

Social Prescribing in Tower Hamlets: Evaluation of Borough-wide Roll-out

1 December 2016 – 31 July 2017

Executive Summary

Tower Hamlets has a history of providing social prescribing in two GP practices, the Bromley-by-Bow Centre and the Mission Practice. In 2016, Tower Hamlets Clinical Commissioning Group funded an 18 month roll-out of social prescribing across the borough with the local GP federation, Tower Hamlets GP Care Group, acting as lead provider organisation. The service is delivered by 10 Social Prescribers (9 WTE) through Tower Hamlet's 8 GP Networks. Each GP practice has a named Social Prescriber.

The evaluation looked at the first 8 months of the roll-out, from 1 December 2016 to 31 July 2017. A range of quantitative and qualitative data sources were used to describe the service during the evaluation period and to assess how well the service met its evaluation objectives, recommending service developments in the short term and an ideal model to work towards in the longer term. The next section summarises these findings.

Evaluation key findings

Activity overview:

2,270 referrals were received during the first 8 months of the roll-out. Of these:

- 70% were aged between 30 and 64 and 12% aged over 65 years
- 60% were female and 40% male
- 53% were Asian/Asian British, the majority of whom (90%) were Bangladeshi, reflecting the diversity of the local population
- 52% had at least one long term health condition.

A similar proportion of clients were consulted on the phone and seen face –to-face. Of those who were seen face-to-face, 29% were seen more than once.

Evaluation objective 1: To explore the extent to which the programme has embedded itself within the Tower Hamlets primary care system and its impact on the range of services available to users and the impact on those services - objective met

The extent to which the service has become embedded within primary care is highlighted by the increase in, and sustained high level of, referrals during the first 8 months of the roll-out and the fact that referrals have been received from every practice and from a diverse range of professionals across the primary care system, including from 80% of GPs and GP Registrars. This is supported by the feedback from key stakeholders, which has demonstrated how valued the social prescribing service is locally.

The range of needs Social Prescribers have supported clients with demonstrates how holistic the service is (for example, 24% clients presented with weight management issues,¹ 21% with low level mental health needs, 16% with social isolation, 13% with housing issues and 13% with financial concerns) and the high number of onward referrals and signposts (2,034) to a large range of organisations (333 activities across 279 organisations) in the borough highlights the breadth of services available to primary care users through social prescribing. Nearly a quarter (22%) of clients receiving an onward referral or signpost were given 3 or more referrals.

Although there is more work to be done to fully understand the impact the service has had on the voluntary and community sector (VCS), and there are indications that capacity within the sector may be insufficient to cope with rising demand, the high attendance at, and feedback from, the Social Prescribing Forums and Breakfast Events, as well as suggestions made by the VCS for more regular service updates, highlights the willingness of the local VCS to engage with social prescribing, which will continue to strengthen the service offer.

Evaluation objective 2: To assess the improvement in health and wellbeing of users of the social prescribing programme - objective met

Improvements in health and wellbeing have been demonstrated by both service users and referrers. There were improvements in client's main concerns and wellbeing scores, measured using Measure Yourself Concerns and Wellbeing (MYCaW), a validated assessment tool, after their interactions with the social prescribing service (the average improvement for client concerns was 1.5 and 1.39² and 0.96 for wellbeing, on a 6-point scale). Service users interviewed were positive about the service and cited being able to talk to someone and voice concerns, appointment length, the support services available in the community and the Social Prescribers themselves as aspects of the service they valued. Feedback shared by key stakeholders involved in delivering or referring into the programme was also positive, for example 99% (177) respondents to the survey of referrers in primary care³ felt social prescribing brought some benefits to the wellbeing of their patients. Although numbers are unclear, a number of clients have gone onto training, volunteering or employment as a result of consulting with a Social Prescriber, which is known to have a significant impact on health and wellbeing.

Evaluation objective 3: To understand the experience of referring into and delivering the programme - objective met

99% (176) respondents to the referrer survey wanted the service to continue and 98% (175) felt that social prescribing offered some benefit to them in their profession. They cited that it offered a patient-centred approach that supports general practice and makes a significant difference to patient lives. The referral process was felt to be straight-forward, particularly where EMIS could be used and where appointments could be booked directly through reception staff. Wider stakeholders felt that the scheme had been well received by practices and partners across the borough and that there was a discernible impact on the wider primary care system as well as on the experience of patients.

However, the following issues for consideration were raised:

- Some referrers felt that the feedback they received about patients could be improved.

¹ The high proportion of clients presenting with weight management needs reflects the fact that the two existing schemes acted as a gateway to a previous 'Health Trainer' programme. It is likely that data for the next contract reporting period will present a different weighting of needs.

² In MYCaW clients are asked to describe and score their top two concerns and their general feeling of wellbeing at baseline, and score them again at follow up, conducted at least 12 weeks after their first appointment.

³ Data from survey of referrers in primary care – 183 responses received from 35 out of 37 practices.

- The current volume of referrals was felt to be too high for the existing service capacity, and with increasingly complex referrals, the level of clinical supervision provided was felt to be insufficient for the Social Prescribers. This is likely to have contributed to high Social Prescriber staff turnover (around 40%) during the initial stages of the borough roll-out.

Evaluation objective 4: To assess the extent to which social prescribing can facilitate community development in terms of connecting residents with each other for support - objective partially met

Despite not having capacity within the current programme to develop this ambition fully across the borough, a few new initiatives for this purpose have been established within two of the networks with pre-existing programmes, for example where activities such as a walking group, a gardening group, informal tea session, a peer-led craft group for wellbeing and a menopause support group have been piloted, and where patients have been referred into the borough time-bank scheme, EastXChange. There is also evidence of residents meeting each other through other programmes prescribed through social prescribing, leading to new social interactions and engagement with different activities.

Evaluation objective 5: To establish the cost savings of the programme within the context of health care and wider public sector budgets – objective partially met

Evidence from the local programme has shown a demonstrable shift in demand through a 12.3% reduction in GP appointments between the 6 months before and 6 months after patients' appointments with a Social Prescriber (418 fewer appointments in a cohort of 890 patients who had seen a Social Prescriber). This is within the range found in other schemes (average 28%; range 2% to 70%).⁴ National research has shown⁵ an average reduction both in Accident & Emergency and emergency hospital admissions of 24%, as well as a statistically significant drop in secondary care referrals of 55% at 12 months. National studies have also demonstrated⁶ that every £1 invested in social prescribing generates an annual social return on investment of £2.30, which means returns of £864,800 per year for the health and care system in Tower Hamlets.

Evaluation objective 6: To recommend an ideal social prescribing service, including level of funding required - objective met

The core elements of an ideal social prescribing model for Tower Hamlets were drawn out of the findings of the evaluation, costed at £600,000 per year. These include the following:

- 1) GP practice model of service delivery
- 2) Management resources
- 3) Service capacity and clear line-management for Social Prescribers
- 4) Equitable and competitive pay for Social Prescribers
- 5) Clinical supervision and psychological support for Social Prescribers
- 6) Data recording and reporting tools and processes
- 7) Resource for promotion of the service
- 8) Resource for service development (in addition to management resources).

⁴ Polley, M et al (2017) A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications, University of Westminster

⁵ Ibid.

⁶ Ibid.

With the following additional elements to be considered with further funding (not costed):

- 9) Reimbursement for the VCS
- 10) Expansion of the service to new health and social care areas.

Conclusions

Social prescribing is valued by professionals and patients across Tower Hamlets and has been shown to fill an important gap in the local health system, in terms of addressing patients' social determinants of health and increasing the awareness of patients of the VCS services available in the borough, supporting them to manage their own health through better use of wider community assets.

The resource involved in developing a new service and the work undertaken and commitment by key stakeholders, in particular the Steering Group and the Social Prescribers themselves, to achieve this goal should not be underestimated. It is also important to recognise the advantages brought to the borough-wide scheme in being able to use the expertise from the two pre-established schemes.

The evaluation has indicated that as well as the many positive aspects of the current programme, there are areas for improvement in service structure and delivery and that at current levels of funding, the service is at capacity, despite the service being still in its infancy at a borough-wide level. These findings have informed a series of recommendations for service development in the short term and also proposals for an ideal future model for the service to work towards.

Recommendations

Based on the findings of the evaluation and the level of need within Tower Hamlets, due to the high impact of the social determinants of health on the local population, this evaluation recommends that the borough-wide service continues and works towards building capacity to deliver the 'ideal model' for social prescribing in Tower Hamlets.

The following service developments are recommended in the short-term, which can be delivered within current resources:

- 1) Improve use of current service capacity
- 2) Standardise service structure and delivery across the borough
- 3) Streamline systems of data capture and reporting and strengthen evidence on patient outcomes
- 4) Continue and strengthen engagement with the VCS.