EAST HERTS COUNCIL

KEY DECISION TAKEN UNDER AUTHORITY DELEGATED BY EXECUTIVE ON 2 SEPTEMBER 2014

REPORT BY THE HEAD OF HOUSING AND HEALTH

DECISION: Approval to establish a Social Prescribing Pilot Project and allocate resources

WARD(S) AFFECTED: ALL

DECISION: That:

approval is granted by the Executive Member for Health and Wellbeing under the following authority delegated by the Executive at its meeting on Tuesday 2nd September 2014:

> *the project board* [for the Public Health District Offer] *consisting of the Executive Member for Health, Housing and Community Support* [relevant responsibilities now assumed by the Executive Member for Health and Wellbeing], *the Director of Neighbourhood Services* [post deleted] *and senior Officers* [the Head of Housing and Health] *appropriate to the proposals under evaluation for determination, be approved.*

to

- establish a Social Prescribing Pilot Project

and to:

- allocate £111,522 from the Members' Funding element of the Public Health District Offer Fund for expenditure in 2017/18 and 2018/19.

1.0 Background

Establishment of a Social Prescribing Pilot Project

1.1 It is proposed to set up a social prescribing project within East Herts on a pilot basis in two areas that can act as a catalyst for evaluating the benefit of social prescribing activities for local residents. See Appendix A for full details of the Social Prescribing Pilot Project.

1.2 Residents to potentially benefit from social prescribing will, initially, be identified through GP contact as those living with mild depression, experiencing isolation and/or loneliness.

1.3 The aim of the project is to strengthen social contacts and enable opportunities through being involved in one or more social and/or health and wellbeing activities.

1.4 As the pilot project progresses it is anticipated that referral will increasingly be made by a range of professionals plus self-referral via family, friends or

neighbours.

1.5 The project will operate for 18 months, including a full evaluation towards the end of the project to inform options for sustaining the project beyond the pilot phase.

1.6 The proposal accords with the council's Health and Wellbeing Strategy 2013-2018, with the project particularly addressing the following three of the seven priorities in the Strategy:

- promoting positive health and wellbeing life quality for all
- pro-active prevention
- using the council's power to influence.

1.7 In addition, through discussion with the local CCG, it is apparent that a social prescribing model is in line with the emerging priority for interventions to prevent ill-health outlined in the NHS's Hertfordshire and west Essex Sustainability and Transformation Plan.

Allocation of £111,522 for expenditure in 2017/18 and 2018/19

1.8 At its meeting of 2 September 2014, the Executive approved the acceptance of the offer of resources from Hertfordshire County Council's Public Health Department for allocation by the council on Public Health projects and activities. These resources are typically referred to as the 'District Offer'.

1.9 At the same meeting, the Executive delegated decision-making over the allocation of District Offer resources to a project board. The board was conceived of as the Executive Member with responsibility for Health and Wellbeing, at the time the holder of the Health, Housing and Community Support portfolio and now the holder of the Health and Wellbeing portfolio, and senior officers.

1.10 Members subsequently decided to add East Herts Council resources to the District Offer fund. The internal delegation regarding resource allocation pertains to the District Offer fund, regardless of the sources of the monies it contains.

1.11 At May 2017, there was £185,144 unallocated in the District Offer fund (consisting entirely of East Herts Council monies, rather than Hertfordshire County Council resources). The decision recorded in this report is to allocate £111,522 of these resources to the Social Prescribing Pilot Project.

1.12 As noted in above, the Social Prescribing Pilot Project is line with both the council's current Health and Wellbeing Strategy and NHS's Sustainability and Transformation Plan for Hertfordshire and west Essex and thus is an appropriate use of resources held in Members' element of the District Offer fund.

3.0 Legal implications

3.1 The council is able to operate a social prescribing project as detailed in this report.

3.3 The necessary notice of the key decisions being made has been given.

4.0 Financial implications

4.1 The Members' Funding element of the Public Health District Offer Fund currently contains unallocated resources totalling £185,144. At its meeting of 2 September 2014, the Executive delegated decision-making over the allocation of District Offer resources to a project board. The board was conceived of as the Executive Member with responsibility for Health and Wellbeing, at the time the holder of the Health, Housing and Community Support portfolio and now the holder of the Health and Wellbeing portfolio, advised by senior officers. Members subsequently added East Herts Council resources to the District Offer fund. The internal delegation regarding resource allocation pertains to the District Offer fund, regardless of the sources of the monies it contains.

4.2 The proposed social prescribing project requires total resources of £111,522 which will be provided from the Members' Funding element of the Public Health District Offer Fund.

4.3 There is no revenue or capital liability for the council arising from the key decisions recorded here over-and-above the use of unallocated resources held in the Members' Funding element of the Public Health District Offer Fund for projects such as this one.

Decision made by:

Cllr Eric Buckmaster

Executive Member for Health and Wellbeing

Signed:

Date: 12th May 2017

Appendix A – Social Prescribing Pilot Project Plan

SP = Social Prescribing SPA = Social Prescribing Activities SPC = Social Prescribing Co-ordinator
HWB = Health and Wellbeing H, S, C = Health, Social, Care GP = General Practitioner

Project Title: Social Prescribing East Herts – a local model	**Organisations/Individual representatives:** Clinical Commissioning Group, Community Pharmacists, GP Practices in Ware and Sawbridgeworth, Volunteer, Community and Private Social Activity Providers. Research bodies assisting in evaluation of health and wellbeing projects.

Overview: A social prescribing project within East Herts set up on a pilot basis in two areas can be a catalyst for evaluating the benefit of social prescribing activities for local residents. The residents can be identified through GP contact as those living with mild depression, experiencing isolation and/or loneliness, the aim being to strengthen social contacts and enable opportunities through being involved in one or more social and/or HWB activities. Referral can occur through a range of professionals including self-referral via family, friends or neighbours who may have benefitted already from the SPA on offer.
The operational aspect of the SP approach is headed up by a SPC with personable skills who can encourage and enable referral through meeting with the individual into a range of activities provided through volunteer, private or statutory providers.
To facilitate output and outcome evaluation there will be a range of agreed measurements, overseen by a Steering group of main partners and opportunities to incentivise involvement to assist in data collection, administration and capacity of the range of SPA offered.

Basis for delivering project?

- Why is it necessary?

Certainly there is good evidence that getting people involved in community life, keeping them active and improving social connections – all of which are hallmarks of social prescribing – is good for both health and wellbeing.

- What is your evidence for targeting a specific community or group of people?

In discussion with local GP's it has been decided to focus on those experiencing social isolation, loneliness and mild depression as these have a considerable impact on an individual to live and function optimally. These issues are often related and could be helped by referral of individuals to a range of SPA.
It supports the aims of the East Herts Physical Activity Strategy 2017 -2022
To work with partners to ensure appropriate and accessible physical activity provision and information is available for:
a) children and young people to support the reduction in excess weight and promote physical activity as part of a healthy lifestyle
b) adults and older people to achieve a year-on-year increase in adult participation in physical activity 2017 – 2022*
c) adults and older people to achieve a year-on-year reduction in the number of adults who are inactive 2017 – 2022*
**measured via Sport England Active Lives Survey*

- How will it achieve something that is not already being done?

This approach could help those with one or more long term conditions as well as other health issues. It is hoped that this would reduce the burden of time and cost spent in dealing with health and social need through referral to a range of agencies offering social and health activities which can support improved health resilience and community cohesion. The primary focus would be prevention and provision of a system that better addresses holistic health needs.
Support and connection with local priorities: -

- East Herts Health and Wellbeing Strategy
- Clinical Commissioning Group Localities

- Hertfordshire and West Essex Sustainability Transformation Plan (STP)

www.eastherts.gov.uk/wellbeing
http://www.enhertsccg.nhs.uk/upper-lea-valley-locality-group
http://www.enhertsccg.nhs.uk/stort-valley-and-villages-locality-group
http://www.healthierfuture.org.uk/sites/default/files/publications/2016/December/A-Healthier-Future-Final.pdf

Project: Aim:	To plan and deliver a Social Prescribing scheme in Sawbridgeworth and Ware for those experiencing isolation, loneliness and mild depression enabling increased social interaction and improved health and wellbeing outcomes.
Project Objectives:	1. For the SPC (Social Prescribing Co-ordinator) to work with GP's and their practice population to identify patients who experience isolation, loneliness and/or mild depression and refer them into social prescribing activities (SPA). 2. To work with additional primary care providers such as Community Pharmacists and have a self-referral option to refer patients into SPA. 3. To work with local providers to identify a range of SPA. 4. To use validated tools to measure a range of social, health and wellbeing baseline indicators which can show quantifiable outcomes 5. To consider using a research body or organisation to assist in the evaluation process and demonstrating effectiveness of the project to the clients and partner and referral organisations. 6. To build a sustainable approach which in time can alleviate demand on GP practices through strengthening social contacts between and within local communities.

Health and Wellbeing Evidence data to support project:
Please list defined health data (local health profiles, health strategy links etc.) and any sources of softer data (survey feedback, residents input, examples of gaps in service provision – evidence of need)
http://fingertips.phe.org.uk/ please use this resource which links to a number of health information resources. Health profiles are one of the most useful.
http://jsna.hertslis.org/ The Hertfordshire Health and Wellbeing data base which you can find lots of local district and Hertfordshire based information.

CCG GP practice profiles for mental Health.

1. Central Surgery, Bell Street, Sawbridgeworth

Mental Health

Indicator	Period	Prac. Count	Prac. Value	CCG Value	Eng. Ave.	Eng. Low.	England Range	Eng. High.
Mental Health: QOF prevalence (all ages)	2015/16	53	0.43%	0.76%	0.90%	0.00%		15.98%
Exception rate for MH indicators (2014/15 onwards)	2015/16	9	6.0%	12.1%	11.3%	0.0%		62.2%
Dementia: QOF prevalence (all ages)	2015/16	61	0.5%	0.7%	0.8%	0.0%		62.3%
% reporting Alzheimer's disease or dementia	2015/16	1	0.8%	0.5%	0.6%	0.0%		59.3%
Exception rate for dementia indicators	2015/16	9	10.5%	14.7%	12.7%	0.0%		76.2%
Depression: QOF incidence (18+) - new diagnosis	2015/16	174	1.8	1.5	1.4	0.0		8.6
Depression: QOF prevalence (aged 18+)	2015/16	630	6.5%	7.9%	8.3%	0.0%		34.1%
DEP003: Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (den.incl.exc.)	2015/16	134	77.0%	66.3%	64.6%	0.0%		100%

2. Church Street Surgery, Ware.

Mental Health

Indicator	Period	Prac. Count	Prac. Value	CCG Value	Eng. Ave.	Eng. Low.	England Range	Eng. High.
Mental Health: QOF prevalence (all ages)	2015/16	70	0.75%	0.76%	0.90%	0.00%		15.98%
Exception rate for MH indicators (2014/15 onwards)	2015/16	7	3.5%	12.1%	11.3%	0.0%		62.2%
Dementia: QOF prevalence (all ages)	2015/16	84	0.9%	0.7%	0.8%	0.0%		62.3%
% reporting Alzheimer's disease or dementia	2015/16	0	0.0%	0.5%	0.6%	0.0%		59.3%
Exception rate for dementia indicators	2015/16	15	14.3%	14.7%	12.7%	0.0%		76.2%
Depression: QOF incidence (18+) - new diagnosis	2015/16	175	2.3	1.5	1.4	0.0		8.6
Depression: QOF prevalence (aged 18+)	2015/16	629	8.4%	7.9%	8.3%	0.0%		34.1%
DEP003: Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (den.incl.exc.)	2015/16	93	53.1%	66.3%	64.6%	0.0%		100%

3. The Maltings Surgery, Amwell End, Ware.

Mental Health

Indicator	Period	Prac. Count	Prac. Value	CCG Value	Eng. Ave.	Eng. Low.	England Range	Eng. High.
Mental Health: QOF prevalence (all ages)	2015/16	14	0.48%	0.76%	0.90%	0.00%		15.98%
Exception rate for MH indicators (2014/15 onwards)	2015/16	4	8.5%	12.1%	11.3%	0.0%		62.2%
Dementia: QOF prevalence (all ages)	2015/16	7	0.2%	0.7%	0.8%	0.0%		62.3%
% reporting Alzheimer's disease or dementia	2015/16	0	0.0%	0.5%	0.6%	0.0%		59.3%
Exception rate for dementia indicators	2015/16	3	27.3%	14.7%	12.7%	0.0%		76.2%
Depression: QOF incidence (18+) - new diagnosis	2015/16	25	1.1	1.5	1.4	0.0		8.6
Depression: QOF prevalence (aged 18+)	2015/16	152	6.7%	7.9%	8.3%	0.0%		34.1%
DEP003: Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (den.incl.exc.)	2015/16	19	76.0%	66.3%	64.6%	0.0%		100%

Project methods and approaches:
Role of Social Prescribing Co-ordinator:

- Link between individual and SPA
- Supports ownership of HWB & S issues
- Supports provider organisations delivering SPA
- Provides answers to questions about SPA and provider organisations
- Assists with behavioural changes and motivational encouragement for client
- Professional link with GP, Community Pharmacists and Other referral partners
- Enables dialogue between Members in using their knowledge of organisations who can provide SPA and their opportunities to promote the SPA on offer to residents.
- Oversees budget support for SPA provision

Qualities and skills:
Motivation and Encouraging:

1. To encourage and work alongside clients to understand their needs and support them in following up with suitable activities

2. To encourage not only the individual benefits but also the wider scheme benefits and support those organisations who are new to SPA to understand the opportunity it presents

Ownership and Empowering:

3. Suggesting a range of activities that may benefit the individual but encouraging a personal decision to be taken on what they want to do and following it up.

4. Guided support for an individual to make their own decisions and choose what they want to do enable more commitment to the SPA they want to take part in.

Social connection and relational function:

5. Strengthening friendship and mutual support through group activities will be a boost to periods when individuals are on their own or feeling isolated.

6. Development of new social friendships as well as involvement in SPA will lead to connected HWB & S benefits.

Methods of Engagement:

7. The SPC (Social Prescribing Co-ordinator) will be a friendly face, helping out individuals with a range of skills including listening; understanding and suggesting SPA which the individual may want to try out.

Cascading:

8. Plan for SPC to meet with clients and provide information on range of SPA and also to encourage individuals to tell their friends and neighbours of what's out there so that less contact is made with GP surgeries where the real need is social wellbeing. The self-referral option allows individuals to refer into and arrange an appointment with the SPC.

9. In this way those who have direct medical needs can be seen by GP's and tailored care provided.

Networking:

10. Health professionals, clients referred into the scheme and the SPC all have an important networking and facilitation role to raise the profile of the SPA and tell others about how it can help them.

Prevention:

11. The concept in principle is that by a providing a range of social and mental wellbeing activities there will be a cumulative prevention for the individual. Additionally a multi-factor health protective effect could create improved living independence, more social connectedness and a more positive outlook on life. This will also be reflected from an individual to community and population level.

Referral Partners:

12. The role will also involve seeking feedback and working in partnership to understand referral needs so these can be adapted to the SP pilot model.

13. Members will have an active role using their contacts with the public and local organisations to promote and support SP at the ground level by making introductions to the community organisations/provider as mentor. A newly proposed Members Community Wellbeing Forum could be an additional opportunity to complement the existing contacts members have through their Council and ward representation roles. By empowering members to help them deliver the Councils health priorities this will enable good connections between strategic vision and practical implementation of health programmes. The SPC will also be able to engage with the Members about the scope of the SPA and future direction of the SP approach.

Supporting and working with Providers:

14. The role will also involve seeking feedback and working in partnership to understand provider needs so these can be adapted to the SP pilot model.

Incentives:

15. There may be a need to support provider organisations with some incentives so that their organisations can cope with extra capacity. Additionally some administration for staff and evaluation costs may be required. These could be facilitated through either the central members matched funding or a re-prioritisation of some of the community grants focus.

Additional Signposting by existing mechanisms and other agencies:
There are a number of agencies or signposting mechanisms which could be included to refer clients into the SPA offered.
e.g. Safe and Well (Herts Fire and Rescue Service which is piloting in East Herts soon – Jan/Feb 2017)
Herts Help – it's call handlers can be given information to signpost enquirers to SPC and SPA on offer
Groundwork – who carry out a number of home visit type initiatives can also be briefed and provide information about SPA
Herts Independent Living – another gateway of contact where those who are identified as isolated, lonely or living with mild depression could be linked with SPC and into activities.

Project Outputs:
Defining baseline measures:

1. Number of individuals contacted by SPC

2. Number of 30 minute slots spent by SPC with individual

3. Number of health professionals contact established with (GP's and Community Pharmacists, Other referral partners)

4. Number of contacts established with provider organisations

5. Number of people referred into SPA and received by provider organisation

6. Number, Frequency and Class name of SPA attended by individual

Outputs 1 - 5 - collated and monitored by SPC.
Output 6 – collated and monitored by SPA organisation

Project Outcomes:
Measurement of emotional health and wellbeing indicators: (Validated or established methods)

1. **Outcomes Star recording approach**

   http://www.outcomesstar.org.uk/well-being-star/

2. **SWEMWEB**
   http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs

3. **Satisfaction with Life Score**

Scale:
Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.
____ The conditions of my life are excellent.
____ I am satisfied with my life.
____ So far I have gotten the important things I want in life.
____ If I could live my life over, I would change almost nothing.

Scoring:
Though scoring should be kept continuous (sum up scores on each item), here are some cut-offs to be used as benchmarks.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied

The measurement scales 1-3 above identify a range of parameters and indicators which may impact an individual involved in one or more SPA.
Coping/resilience
Independence
Wellbeing
Healthy Lifestyle
Management of Long Term Conditions
Social contacts
Loneliness and Isolation
Confidence
Self-esteem

- Measurement Scale 1 identifies parameters which affect social and wellbeing associated with management of long term conditions and can be self-completed in a quiz format or between

client and SPC or client and provider organisation. Measurements 2 and 3 focus more directly on wellbeing and life satisfaction elements and are best administered between SPC and client.

- Measurements 1, 2 and 3 can all be done at the beginning and towards the end of a programmed intervention.
- Defining measurement indicators further would be done in consultation with the SP Project Steering Group and the representative members (referral agencies and SPA providers and the SPC).
- Further identification of evaluation tools which are scalable and offer realistic data collection can be sourced from other providers or local or national areas who can be asked to share their best practice approaches.

Evaluation and Research:
Research bodies Academia and paid specialists:
Research and evaluation is a time consuming process yet it is vital in seeking to demonstrate the potential benefits Social Prescribing project could bring.
By allocating around 10% of the overall project budget expertise in terms of knowledge and people to collect the data could be utilised.
With a University type set up, students can be used in their undergraduate studies to assist with data collection and processing.
Alternatively with the Outcomes Star approach the provider organisations can be trained up to complete the evaluation and also with some additional funding the data is automatically analysed as part of the purchase of the software licensed product and training offer.
See below for prices:

Licence

Star Online- Our web based application you can input the Stars and run reports on your data. Here is a link to the 30 day free trial of the system https://www.staronline.org.uk/demo_register.asp it costs £660 per year for up to 16 workers, it is then an additional £33 per worker plus a £75 set up fee in first year.

Basic licence- Allows you access to the pdf materials of the Stars you will be using it costs £330 per year for up to 16 workers plus an additional £16..50 per worker over that

Training

We offer an in house training day for up to 8 participants for £1070, or for up to 16 participants for £1190 plus trainer travel.
We also offer open training for up to 4 workers to attend and be trained in Outcomes Star, it costs £240 per worker and runs in London
Please note all costs here are exclusive of VAT.

Can you think of any factors which may prevent delivery of the project?
1. Insufficient numbers referred into SPA following initial meeting between individuals and SPC.
2. Lack of clarity on how the provider partners can get involved and issues of capacity or staffing provision for existing or new SPA.

Project Manager:	Simon Barfoot, Healthy Lifestyles Programme Officer initially and then a Supervisory role following hand over to SPC role when employee in post and engaged fully in set up.
Please list any other partners/individuals involved in delivering the	• Clinical Commissioning Group

project:	• Community Pharmacists • GP Practices in Ware and Sawbridgeworth • Volunteer • Community and Private Social Activity Providers. • Research bodies assisting in evaluation of health and wellbeing projects.

SPC Programme Finances:

	Facilitation:	**Support costs:**	**Total:**
(1) (Social prescribing Co-ordinator) -18 month contract	Grade 6	30%	Year 1 £31, 115 Year 2 (6 months) = £15, 557 **Total = £46, 672**
(2) Referral and Provider	Referral partners Provider organisations	Potential £1000 incentive for admin and buy in for referring partners. Potential £3000 (3, 2 or 1, 000) support for provider organisations, proportional to range and capacity of activities offered.	e.g. Support 15 referral agencies = £15, 000 referring partners 20 provider agencies (using different support options) = (7 x 3000) + (7 x (2000) + (6 x 1000) = £41, 000 for provider organisations **Total = £56, 000**
(1) Research	Research and evaluation funding to build insight and enable review and learning, at c9% of project costs. Note: Outcome Star training of approximately £1800 could be included in this budget allocation	n/a	**£8, 850**

Total programme costs for 18 month programme: (1) + (2) + (3) =	**£111, 522**
Resources available from Member's matched funding (at May 2017):	**£185, 144**
Remaining resources in Member's matched funding following allocation to the Social Prescribing Pilot Project:	**£73, 622**

Funding and sustainability:
Future incoming funding sources will replace the Members matched funding.
This is dependent on success of defined evaluation outcomes and overall assessment of the scheme by the SP Steering Group and feedback by contributing partners.

Expected project delivery timescale: Project timeline to be developed as provider and referral organisations identified.

Lead Organisation name: East Herts Council

Address: Simon Barfoot, Healthy Lifestyles Programme Officer, Health and Housing, Wallfields, Pegs Lane. SG13 8EQ.
Email: simon.barfoot@eastherts.gov.uk
Tel: 01992 531471
Main supporting partners combined agreement:

	Partner Organisation name:		Signature and position:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Declaration: I can confirm that the project principles, ideas and content including financial information submitted are a true and accurate record of the project proposal and are in agreement with the organisation(s) overseeing the project. I understand that sections of this application may be used for determining evaluation outcomes if the project is approved.
Signed: **Dated:** **/ /**