Project Documentation - Initial Project Proposal Document
Project: Social Prescribing - connecting people to services and support in local places
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1. Project Description

Social Prescribing is defined as the skill of connecting people to services and support in local places. It is a service for GPs and other health professionals to access for patients who present with problems that are essentially non-medical and require more holistic community based interventions.

This proposal seeks to develop a service, initially over a 2 year period, in partnership with the Local Community Networks (LCN) in Chichester. Rural North Chichester LCN, covering the GP practices to the north of the downs and South Chichester LCN covering the GP practices in the south of the district.

In scope:
This service will be available to patients across the district via their GP.

Out of scope:
To ensure the service does not get overwhelmed, self-referrals and referrals from other sources will not be accepted.

2. Background

It has been estimated that around 20% of patients consult their GP for what is primarily a social problem (Citizens Advice 2015). 70% of all causes of ill health are impacted by the wider determinants of health eg where we live, our support networks, our housing. Social prescribing recognises that a large proportion of health outcomes are the result of the social and economic determinants of health and acknowledges the need for people to access non-clinical resources to enable them to improve their health and wellbeing.

The top three non-health issues GPs report their patients raising during consultations were problems with personal relationship (92%), housing (77%) and work /unemployment (76%). A recent report, Health Wellbeing in Rural areas (2017) from the Local Government Association (LGA) and Public Health England (PHE) identifies the role of the District and Borough and Parish councils as key to influencing health outcomes in rural areas.

Coastal care
Since 2016 NHS and Local Authority partners have been working on a new model for the integrated care of communities known locally as 'Coastal Care'. This shared plan focuses on whole communities and preventing illness before it takes hold, rather than just the 'sick' people within them. LCNs are the building blocks of the Coastal Care model, there are eight across West Sussex with two in the Chichester District, Rural North Chichester (RNC) and South Chichester.

The LCNs are relatively new and in development stages, however, this is the first time that GPs have come together with a range of partners to make decisions by working together to improve the health outcomes for their community. It is a good opportunity to build new relationships and share resources to address need identified across the whole system.

Going Local
Adur and Worthing Councils are hosting a two year pilot Social Prescribing project called Going Local. This was funded at the end of 2016/17 by Coastal West Sussex Clinical Commissioning Group (WSXCCG), Worthing and Adur Councils and West

Sussex County Council (WSCC). Their first evaluation report identifies the main issues raised as housing and homelessness, transport, finances and loneliness. They are also finding clients often have a range of mental health problems which impact on their ability to cope with life. The early signs are that this work is reducing the frequency of GP appointments and hospital admissions in those people who have used the service. WSCC and WSXCCG are supportive of this work rolling out across the coastal area and are looking at longer term ways to fund these projects in the future.

Chichester
Locally, data and experience of GPs and other partners has identified a need for this type of work.

It has generated a lot of interest particularly within the Community and Voluntary Sector and it is anticipated that there will be a strong partnership approach to this work. The hosting organisation will work with a multiagency steering group made up of funding partners and key service providers to enable the project to evolve and develop over time. This model is used by the councils Community Wardens and works well.

It is important that the existing Wellbeing Service works alongside the Social Prescribing project as there are opportunities for cross referral. There are clear differences between the two areas of work. The Wellbeing Service focuses on reducing and preventing premature death caused by lifestyle factors whereas Social Prescribing will tackle the wider determinants of health that contribute towards quality of life. The Community Referrers will spend more time working with individuals, 'hand holding' if necessary thereby providing a much more intensive service.

3. Outcomes to be Achieved

The project will be subject to both process and client evaluation established from the start. We are working closely with the Public Health research unit at West Sussex County Council who are currently doing similar work with Worthing where there is learning to be shared. It is also important to follow the client journey through the system using a qualitative methodology.

Examples of measurable outcomes, which will be developed further as part of the trial are:

For the individual

- A more appropriate, local route for people to access support in a timely way
- Increases in self-esteem and confidence, sense of control and empowerment
- Increases in sociability, communication skills and making social connections
- Reduction in social isolation and loneliness, support for hard-to-reach communities

For the system

- Capacity to support 2500 individuals each year, based on project outcomes in Worthing and Adur Councils of 4FTE referrers each seeing around 6 people a day.
- Cross system support for Voluntary and Community sector groups who deliver services which support people signposted via the social prescribing project.
- More cost effective and appropriate use of NHS and Council resources
- Reduction in number of visits to a GP, referring health professional, and primary or secondary care services
- Opportunity to build an evidence base to support this type of preventive work and secure longer term funding.

4. Timescales

This proposal seeks to develop Social Prescribing initially over a 2 year period, 1st April 2018 – 31st March 2020.

5. Project Costs and Resources

To cover practices across the district, it is anticipated that the cost of the project will be in the region of £230,000 for two years primarily for 4FTE community referrers across the district (i.e. £115k per annum). Funding and support for the project is being sought from a range of partners and this proposal is subject to their confirmation of funding.

Organisation	**Year one funding**	**Year two funding**
Chichester District Council (50%)	£57,000	£57,000
Rural North Chichester GPs	£13,000	£13,000
South Chichester GPs	£13,000 TBC	£13,000 TBC
Housing providers – subject to budget setting processes, there may be a requirement to target areas where their properties are located	£32,000 TBC	£32,000 TBC
Friends of Midhurst Community Hospital (contribution to the north of the district only)	TBC	TBC
Chichester City Council	TBC	TBC
West Sussex County Council – evaluation support	In kind	In kind
Total	£115,000	£115,000

The work of the LCNs in Chichester and this Social Prescribing work links to the councils corporate plan objective to 'support our communities, particularly those who are vulnerable, to be healthy and active'. The project will be included within the work plan for Chichester in Partnership (CiP) where it is anticipated partners will support and promote the work across their networks.

6. Benefits vs. Cost

Comparing the benefits from purely a financial perspective is very difficult for a project like this because of the cross cutting nature of the work and the complexity of individuals. Evidence points to a reduction on demand for health services for people that engage with social prescribing, particularly those that place the greatest demand on primary care services. Public Health England is developing a new tool to measure return on investment which will be available for use on Social Prescribing projects in the New Year. Returns on investment tools for programmes impacting on mental health identify the following which are relevant to this project;

- Collaborative care for physical health problems – every £1 invested results in an estimated saving to society of £1.52 (over 2 years)
- Older people: tackling loneliness through volunteering and social activities – every £1 invested results in an estimated saving to society of £1.26 (over 5 years)
- Adults: debt and welfare service – every £1 invested results in an estimated saving to society of £2.60 (over 5 years)

From a District Council perspective the return on investment includes:

The provision of better joined up services for individuals and communities. Currently rural or more remote communities are less able to access services and support than those living in the city. This project aims to bring the appropriate services to the individual at the time when they most need it.

Greater support for Voluntary and Community Sector (VCS) groups. Through partnership working within the statutory sector we can potentially have greater influence over the way local services are commissioned or how grant funding is allocated in rural areas to meet need identified through the Social Prescribing project.

A reduction in the number of 'revolving door' customers placing high demand on services. Sometimes residents require more support than we as a council are able to offer and therefore these customers return time after time, or they 'bounce' between agencies looking for solutions that may not exist. The Community Connectors will be able to work intensively with these people until their issues are resolved.

7. Identify Risks

Risks associated with this work relate to securing enough funding to establish the project across the district, engagement from GPs and other key partners, being able to recruit the right people to the Community Referrer role and longer term sustainability. In addition it is important that community groups have capacity to support potential additional referrals. We are currently looking for ways to provide support and sources of funding for development and sustainability.The continued involvement of voluntary and community partners will be vital.