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

### What is getting in the way?

PCN managers, leads not valuing SP - don't designate leads Restricted by system in terms of data we can extract capacity outside of SPLW case work time - getting the designated time to do it

High case load, and reporting takes time We are only part of the system - so we are only as good as the services we can refer on to - there are long waiting lists for some of the community services that have been commissioned What is working2

Having a designated person ie Manager to specifically do reporting and evaluation NEL engagement across all place based partnerships.

here's a on working hat in addition

hat in addition ing together stakeholders (inc clinicians), is serviced by NEL ICS level staff which ensures action is taken forward

training on reporting Available tools and techniques to gather qualitative data

Not much Social
Prescribing data
flows to Local
Authorities, which
means that is isn't
currently informing
the Local Authority
commissioning of
VCSE services

access to systems to gather data Knowing what it is you are evaluating? What metrics are you using?

Using systems such as AccuRX to send short evaluation texts

Sharing good practice and models of reporting and funding NEL development of digital tools to capture activity and outcome data

Training to apply available evidence to quality improvement initiatives A lot of Social
Prescribing referrals
currently aren't being
SNOMED coded by the
clinicians making the
referrals, and so a lot
of 'volume' of Social
Prescribing that isn't
visible to the system

Equity of access to available tools

Not having a lead, someone collating it Trying to report at practice level - takes longer and more people need to do it.

evaluation working group which brings together stakeholders (inc clinicians), and is serviced by NEL staff which ensures actions are taken forward

At NEL ICS there is an

Investment and funding towards evaluation of SP

Outcomes from the interaction with the link worker (e.g. increased confidence & self efficacy) and from the onward referral (e.g. debt written off) are rarely

captured or reported

lack of snomed coding training on evaluation Funding to support the time needed to do proper evaluation

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

### What is existing that can help?

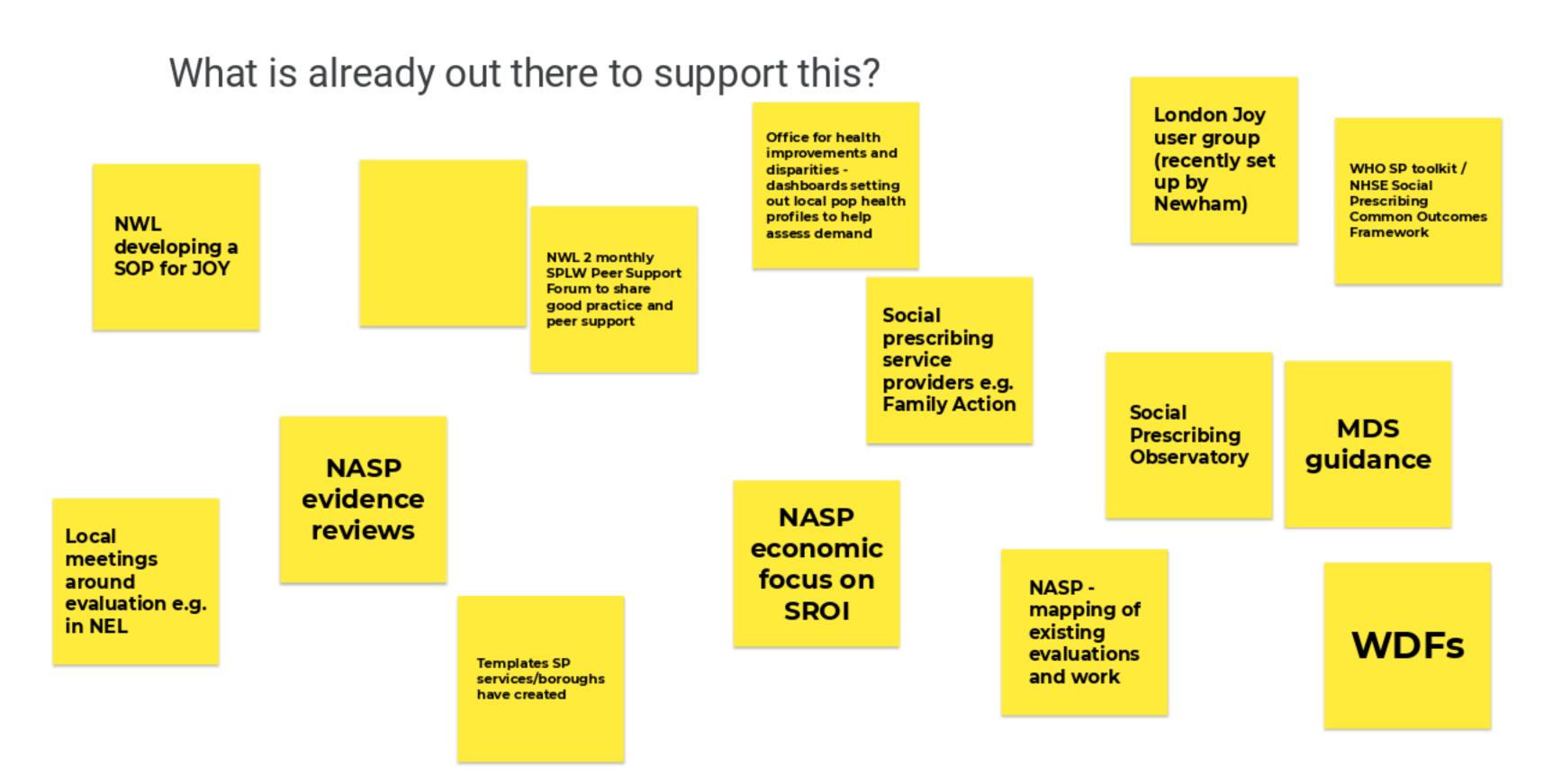


### Discussion: How we can support SPLWs in evaluating services.

#### What else can be done?

Borough/ICS Region Locally Nationally Understand Setting out benefits the levers at Resources/ of evaluation SP leadership! an ICB level to activity e.g. get outcome supporting funding information requests, resident minimum measures wellbeing, reducing data set collected health inequalities requirement etc Understand Funding/resource Access to People/groups invested after ARRs To demonstrate and the maturity tools to enable share existing ends Influence to get of SP and data capture impact to get investment in SP at Evaluation investment in e.g. Joy, EMIS local levels - where evaluation to SP is the funding? across templates from a national level different areas Having an Understand what evaluation tool kit the commissioners Support that would set out **Training Link** role is? What should Intiatives/projects clearly what can be tailored be routine? workers on used depending what system you locally for evaluation have, tools and data MDS analysis

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



### Priority area 1:

Sharing tools for dating capture and developing a single source of guidance

### What else could be done to support this?



How is data additional to the MDS going to be used, shared/ reported on

National Regional ICS Place/borough PCN

# 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
- Who do we think this is useful for
- o How do we think people will/should use it?
- 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
- What does the toolkit need to contain (prompt if needed- different types of conte 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

What should the main A toolkit for Social Prescribing Evaluation goal be? Annual pay review - staff How do we think peop performance Who do we think this is Demonstrating Informed what measures are will/should use it? actually appropriate useful for? decision and impactful for SP Share outcome measures that aren't what measures are just wellbeing or about to best for who and measuring referrals why Buy in from Engaging all people measure GPs - get regardless of system Public health Show where VCS /public health employed/stage or £ them to Help understanding teams/LA, funding has commissioning of the roles by vou have engage more projects/activities gone and showing the impact anyone that SP Leads/managers with SP make the case Buy in for utilising commissions the service and for more Easy to use for social evaluating it across any SPLWs all the different prescribing Has to speak to local Create the without context/platforms & stakeholders be relevant Creating buy argument for training Have examples of Show the in across accepting what different areas different Know what to referrals impact to are doing - how they include in a stakeholders Business are showing impact Mechanism patients contract **SPLWs** directors and around for measuring business evaluation the impact of managers Empower services social to report and prescribing showcase data/ Educate what Share the Design link to MDS improve this data is the Showcase options capture Understanding what regular minimum referrals have had around what options what impacts data to be reporting could be **PCN** Clinical Agreement of collected captured what do mean managers directors Enabling by an effective people to and impactful secure SP service fundina/ Give feedback increase team Identify gaps day to day patient Identify areas Guide for for SPLWs, How to use management -Measure capacity in service for what to NHSE - if measures that are guiding people support with development performance provision collect and Shows what the tailored to the what to ask in wanting to retention & service and elements of showcase (referral support given/ addition to effectiveness/impact compare captures benefit to individually templates improvement activities) of SP are and how you social determinants services? can measure these of health

### A toolkit for Social Prescribing Evaluation

### Main goal(s) of the toolkit

Mechanism for measuring the impact of SP

Having an understanding of the various ways to measure impact of SP locally

Exposing different ways to capture impact of SP services

### Core principles

Engaging all people regardless of local context Share examples, different systems being used

Make it not complicated, simple

Align closely to the original point of SP

#### Ideas

Different sections depending on who you are/what your goal is

Sections split by stakeholder/role in process Sharing the outcome measures for different purposes/needs/audie nces

## 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

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

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

How t meas tailored the support given/ captures benefit to social determinants of health

Design regular reporting Know what to include in a contract around evaluation

Help understanding of the roles by showing the impact

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

achievement - Why

is this important (for

different

stakeholders)

GPs - get them to - How to use the information to with SP support SP teams and improvement/ recognising

Create the argument for accepting referrals

Buy in from engage more

Educate what is the minimum data to be collected

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

Give feedback to SPLWs, support with retention & improvement

**Identify areas** development service and individually

Understanding what

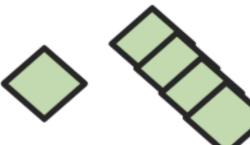
referrals have had

what impacts

Measure performance/ pay reviews

Identify gaps in service provision (referral activities)





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

Buy in for utilising

evaluating it across

the service and

all the different

stakeholders

## 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 achievemen

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 strengther
- · 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 varies 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 know 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 sp
- 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 clincial 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

PublicHealth Consultation - SP Comissioner - 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

Success is defined differently

- Different levels

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#### 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 some patients Models of Asking our or community Ask 2 people - 'What success - how Link Workers Asking higher groups what they does a successful different think successful (those with up - higher social prescribing social prescribing is modes have experience service look like to NHS, NASP ... - network breakfast you?' integrated not new to the meetings - Ross into systems role) A 1 or 2 Table of Example/case References study of a sentence organised about what is successful definition impacts SP impact service? Ask people who have Compile all the done policy/specifications Show you are to show evaluations meeting the levers/reasons why specifications, what it has led it is important communicate to 2. Why is this important (for different stakeholders) to others what we are doing To increase To improve **Demonstrate** Engagement services it can increase and buy in, where needed funding, accountability accountability resource

#### Mapping what we need to create each section of the toolkit What SP Goals, and When to follow up Different types of with patients - what referral Reporting, measures to use, what are appropriate and for what/who/why outcomes e.g. how tracking period of time and they found the platforms whether how often? (quite service rather than allow you to soon after for thev've impact getting feedback on do achieved it service) example Table of options? Gather examples of Compile existing case feedback measures for Quantative costs and study forms/templates reviewing patient Collect and benefits of experience with Different ways to format Information Qualitative SPLW service examples of different gather patient reports/case feedback about referred measures e.g. text/online/paper studies onwards ONS-4 -survey services Guide to what to collect, **Minimum** Templates as What is 'good'? A when, the Summarise Core examples definition to break appendices data set -Qualitative process what the down what the - where examples of open which are Roles in measures mean... popular what is evaluation has ended questions evaluation/how to linked in Agree what is the (value of this) and done in measures are get support minimum info included tables quantitative needed to different ways measures understand each - 3? measure Excel/analysis 4. How to evaluate the service and make the case for expanding How to skills: Gather combine the qualitative Dischrge What to social example skills - how to summaries What to do How to prescribing How to check with feedback show to summarise reports if they've been data with GP - inform visualise this referred again decision practice data data makers How to show How to whether SP what make a has achieved Prompts to What level to

What level to evaluate the service - neighbourhood/PCN

etc

Prompts to suggest what information to include in an evaluation what questions to be asking whether SP has achieved its goals - e.g. better mental wellbeing

make a good case study

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

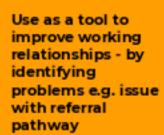
Share the information and case studies, outcomes - who with, how to share

#### Highlight best practice

Using the information to develop suggested routes of support/flowchart based on evidence of what works for different people



List of stakeholders to share reports with - what information is useful for who. E.g. what is the age of referrals to specific GP practices



Identify cases where the issue was simple/inappropriate referrals and feed this back to referrers



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

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

Key people -SP leads, PCN manager, clinical directors

**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?

Online directories e.g. by VCSEs Sharepoint signposting/referrals for SPLWs and HWBCs. DOS - PCN level

EMIS patient info/data

Social services
- patient
support and
needs
assessment

PCI, Bluestream (training) Future NHS platform

SP Manager

Joy online directory Social media twitter

Training hub - share information/courses/o pportunities

NASP opportunities e.g. training **Eventbrite** 

Peer to peer networks e.g. whatsapp group for all SPLWs in borough/video calls

#### What makes this information most useful?

Specific to social prescribing/ an area of interest Templates
with different
questions
(open and
closed)

Case studies - have been good to show the impact of a service and educate what are good referrals - what is innapropriate

Clear, concise

Emphasising all types of data Emphasise value of qualitative data in terms of understanding tackling inequality

of collecting data