

# A social prescribing network in the Fylde coast

## Lancashire and South Cumbria – Test and Learn

### Introduction

Since January 2020, the Institute for Voluntary Action Research (IVAR) has been supporting the Lancashire & South Cumbria Health and Care System. We have worked alongside the voluntary, community, faith and social enterprise sector (VCFSE) and Primary Care Networks (PCNs) as part of a **Test & Learn** initiative. Working at a place-based level, we looked at ways to draw on local leadership and the power *and* capacity of communities to improve their own health and wellbeing – in the context of the changing role of commissioning, with a more community-centred focus in the Integrated Care System (ICS).

In the Fylde Coast, the focus of the Test & Learn initiative was on the cross-sector gap where colleagues in Primary Care and the VCFSE did not cross paths often, and on the need for a social prescribing community that works together – regardless of whether it is hosted by a PCN or VCFSE organisation. In response, a small steering group formed, combining the expertise and experience of Lytham St Anne's Primary Care Network (two Social Prescribing Link Workers and a Practice Manager), Blackpool Citizens Advice Bureau (CAB) and Blackpool Volunteer Centre.

#### TERMINOLOGY

##### ICS

Integrated Care System: a partnership and collaboration system between the NHS, local councils and others, that manages resources collectively to deliver NHS standards and improve the health of the population in their area

##### PCN

Primary Care Network: neighbourhood-level partnerships that group together GP surgeries and serve populations of 30-50,000

##### VCFSE

Voluntary, community, faith and social enterprise

The idea developed by the local team was to establish a **local Social Prescribing Network** for Social Prescribing Link Workers on the Fylde Coast – to share local experiences, more actively listen to voices from communities, make connections and tackle challenges together. The network has been operating successfully since October 2020 and has provided a focal point where relationships can build around a common purpose.

**Building on the strengths of the Social Prescribing Network**, Social Prescribing Link Workers with their VCFSE partners have already collected feedback on how it is working and what participants want from it. They said:

- A forum that is owned by Social Prescribing Link Workers (both VCFSE and PCN hosted) as a safe place for sharing experience and practice
- A regular space, meeting every month to maximise the resource
- Dedicated slots for speakers and other visitors
- Important forum for shared learning from communities

*‘We didn’t want it to be a chore but something everyone found helpful. Getting feedback and communicating about it felt important and that’s what we have done. It comes back to the shared and collective values we have as a network.’*

Working together to develop social prescribing in the area has enabled the cross-sector group to learn through doing, finding ways to overcome challenges as they arise and establishing a common purpose. It has also helped those involved to get to know about and build relationships with other social prescribing colleagues.

*‘Otherwise, we are very much within our own little work of primary care and NHS. Despite they and us doing the same job, they are doing it in a quite different context, so it is really good to have links as well to share practice back and forward, share different perspectives, learning from the different clients they are working with and the patients we are working with.’*

The group has used social prescribing as a hook to increase awareness of local services and support in the voluntary and public sectors. In particular linking people in communities to solutions for their own health and wellbeing. Importantly, the Social Prescribing Network provides a space to share best practice and knowledge of what is happening in the area (including people’s experience of lockdown during the Covid-19 pandemic).

To date, the network has invited speakers from Blackpool Clinical Commissioning Group (CCG) and the local Hospital Trust to share important updates on upcoming initiatives in response to health and wellbeing issues in the region, as well as drawing in a range of people to talk about their particular offer or service, including VCFSE partners: *‘There is a strong spirit of cooperation.’*

## What does success look like?

The following were felt to be the factors that best describe what success looks like as a result of this joint working to develop social prescribing in the area.

For local people:

- **More choice and control.** Helping people in communities to know more about what is available to support them in their communities and supporting access to those activities and services.

*‘Giving people more choice and control over their own health and wellbeing. More choices through linked up working.’*

- **Connecting with each other.** Reducing social isolation and loneliness by creating opportunities for people to connect, through community groups and local services.
- **Reducing time spent with GPs.** Social Prescribing Link Workers can connect people to different types of support, even delaying or preventing visits to the GP and finding other ways to feel well.

For the Social Prescribing community:

- **Making the most of local health and wellbeing services and assets.** Joining the dots and building new relationships between individuals and organisations delivering health and wellbeing services. The network creates a space for updates and discussion.

*‘Working with the VCFSE sector means we [social prescribing link workers] can widen our reach and access to people that really need the help we can give them.’*

- **Peer support.** The network has provided valuable peer support to individuals, particularly for those Social Prescribing Link Workers who were not initially part of a team when it first started.
- **Collective opportunities.** There have been opportunities to understand together where the other new roles across Primary Care fit in, including Health Coaches, Wellbeing Workers and Trainee Associate Psychological Practitioners.

# The journey of the network

The Covid-19 pandemic and emergency necessitated making more connections, especially as many of the Social Prescribing Link Workers were working remotely and were without the day-to-day interactions that they would have experienced based in GP surgeries.

The journey so far has had three key stages.

## 1. Getting started

- **Shared values and finding common purpose.** Recognising that sharing experiences has built relationships that operate within the network and outside it regardless of role or sector people work in – network members are all working towards the same aims, namely improved health and wellbeing outcomes for local residents.

*'We've all got the best interests at heart for our clients or patients and want to build up the community we are serving in. It is these shared values that cut across the differences in processes and terminology we use and the way in which we are employed.'*

- **Finding allies.** Some of the initial steering group and the network already had a history of working together in other roles and through active networking as part of the day job – but not all. Primary Care and VCFSE paths were not crossing enough to make a tangible difference.

*'We were lucky because we knew many of these organisations and it was about re-establishing some of those relationships and seeing how they had adapted through the last 12 months of Covid and what changes they had made.'*

- **Looking at what's needed together.** Checking in with each other has helped the network to understand what need looks like locally including rural and urban challenges, across the whole geographical area. Examples include old age, loneliness and social isolation as well as issues of addiction.

## 2. Putting theory into practice

The network is starting to realise its ambition and what is possible:

- **Agreeing working practices that help to facilitate partnership working.** For example, if someone from the VCFSE wants to refer a patient but they don't fit under the PCN's remit, they can pass along the details to their colleagues.

*'This mutual communication and way of sharing information is another way to break barriers and there isn't a lot that we need to do to overcome the barriers.'*

- **Seeing and feeling tangible outcomes and learning together.** Reviewing how the group can find collective solutions for certain sections of the community is all part of the learning. For example, isolation has been a theme across every PCN, with individuals across all age groups reporting experiencing feelings of isolation. By coming together and sharing learning, the Link Workers are collectively seeking out solutions – for example, they have set up a coffee morning for women in their 70s and 80s that is due to start in the summer. The Link Workers will facilitate this initially, with the hope that the participants themselves will continue to meet.

There has also been a gap identified for people with long Covid and a peer support group has been established that met in March initially, and has continued to meet every 4 weeks. It started with just six people and now has over 25 participants. Plans are in place for more support groups to grow out of need as the service develops. Link workers from two PCNs have set up small bereavement support groups and have been able to share ideas with each other, as well as across the network.

- **PCNs becoming more aware of the resources in their communities.** The network is inviting someone to each meeting to talk about a particular service, and this includes VCFSE partners, so that everyone has a better understanding of what services are out there to refer to.

*‘We are looking at what is missing for people in their communities and a way to facilitate that. This isn’t something PCNs would necessarily be able to do without the Social Prescribing Network. We think Social Prescribing is the glue of the community and hence the network has an important part to play.’*

### 3. Learning, adapting and sustaining

Sharing and learning together has led to new knowledge and ways to develop this way of working as well as a clearer picture of what is needed to sustain it into the future:

- **Expanding the group’s knowledge of community level needs and activities.** The network is planning to facilitate conversations with community leaders to better understand gaps in health and wellbeing services, and share information about the Social Prescribing Link Workers.
- **Maintaining a balance between digital and face-to-face services.** A lot of patients are beginning to take their first steps outside, with some PCNs looking at taking advantage of face-to-face meetings to set up groups to educate patients/clients on how to use digital devices, so that they are able to access healthcare remotely.

*‘There has definitely been an increase in motivation to get online for some older folk, even with us now leaving lockdown.’*

- **Understanding different social prescribing approaches and processes.** Rather than perceive these as barriers or try to impose a one-size fits all approach, the network aims to understand different terms and structures, and work within them.

*'It is just lack of communication sometimes and as long as we are committed to keep talking to each other, facilitating difficult conversations, we can break these challenges easily.'*

- **Long-term investment.** Funding that will enable sustained investment in local organisations and initiatives is needed. Planning integrated services alongside the VCFSE sector will make a big difference to sustaining what is already working and avoiding short-term fixes.
- **Adapting to ongoing changes in local health care bodies.** Stretched capacity and turnover within GP surgeries can be challenging when trying to form and sustain collaborations with them. The network is looking at ways to raise awareness of social prescribing and its benefits with GPs in the hope that this will aid collaboration: *'GPs don't realise (yet) how much help social prescribing brings – we are showing that now.'*

## What next for Social Prescribing Link Workers and the Social Prescribing Network?

**Raising awareness with GPs.** Raising awareness of non-clinical approaches as a way of supporting people in communities to make more decisions for themselves and feel in control.

**Developing a resource hub.** A space where details about available services and case studies of social prescribing work can be accessed

**Looking for resources.** Make a joint case for resourcing the VCFSE sector as part of local planning for clinical pathways (e.g. better quality housing for those with respiratory conditions) *and* as a valued resource for community-based wellbeing support.

**Moving back to face-to-face.** Social Prescribing Link Workers are keen to meet face-to-face in the summer, or to meet up in a café where people can stop by and network.