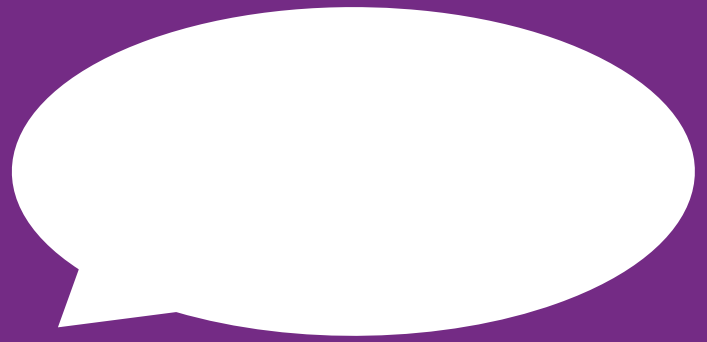
Thank you for joining us.

The webinar will be starting shortly at 10am…



Please join the conversation on Twitter using

#VCSESocialPrescribing

Feel free to introduce yourself in the chat.

- What's your name?
- What organisation do you work for? In what role?

Please email info@nationalvoices.org.uk if you are having any technical problems

National Voices

Social Prescribing - new insights and recommendations from the VCSE sector

National Voices' Rebuild For All Webinar series

Chair:
Charlotte Augst, CEO of National Voices @CharlotteAugst

Wednesday 09 Sept
10:00 – 11:30

Speakers:
Kate Jopling, National Voices' Associate @KateJopling

Craig Lister, Managing Director of TCV's Green Gym @CraigListerTCV

Sajid Hashmi MBE, Chair of the Bury Voluntary, Community and Faith Alliance @SajidHashmi

James Sanderson, Director of Personalised Care at NHS England and Improvement @JamesCSanderson

We are recording and will keep the stream and chat.

The recording will be available this afternoon on our YouTube channel

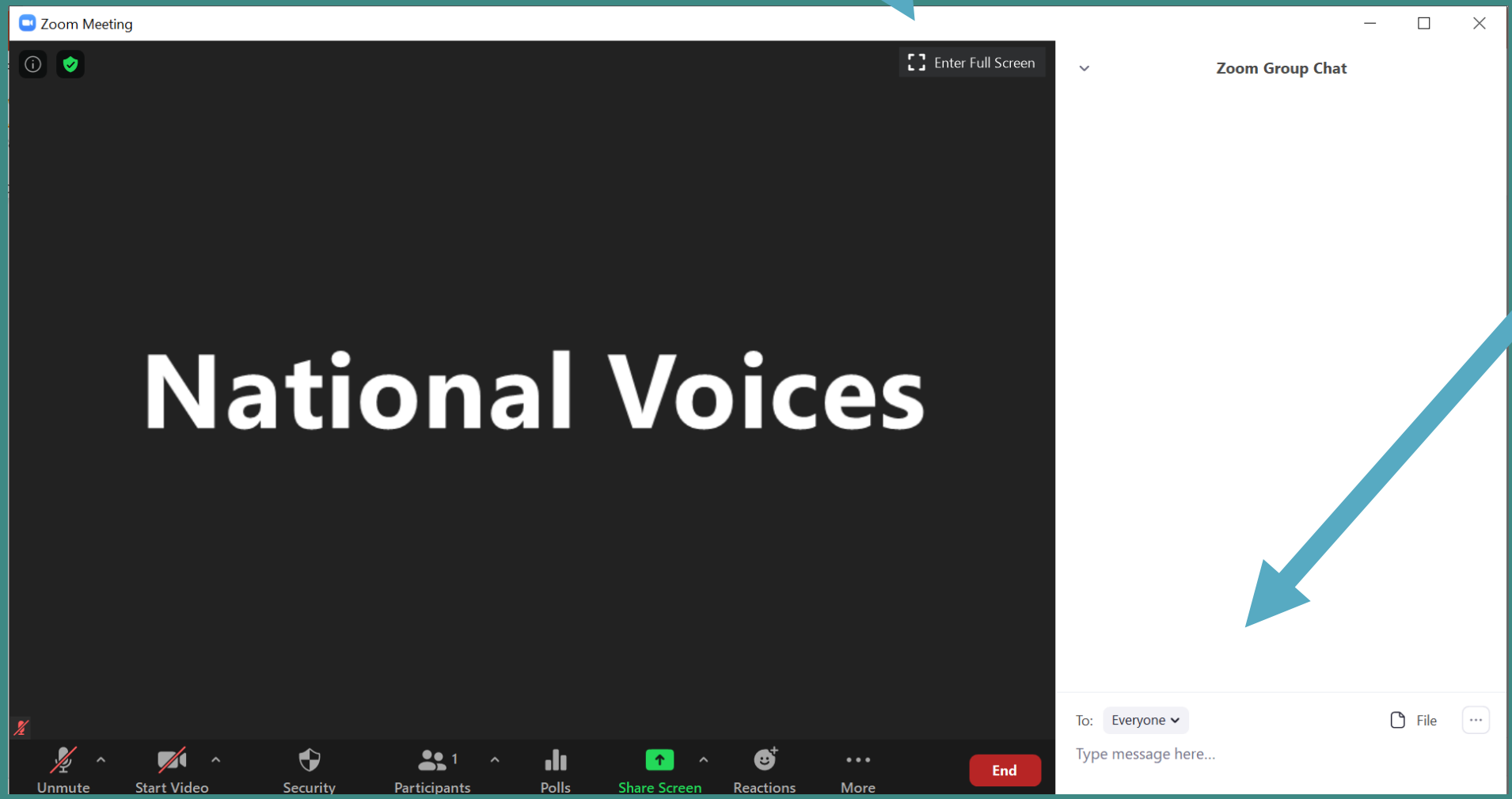
Please note…

Your mic will be muted during this webinar

Chat

Your camera is here, please make sure it is turned off, due to bandwidth

Enter Full screen



Please all say hello in the chat now so you know how it works!

If you are experiencing any tech difficulties, please privately message Jess Brayne or e-mail info@nationalvoices.org.uk.

Agenda

- Welcomes and Introduction
- Speakers:
  - Kate Jopling, National Voices
  - Craig Lister, TCV
  - Sajid Hashmi, Bury Voluntary, Community and Faith Alliance
  - James Sanderson, NHS England and Improvement
- Questions to the panel
- Closing reflections

Rolling Out Social Prescribing

Understanding the experience of the voluntary, community and social enterprise sector

Report authors: Aimie Cole, Dan Jones, Kate Jopling

National Voices

The project

National Voices was commissioned by NHS England:

- To gather the **insights and experiences** of the VCSE sector on the roll out of social prescribing through Primary Care Networks
- To identify **solutions** that can help realise its potential

Our insight came from over **300 colleagues** from across the VCSE sector:

- Face-to-face workshops in the North East; South West; and in Greater Manchester
- Online engagement with a survey and webinars with the Health and Wellbeing Alliance and National Voices
- Interviews with people involved in social prescribing

National Voices

New social prescribing link workers

- We need a “VCSE by default” approach to link worker recruitment
- We need flexibility with funding to cover management, training, equipment and travel
- We need to clarify the link worker role, and set realistic expectations
- We need to create a distinct role for community builders, and ensure they are embedded in the VCSE sector

National Voices

Measurement

- We need to use measures that make sense at each stage of the process
- Link workers should measure wellbeing outcomes – the Patient Activation Measure is (usually) too clinical
- Community groups and services should use measures that are proportional and appropriate – where we know what works, just measuring attendance is enough
- The health system should use its data to assess impact on health and care outcomes

National Voices

Funding

- Where social prescribing identifies new demand for VCSE services, funding needs to flow to the sector to meet these needs
- Many of the services to which social prescribing link workers refer people carry a unit cost
- The VCSE sector cannot continue to absorb additional demand without new resource
- Community support helps people achieve a range of critical outcomes which are of value to the health system – there needs to be a strategic approach to funding this vital work

National Voices

Inequality

- Mainstream social prescribing services may not work for everyone – we need specialist support for marginalised communities
- If we want social prescribing to be effective in addressing health inequalities, we will need additional investment in areas of deprivation, where community infrastructure is weak
- Tackling inequality should be a priority for the National Academy of Social Prescribing and should inform the distribution of national funding

National Voices

Coordination, collaboration and partnership

- The roll out of social prescribing has worked best where it built on established relationships between different parts of the local health system
- We need to invest time and resource in building relationships between the key actors in social prescribing – there is no short cut for this
- The footprints of different parts of the health system (PCNs and ICSs) can make it challenging for VCSE organisations to engage – we need to invest in the local infrastructure to enable the VCSE sector to engage as an equal partner

National Voices

Enabling the potential of social prescribing

Craig Lister MD of TCV's Green Gym™

Acknowledgements

My sincere and personal thanks to:

- National Lottery players
- Marie, Helen and Rachel
- Li, Amanda and Gwen
- Colleagues from the NHS
- Everyone who contributed and has supported efforts to promote social prescribing

745 responses!

Increasing referrals

Referral from:

- GP practices (33%)
- AHPs (20%)
- Community work (10%)
- VCSE (7%)
- Adult Social care (95%)
- Other (24%) including CICs, DWP, Police, social workers

But dwindling capacity

Providers reported having only 18% capacity for further increase in demand

Between 32% and 50% of respondents reported no capacity for further referrals

Approximately 20% of those answering that they had capacity available said that they could only meet an increase in demand if additional funding was provided.

Against a sustained increase in Link Workers and thus demand

Current funding sources

- No funding (10%)
- Clinical Commissioning Group (26%)
- Primary Care Networks (9%)
- NHS (3%)
- Local Authority (19%)
- National Lottery (13%)
- VCSE (7%)
- Privately funded (3%)
- Other (12%)

Five interconnected themes

1. Lack of equity in the relationship between the VCSE sector and commissioners of social prescribing
2. The need for long-term funding to enable consistent, reliable service provision
3. The need for core funding for activity providers
4. Lack of money moving across sectors, most specifically towards activities that take place after referral by a link worker
5. Using a range of approaches to generating income…

Equity

(p.4) Lack of equity in the relationship between the VCSE sector and the commissioners of social prescribing

"We view social prescribing as equitable to any other prescribing, therefore, it needs to show equity in terms of appropriate levels of quality, professionalism, evidence and outcomes." (p.5 Quality assurance for social prescribing)

The 'system' should now show equity in funding processes

Our (your) recommendations

1. Any organisations or services that take referrals from social prescribing link workers must receive financial investment for this
2. Long-term (e.g. five years) core funding for the provision of activities and services in response to referrals must enable appropriate payment for providers of all sizes
3. All stakeholders must collaborate in a way that increases community capital
4. Link workers must have the appropriate equipment, support, caseload size and skills to work remotely and support a wider group of people being referred into social prescribing
5. Everyone should be able to access social prescribing, whether face-to-face or via digital channels

The VCSE sector is crucial to community resilience

Thank you

@craiglistertcv

BEACON SERVICE

Bury VCFA

Supporting Community & Voluntary Action

www.buryvcfa.org.uk

VCFA
BURY VOLUNTARY, COMMUNITY & FAITH ALLIANCE

- **Voluntary, Community & Faith Sectors (VCF)** – Volunteering, Funding & Development support

- **Public Sector** – Support Health & Social Care and enable strategic engagement with local communities

- **Local Business** – Support Corporate Social Responsibility services in Bury

Introduction

VCFA enhances local Community & Voluntary Action by supporting the development of the VCF to deliver high quality services in Bury

Beacon Service

Social Prescribing in Health & Social Care

- **Single point of access-** for VCF social & support services
- **GP Links** - Coordinated SPS service in each GP surgery
- **Engagement** - with MDT/INT
- **Social Care** - Patients identified as needing social or other non-medical support
- **Individual Care** - SPS team will triage patients, identify support.
- **Seamless** - Provide non-clinical interventions within the Care Navigation pathway.
- **Universal** - SPS will take self-referrals, referrals and from other clinicians/Health professionals
- **Simple** - Referrals can be made by phone; email, or in person.

Issues

VCFA Hosting

- **Costs** - only pay basic salaries overheads excluded
- **Geography** - 4 PCN v 5 Neighbourhoods
- **Time frame** - CCG contract is 2 years. PCN roles for 5 years
- **Funding** - rigid & prescriptive
- **Referrals** - system not universal
- **GP's** - Not all engaged

- Not sustainable
- Cost of database – Simply Connect v Elemental
- Not all referrals can be sign posted
- Insufficient SP workers for 1-2-1 service
- Primary Care v Secondary Care
- Data Sharing

Issues

In the VCS Sector

- **Cost** - VCS Services are not free
- **Capacity** - VCS not sitting around waiting for clients
- **VCS** - Most orgs are snowed under with demand
- **Time** - Waiting lists with all VCS providers 4 – 26 weeks due to demand
- **No core funding** – covering costs is an issue
- **Volunteers** – availability and no's

- Volunteering is not free – needs resourcing
- Services cannot rely solely on volunteers
- Volunteers need to be supported by paid staff
- Most volunteers are only short term
- -People returning to work;

those on benefits

cant volunteer

Issues

NHS

- Contribution to hosting costs not just salary
- VCS Sector needs resourcing
- Referrals – must be funded
- Consistency – Some GP use Emis others Vision
- Local solutions based on local partnerships
- PCN must work with the VCS
- IG – need support from NHS/CCG
- COVID established need for local VCS NHS need to recognise it
- VCS as equals – parity
- SP must integral to CCG/NHS delivery locally
- CCG/NHS support

BEACON SERVICE

Contact

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Social Prescribing - new insights and recommendations from the VCSE sector

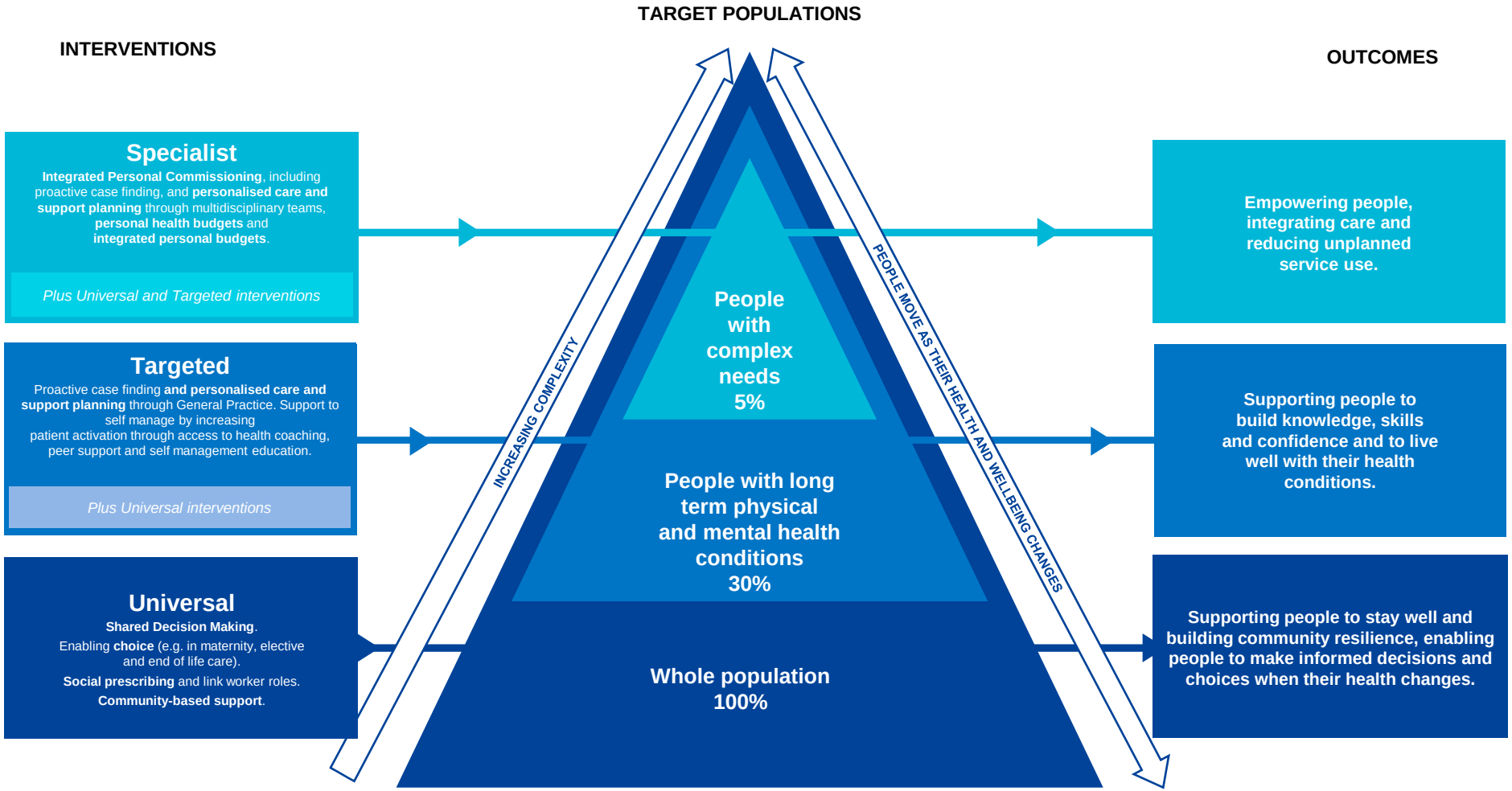
James Sanderson, Director of Personalised Care, NHS England and Improvement

September 2020

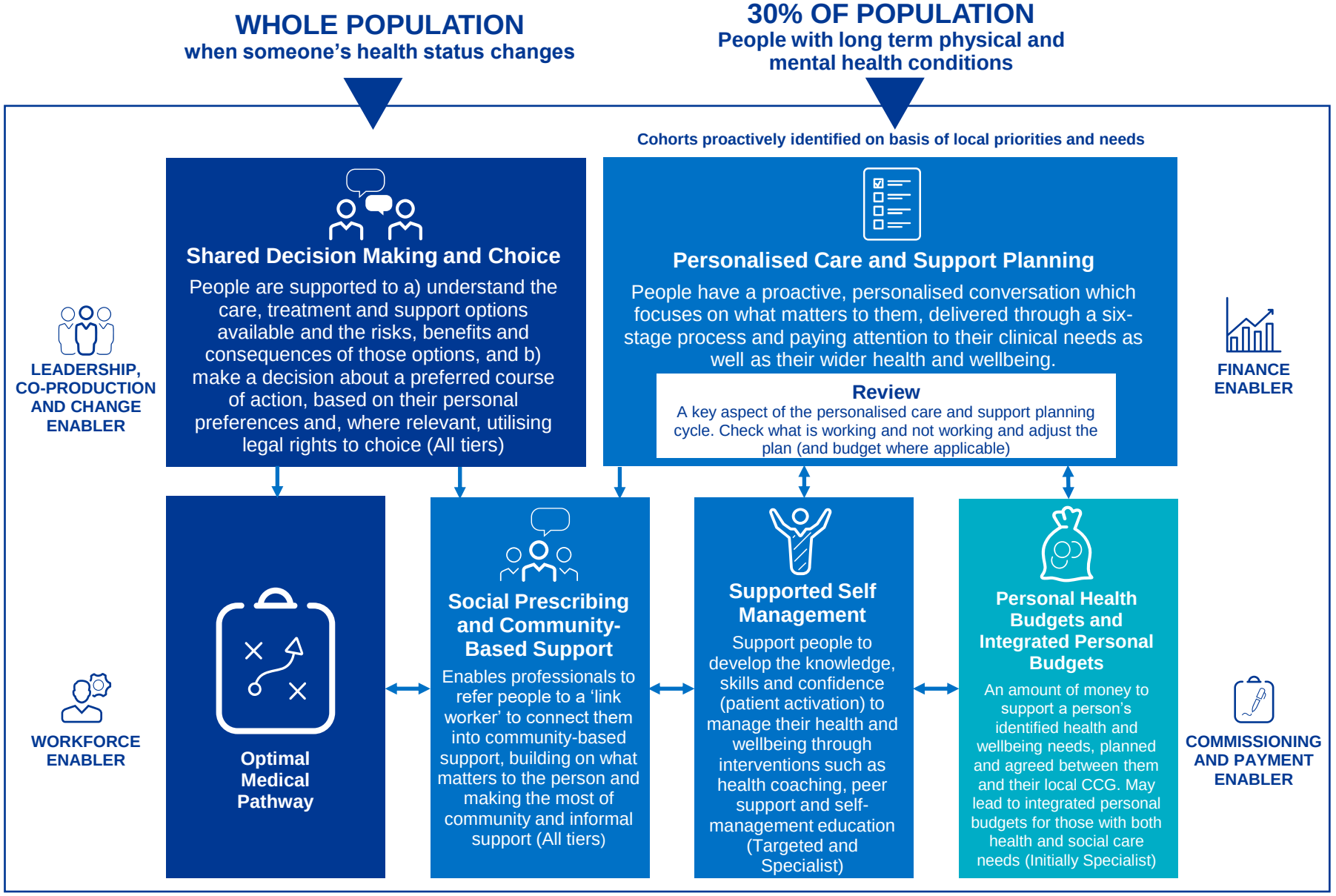
@JamesCSanderson

Comprehensive personalised care model

All age, whole population approach to personalised care



Personalised care operating model



Social prescribing in NHS England

July 2020: c1250 link workers in PCNs (and growing)

Dec 2019: c300 link workers in PCNs

Jan 2019: **NHS Long Term Plan** commits to personalised Care – and to social prescribing.

April 2019: new **5-year GP contract** commits to social prescribing, and link workers become part of new primary care networks (PCNS)

A social revolution in wellbeing: our strategic plan 2020-23

National Academy for Social Prescribing

1

Make some noise - raising the profile of social prescribing

In order to expand social prescribing, we need to get the message out there – that connecting people for wellbeing is vital for people and communities.

Finding resources

To develop innovative funding partnerships we need to work with national, regional and local leaders across sectors and invest directly in social prescribing.

2

3

Building relationships

Social prescribing relies on strong, mature relationships at national and local levels across multiple sectors.

Improve the evidence

We need to build a consensus about what we know and don't know, improve accessibility and visibility of evidence.

4

5

Spread what works

To promote learning on social prescribing and share good practice we need to develop library of open access resource and a national and international collaborative.

Questions to the panel

Closing reflections

Thank you for joining us. The reports have now been published:

National Voices' report Rolling Out Social Prescribing

TCV's report Enabling the potential of social prescribing

Please share them with those who will find them of interest and join the conversation online.
#VCSESocialPrescribing

info@nationalvoices.org.uk

www.nationalvoices.org.uk

@NVtweeting

National Voices