

# Social Prescribing in Trafford Health and Wellbeing Board

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# Social Prescribing

- A means of enabling GPs, nurses and other health and care professionals to refer people to various local, non-clinical services.
- NHS Long Term Plan committed to the creation of growth of social prescribing roles between 2020-2024, aiming for over 900,000 people able to be referred to social prescribing schemes by this point.

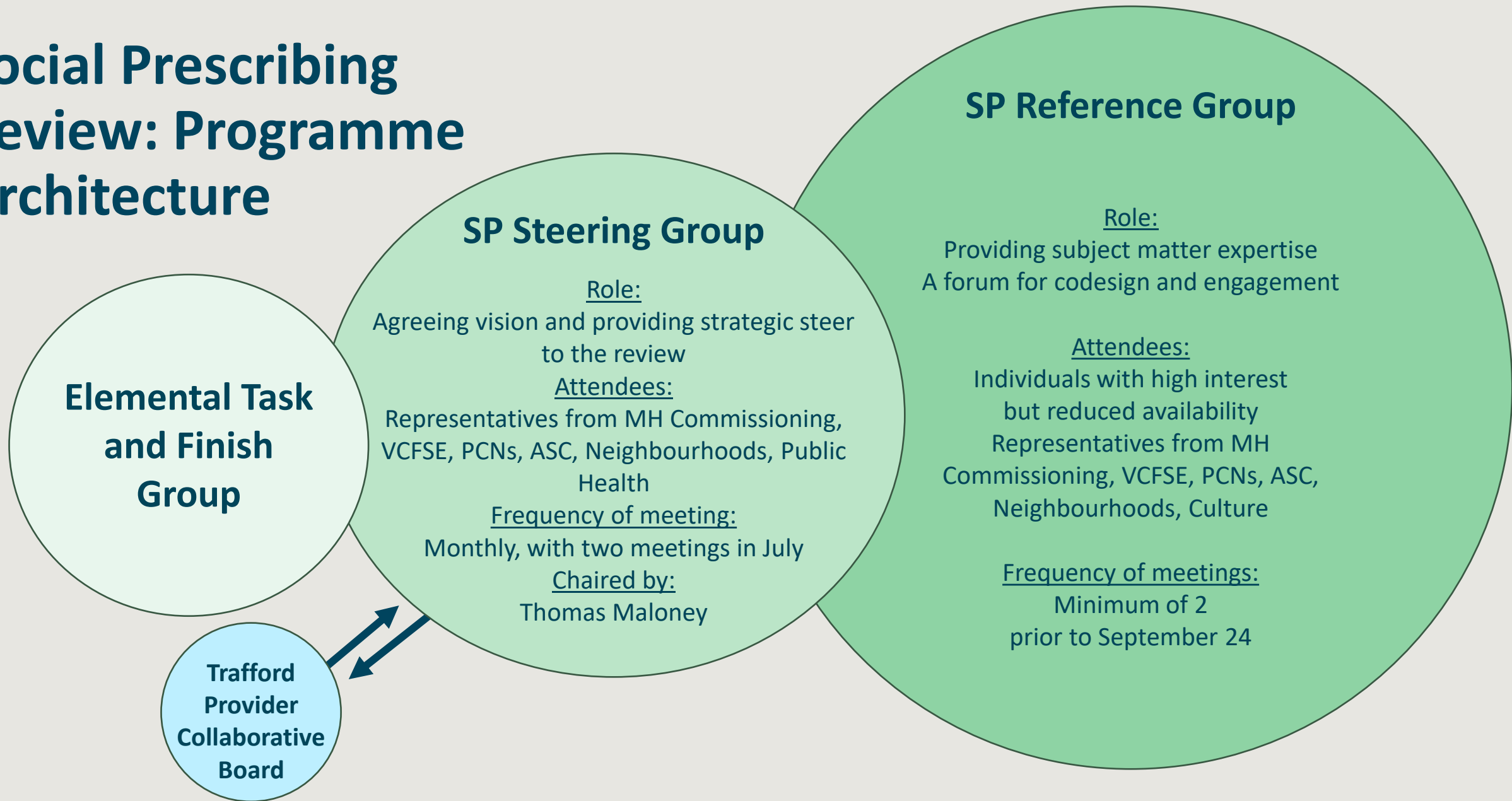
*“Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.”*

University of Westminster. Report of the annual Social Prescribing Network conference. London: University of Westminster, 2016.

# Rationale for the review

- GM Joint Forward Plan 2023-24 – Mission of 'Strengthening our communities', aiming to "continue to develop Living Well and Social Prescribing".
- Governance – requirement to strengthen visibility and governance to ensure desired outcomes.
- Building for best practice – noting good practice and exploring areas for further collaboration.
- Consolidation of existing roles and provision – various community-based roles exist across Trafford with similar responsibilities. These include:
  - Social Prescribing Link Worker (PCN GP practice based).
  - Community Care Navigator (MFT/TLCO, focused on discharge from hospital).
  - Wellbeing Practitioner (Living Well / Bluesci).
  - Community Link Officer (Adult Social Care).
- Systems and reporting – the contract for the electronic recording system used by Living Well and some Social Prescribers (Elemental) is due to end in March 2025 without a contingency in place.

# Social Prescribing Review: Programme Architecture



# Social Prescribing Steering Group

## Purpose:

- Explore and guide the scope of the review, providing strategic steer. A platform for various key stakeholders to be consulted and provide input into strategic decisions regarding Social Prescribing in Trafford.

## Key Activities:

- Baseline exercise to consolidate key data on social prescribers and related roles (capturing detail such as waiting lists, offers, caseloads etc.).
- Ongoing liaison with the wider GM Social Prescribing Operational Group to share learning across local authorities.
- Collaboration with University of Manchester encouraged via attendance at a steering group, presenting preliminary findings from national analysis, and facilitating involvement of Trafford services.
- Qualitative survey disseminated to wider reference group, creating a shared definition and list of key changes stakeholder would like to see over the next 4-5 years.

# Defining Social Prescribing in Trafford

Collated survey responses and discussion at the meeting have helped shape the below draft definition (Similar to the national definition):

*“Social prescribing is a holistic, person-centred approach that links individuals with health, social care, and community organizations. It supports users in making their own choices and accessing desired support and activities. While it can provide mental health support, it is not for significant mental health needs and does not replace formal care. It aims to reduce service gaps and medical reliance, using a strengths-based, preventative approach.”*

# Co-Designed Priorities

- Qualitative survey responses to desired changes over 4-5 years were revised and consolidated into a list of short-, medium- and long-term priorities.
- These were then presented back to the group for comment, agreed priorities presented below:

Short Term	Medium Term	Long Term
<ul style="list-style-type: none"> <li>• An established universal system for recording.</li> <li>• Development of an enhanced CYP offer.</li> <li>• Improved collaboration between various social prescribing teams within Trafford.</li> <li>• Integration of SP with neighbourhood programmes.</li> <li>• Dedicated Trafford Social Prescribing Webpage</li> <li>• Improved attendance at peer support monthly meetings across all SP roles.</li> <li>• Improved awareness and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly defined outcomes and standardised approach to recording and reporting SP data (e.g. especially regarding outcomes and demographic characteristics).</li> <li>• Clearer strategic oversight to support raising SP challenges and representing SP within the wider system.</li> <li>• Increased consistency in role names to reduce risk of duplicated referrals and obscuring SP roles within the wider system.</li> </ul>	<ul style="list-style-type: none"> <li>• Growth of VCFSE organisations and capacity.</li> <li>• SP as a viable option for long term employment rather than a steppingstone to other careers (e.g. secure employment and higher pay, recognised qualifications).</li> <li>• All SPs to have access to clinical, reflective supervision.</li> </ul>

- The Social Prescribing Steering Group agreed to focus on actions with the highest level of risk – which currently is the cessation of the Elemental Contract.
- This led to the formation of the Elemental Task and Finish Group

# Elemental Task and Finish Group

## Purpose:

1. Establish if professionals want to continue to fund the use of the electronic recording system Elemental.
2. Establish what alternative options are available regarding recording software past March 2025.

## Key Activity:

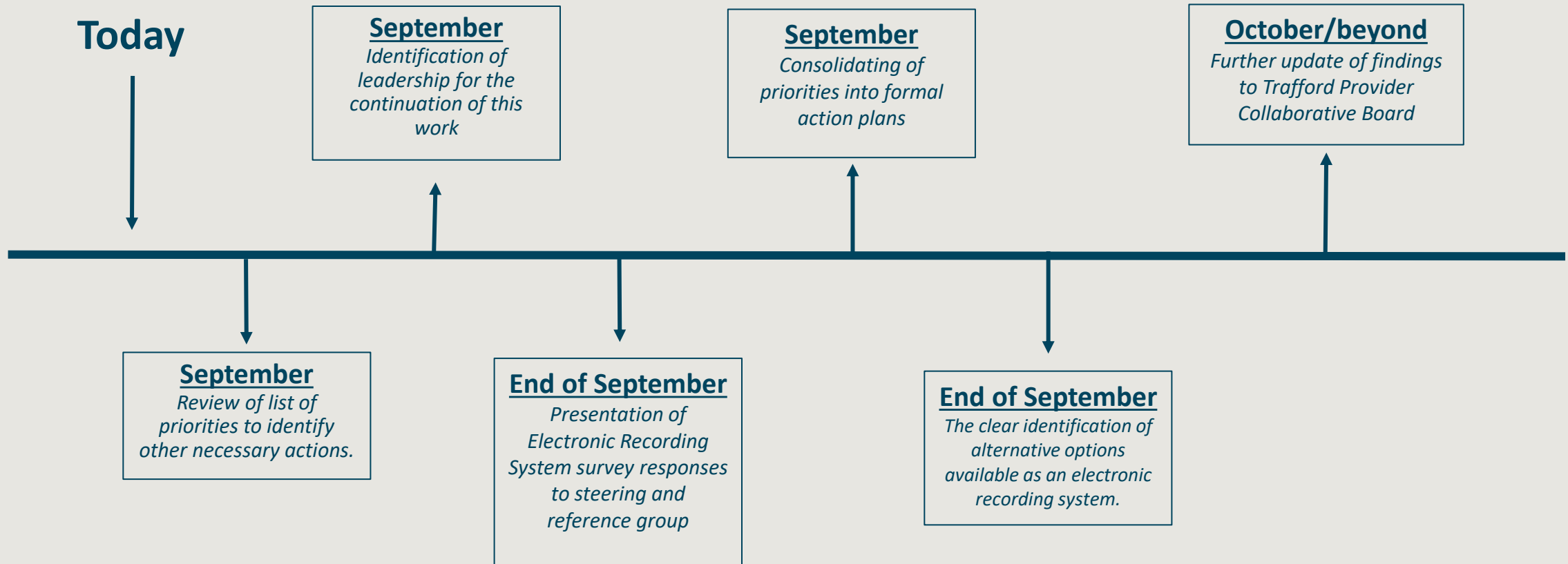
- Design and dissemination of a survey to gather breadth of stakeholder views to answer question 1 and identify potential risks of a lapse of contract.
- Creation of alternative software providers list.
- Exploring procurement options for software.
- Ongoing discussions with GM regarding alternative software pros and cons.
- Input into GM Social Prescribing Operational Group regarding the establishment of a minimum dataset.

## Interim findings and feedback:

- Note the challenging financial situation and budget availability.
- Concerns regarding patient safety with Elemental not notifying GPs of actions or discharges.
- Poor communication and support from Elemental
- Lack of desire from services currently to provide further funding for Elemental in it's current form (North currently transitioning away from Elemental and towards EMIS Community).



# Timeline



# Risk Log

- **Throughout the steering and task and finish group, a running risk log has been kept of key risks:**
  - Cessation of contracts e.g. Elemental and specific roles (Age-UK roles).
  - Lack of consistent data – outputs and outcomes.
  - Lack of strategic coordination.
    - Risk of some duplication via individuals being open to two different types of social prescribers.
  - Lack of clarity regarding demographic access currently.
    - Lack of access for CYP (only one role in West PCN).
  - (Generally) high caseloads, with high complexity/need reflecting strain on the wider system.
- **The logging of these risks and the collaboration with the steering group is key in establishing strategies and actions needed for their mitigation.**

# Asks of Health and Wellbeing Board

- The board to note the progress made to date.
- The board to support a solution to help identify a collaborative solution to the risks posed regarding the cessation of Elemental.
- A request for the board to agree to the final report being presented again at a future meeting.
- Support the identification of dedicated leadership for the continuation of the social prescribing work to address additional short, medium and long-term priorities.

# Appendix (Available on request)

1. **Trafford Social Prescribing Landscape Data**
2. **'Social Prescribing in Trafford 2023-24' paper**