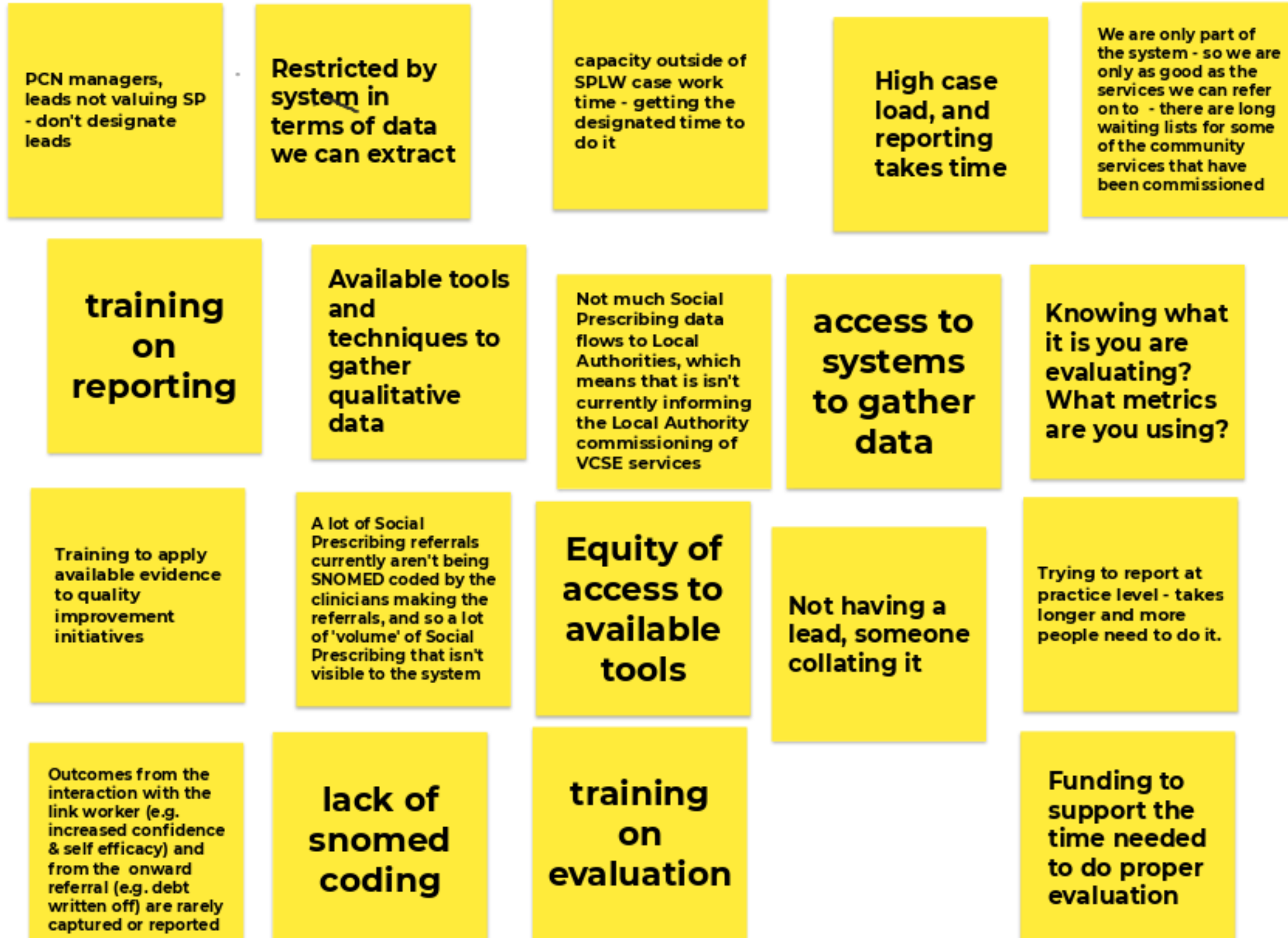


# Discussion: How we can support SPLWs in evaluating services.

## What is getting in the way?

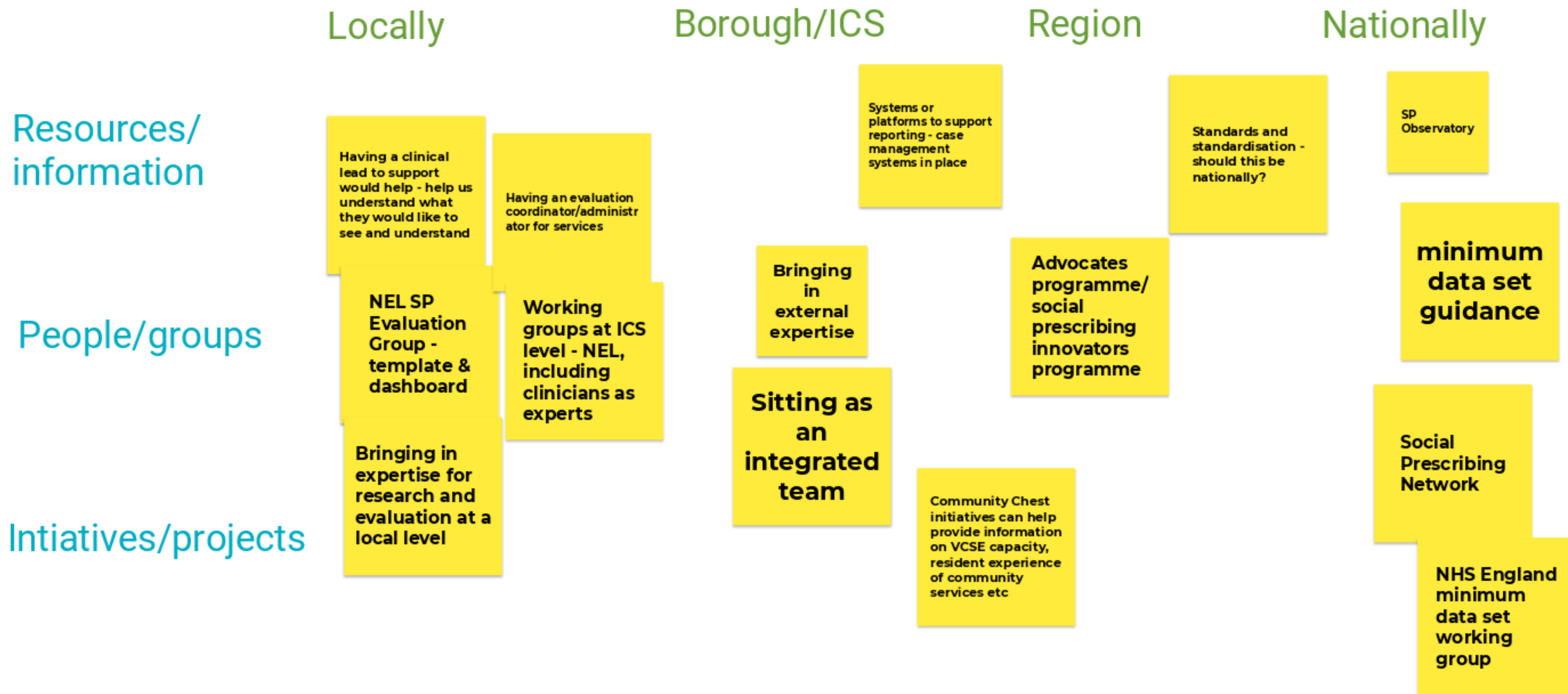


## What is working?



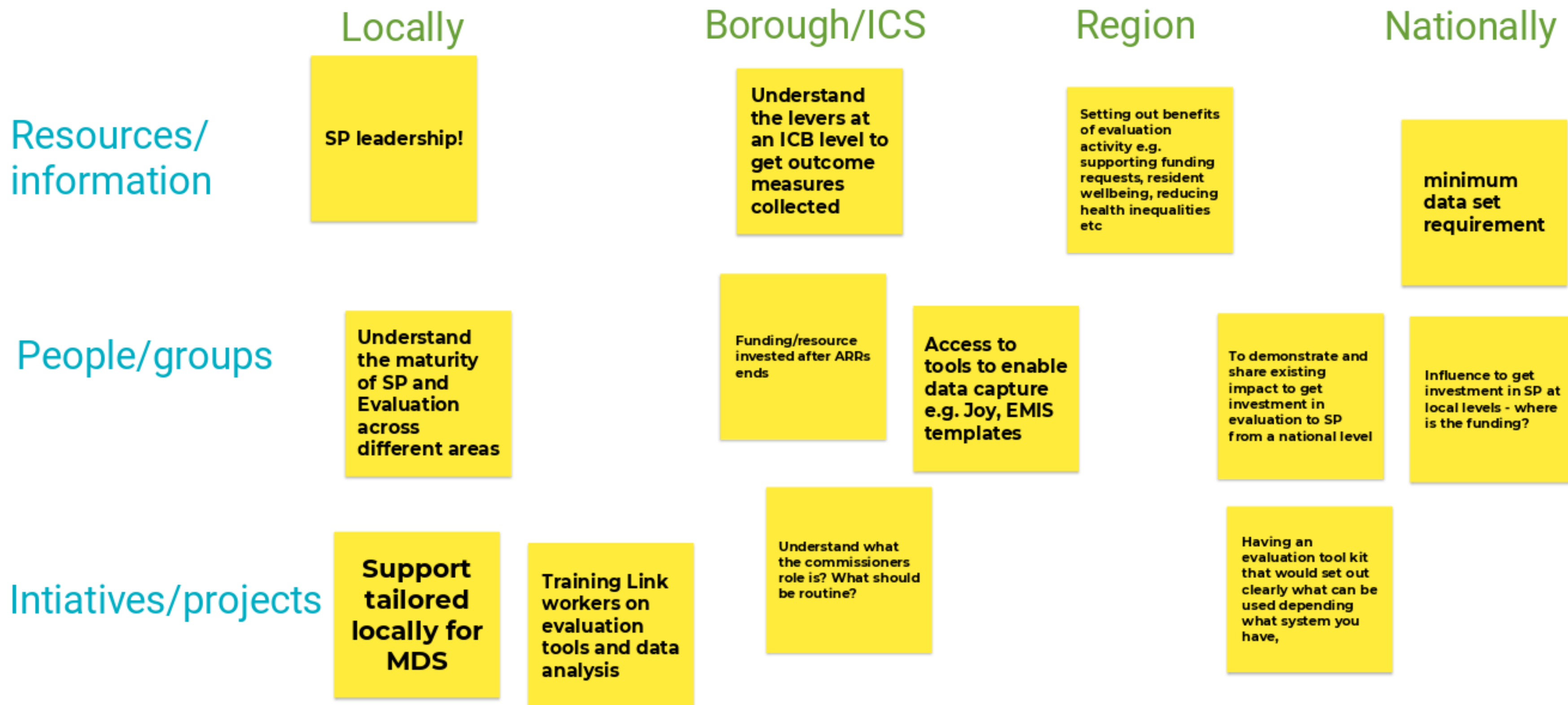
# Discussion: How we can support SPLWs in evaluating services.

## What is existing that can help?



# Discussion: How we can support SPLWs in evaluating services.

## What else can be done?



# Priority area 1: Sharing tools for dating capture and developing a single source of guidance

## What is already out there to support this?





# Priority area 1: Sharing tools for dating capture and developing a single source of guidance

## What else could be done to support this?



# Co-production group for SP & Evaluation Toolkit

What is the group:

Group of people involved in delivery of SP services, meeting fortnightly June-Aug for half an hour to shape an evaluation toolkit.

Who:

Helen Price (SP manager in Enfield - VCSE employer)

Caitlin Bays (SP Manager Barnet - VCSE employer)

Ross Lambdon (PCN HI lead and AD for transformation - S Fulham PCN)

Sophie (Transformation and Operations Manager - South Fulham PCN)

Anne Clarke (SP Lead for Bromley, Penge PCN)

Sen Siva (SPLW at QHS Social Prescribing Service - North Southwark)

Gaynor Stephensen (SPLW at IHL - South Southwark)

Vinaya Kulkarni (SP manager - Hillingdon, Harrow and Brent - Age UK)

Fatema Al-Ansare (SPLW - South Fulham PCN)

Time requirements:

A 30 min meeting every fortnight (From June-Aug, starting Mon 12th June) .

Around an hour a month to review materials.

What we'll be doing:

Sharing ideas in the meeting, providing feedback, connecting us with other people within your patch outside the meeting

The overall purpose of the Evaluation toolkit is to support PCNs and Social Prescribing services to evaluate and demonstrate the impact of social prescribing.

Plan for session 1) June 12th

- Intros - who are you, what would you like to gain from being involved (5 min)
- Summary of discussions to date from SP & Eval COP; What is needed now - aims the group (5 min) - what is the potential purpose of a toolkit for evaluating social prescribing
- Brainstorming & discussion - purpose & scope
  - o Who do we think this is useful for
  - o How do we think people will/should use it?
  - o What should be the main goal

Plan for session 2) June 26th

- Recap from last time (5 min)
- Goal, principles and things to clarify
- Voting on purposes
- What are your questions, where would you find them?

Session 3)

- Brainstorming & discussion - Content
  - o What does the toolkit need to contain (prompt if needed- different types of content based on previous session)
- Grouping content and ranking from most - least important
- (if time) - mapping who can help us develop each of the most important elements

# A toolkit for Social Prescribing Evaluation

Who do we think this is useful for?

How do we think people will/should use it?

What should the main goal be?

SP Leads/managers

Public health teams/LA, anyone that commissions social prescribing

**SPLWs**

Business directors and business managers

PCN managers

Clinical directors

NHSE - if wanting to compare services?

How to use measures that are tailored to the support given/captures benefit to social determinants of health

Guide for what to collect and showcase

Identify areas for development - service and individually

Identify gaps in service provision (referral activities)

day to day patient management - guiding people what to ask in addition to templates

Give feedback for SPLWs, support with retention & improvement

Measure performance

Show where funding has gone and make the case for more

Share outcome measures that aren't just wellbeing or measuring referrals

Help understanding of the roles by showing the impact

Has to speak to local context/platforms & be relevant

**Show the impact to patients**

Know what to include in a contract around evaluation

**Design regular reporting**

Understanding what referrals have had what impacts

Educate what is the minimum data to be collected

Share the options around what could be captured

**Buy in from GPs - get them to engage more with SP**

VCS /public health - commissioning projects/activities

**Create the argument for accepting referrals**

**Creating buy in across different stakeholders**

**Annual pay review - staff performance**

Engaging all people regardless of system employed/stage or £ you have

Have examples of what different areas are doing - how they are showing impact

**Showcase options**

**Informed decision about to measure**

**Easy to use for any SPLWs without training**

Empower services to report and showcase data/improve this data capture

Enabling people to secure funding/increase team capacity

Demonstrating what measures are actually appropriate and impactful for SP - what measures are best for who and why

Buy in for utilising the service and evaluating it across all the different stakeholders

**Mechanism for measuring the impact of social prescribing - link to MDS**

**Agreement of what do mean by an effective and impactful SP service**

Shows what the elements of effectiveness/impact of SP are and how you can measure these



# A toolkit for Social Prescribing Evaluation

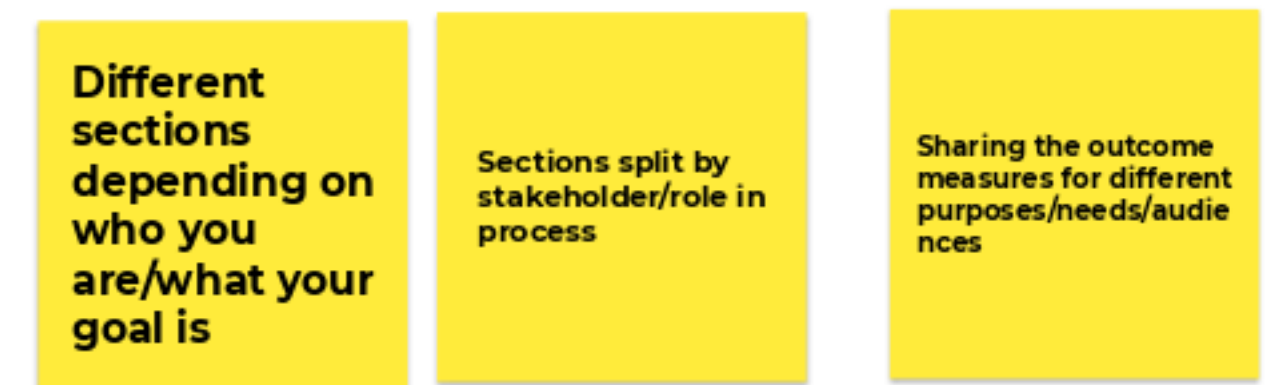
## Main goal(s) of the toolkit



## Core principles



## Ideas





# Summary from session 1)

Goal: Share ways to measure impact locally in social prescribing services

It must:

Be useful across any context (funding, employer, IT system etc)

Share actual examples, not just best practice

Be simple and not complicated, easy to understand for not social prescribers

Reflect the true purpose of social prescribing

Link to the national Minimum dataset work

Considers wider primary care, emphasises that SP isn't an add on

Things to clarify:

Which stakeholders and purposes it will speak to, how many is too many?

**SPLWs**

SP Leads/managers

**PCN managers**

**Business directors and business managers**

**Public health teams/LA, anyone that commissions social prescribing**

**GPs/Clinical directors**

**For all**

**Show the impact to patients**

Inform decisions about what to measure - Shows what the elements of effectiveness/impact of SP are and how you can measure these

**Show where funding has gone and make the case for more/expanding**

**What is SP success, what is consensus on what is an impactful SP service?**

VCS /public health - commissioning projects/activities

**Creating buy in across different stakeholders**

**Demonstrating what measures are actually appropriate and impactful for SP - what measures are best for who and why**

How to measure that are tailored to the support given/captures benefit to social determinants of health

**Design regular reporting**

Know what to include in a contract around evaluation

- Reporting, measures to use, what are appropriate and for what/who/why  
-How to evaluate the service and make the case for expanding

**Create the argument for accepting referrals**

**Buy in for utilising the service and evaluating it across all the different stakeholders**

**Educate what is the minimum data to be collected**

Understanding what referrals have had what impacts

Help understanding of the roles by showing the impact

- How to use the information to support SP teams and improvement/recognising achievement - Why is this important (for different stakeholders)

**Buy in from GPs - get them to engage more with SP**

**Agreement of what do mean by an effective and impactful SP service**

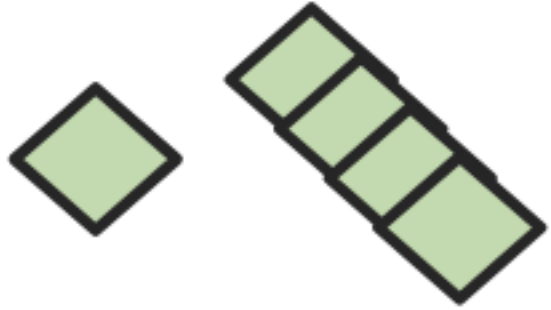
day to day patient management - guiding people what to ask in addition to templates

**Give feedback to SPLWs, support with retention & improvement**

**Identify areas for development - service and individually**

**Measure performance/ pay reviews**

**Identify gaps in service provision (referral activities)**

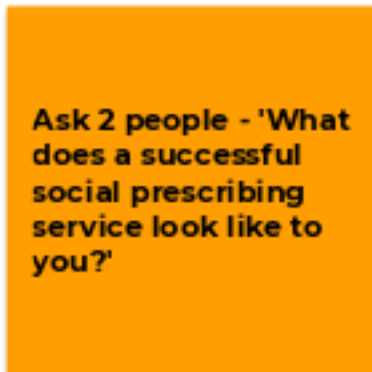


# Summary of session 2)

We agreed the toolkit should cover:

1. What is SP success, what is consensus on what is an impactful SP service?
2. Why is this important (for different stakeholders)
3. Reporting, measures to use, what are appropriate and for what/who/why
4. How to evaluate the service and make the case for expanding
5. How to use the information to support SP teams and improvement/ recognising achievement

We were all  
going to:



Ask 2 people - 'What does a successful social prescribing service look like to you?'



From Katie Coleman (Primary care clinical lead, NCL ICB & GP)

- People are supported to address the issues that are important to them.
- People are supported by the SPLW to access services if they feel insecure doing this independently.
- People are provided with information on how to access the SPLW service after their initial contact is complete.
- Information about the intervention is fed back to the referrer.
- The SPLW is seen as a trusted member of the practice team
- Patients can self refer to the SPLW service
- The service accepts referrals from other providers linked/aligned to the PCN or integrated neighbourhood team
- The service undertakes evaluation of its services on an annual basis so it can identify approaches that are successful or could be strengthened
- The service identifies gaps in community based activities and feeds this information back to the PCN CD and local funders.
- The SPLW updates the patient record to ensure the GP record represents a longitudinal record of care.
- The SPLW identifies concerns around safeguarding
- The service ensures the frontline SPLWers are provided with appropriate supervision
- The service provides opportunities to allow for career progression
- The SPLWs are remunerated appropriately.

Kalwant, Personalised care lead – NWL ICB

- A service which meets the needs of the local community that are at most risk of suffering health inequalities
- A service with SPLWs that reflect the local community
- A service with varied access points including the ability to self-refer and referrals from other agencies wider than just health
- A service which is well connected to their local community assets
- A service and staff known by the GP practices within their PCN
- A service with happy staff that have excellent job satisfaction and their wellbeing needs are met
- A service with the right IT equipment, including access to clinical and non-clinical systems, mobile phones and appropriate desk space
- A service trusted by local residents
- A service with career progression and development
- Where SPLWs are seen as a key part of the PCN development and supporting local people's needs
- A service that can clearly show their value and outcomes

PCN management team, including clinical director:

- High % of appropriateness of referrals
- Self-referral service
- Referrals made by other clinical staff in PCN
- Proactive social prescribing projects
- Quantitative wellbeing scores measured (before and after)
- High % of patients undertaking wellbeing scores
- Positive qualitative feedback from patients

Success is defined differently

- Different levels

-

PublicHealth Consultation - SP Commissioner – Seher Kayikci

A service that is:

- well-embedded into PCNs and BAU for GPs and extended practice teams
- able to join as a partner into MDTs and placed-based interventions
- well-connected into the community and good links with local services and organisations
- improving outcomes for individuals and helping people to become independent through connecting to local activities
- contributing to reducing pressures on the system e.g. reducing GP appointments for those who have used the service

Dr Rasha Galderab -PCN2 – GP and Innovation lead:

A solid team who are consistent, no rapid turnover in staff teams, and well embedded within the PCN and can directly communicate with PCN staff and PCN integrated.

Having SPs for 2-4 years at a time –

To ensure they are clinically supported.

Regular touch points of reporting as well.

One of the Clinical Leads from ICB level – has asked us to blue print their PCNs.

Outcomes point of view – how many GP apps are reduced – SP lifting the load of PCN.

Frequent Attenders – data – how much does the SP intervention does take away from workload.

Data for Utilisation, patient satisfaction data, friends and family testing for SP could be useful.

Rates of referrals, self referral rates, reasons for Referral, GP attendance reduction. – most key for reports.

Strategic run way for SPs, tiered progression, performance reviews – incremental pay change, leadership and career progression – sustainability of the roles. Training and progression opportuni

## Mapping what we need to create each section of the toolkit

### 1. What is SP success, what is consensus on what is an impactful SP service?

Ask 2 people - 'What does a successful social prescribing service look like to you?'

Asking higher up - higher NHS, NASP ...

Ask some patients or community groups what they think successful social prescribing is - network breakfast meetings - Ross

Asking our Link Workers (those with experience not new to the role)

Models of success - how different modes have integrated into systems

References about what is SP impact

Example/case study of a successful service?

Table of organised impacts

A 1 or 2 sentence definition

Show you are meeting the specifications, communicate to others what we are doing

Ask people who have done evaluations what it has led to

Compile all the policy/specifications to show levers/reasons why it is important

### 2. Why is this important (for different stakeholders)

To improve services where needed - accountability

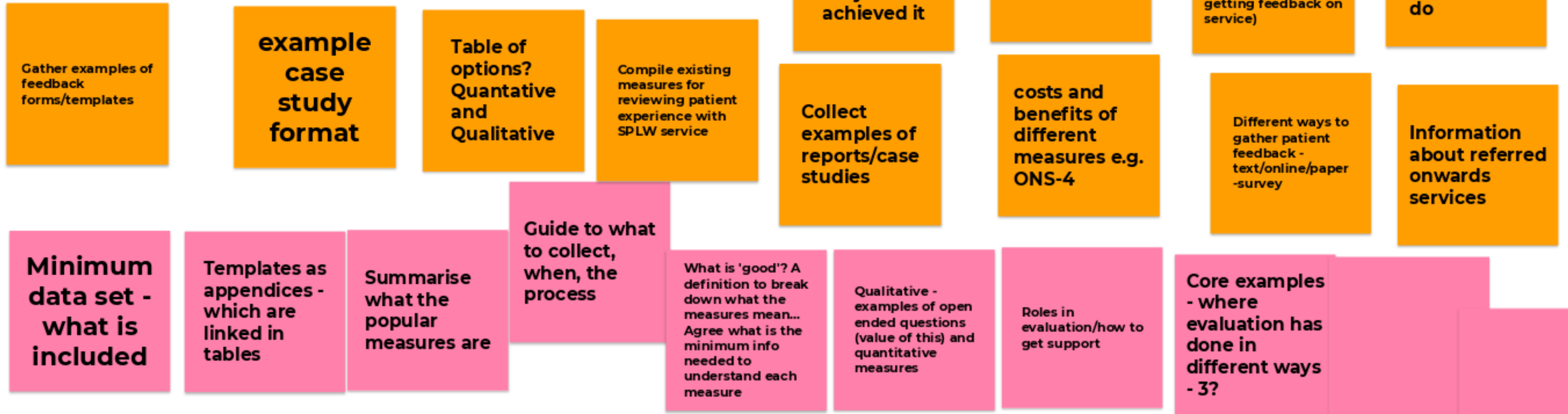
To increase Engagement and buy in, funding, resource

Demonstrate it can increase accountability



## Mapping what we need to create each section of the toolkit

### 3. Reporting, measures to use, what are appropriate and for what/who/why



### 4. How to evaluate the service and make the case for expanding



## Mapping what we need to create each section of the toolkit

### 5. How to use the information to support SP teams and improvement/ recognising achievement



## Where would you usually go to find out about data/evaluation around SP?

**Futures Platform - SPLW**

**EMIS population reporting tool - to identify population groups**

**Youtube - find out about how to process the data**

**Key people - SP leads, PCN manager, clinical directors**

**Joy reporting tool - wellbeing score after the sessions**

**Ask the organisations you have referred patients to, how many patients were engaged in their service from the total referrals**

**Local dashboards e.g. WSIC in NWL**

**Elemental - to look at the data**

## Who would you ask?

**Social prescribing managers and leads**

**Clinical and non-clinical directors reporting in PCN meetings**

**Organisations we work with for feedback e.g. VCSE**

**Borough teams and ICB - personalisation group**

**National academy of social prescribing**

**Communities southwark - VCSE**



## How do you access information that supports you in your role?



## What makes this information most useful?



