Acknowledgements: Proposal development by Maddy Halliday, CEO and Jacqui Melville, Manager, Community Capacity and Carer Support Programme, VANL in liaison with Improvement NHS Lanarkshire

**Introduction and Rationale**

* 1. Poverty and associated poor health behaviours reduces peoples’ mental and physical wellbeing; increases their risk of ill health and disability and contributes significantly to health inequalities - all of which increase demand for costly health and social care.
  2. North Lanarkshire (NL) is the fourth largest local authority area in Scotland with very high levels of poverty and health inequalities
  3. NL Community Planning and Health and Social Care partners – which includes North Lanarkshire Council, NHS Lanarkshire and Voluntary Action North Lanarkshire - are committed to tackling poverty and reducing health inequalities through inclusive economic growth and effective social support.
  4. It is increasingly recognised that social prescribing (SP) has the potential to support people to improve their health and well-being and reduce their need for health and social care – even in the context of poverty and other social and economic challenges. SP also has the potential to help people of working age and their families move out of poverty through improving their ability to participate in the workforce.
  5. SP links clinical care to locally delivered social and other non-clinical support, enabling clinicians to refer their patients to a range of activities and services. SP is underpinned by a social model of health, which recognises that physical and mental wellbeing is determined by a variety of linked and mutually

reinforcing social, economic and environmental factors, along with biological and health care factors.

* 1. Evidence to date, indicates that social prescribing:
* improves peoples’ health and well-being
* empowers people and supports greater independence
* builds community capacity and engagement
* reduces reliance on formal health and social care
* helps to deliver better social and economic outcomes for people and society.

1.5 SP is already being developed and delivered in NL to a limited extent. For example, the NL Getting Better Together (GBT) healthy living initiative, which is based in the town of Shotts, is part of a Scottish and Northern Ireland initiative providing SP. GBT is one of ten organisations funded in Scotland (through Big Lottery UK) to work in partnership with the Healthy Living Alliance in Northern Ireland to deliver and evaluate SP.

1.6 This project will facilitate development of effective SP across the whole of NL, helping to transform the lives of people living in poverty and with associated health, social and economic challenges.

1. **Aim, Objective and Outcomes**

2.1 The **aim** of this project is to facilitate development of effective SP across the whole of NL, helping to improve the lives of people living in poverty and with associated health and social challenges and to reduce health, social and economic inequalities.

2.2 The **objective** of this project is support identification, development, implementation and evaluation of an evidence-informed model of SP to be delivered across North Lanarkshire.

2.2 The project will support achievement of the above aim and objective by delivering the following **outcomes**.

* Improved understanding by NL key stakeholders (see below) of current evidence regarding effective SP practice; likely benefits on participants quality of life and well-being; and on demand for public sector services and implications for expenditure.
* Mobilisation and increased capacity within NL’s community and voluntary sector to deliver SP effectively.
* Improved clinical support and engagement in SP in NL.
* Greater public awareness of SP in NL and its potential benefits.
* Agreement by key stakeholders of a SP Framework (including evaluation) and costed delivery plan and commitment to collaborative leadership and delivery.
  1. The project will align with and support delivery of a range of wider NL strategies including:
* NL’s new community plan – Plan for North Lanarkshire, which focusses on inclusive growth and linked strategies including Economic Development and Tackling Poverty
* HSC NL’s Commissioning Strategy and linked Community Capacity Building and Carer Support Programme

1. **Perspective**

3.1 The project will identify and develop plans for a collaborative, asset and locality-based SP that diverts people from formal health and social care to community supports that:

* enable people to live healthier lives
* promote social and economic inclusion
* reduce the pressure on GPs and primary healthcare generally; formal social care support services; and, where appropriate, secondary healthcare services.

1. **Priority Groups**

4.1 The project will focus on SP approaches that are most likely to assist people who are living in poverty and accessing primary health care for a range of psycho-social reasons including people:

* who are experiencing isolation and loneliness
* who have long term conditions where their medical support becomes a proxy for social contact
* whose health and care issues are related to poverty
* who are experiencing mild to moderate mental health issues
* who are experiencing issues due to family circumstances e.g. carers
* who have health issues related to physical inactivity and/or other unhealthy behaviours

4.2 Delivery and evaluation methods will be developed that will ensure effective targeting and engagement of these priority groups and impact on inequality can be assessed.

1. **Strategic and operational issues**

The project will investigate and develop agreement on the following strategic and operational issues.

* 1. A shared language and consistent and agreed operational definitions for varying levels of support and different levels of social prescribing, including referrals and signposting.
  2. Effective approaches to local community and voluntary sector engagement, capacity building and participation (see below).
  3. Workforce and volunteer development, including key qualities and shared training.
  4. Development of a menu of ‘prescriptions’ for the ‘prescribers’/’connectors’, for example:
* information, advice and guidance
* befriending and buddying
* groupwork and social activities
* physical activity and leisure
* meaningful activity, learning and social enterprise
* volunteering etc.
  1. Minimum quality standards for all ‘prescribers’ and ‘prescriptions’.
  2. Effective patient and community communications and engagement methods.
  3. Valid, reliable and proportionate methods for monitoring outputs; evaluating individual outcomes and wider impact, including increased community capacity and assets and reduced demand for health and social care and savings.

1. **Building Community and Voluntary Sector Capacity**

6.1 The project will identify and develop capacity-building approaches for NL’s community and voluntary organisations which will enable them to promote and support community-based preventative and early intervention initiatives which aim to achieve the following.

* + 1. Provide early support for priority groups who access primary care for issues that could be more effectively addressed within a community context.
    2. Provide priority groups with sustainable supports embedded in communities.
    3. Prevent the above target groups from becoming increasingly dependent on health and social care services or reduce their use of such services.
    4. Reduce patterns of high medical consumption for individuals who are accessing medical services where appropriate personal and social resources would address their needs more effectively.
    5. Facilitate appropriate referrals through the early identification of people with conditions at risk of escalation.

6.2 Approaches to community and voluntary sector capacity building will include:

* identification of barriers and action to address these
* information sharing and collaborative working across organisations
* citizen and community engagement
* resource requirements.

1. **Project Sponsors and Stakeholders**

**7.1 Sponsors**

* NHS Lanarkshire, Health Improvement (NHSL HI) (provided £30K funding to support scoping study (see below)
* Community Capacity Building and Carer Support Programme (hosted by Voluntary Action North Lanarkshire (VANL) provides established mechanisms for engaging and funding community and voluntary sector)
* .

**7.2 Stakeholders**

* People living in poverty
* Patients, service users, carers
* GPs and other clinicians
* VANL Board and staff
* North Lanarkshire Community Planning Partnership (NLP) and partner organisations

(including North Lanarkshire Council (NLC); NHS Lanarkshire (NHSL); Voluntary Action North Lanarkshire (VANL); Police Scotland Lanarkshire; Fire and Rescue Scotland, Lanarkshire; Skills Development Scotland, Lanarkshire)

* Health and Social Care North Lanarkshire (HSCNL) and partners (NLC; NHSL; VANL)
* Getting Better Together Social Prescribing Project
* NL Community and Voluntary Sector (NL CVS)

1. **Project Host and Advisory Group:**

**8.1 Host**

Voluntary Action North Lanarkshire (VANL), with project management jointly supported by Maddy Halliday, CEO, VANL and Jacqui Melville, Manager,

Community Capacity Building and Carer Support Programme

**8.1 Advisory Group**

Convened by VANL with following membership:

* representatives from selected community and voluntary groups, including Getting Better Together Social Prescribing Project and patient, service users and carers groups
* representatives from GPs, primary care clinicians and social care commissioners
* NHS NL health improvement
* others as appropriate

**9. Scoping Study – Sept. 2019-March 2020**

9.1.1 The scoping study will be undertaken by the project research assistant with support from joint project leads and others.

9.1.2 The study will use a mix of desk research and stakeholder consultation to undertake the following.

* Analysis of NL demographic, health needs, inequalities and deprivation data.
* Review of SP practice and research literature (including pilot project involving Getting Better Together).
* Analysis of relevant NL and Scottish national policies and plans.
* Consultation with selected NL patients, service users and carers on their support needs and potential interest in SP.
* Mapping, consultation and analysis of NL’s community and voluntary sector current and potential capacity for delivering SP, including support and resource needs and barriers, using the Community Capacity Building and Carer Support programme network.
* Consultation with selected GPs, primary care and social care staff to assess their views on SP, willingness to engage and support needs to do so effectively.
* Analysis of current NL health and social care costs and, if possible, potential savings from SP, based on existing evaluation of SP initiatives.
  + 1. The scoping study will produce the following outputs by March 2020.
* A full research report setting out findings; pros and cons and possible costs and savings of different models and options; recommendations regarding preferred option and delivery.
* A plain English summary report
* Patient, public and professional communication resources which can be used during stage three.
  1. **Development – Sept. 2019– Sept. 2020**

Delivery of this stage will deliver the following work.

* Identification of community and voluntary sector prescription providers and initial capacity building and workforce development – using the CCB Programme Network.
* Initial workforce development with prescribers in six selected sites.
* Development and agreement with HSCNL of a NL Social Prescribing Framework and Guidance (informed by the scoping study) and including planning, workforce development, delivery and evaluation\_
* Development and agreement with HSCNL of a three year, costed delivery plan with funding for initial implementation and evaluation (stage four) secured.

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