Social Prescribing in the North West Coast Briefing Note

There is a considerable amount of social prescribing activity take place across the north west coast and a number of schemes and services exist. This briefing does not intend to provide a review of all services that are in operation but provides an overview an insight gathered from a scoping exercise conducted by Equitable Place Based Health & Care (EPHC) theme which took place between Dec20- Jan 21 involving conversations with service providers and commissioners as well as information available online.

Commissioning and delivery of social prescribing services

Social prescribing is being commissioned in a number of different ways we found examples of services being:

- Commissioned by local clinical commissioning groups (CCGs) but delivered through the voluntary sector for example though local CVS or Citizens Advice Bureau
- Commissioned by local primary care networks (PCNs) and delivered through local authority integrated neighbourhood teams
- Commissioned by PCNs delivered directly through GP practices or through CVS link worker roles
- Commissioned by the third sector organisations/social enterprises self-funded through community funding streams (Big Lottery, small grant schemes) and delivered by these organisations.

Services vary in size but mainly consist of a small team of social prescribing link workers (3-9 members) appointed through the organisations commissioning or delivering the services. Within some PCN areas individual link workers are appointed to cover the practices within the area.

Common to all services is a referral pathway this included self-referral (though this option is not available in all services), referral from health professionals within primary and secondary care, partner organisations within the third sector and staff working in community settings. The process usually electronic, involves a form being completed and submitted to the service. Once referrals are received, they are assessed, individual needs are identified and then allocated to a social prescribing link worker role.

Data collection

All services collect data on participants, however the systems used to collect and manage this data vary and include the use of inhouse data collection tools and standard data management software.

- Elemental: digital social prescribing platform
- LA authority data management tool (e.g. BwD Transforming Lives database)
- ‘Casebook’ data management tool used by CAB’s
- EMIS- GP/primary care data collection system
- CiviCRM data management system (used by Burnley Pendle and Rossendale CVS)

Types of data collected include demographic information such as age, gender, post code, though one service mentioned they did not record ethnicity. Databases were also used to capture information on issues being presented with, support offered and accessed as well as case notes documenting contact and progress with service users.

Some services also used standard validated tools to capture specific information relating to outcomes - these again varied across the services and include:

- GAD-7: General Anxiety Disorder score
- ONS4: Personal well-being measure
- Outcome Star: well-being outcomes measurement tool
- PAM: Patient activation measure
- PHQ-9: Patient Health Questionnaire for depression
- WEBWBS: The Warwick- Edinburgh Mental Well-being scale
- SNOMED codes: Primary care codes (usually includes 3 codes SP offered, SP declined, Referral to SP service)

Services also collect individual case studies of participants which are used to demonstrate service impact and share service user stories.

Evidencing Impacts

Although a considerable amount of data is being collected by social prescribing services, data reporting is often limited to funding requirements, performance dashboards and agreed measures from commissioners. Services recognised they were not fully utilising the data they had access to, and that this data could be further analysed to demonstrate outcomes and good practice. Services also reported that they had not specifically sought to demonstrate impacts on health inequalities.

This exercise has highlighted that routinely collected data on social prescribing is not being fully utilised and that there is an opportunity to explore this data to better understand and evidence impacts of social prescribing services and how different approaches to social prescribing/settings in which SP is taking place could be impacting outcomes.