance from the accepting organisation, to make sure that the patient is helped to access the right support whether this is medical or social.
- If the social prescribing is to be done in house by the GP practice, they carry sole responsibility for the management, safety and outcomes recording of the activity, just as they would with any member of staff and to comply with the CQC standards.

*Organisations providing a social prescribing service:*

- Quality and standards for any organisation that involves patient care and certainly a referral from a GP/Care Professional, should meet NHS/Local authority standards for governance, safety and monitoring.
- Any organisation providing social prescription or indeed any other service, should be able to demonstrate a wide range of standards according to monitoring organisations whether commissioners, CQC or other.
- Organisations undertaking social prescription on behalf of the NHS/Local authority have a responsibility to liaise with the referring GP/Care professional regarding outcomes, but also safety concerns. There should be detailed information sharing agreements in place for the purposes of confidentiality, but also to allow the link worker to be able to access a GP at very short notice should this be needed, particularly when there are safety concerns.

It is essential for local developments to link with the National Social Prescribing Network, as they will be proposing and developing guidance on:

- A social prescribing rating for non-statutory services for commissioners and referrers
- An accreditation process for social prescribing services
- A standardised, non-biased system for measuring outcomes involving CCG data
- A minimum standard of entry to be included as a recognised social prescriber or link/PCN worker
- Evidence of opportunities for patients to be involved in the design and running of services and for local services to contribute to community social assets
- Evidence of clear lines of communication and responsibility between individuals and organisations involved in the referral process

## **11 Monitoring of this strategy**

This strategy and the activity plan will be monitored by:

### **Ongoing**

Steven Bramwell - NGCCG

LTC Programme Board - NGCCG

### **Annual**

**July 2017**

## References

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- 4 NHS Confederation (2016), Growing old together: A report by the independent Commission on Improving Urgent Care for Older People
- 5 The Social Prescribing Network (2016), A guide for healthcare professionals, commissioners and funders of Social Prescribing Services
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