



Digital Social Prescribing Summary ~ presented to LCC Health Scrutiny Committee 14th May 2019

1. Introduction

- 1.1. This document summarises the key programmes of work (underway and proposed) for developing the digital infrastructure to support local social prescribing programmes across Lancashire and South Cumbria Integrated Care System (ICS).
- 1.2. NHS England published its [plans for implementing the Comprehensive Model of Personalised Care in January 2019](#), which sets out the full array of different delivery support actions that will be taken nationally to ensure effective implementation.

The Comprehensive Model has six main evidence based components:

- (i) shared decision-making;
- (ii) enabling choice, including legal rights to choice;
- (iii) personalised care and support planning;
- (iv) **social prescribing and community-based support;**
- (v) supported self-management; and
- (vi) personal health budgets and integrated personal budgets.

The deployment of these six components will deliver:

- Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes.
- A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health conditions.
- Intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive.

Digital is a key enabler for transformation and for supporting a more strategic, system-wide approach to social prescribing.

- 1.3. Under the *Additional Roles Reimbursement Scheme*, Primary Care Networks will soon (July 2019) be supported to develop one new Link Worker post (up to Band 5) per neighbourhood. The Comprehensive Model outlined above, including the development of link worker posts is expected to benefit 2.5

million people across England by 2023/24, including over 900,000 referrals for social prescribing, which can be extrapolated as almost 28,000 referrals across Lancashire and South Cumbria.

The expectation is that social prescribing and community-based support, if delivered according to this standard model, will result in:

- 100% of GPs and GP practices able to involve link workers in practice meetings and making referrals to them.
- 90% of link workers receiving accredited training and feeling confident in carrying out their role.
- 80% of people taking up their social prescription after referral
- A positive impact on GP consultations, A&E attendances and wellbeing for those referred, achieving:
 - 14% fewer GP appointments
 - 12% fewer A&E attendances

Digital tools will enhance the quality of offer and the productivity of these link workers, allowing them seamless referral mechanisms with outcomes reporting, affording them time to conduct meaningful person-centred coaching conversations with their patients based around “what matters to you?”

- 1.4. Healthier Lancashire and South Cumbria have been a NHS England demonstrator site for Universal Personalised Care since April 2018. Digital is seen as a key enabler for social prescribing developments, alongside the link worker posts. As such, the Personalised Care demonstrator site steering group requested an overview of the social prescribing landscape (including but not limited to, digital) across the system, and this paper made recommendations for further development. These recommendations can be found in the accompanying paper, and are illustrated in section 2.1 below.

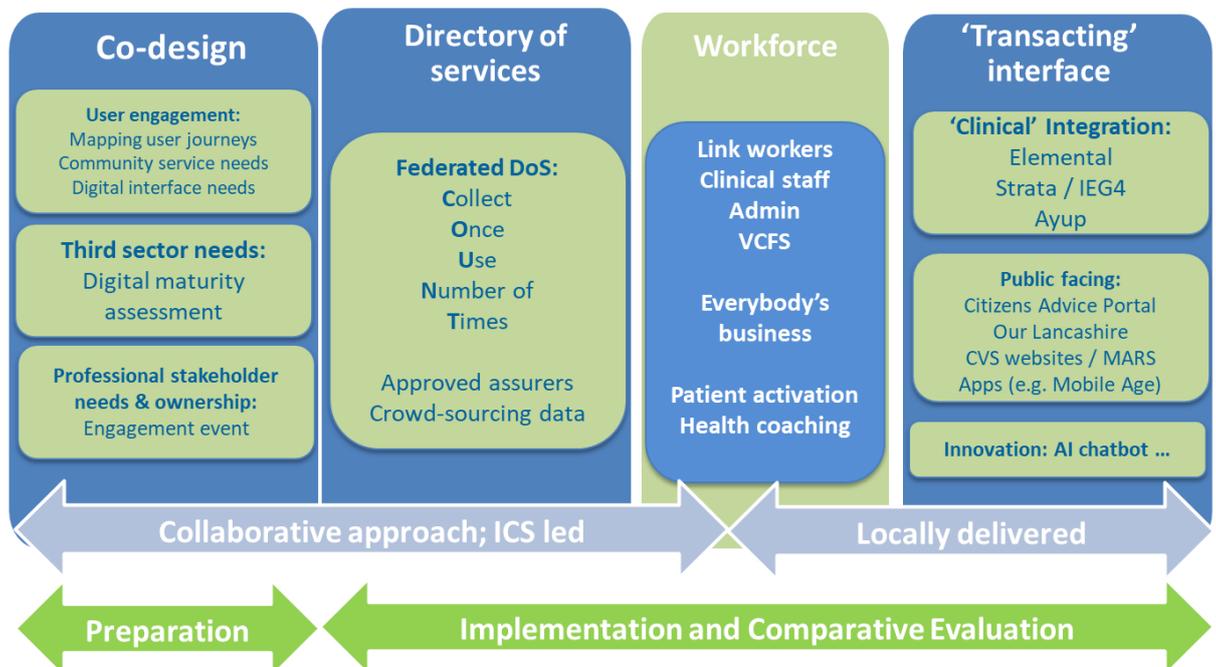
The demonstrator site programme is currently developing plans to support neighbourhoods in 3 CCGs (in East Lancashire, Central Lancashire and Fylde Coast) to pilot the social prescribing referral software [Elemental](#), as a proof of concept of front end transactional (referral management and outcomes reporting) software used in a clinical setting. If successful, local commissioning arrangements would need to be made to scale up this approach across the wider neighbourhood footprint.

- 1.5. Our Digital Future¹, sets out the local strategic direction and the design principles which form this programme of work. Fundamental to our approach, will be the co-creation of solutions with patients, the public, and our frontline.

This process is already under way, with the formation of a community of practice for social prescribing, where the ideas within this paper have been reviewed by stakeholders including the [Personalised Care Co-Production Group](#). Some exploratory work assessing the digital maturity of the VCFS is already under way and is outlined in 2.3 below.

2. Delivery plan

- 2.1. A model for developing a strategic approach to social prescribing across the system has been worked up with some stakeholders and is illustrated below and outlined in the subsequent points:



- 2.2. It is implicit in any digital developments that co-designing with citizens will form the basis of those developments. The ICS digital team are exploring collaboration opportunities with Lancaster University to conduct some user research, exploring the journeys an individual person might make to access the resources in their community, the information that can support them in making that journey, and how digital can support this. Further, the existing Personalised Care strategic co-production group will be used to sense-check proposals with people who have lived experience on an ongoing basis.

¹ [Our Digital Future - L&SC Digital Strategy](#)

2.3. The ICS digital team have partnered with [Active Lancashire](#) to undertake a digital maturity and 'social prescribing readiness' assessment of the third sector/VCFS, with a particular focus on small, grass roots organisations. The project will run during quarters 1&2 of 2019/20 and will be reported back to the digital team for wider dissemination and to inform future iterations of the ICS digital plan. The aims are to:

- i. Provide a picture of the digital maturity of VCFS organisations in Lancashire in order to help inform the digital strategy for Healthier Lancashire and South Cumbria.
- ii. Provide an understanding of VCFS organisations interest, readiness and support requirements to be part of a social prescribing programme.

The objectives regarding digital maturity assessment are to:

- Understand the current 'digital picture' within the VCFS.
- Explore the VCFS willingness to display their offer in a digital format.
- Understand the barriers that VCFS organisations have to presenting their 'offer' in a digital manner.
- Identify areas of support that VCFS organisations need to present their offer digitally.

The objectives regarding the wider aspects of social prescribing are to:

- Understand the willingness of VCFS organisations to be involved in a social prescribing programme.
- Understand the barriers that VCFS organisations perceive to being involved in a social prescribing programme.
- Identify areas of support and development that VCFS organisations may need to be part of a social prescribing programme.

The results of this study will be used to inform future iterations of the digital delivery plan, and to assist in identifying partners to support service directory data collection. The report may well also identify the resource input that organisations feel they need to engage in social prescribing programmes.

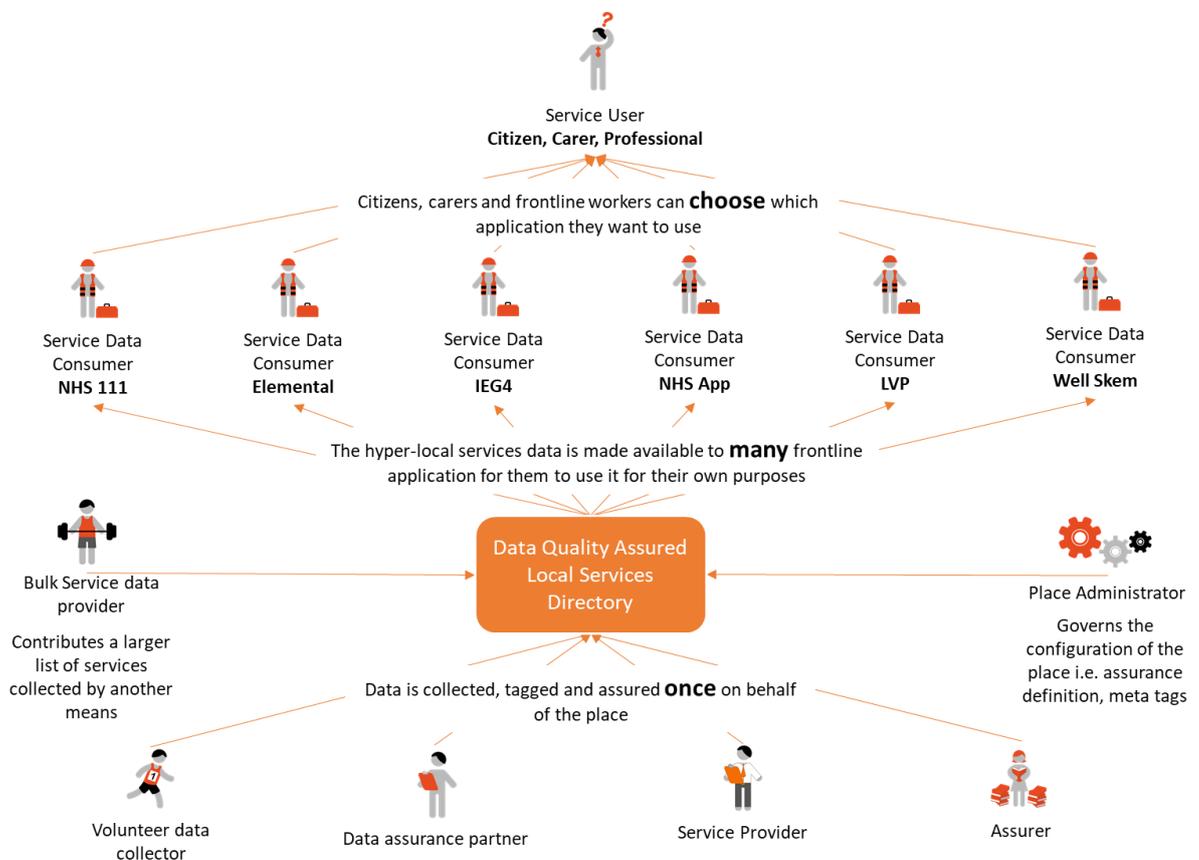
2.4. Central to any future social prescribing developments is the creation and maintenance of a single hyper-local place-based Directory of Services (DoS). This will address the challenges of multiple small DoS, the inherent costs of duplication, and issues regarding accuracy and currency of service data.

The benefits of this approach are discussed in detail in the paper referenced above but the simple aim is to maintain a single reliable place-based directory

of hyper-local services which can feed the service (open) data to many frontline applications seeking to help people and frontline professionals find appropriate support services. The outcomes of this approach include:

- Frontline applications have access to reliable hyper-local service data
- Savings from public sector spend on data collection
- Ability to aggregate data across organisational and geographical boundaries

A conceptual model of a hyper-local place-based DoS is illustrated below (credit [Digital Gaps](#)).



2.5. Concurrent to the digital developments under way or proposed is a further programme of work to develop link worker posts as outlined above, and to continue to train existing frontline staff in methods and tools to [support self-management](#) such as health coaching and the use of the [patient activation measure](#). This will support better social prescribing decision making and identification of the support needed for individuals to succeed in making the most of a social prescribing referral. Lancashire and South Cumbria are doing a considerable amount of work in the area under the Personalised Care workstream, and are mentoring leads from other parts of the country.

- 2.6. Many different public and professional-facing products can then consume data from the central directory and surface it in a manner that suits public / professional needs. Elemental is currently the product that offers the most complete package for clinical and professional users, and as outlined above, is due to be piloted in 3 neighbourhoods across the ICS.
- 2.7. Evaluation of the pilot sites and the different strategies of facilitating the journey from an individual or health care professional identifying a need or desire to access community resources, to the actual connection being made, following through to measuring the outcome of that connection, will help identify successes and areas for improvement, strategies worth spreading and scaling, and which digital opportunities support the processes best.
- 2.8. Benefits of this system-wide approach to social prescribing include but are not limited to:
- A. Benefits to the public / patients:
 - Accurate, reliable and current information available on the services that matter to them and that meet their needs and circumstances
 - Choice in the way they find and access community resources (multiple possible website and app interfaces all accessing a single version of the truth)
 - More time having conversations that matter with link workers or health care professionals (HCPs)
 - B. Benefits to referrers (link workers, HCPs, public health practitioners, VCFS staff and volunteers)
 - Seamless workflow between clinical and social prescribing systems
 - Easy access to information to inform choices and decisions
 - Ability to see where a patient or service user is up to on their journey
 - Outcomes monitoring to help identify the impact of social prescribing on individuals
 - C. Benefits to organisations
 - Ability to analyse service directory information & utilisation to identify demand, service gaps and inform commissioning decisions
 - Ability to analyse wellbeing and/or clinical outcome measures via referral systems (such as Elemental) to assess the impact of social prescribing programmes
 - Ability of VCFS organisations to demonstrate the impact they are creating and potentially the positive economic or social impact they are creating

3. Conclusion

In summary, this digital social prescribing plan seeks to develop a strategic approach to social prescribing that employs system-wide digital infrastructure and co-design principles to support enhanced local delivery. This is building on existing pieces of work and the great success of many long-established grass-roots programmes that have been supporting our public since long before the term social prescribing was coined. This cannot happen in isolation from the work that needs to happen in order to sustain and develop that often fragile third sector who are supporting our public and patients in the community.

“If social prescribing is going to work, I think leaders of commissioning organisations (and in the future, integrated care systems) need to be serious about their role in supporting a vibrant voluntary and community sector, over and above investing in specific services.”

Beccy Baird, [Kings Fund Blog](#)