

Health and Care Overview and Scrutiny Committee – Monday 29 January 2024

Provider View of Social Prescribing – Support Staffordshire

Recommendation(s)

I recommend that the Committee:

- a. Consider the view of Primary Care Social Prescribing from the perspective of the VCSE providers.
- b. Consider the work of the VCSE Alliance Social Prescribing Advisory Group in gathering provider feedback; and its contents.
- c. Consider the wider feedback from VCSE organisations who provide 'prescriptions' to Social Prescribing services, both in Primary Care and more widely in the health & care system.
- d. Consider recommending that the Integrated Care System take a more joined up approach to social prescribing across primary care and NHS provider trusts to avoid the ongoing piecemeal approach currently taken.

Local Member Interest: Relevant to all Members

Summary

1. The report provides an overview of Primary Care Social Prescribing from a provider perspective in Staffordshire and Stoke-on-Trent
2. The report outlines this in the wider context of Social Prescribing in Staffordshire and Stoke-on-Trent. It provides data gathered by the VCSE Alliance Social Prescribing Advisory Group, surrounding referral numbers, availability of 'prescriptions' and challenges faced by Providers, Social Prescribing Link Workers and the VCSE sector.

Primary Care Social Prescribing

3. Support Staffordshire work with 11 Primary Care Networks (PCNs) to provide the Primary Care Social Prescribing services for those GPs, and currently employ 20 Social Prescribing Link Workers across these PCNs. Support Staffordshire is the largest single provider of Primary Care Social Prescribing in Staffordshire and Stoke-on-Trent.

4. Across Staffordshire and Stoke-on-Trent 14 PCNs have agreements in place with a VCSE provider organisation as follows:
 - a. Burton Albion Community Trust - East Staffordshire PCN
 - b. Community Together Tamworth CIC - Mercian PCN
 - c. Starfish Health and Wellbeing - Seisdon, Stafford South*, Rugeley & Great Haywood* PCNs
 - d. Support Staffordshire – Lichfield#, Burntwood, Cannock North, Cannock Villages#, Stafford Central, Stafford Town, Stafford South*, Rugeley & Great Haywood*, Newcastle Central, Moorlands Rural and Leek & Biddulph#

**these PCNs have split providers for different GP practices*
Support Staffordshire currently sub-contract provision in 3 PCNs to Age UK Staffordshire and Beth Johnson Foundation
5. In Staffordshire, Stone & Eccleshall PCN previously contracted with Starfish Services, but took the service in house in late 2023. In Newcastle North and Newcastle South, the PCNs previously contracted with Brighter Futures, but took the service in house in 2023. Some services in Stoke-on-Trent have also previously been contracted out to Brighter Futures but are now all delivered in house.
6. Other changes in provider have also occurred since Primary Care Social Prescribing services began in 2019. As mentioned above Brighter Futures served notice on all their agreements in 2023. Two PCNs subsequently moved to Support Staffordshire, whilst others took the service in house.
7. East Staffordshire and Mercian PCNs previously contracted with St Giles Hospice, but moved provision to Burton Albion Community Trust and Community Together CIC respectively in 2022, after St Giles gave notice on the agreements.
8. Most agreements with VCSE providers run in line with the current NHS Five Year Plan, until 31 March 2024.
9. The GP Directed Enhanced Services contract (DES) which governs the financial and contractual basis of Social Prescribing is yet to be published for 1 April 2024, which is creating uncertainty for VCSE providers.

Social Prescribing Beyond Primary Care

10. Alongside Primary Care Social Prescribing, there are a number of other 'linking' roles/functions within health and care, with a similar approach to Primary Care Social Prescribing.
11. Some of these seek to make use of existing Primary Care Link Workers, whilst others have additional staff resource. These include, but are not limited, as follows:
 - a. Referrals into Primary Care from Covid Clinics, Social Workers within MPFT, Occupational Therapists, District Nurses, Community Matrons and Cancer Care teams.
 - b. Community Connector within the MPFT Staying Well Service across the six southern Staffordshire districts. Providers include Support Staffordshire, MHA Communities, Burton Albion Community Trust and Community Together.
 - c. Other link worker roles such as Personal Social Inclusion Navigators working within MPFT across Adult Mental Health Social Care Pathways and Community Help Points.
12. There have been an increasing number of requests for 'linking' functions/roles within new (often pilot) health and care projects. These requests tend to come from individual teams, departments, or projects within NHS Provider Trusts.
13. Midlands Partnership University NHS Foundation Trust (MPFT) is the largest single source of such requests. Requests also come from Combined Healthcare, University Hospitals North Midlands (UHNM) and University Hospitals Derby and Burton (UHDB).
14. One recent example is the new Weight Management Services being developed by the ICS.
15. The prospect of significant additional referrals into existing Primary Care link workers are a cause for concern, due to many Social Prescribers already working significantly above the NHS recommended safe caseload.
16. Many requests find their way to Support Staffordshire as the largest provider and where possible we are capturing this demand to feed back to the ICB and NHS Provider Trusts.

17. A systemwide solution for 'linking' functions/roles does seem to be required and would not be beyond possibility if a more joined up approach could be found to resourcing and organisation.

Benefits of Outsourcing Social Prescribing

18. Where PCNs outsource Social Prescribing to a VCSE provider, the Social Prescribing Link Workers are better connected to VCSE knowledge and relationships and have a wider understanding of community support, the so called 'prescriptions', that are available to a patient within their community.
19. Where necessary, community groups can be better supported to thrive, being linked into existing VCSE support and networks.
20. Being independently managed and supported, VCSE based Link Workers tend not to get pulled 'off-task' into other areas of Primary Care, which can happen in some PCNs.
21. VCSE based link workers need not cost any more, as the additional management fees incurred by providers, are off-set by less generous terms and conditions in the VCSE sector compared to NHS scales.
22. Management and more general employee support can be better in the VCSE sector, compared to Primary Care, as VCSEs are often larger organisations than GP led small businesses.
23. There are often more opportunities for peer support between Social Prescribing Link Workers when outsourced, due to VCSE providers employing teams rather than single individuals.

The Social Prescribing Advisory Group

24. The Social Prescribing Advisory Group is one of three thematic forums which forms part of the VCSE Healthy Communities Alliance. The VCSE Healthy Communities Alliance is the recognised governance structure through which the Staffordshire and Stoke-on Trent Integrated Care System (ICS) have agreed to engage, consult and empower VCSE organisations and networks to be involved in our health and care system on an ongoing basis.
25. The Social Prescribing Advisory Group (SPAG) is facilitated by Support Staffordshire and VAST and is open to members of the Healthy Community Alliance, who are either a significant provider of services (prescriptions) to link workers or host/manage a linking role (prescriber).

26. A key aim of SPAG is to gain an oversight of Social Prescribing across Staffordshire and Stoke-on-Trent, with regards to VCSE prescriptions and the link worker experience.
27. A quarterly survey is distributed to all Social Prescribing Link Workers and Managers, which feed into a system wide report, offering an insight into Social Prescribing referral numbers, numbers of 'prescriptions' and where there are gaps/delays in accessing provision
28. The most recent quarterly survey showed there were 3,470 referrals into Primary Care Social Prescribing, across the 17 PCNs who completed it.
29. Key gaps and delays in accessing provision included:
 - a. support surrounding employment
 - b. availability of community transport
 - c. accessing face-to-face bereavement support
 - d. mental health provision
 - e. housing/homelessness advice

Peer Support Network

30. Support Staffordshire has a contract in place with Staffordshire Training Hub (provided by GP First Limited) to offer peer support for Social Prescribing Link Workers across Staffordshire and Stoke-on-Trent. Provision of and attendance at peer support is a current requirement of the GP DES contract.
31. The offer available to all Primary Care Social Prescribers includes:
 - a. Monthly CPD sessions on topics such as housing/homelessness, gambling awareness, professional boundaries, and suicide prevention/awareness
 - b. Quarterly peer support meetings via Microsoft Teams
 - c. An online peer support network, provided through NHS Futures Platform, offering a space to support peers with queries

32. The Peer Support Network is accessed by a large number of link workers across Staffordshire and Stoke-on-Trent. Each session is evaluated by Staffordshire Training Hub and the feedback is generally excellent.

Financial Challenges for VCSE Providers

33. The GP DES contract currently places a number of parameters and restrictions on how the resource available for social prescribing can be spent:

- a. There is a set budget available for salary, NI and pension costs which cannot be spent on anything else
- b. There is a limited figure for outsourcing management overheads of £2,400 per FTE link worker
- c. There is no additional available funding for travel expenses, equipment, volunteer expenses etc
- d. Any additional costs must be funded from the wider Primary Care budget which GPs hold; most are extremely reluctant to do so

34. VCSE providers of Social Prescribing are therefore very limited on the amount of management fee which can be requested from a PCN and allocated to line management and wider organisational support. The figure falls significantly below industry standards and almost all other public sector contracts and funding

35. This has become increasingly challenging for VCSE Providers as the total amount claimable by the PCN (£2,400) has not increased for 5 years. Nationally this has directly led many VCSE providers to hand contracts back.

36. Ironically, at the same time, pay bandings have increased in every year of the 5 year plan, and some VCSE Providers have felt under increasing pressure to make pay awards in line with these NHS bandings, which are significantly over and above their own pay structures.

37. If the total budget could be used flexibly by VCSE providers there would be no need for the above issues at all. We await to see if this feedback has been incorporated into the new GP DES for 2024 onwards.

Other Challenges for VCSE Providers

38. NHSE guidance and the GP DES requires all PCNs to provide Clinical Supervision for Social Prescribing Link Workers. This recognises the potential for significant emotional demand upon link workers, supporting patients with a very wide range of non-clinical support and the associated stress. The confidential nature of link worker-patient conversations adds to the necessity for clinical supervision.
39. In most cases this is not offered proactively and, in many cases, accessing clinical supervision can be difficult. PCNs advise that this is linked to poor resourcing.
40. Where outsourced, responsibility for clinical supervision remains with the PCN. However, we are aware that VCSE based line managers and link worker colleagues take the brunt of this need. We are also aware of some VCSEs spending some of the already inadequate management fees on paid for external support for link workers.
41. The Social Prescribing Advisory Group has brokered links with MPFT to support with Clinical Supervision and make additional CPD available to Social Prescribers, through services MPFT currently offer their own staff.

Challenges for Social Prescribing Link Workers

42. Social Prescribing Link Workers frequently experience high caseloads, working over the 250 per annum caseload, which NHSE guidance considers the 'maximum safe' level.
43. Social prescribing aims to offer patients the one thing clinicians often do not have: time to listen. High case loads curtail the very thing that they exist to do.
44. High case loads can lead to work related stress if not actively managed. They also increase the need for clinical supervision, which is in short supply.
45. Where this is the case, Support Staffordshire works with it's PCNs to advocate for additional Social Prescribing hours and shares quarterly reports with PCN's highlighting referral numbers within the quarter. As a result, almost all PCNS we work with have increased their capacity over the past two years. That said, demand on the whole, continues to rise accordingly.
46. There are a number of key themes which Social Prescribing Link Workers often support patients with and look to connect individuals with appropriate support in their area. Whilst the provision for some

support within communities is excellent, within some areas, there are long delays in accessing support and/or little, to no support available.

47. It can be stressful and demoralising to identify the potential for support, only to find there is none available locally, or with long waits. The implications of patient deterioration that could have been prevented is especially hard for link workers to accept.

Challenges for VCSE 'Prescription' Providers

48. Though not the focus of this enquiry, it would be wrong for us not to make reference to the challenges incurred, increasingly by those prescribed to; which are in the main VCSE organisations, most of whom receive little or no funding from the NHS.
49. In essence link working, is working and Social Prescribing Link Workers are making large volumes of connections and onward referrals into charities, community organisations and support groups.
50. VCSE organisations are increasingly feeding back that there is too high a level of demand on their services since Social Prescribing was launched, with limited additional funding available to support with VCSE activity. This has ongoing challenges surrounding sustainability. Some charity national bodies (eg. Age UK) have commissioned research to identify the proportion of demand upon their services that come from the NHS with a view to challenging the lack of resourcing centrally.

The Future of Primary Care Social Prescribing

51. Due to the existing NHSE Five Year Plan coming to an end in March 2024, many of the existing agreements end at this point.
52. Some recent changes in contracting have resulted in PCNs offering 12 month agreements which go beyond March 2024.
53. Both the existing agreements ending and short term new agreements are causing some challenges for staff retention.
54. Despite assurance from NHSE that link worker roles are in the NHS baseline budget for 2024 and beyond, there is still no clarity on the budget available for management overheads or the degree of budget flexibility, or lack of. As such, PCNs are not able, or willing, to enter into new agreements at this late stage.
55. Social Prescribing has been a significant opportunity for the VCSE sector to work more closely with the NHS. New relationships, with

Primary Care and beyond have undoubtedly resulted from this important national initiative.

56. However, the ongoing challenges of how social prescribing is resourced, and the much bigger issue of how the VCSE sector is resourced to absorb the increased demand that it generates, have not, as yet, been addressed.

Link to Other Overview and Scrutiny Activity

57. N/A

Community Impact

58. N/A

List of Background Documents/Appendices:

59. N/A

Contact Details

Report Authors: Sarah Maxfield and Garry Jones
Job Titles: Health Integration Manager and Chief Executive, Support Staffordshire
Telephone No.: 07494 985574 / 07494 483199
E-Mail Address: sarah.maxfield@supportstaffordshire.org.uk / garry.jones@supportstaffordshire.org.uk

