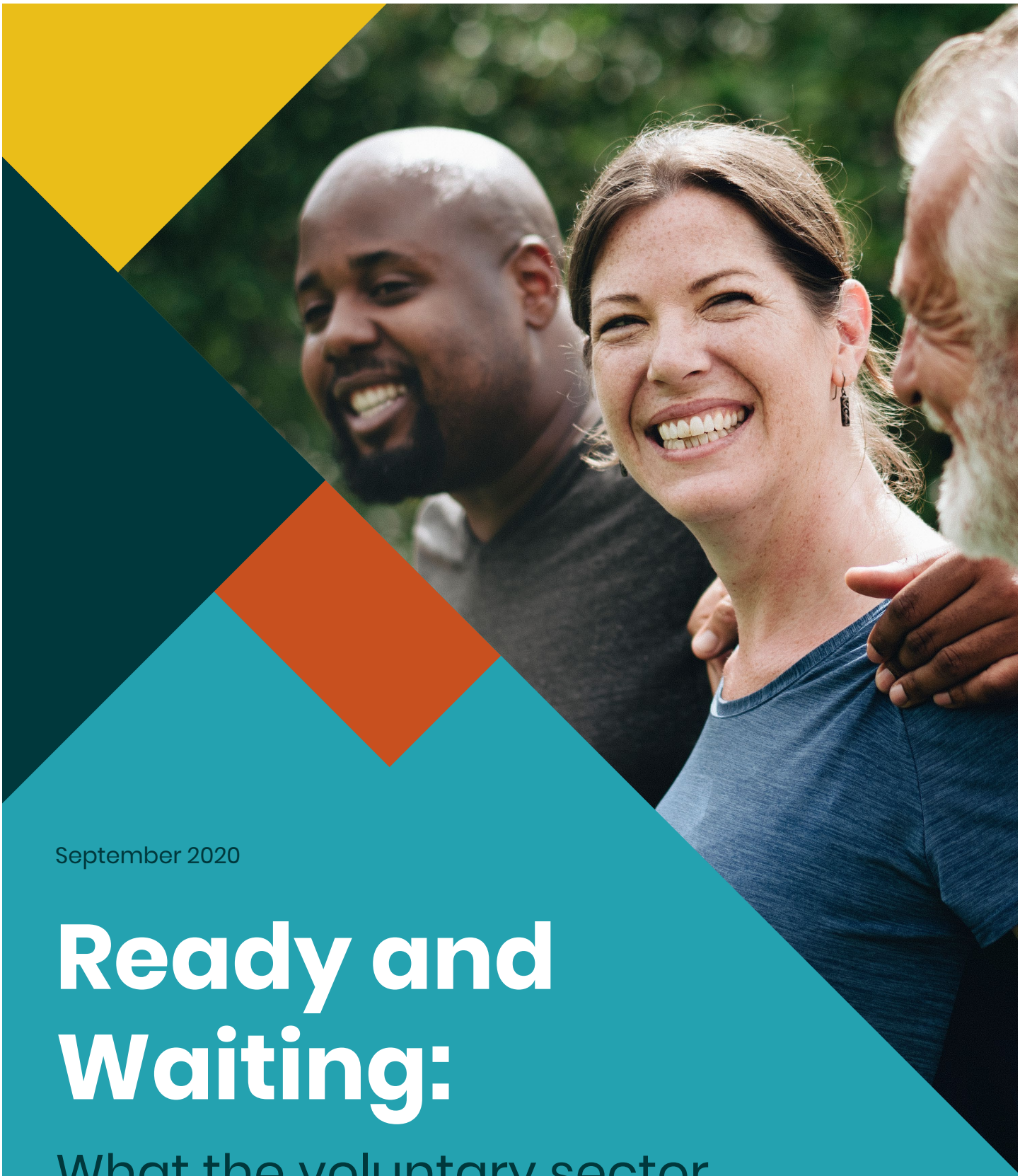

September 2020

Ready and Waiting:

What the voluntary sector can do for social prescribing in Liverpool

The Reader

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SECTION ONE:
CONTEXT

Introduction

In April 2019, LCVS - working in partnership with Capacity - released funding to support South Liverpool VCSEs (Voluntary, Community, Social Enterprises) to come together and work with two of the new Primary Care Networks (PCNs) and their patients. The focus of this work was to explore and test the barriers and enablers to social prescribing, helping VCSEs to become more 'social prescribing ready'. This was with long term aim to support more patients to make the most of the Third Sector to maintain their wellbeing and improve quality of life, therefore reducing pressure on NHS services.

The Reader and PSS were successful in their application to lead this work, later joined by VCSEs Homecooked CIC, Growing Sudley CIC and Torus Foundation, who were also funded for their participation. Two GP surgeries from each PCN were involved: The Ash Surgery (Speke, Woolton, Allerton, Gateacre, Garston and Aigburth PCN) and The Valley Practice (Childwall and Wavertree PCN). Key stakeholders including Healthwatch Liverpool and Citizens Advice provided constructive challenge and advice along the way. Learning was shared from the city-wide Provider Alliance via Mersey Care NHS Foundation Trust and Liverpool Clinical Commissioning Group (CCG) at a Capacity led Roundtable event, and Arriva Click (flexible mini bus service strand of the Arriva transport) provided much appreciated travel support in-kind for patients.

We are extremely grateful to LCVS, Capacity and all of the partners who have supported this work.

SECTION ONE:
CONTEXT

Shifting *sands*

Within the duration of this project, there were plenty of changes both at a local and city-wide level. Some of these changes directly impacted the scope of the project to prototype how social prescribing might work in the area. Shortly after the project got its green light, the PCN's received a new NHS England agreement and funding package to employ Link Workers. The anticipated start date for South Liverpool Link Workers was September 2019; Mersey Care was successful in securing the contract in early 2020 and has now put Link Workers in place. Wider initiatives have also both started and finished throughout the course of the project, including the Provider Alliance which is evolving into its next phase. Liverpool City Council has undertaken a process of re-tendering the Healthwatch Liverpool service for 2020-2025 and the 'Live Well' website, a directory of VCSE services in the city (now 'Wellbeing Liverpool') led by Healthwatch Liverpool, has been redesigned. City-wide Link Worker meetings led by Healthwatch are also soon to take a new form, spearheaded by the CCG. And of course, the global pandemic has led to an understandable concentration of efforts in protecting the most vulnerable and in need.

Whilst there was a desire to look at social prescribing on the ground in South Liverpool, it was important this project did not operate in isolation of the city-wide conversation on social prescribing and that learning was shared. The Reader also attended the following sessions on behalf of the project VCSE Task Group and disseminated the insights gathered:

- The Capacity 'LAB' group - a collection of VCSEs operating in South Liverpool.
- Three Link Worker sessions coordinated by Healthwatch. The purpose of these sessions was to encourage the sharing of best practice amongst the variety of social prescribing initiatives now operating across the city. These meetings also provided opportunity to feed into the design of new 'Live Well' site on behalf of the project's VCSE Task Group, based on the insights received from the patients and wider.
- The Capacity Roundtable Event which was also attended by some members of the Provider Alliance – including Mersey Care and Liverpool CCG.

Despite the various changes taking place at national and city-wide level, this project was a fantastic opportunity for VCSEs in South Liverpool and we gained valuable learning. Our next sections outline what we set out to do, what we did and what we learned. It's been a hugely insightful process and we hope, in sharing our findings - you, your organisation, or your sector, can benefit from these insights too.

SECTION TWO:
OUR APPROACH

What we set out to do
and what we did

Our aim: *Consider how to enable more people to make the most of VCSE support and services in South Liverpool - to reduce the pressure on the NHS, whilst supporting good wellbeing and promoting quality of life by running a collaborative Test and Learn project on social prescribing in South Liverpool.*

Task One: Set up the project group

A survey and call out to 70 VCSE organisations in Liverpool led to the formation of a VCSE Task Group; each eligible organisation who was able to commit to the requirements of being involved and received 1K each to support their time. **Torus Foundation** (charitable arm of sheltered housing providing community-based and practical support), **Growing Sudley CIC** (community health and wellbeing through the healing power of nature and plants) and **Homecooked CIC** (healthy eating community cooking) alongside **PSS** (health and social community-based wrap around care) and **The Reader** (Shared Reading and wider wellbeing activities) formed the Task Group. The organisations who expressed interest but were unable to participate **cited a lack of time – with many of these services led solely by volunteers**.

A total of three Task Group meetings were held:

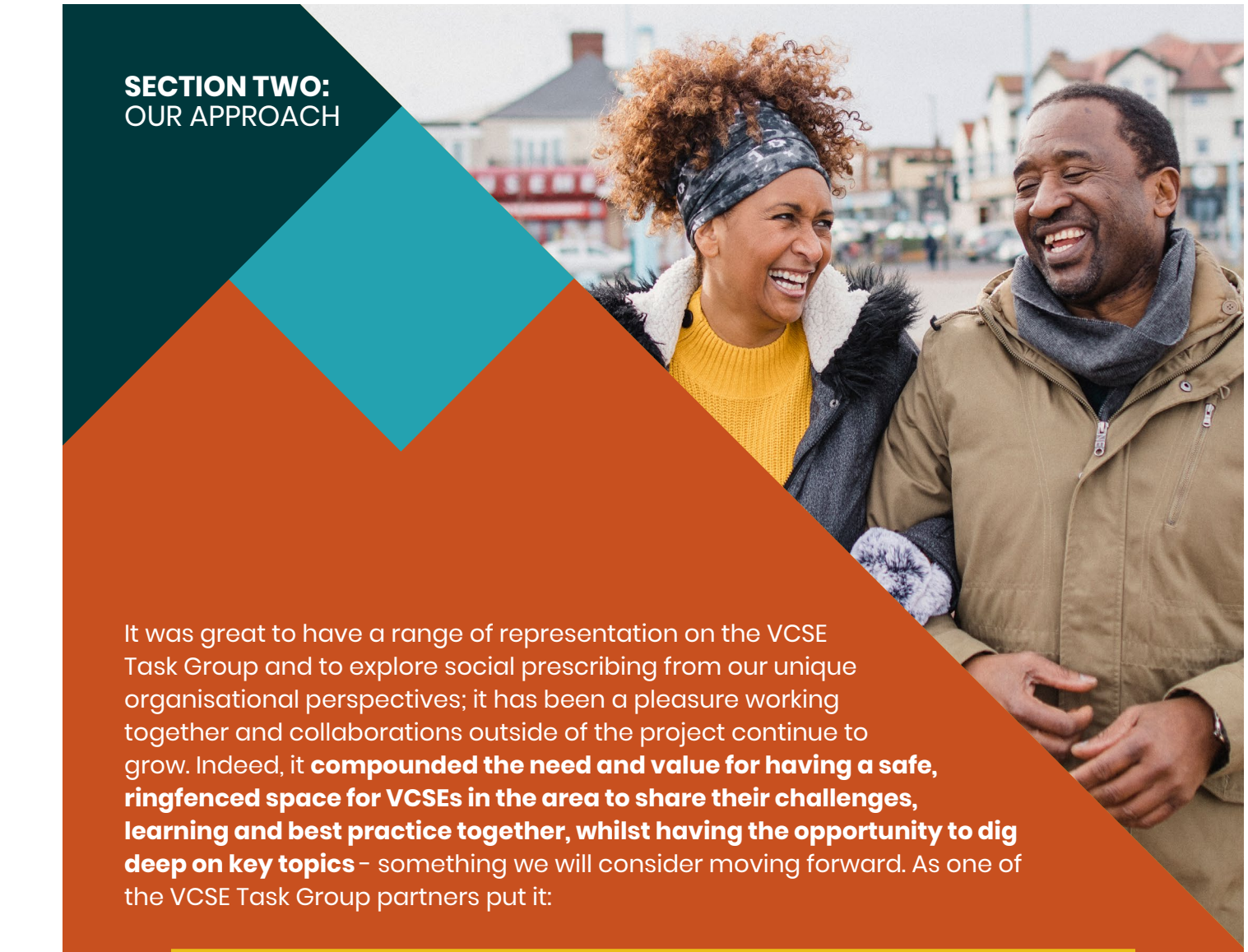
- The **first session** focused on social prescribing more generally and unpacking the findings from the Capacity Community Lab Report and subsequent discussions with each GP surgery (see below).
- The **second session** looked at the insights from patient consultation (see appendices), which illustrated barriers to engaging with social prescribing. Members of the Task Group also explored these issues with their own teams and beneficiaries and fed back.
- In the **third session**, the partners applied the learning from the insights by collectively designing a mock **test** that could seek to pilot possible solutions to addressing these barriers.

torus foundation

Growing Sudley

HOME COOKED

SECTION TWO:
OUR APPROACH



It was great to have a range of representation on the VCSE Task Group and to explore social prescribing from our unique organisational perspectives; it has been a pleasure working together and collaborations outside of the project continue to grow. Indeed, it **compounded the need and value for having a safe, ringfenced space for VCSEs in the area to share their challenges, learning and best practice together, whilst having the opportunity to dig deep on key topics** - something we will consider moving forward. As one of the VCSE Task Group partners put it:

> *'I'm really looking forward to working more on this, it felt you were asking all the 'right' questions in this piece of work and that the work will be accessible to smaller groups like ourselves.'*

Amongst the key and recurring themes that emerged from our discussions were:

A) The need for **shared goals and accessible systems around data sharing** to be in place between referrers and providers: there would be huge potential to better understand patients' needs, track their engagement and monitor the impact and quality of the community activities they engage with

B) The importance of **effective and multi-faceted marketing and communications, adopting a personalised approach** - to pull patients towards activities, in order to complement the push towards activities through referrals, and the use of other channels such as pharmacies.

C) The **value of a neutral coordinating body (Healthwatch Liverpool as an example)** to work **between the different sectors**, to ensure a level playing field - and some consideration of whether this role could be expanded upon

These themes formed the basis of our work and are reflected in the recommendations as detailed in section three.

SECTION TWO:
OUR APPROACH

Task Two: Listen

Although the partners were aware of existing research and insights into social prescribing across the city and nationally, it was important for the partners on this project to take a **local approach** to the community in South Liverpool - adding qualitative insights to the Capacity Lab community consultation and really focusing down on social prescribing possibilities and challenges.

Two consultation meetings were therefore held with representatives from each GP surgery to set aims and share insights. Both South Liverpool PCNs were involved in the project, with one participating GP surgery from each - The Ash Surgery, Aigburth and The Valley Practice, Childwall. These meetings provided fascinating insight for the VCSE Task Group in terms of some of the perceived or encountered barriers to patients engaging with VCSE activity. Such barriers **varied from surgery to surgery** but included **patient shyness and reluctance - through lack of confidence**, to step out of their comfort zone. Both surgeries also **stressed the need for a varied VCSE offer that caters for a variety of interests**, that is **easy to navigate** and **up to date**. Both also expressed interest in the potential scope of **increasing a social prescribing presence in the surgeries by cultivating patient 'social prescribing champions' or buddies**.
It was heartening to learn of how invested each surgery was to working alongside the VCSE sector to make social prescribing a success and it has been hugely beneficial to work in close partnership over the months, to find mutual ways of providing the best outcomes for patients. It would be great if such close collaboration could be sustained.

Following on from the findings in the Capacity Community Lab Report, which involved engaging 500 local South Liverpool residents on topics relating to their health and wellbeing, **both surgeries elected older patients to be the focus of the work. This patient group was felt to be the predominant demographic that tended to arrange repeat appointments for partly non-medical needs, often due to lack of social contact**.

View the Capacity Community Lab Report

Task Three: Identify the barriers to the desired behaviour

Two patient workshops were then held at each surgery to introduce patients to the notion of social prescribing and gain insight into perceived barriers to accessing community-based activities. Eight patients attended The Valley workshop, twelve at The Ash and both were extremely well received. Findings from these workshops were discussed further with the VCSE Task Group with **the patient barriers summarised into three main themes**:

'I don't know what's on'

'I don't want to go on my own'

'I don't know how to get there'

(See appendices for extended findings)

Task Four: Get creative and design the test

Applying the learning gathered, the VCSE Task Group designed an experiential 'Big Day Out' for patients. This would be a **mock test for working alongside GPs to generate targeted referrals and encourage attendance at a VCSE led activity**. The VCSE Task Group nominated The Reader to be the lead organisation and host for this event.

The Reader met with Arriva Click and The Ash Surgery and as a result, **Arriva Click agreed to provide in-kind transport for the event as they are keen to learn more about the role their service can play in social prescribing**.

Task Five: Run the test, tweak and run the test again

The 'Big Morning Out' was held on the 13 February 2020 and the content was co-designed by the Task Group, the GP surgery and The Reader. The day included Shared Reading, a tour of the Mansion House at Calderstones Park and lunch. **Patients were collected from the surgery and dropped off there also**. The Ash GP Surgery (GPs and the reception team) contacted **40 patients identified as being eligible for the event, 12 patients signed up and there were 2 no-shows on the day, resulting in 10 attendees total - including one patient who was 90 years old**. Unfortunately, the Coronavirus hit when The Valley's 'Big Morning Out' was in the process of getting scheduled.

A bespoke evaluation form was designed to capture impressions of the day: **100% patients rated their enjoyment 9 or 10/10, just under half of them would like the service to run monthly** and **9/10 said they would be prepared to make a financial contribution towards transport**. One patient commented, **"This has made me feel better"**. GP Surgery feedback was also positive – they stated they would **like to run this model on a monthly basis** and that **patients had enjoyed the day so much that they subsequently rang the surgery to thank them**. The surgery did flag that **staff would not be able to commit the same level of time on a sustained basis and queried if a buddy service would have increased patient engagement**.

From the Task Group perspective, this was a great opportunity to put the learning form the project into practice; it **highlighted that personalised communications was key, as was the staff support from the surgery** and **Arriva Click's bespoke service**. As there was **no data sharing system in place, we were however unable to maintain contact with the patients who had attended**. This was an example of where clarity is needed on the responsibility of data collection, storage and usage between PCN's and VCSEs. **If this data sharing could be in place, those patients could then be supported by the VCSE on a sustained basis**, if the VCSE providers had the infrastructure in place to do so.

Task Six: Summarise the key findings, disseminate and adopt

See the following section for a summary of our learning and our suggested next steps.

SECTION THREE:
THOUGHTS AND
RECOMMENDATIONS

We need to close *the feedback loop*

Learning: *VCSEs on this project felt that there wasn't a known formal mechanism in Liverpool by which information can be shared between the statutory sector and VCSEs. At the time of the project, VCSEs did not yet know who their assigned Link Worker is and how they relate with the other social prescribing initiatives in their area. Having prior knowledge of service gaps, patient needs or trends could also help give VCSEs valuable insight to support partnership working and joint bidding - making resource go further.*

Possible Solutions:

- We talked to Healthwatch who seemed keen to explore the role they could play to bridge this gap – be it through virtual updates, or workshops – the format is subject to consultation. We believe this is vital so that VCSEs can ensure their services are responding to the needs of both the patients and those who refer them. Likewise, it is essential that systems are built with all the key stakeholders in the room. **The system will benefit if VCSEs, as the main recipients of referrals, are involved in the design AND the delivery of social prescribing**.
- As this project has demonstrated, there needs to be **space and opportunity for VCSEs to become familiarised with their Link Workers and GP teams** - and vice versa. Culture, language and trust are important factors in making systems work and closer ongoing dialogue will help us work collaboratively to support better patient outcomes.
- A **kitemark of sorts may give each sector a shared language** that codifies what policies the VCSE has in place or their capacity/scope to receive more complex, high-need social referrals. **Coupled with shared data tracking systems**, this could create real opportunity to fully understand the impact of non-clinical approaches and give reassurance to clinicians that they are safe in utilising the referral pathway. It's clear that this needs to be **considered collaboratively to ensure its deliverable, proportionate and useful**. Consideration of the constrained resources facing much of the VCSE sector and many organisations are often collecting data for a range of funding partners already.

SECTION THREE:
THOUGHTS AND
RECOMMENDATIONS

Link Workers alone *cannot meet the demand*

Learning: *Across the two PCN's in South Liverpool alone, there are 120,000 patients, 4 Link Workers contracted by the PCNs. The Link Worker caseload is considerable.*

Possible Solutions:

- The new 'Live Well' website **'Wellbeing Liverpool'**, a directory of VCSE activities in the area, will provide a much-needed resource to navigate the services that are available. **This site needs to be marketed effectively and supported**, to promote the notion of self-care amongst patients in line with a preventative approach, whilst helping to reduce the impression of being 'done to'. It also needs to be **available in multi-modal form** for patients who do not have online access. Responsibility will sit with VCSEs to ensure their information remains up to date.
- VCSEs, small and large, have a great deal to learn from each other. **Quick fix tools, pro bono support or practical workshops** (virtual or other) on marketing services, generating or accepting referrals and tracking engagement or impact could be **hugely beneficial in addressing the patient barrier 'I don't know what's on' and levelling out the playing field for grassroots VCSEs** – subject to time, awareness of what's on offer or funding being available to take these up.
- Throughout our project, **we benefitted from valuable time and efforts of the GPs and Practice Managers, the reception staff and wider teams** at The Ash and The Valley – it would be **interesting to explore if and how this involvement could be sustained**, given the rapport and quality of the relationships they have with the patients.
- Further to the above, the whole purpose of social prescribing and those social/community NHS roles that came before are to address social issues that may impact on physical or mental health. This raises another question – **'if the symptoms' are not critical or significant on a clinical scale of risk - could that person meet with a link worker as a triage before going straight to the medical solution?** In addition, could **more be done at a collective city-wide or central level to promote VCSE services as part of a preventative health approach**, to help people live well from the outset?

SECTION THREE:
THOUGHTS AND
RECOMMENDATIONS

Connecting the dots between different transition points *on the patient journey*

Learning: *Great work has been done to put the mechanisms for social prescribing in place; more infrastructure may now be needed to support the patient in those transition points throughout their journey from referral to sustained engagement with activity.*

Possible Solutions:

- Data sharing was raised as a continued barrier, **VCSEs need guidance on if or how they can ask patient permission to maintain contact** so that connection doesn't get lost; **a shared platform or an accessible standardised referral form used across the PCNS and VCSEs may help.** It would be interesting to explore if there is learning to be gained from the 'clubcard' approach - a swipe and register system to data track, identify patterns and potentially self-evaluate their progress along the way. This could help evidence impact in a consistent way, both for GPs and for VCSEs.
- As more services migrate to using digital services in response to the pandemic, **digital inclusion and possible exclusion feels more pressing than ever**. Could there be benefit in a **coordinated city-wide, cross sector approach** to addressing this issue **so that those who do not have digital skills do not get left behind?** GP surgeries have the reach, VCSEs could offer the training tools and the public sector could have the influence to roll this out
- As VCSEs we understand that **the first trip for a patient to our services is key**, that **a personal approach is vital,** particularly in consideration of the barrier 'I don't know how to get there'. Our direct patient engagement and working closely with the PCNs really helped us reflect on how we promote our services (see appendices)
- Post lockdown, we'll also need to **work together as sectors to find ways to reassure patients** that wider services are now safe to access. **The crisis has prompted alternative offers that may have value in being sustained, particularly for those who are housebound**, who perhaps previously were out of reach, although

as noted digital inclusion remains a consideration.

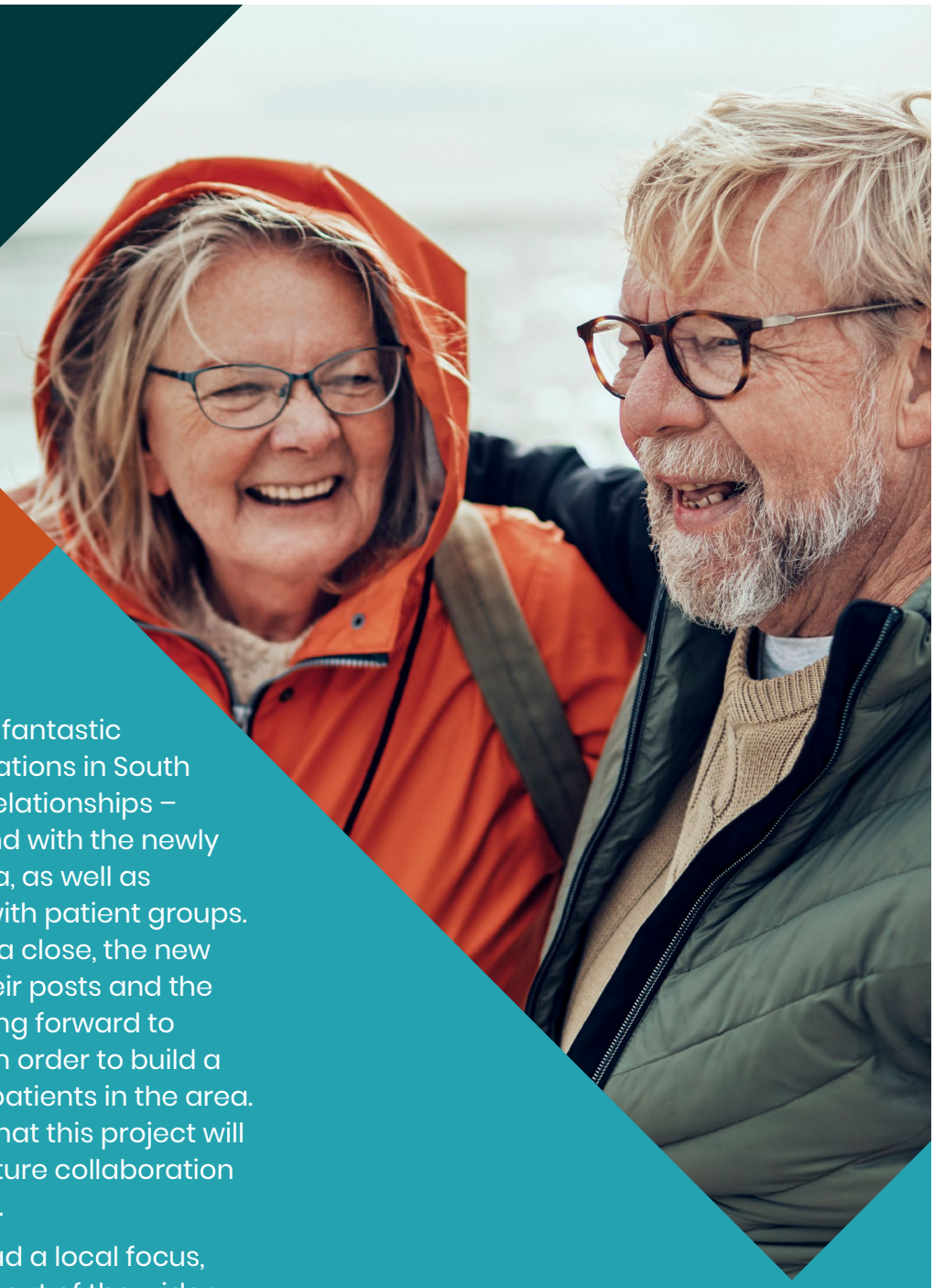
- Likewise, transport remains a persistent issue. In the short term, it **could be useful to assess the scope for resource sharing** in each part of the city - where community buses are available and not being currently used. Perhaps the most key issue for now however, is **how can we reassure and mobilise those who were already lacking confidence, that getting out and about is good for them**, when understandably the messaging during the pandemic has been the opposite. Perhaps **a personalised transport solution**, similar to what was piloted here, could help address that.
- A **'buddying'/chaperone type service** may help address the patient barrier '*I don't want to go on my own*' but it raises the **question about who should, and has capacity to, provide this** and if this has scope to support with the transport – '*I don't know how to get there*' barrier as well.

Reflections and Moving forward

The elephant in room with social prescribing remains how VCSEs can be funded in a sustainable way. It goes without saying that VCSEs cannot run on air and this was flagged throughout the project. Whose role it is, how longer-term funding can be accessed and the role of joint commissioning were all questions arising. This project alone involved a range of charities with different business models and income streams – whilst some organisations would welcome referrals immediately, others felt at capacity and extremely cash strapped. Just like the NHS - where patients avail of services, funding needs to be released to provide and sustain them. Whilst we acknowledge this to be an outstanding issue, with no immediate resolution, for the purpose of this work we put this to one side.

To secure such funding, patient engagement and impact has to be rightly evidenced. This requires a joined-up approach and a collective conversation across our various sectors. Then and only then, can we create an ecosystem of support that is truly responsive to the needs of our community.

SECTION THREE:
THOUGHTS AND RECOMMENDATIONS



This project has been a fantastic opportunity for organisations in South Liverpool to build new relationships – both between VCSEs and with the newly formed PCNs in the area, as well as valuable connections with patient groups. As the project came to a close, the new Link Workers took up their posts and the VCSE partners are looking forward to connecting with them in order to build a network of support for patients in the area. We also are confident that this project will be a springboard for future collaboration between VCSE partners.

Although this project had a local focus, we were aware throughout of the wider work on social prescribing in the region and beyond. There is clearly a challenge ahead to ensure learning is shared across areas and efforts not duplicated. There remains a question about how the VCSE sector can feed in to the development of social prescribing systems in a coordinated and meaningful way and the local sector would benefit from clarity about who is leading this. It is clear from this project that more opportunities to collaborate and talk about possibilities are so valuable because it helps to build trust and develop shared language and understanding of barriers/enablers.

We were also aware that many grassroots organisations, some who are volunteer run, who provide vital services for their community, have so much to offer to this conversation yet struggle for capacity.

All partners involved are keen to work with Liverpool CCG and others to shape social prescribing so it's as successful as it can be – it's clear there are many ideas to bring to the table, so we hope that the VCSE sector can be 'at the table' as an active partner in the roll out as PCN's evolve and the new Link Workers implement their services.

Patient Workshops

Thoughts on Social Prescribing

- **Benefits and Ideas:** Great idea for those who are lonely; reception staff would also be 'top of the list' as they have good relationship with patients; activities will need to cater for a range of interests – 'everyone is different'
- **Concerns or challenges:** Concerns around Link Worker capacity; people with no computer access; those who are housebound or so isolated they don't even go to Doctor; some may not like joining things; some may be disgruntled the 'Doctor never gave me anything'

Practical Preferences for accessing community-based activities

Practical Preferences	The Valley Practice, Childwall		The Ash Surgery, Aigburth	
	Most Popular	**Least Popular**	**Most Popular**	**Least Popular**
Mode of Transport	Car	Taxi / Lift	Car	Taxi
Max Length Journey	15-30min	30min+	15-30min	30min+
Day	Monday	Sat / Sun	Tuesday	Thurs-Sun
Time of Day	Early afternoon	Late evening	Early / late afternoon	Morning / Evening
Go if had cost?	100% of those responded say yes		No responses	

**NB not all attendees responded to all questions*

Engaging with Activities - Patient Thoughts on Barriers and Solutions

Overarching Barrier	Potential Solution
'I don't know what's on'	• **Directories:** A 'Yellow Pages' of activities, updated by Link Worker (LW), regular meetings with LW and VCSEs or VCSEs and patients • **Adaptations:** Engage with Silver Surfers/IT training providers, Audible/braille versions of information, put 'any issues on the day ring this number if problem' on poster • **Wider communication channels:** Text messages from surgery – all said they would read, flyering to people homes or at surgery reception/on chairs, Mature Times/Liverpool Link newsletters, promotion in Pharmacies, let staff at chemist know, local neighbourhood apps e.g. 'Next Door Network', community noticeboard at surgery, outreach, create ways for people to pass info on - word of mouth, Echo, Radio Merseyside
'I don't know how to get there'	• **Transport:** Community buses, Arriva Click, lifts (but aware of DBS needs or implications) • **Confidence:** Adapted activities for those with age/health related/mobility needs, locations need an accessible bus stop, accessible venues for mobility needs, put bus route on posters
'I don't want to go on my own'	• **Building Familiarity:** Food as part of event – creates familiarity/going for a cup of tea as a start – needs to be a slow build, generate rapport, get people familiar with a space, graduate them to an activity, have Social Prescribing 'champions' in surgery, give Link Workers time to build trust, tasters in surgery • **Going with others:** Local buddy system: other patients (could be tricky, see above re DBS or time heavy), Intergenerational buddying through partnering up with schools or sixth form students, building rapport (see above), Link Worker to bring people to the activity if time, outreach activities • **Empower people:** May not want to go to something that's just for 'older' people, might find hard to admit or feel a failure for being lonely, may not know what social prescribing is, not just older people who are lonely – new mothers. Tap into talent – people don't want to be just 'done to', give opportunities and make it easier (without lots paperwork) to offer skills or teach others

We're ready and waiting

At the heart of every community, there's a huge diversity of organisations helping people to live well in their neighbourhoods. Often, these are volunteer-led groups and enterprises operating with limited resources. However, these organisations – usually referred to as VCSEs (Voluntary, Community and Social Enterprises) – are powerful hubs of action, run by passionate people, with a huge amount of local knowledge and a real desire to change lives.

Over the last 12 months, we worked with VCSEs, local Primary Care Networks and communities in South Liverpool, listening to what they had to say about social prescribing and their experience of it to date. Lots of fantastic ideas, information and insights have come out of this, but one thing stands out very clearly – the VCSE sector, those providing valuable community activities, needs to be at the forefront of the social prescribing agenda. We must listen to and act on what VCSE providers of all sizes want and need if we're to make the leap to what could be a game-changer for the NHS work in practice.

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