

Evaluation of the London Borough of Barking & Dagenham's Social Prescribing Pilot

July 2019

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2 Introduction

2.1 Details of report

Details of Report:	
Report Details	This report provides an independent evaluation of the effectiveness of the London Borough of Barking and Dagenham's Community Solutions social prescribing pilot which ran from October 2018 to May 2019. It presents the experiences of 10 clients and three GP practices who were involved in the social prescribing pilot and includes recommendations for improvements and developments.
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2.2 Acknowledgements

Healthwatch Barking and Dagenham would like to thank everyone who contributed and gave their time to this evaluation.

2.3 Disclaimer

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was contributed at the time of undertaking this project.

3 About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services; putting local people at the heart of decision making processes.

4 Background

Those who benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, those frequently attend primary or secondary health care.

The London Borough of Barking & Dagenham's (B&D) stated aim for this pilot was to test a social prescribing model using their 'Community Solutions' department in a contained and targeted manner to highlight benefits and measure the impact on beneficiaries. This included the desire to develop a workable model that could be rolled out across the borough using link workers, with the aim of improving:

- male healthy life expectancy
- female healthy life expectancy
- personal wellbeing and happiness.

The pilot worked with the patients and staff from three GP Practices over the course of six months.

The success of the pilot was dependent on building and strengthening relationships between primary care, the voluntary sector and B&D's Community Solutions (ComSol) in order to achieve two key outcomes:

1. An increase in referrals to ComSol and the voluntary sector.
2. An increase in the number of social prescriptions against medical prescriptions for non-clinical cases.

The pilot was set up with the scope for GPs to refer patients to a range of local non-clinical services. For example: volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of physical activities.

Patients were allocated to either a link worker or a staff member from B&D's 'Homes and Money hub' to aid them to access local sources of support.

Available assistance ranged from social, emotional or practical support with the aim of improving mental health and physical wellbeing.

The project was led by the 'social prescribing steering group'. The steering group included representatives from Public Health, Healthwatch, the GP Practices, Service Managers, Link worker leads and the Service Development team.

Barking and Dagenham Healthwatch were commissioned by LBBD to:

- Engage with clients and obtain information about their experiences of the service they received as part of the social prescribing pathway
- Speak with staff at GP practices about their view of the pilot and what could be improved for the future.

5 Methodology

Healthwatch Barking and Dagenham believe that the people who use the services are best placed to tell us their views. This enables us to have a true reflection of how a service is working, make recommendations on improvements that may be needed and highlight what is working well.

To enable respondents to take part without the fear of their personal details being shared or having an impact on the services they receive, Healthwatch explained the following information when people took part in the one to one interviews or the focus group:

- Healthwatch Barking and Dagenham exists to enable local people to influence the delivery, design, quality and standard of local health and social care services
- Participant evidence is important and helps to ensure that the experience of service users are presented to relevant organisations involved in delivery.
- Participation in the research is voluntary, and does not affect access to services.
- All the information collected will be kept strictly confidential.

To overcome any conflicts with GDPR an initial e-mail invitation was sent by B&D's ComSol team to all the patients who were referred to the pilot scheme by their GP practice, offering them the opportunity to attend a focus group to share their experiences. Initially just two people registered with one attending. Healthwatch subsequently adjusted the approach, offering and conducting one to one interviews.

ComSol telephoned clients to gain their permission to be contacted directly by Healthwatch. Healthwatch staff were able to contact 15 people, 10 of whom agreed to be interviewed.

6 Findings

Referrals from GPs

From the ten clients we interviewed, nine were referred to the social prescribing intervention by their GP and one was referred by the practice nurse. All ten individuals reported that the health professionals gave them an explanation of the next step.

Clients were referred for a number of non-clinical issues including: social isolation, financial issues which lead to anxiety and sleepless nights, healthy eating and exercise.

Comments

“I spoke to the nurse about having to give up work due to my health condition. One day is good and the other days are painful. At the time I was worried, as I didn’t have any income and I didn’t know what benefits I would get. The nurse said ‘you may benefit from social prescribing’. The Nurse was very good, I was talking about life in general and my worries and she was able to identify my needs, sometimes you don’t realise what may help you as you are so worried.”

Clients remembered being referred to the following services (some were referred to more than one service):

- 5 clients were referred to ‘The Money Hub’
- 1 client was referred to ‘Citizens Advice Bureau’
- 4 to Healthy lifestyles
- 1 to a get together group

Meeting Venues

Seven clients felt that venues for the meetings with Link Workers were easy to find and accessible. One client felt the venue was not suitable as it turned out to be a children’s centre. There were two clients who only recall speaking to the Link Worker over the phone, as this was the most convenient form of communication for them.

Experiences of Link Workers

During the interviews eight clients specifically mentioned the importance of face to face interventions. Furthermore they said being able to share their problems with someone made a difference as they felt someone was listening. Additionally, the role of the link worker was described in a positive manner by clients as their role included exploring the options and ways forward for those individuals. **Taking this**



into account any future models of social prescribing need to ensure face to face consultation with Link Workers is made available.

Comments

“I have been trying to get the single persons council tax form complete for a while, but I was unable to. The lady I saw helped me with this and gave me some advice on what else I could apply for. The tax application has been accepted and I can now sleep at night; prior to this I was getting sleepless nights and anxiety about getting into debt.”

All ten clients described the link workers as helpful, friendly and understanding.

One client spoke of her experience which clearly shows the need for staff to be compassionate and understanding of the needs of their clients, *“I was asked to go and complete my forms online for some benefits, which I did. I then had to go to the library and scan my ID documents; I was told these would have to be verified by a member of staff. I was already worried as I struggle with these machines already and am no good with technology. When I got to the library and asked the receptionist to help, she just directed me to the machine. I tried to use it, but did not succeed. I went back nearly in tears and ask the receptionist if she could verify my documents and help me. Eventually she helped me, but the help was not given when I needed it and if I felt any worse I would have gone home and this would have lead me further into debt.”*

Comments

“I have been trying to get the single council form complete for a while, but I was unable to. The lady I saw helped me with this and gave me some advice on what else I could apply for. The tax application has been accepted and I can now sleep at night; prior to this I was getting sleepless nights and anxiety about getting into debt.”

Voluntary sector referrals

One male reported that he was struggling due to living alone and not having a lot of family around. His link worker provided a list of social groups that he could attend. During the interview he said, *“I did not have the energy to try and see where I can go to take part in a few activities, this list given to me made it much easier and I have started to get out once a week now”*

Feedback from one client indicates that she would have benefited from referrals to voluntary and community sector, but she was only given the option of attending the Money and Hub service. During her meeting with the Link worker the client spoke about her financial situation. The client had to leave work in order to be the main carer for her mother who was diagnosed with dementia. She wanted



information and support on financial issues. She also talked about struggling with caring for her mother. The client was only referred to the Money and Hub service, but she not provided with any details of what else was the voluntary and community sector could offer to help with the care of her mother. During the interview she reported “the whole situation was not assessed and support was only provided for one aspect of the issues I was going through”.

Another gentleman said he was lonely and depressed as he was new to the borough and his friends lived on the other side of London. He was referred to the gym but not provided with any information about groups or services he could use to meet other people.

While most feedback from clients was positive, the lack of information *about* and referrals *to* the voluntary and community sector was apparent from this small sample of clients.

The scope of the project highlighted that the “Success of this pilot would be dependent on building and strengthening of relationships between Primary care, voluntary organisations and ComSol.” **This indicates that more work needs to be done on ensuring that the voluntary sector is fully involved in any future models of social prescribing. Link workers should be required to have a proactive approach to building both knowledge and relationships with the whole of the voluntary sector.**

Experiences from those who accessed the Healthy Lifestyles team and services

Clients who were referred to the healthy lifestyle team were very positive about the service they received from the staff, the only issue which was highlighted was that the gym membership was for only 12 weeks.

One individual was sent a list of exercise classes and activities she could take part in, however, she decided not to attend as none of the classes appealed to her. It is important to note that all clients will not end up taking up the activities that are offered to them.

The three clients who took up the offer of the activities, reported that going to the gym assisted them to leave their house, meet other people and have something to do which supported them to become and remain healthy. One client said **“I have met other people and now when my 12 weeks are complete I will have someone else who will motivate me and I can motivate her, I have found someone who will go with me”**

Comments

“The gym gave me something to do.”



“It has been really good, with the mobility issues I have with my hands I cannot do a lot, but this has been excellent, I already feel better knowing someone is willing to help me.”

Experiences from those who accessed the Money and Hub service

Reported client experiences from the money and hub service were mixed:

- Two clients highlighted that there were no clear instructions about exactly where to go within the building for their appointment.
- One client said the staff she spoke with were unwilling to take her needs into account. The staff were adamant that they were unable to provide any financial assistance or offer support unless the client could show financial documentation. The client only wanted information about available funding that she could apply for. However, she felt she was not helped and was told if she refused to supply full financial disclosure then the team were unable to help. She was not told about any non means-tested benefits she could apply for, or what her mother could be entitled to. Crucially, no referrals to any voluntary sector support groups that may have been of benefit to her or her mother who suffers from dementia were offered or made.
- One client reported a very positive experience of a staff member who looked at what was available, made an appointment for benefit screening so the client would know what benefits she could receive and also gave information on how to apply for these. The client reported feeling better as she is now in receipt of the benefits and is able to sleep.

Has the intervention made a difference to your health and wellbeing?

From the 10 clients interviewed, eight reported that the intervention had a positive impact on their health and wellbeing. One client said the intervention had some impact on his health and wellbeing as it helped with his social isolation, but it did not help with his depression (please note that this individual also said he did not want to go to any organisations to talk about how he was feeling or the GP for medical advice as he had spoken to enough people already and felt that talking was not helping him)

During the interviews we asked “in what way has the intervention impacted your lives? Responses included the following:

“Has made no difference to me”

“Going to the gym has helped me get out and about and given me something to do, but I still feel depressed”.

“Has given me the chance to go somewhere once a week”



“Healthy lifestyles motivated me to live healthier [sic] and meet other people, it’s not a fix everything situation, but from the support given so far has made a difference”

“Don’t feel anxious anymore since the money problems have been sorted out, has lifted me up and I can sleep at night”

“I feel very grateful for the help, there are still things that need to be sorted, but most of it has been complete and now I am not worried as much as what I was before [sic]. I have been trying to get the single council form complete for a while, but I was unable to, the lady I saw, helped me with this and gave me some advice on what else I could apply for. The tax application has been accepted and I can now sleep at night, prior to this I was getting sleepless nights and anxiety about getting into debt.”

“I feel happier that someone at the class is assisting me according to my mobility needs, I feel like I matter and someone cares”

Views from the Health professionals based at the GP practices

We were able to speak with two GPs and three receptionists from a possible...

- Feedback from two GPs highlights the importance of time when embedding a new service into primary care. It was reported that this was a new area of work and any new interventions take time to implement and use. Therefore, although the benefits may not be seen right away, the hope is that the intervention would lead to clients being supported with non-clinical issues outside the consultation room.
- During an interview one GP asked, “What kinds of things can social prescribing be used for?” **This highlights the need for more awareness amongst health professionals about social prescribing, the benefits, what clients could be referred for and where they could be referred to.**
- One practice manager was very welcoming of the project and felt it would benefit those who take up the offer. **She felt it would be beneficial for the practice to have feedback from clients who have decided to take part in an activity because this would help both to broaden and improve the accuracy of referrals.**
- Two GPs reported all health professionals within their practices made referrals through the pilot. Both GPs and receptionists felt that more patients would benefit from the survey as more patients are being identified. .
- One receptionist reported that the initial take up was slow and it was hard to get GPs to make referrals, but gradually the referrals increased. **The**



nurse was also able to identify clients who may benefit from a referral and this assisted with increasing referrals.

- There was still some confusion across the board as to what clients can be referred to for social prescribing. This highlights the need for proper training and periodic message reinforcement.

7 Recommendations

In conclusion, most of the clients had positive experiences through their pathway with eight of them describing the intervention as having a positive impact on their wellbeing. Taking into consideration feedback received from interviews with both the clients and health professionals the following recommendations need to be considered when focusing on any future models of social prescribing to improve the outcomes and client experiences:

- Link workers need to be fully trained and aware of the **full range** of organisations and activities across the council, primary care and voluntary (including faith) sector that can be accessed by local people. This should not be limited to the preference or knowledge of an individual, but must be holistic. A central system therefore needs to be in place to ensure that up to date information is available, maintained and utilised by those undertaking the role.
- Link workers should be required by their job descriptions to have a proactive approach to building both knowledge and relationships with the whole of the voluntary sector.
- Link workers should always arrange face to face meetings in preference to telephone calls with those who are referred.
- A regular feedback forum should be considered, where GPs, Link workers and voluntary sector organisations are able to hear feedback and improve the offer.
- When clients are referred to internal B&D services clear instructions need to be given about where to meet and a telephone number to call should there be any confusion.
- B&D staff need to be trained in how to spot the holistic needs of clients, and prepared to refer them to services outside of the council.
- Clear information needs to be provided to health professionals about what support is available through social prescribing.
- All staff take a **holistic** approach to ensure every aspect of the client's situation is assessed and appropriate support offered.
- The next stage of the social prescribing programme should be designed to include a client follow up at a relevant period of time after the initial referral, as part of a continual cycle of monitoring, evaluation and



adjustment that drives good practice.