

# Building a place-based approach to developing community-strengthening activity and social prescribing

## Report to the Communities and Social Prescribing Sub Group

February 2021





social care  
institute for excellence

## About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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## Introduction

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The Coalition for Personalised Care has asked Community Catalysts to take forward a programme of work to support the delivery of actions 8 and 9 of the **Universal Personalised Care (UPC) comprehensive model**. These actions focus on the recruitment and training of social prescribing link workers and helping build the capacity of communities to support the wellbeing of local people.

The purpose of this work plan is to help the health sector understand the different link workers and align capacity-building activities in local places in order to deploy limited resources most effectively, and to add value. It will also contribute Personalised Care Group's work on ways to count the intervention and impact of community approaches within the context of the personalised care comprehensive model.

As part of this plan, the Social Care Institute for Excellence (SCIE) was asked to deliver two strands of work:

- Develop and test ways to encourage better alignment of community-strengthening activity and sensible investment by health.
- Identify and agree robust measurements of community strength, resilience and individual wellbeing that can be used to measure impact of community-strengthening activity.

SCIE mirrored the other strands of work in the programme by exploring these two themes through engaging with two different areas within the existing personalised care demonstrator areas in the north of England: York and Wakefield.

This work was conducted during the COVID-19 pandemic. In Wakefield this meant that stakeholders felt that they did not have the capacity to take part in a workshop and suggested we interview people instead, which we did. In York we did hold a workshop, which was held online and involved over 20 participants.

This work involved:

- a review of Wakefield and York's relevant local documents, action and evaluations
- a review of national good practice on measurement and evaluation of social prescribing and community capacity building
- interviews with strategic stakeholders – eight in Wakefield, three in York
- an online workshop with 24 strategic stakeholders in York.

## Exploring how we better align community-strengthening activity and investment by health

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The purpose of the work on aligning community-strengthening activities is to explore how we develop an aligned approach to developing and investing in social prescribing and community capacity building across health and social care in local places. This section of the report describes the overall key messages from York and Wakefield case studies and the two individual case studies.

### Key messages

#### **Developing a place-based and aligned strategy for social prescribing and community capacity building**

- Ensure that there is a clear and coherent place-based strategy for developing social prescribing, recognising the importance of community-based organisations and community assets.
- Ensure that there are representatives from the voluntary, community and social enterprise sector (VCSE) and community-based organisations on all strategic decision-making partnerships.
- Build a broad coalition of support for social prescribing and community capacity building, involving not just the local authority and VCSE, but also the police, housing and the private sector.
- Engage political and corporate leadership across sectors from the outset to help secure support for a strategic, place-based approach to improving community wellbeing that includes social prescribing at its heart.
- Ensure there is a strong commitment to co-production with the VCSE and people who use services, families and communities.

#### **Building relationships and co-production**

- Create 'safe spaces' where community-based activity and community development can flourish, such as the community anchors in Wakefield, or through online networking sessions where everyone is encouraged to speak and share their views.
- Listen before you fund – strategic leaders need to engage with local organisations and networks. In Wakefield, for instance, this has involved the lead VCSE infrastructure organisation regularly meeting and collating views from all of its members, and sharing these with strategic leaders.
- Invest in connectors and relationship-building, e.g. through holding regular forums between the council, the NHS and local VCSE organisations.
- Invest in existing community hubs/structures, such as community anchors, but also information and advice centres and community hubs, like multi-purpose faith buildings and libraries.
- Resource the small stuff as a matter of course, through small grants initiatives.

### **Commissioning**

- Practice collaborative commissioning – encourage partnership working and sharing of local priorities between commissioners.
- Develop long-term contracts for commissioning the VCSE, giving organisations much more certainty and the ability to plan growth over the longer term.

### **Building the support of primary care**

- Use evidence when building the case for support from primary care – particularly evidence that shows impact on primary care, such as data on reductions in GP appointments or admissions to hospital.
- Ensure leaders from community capacity building organisations and the VCSE are represented on all health and social care partnership boards.

### **Measuring impact**

- Develop and agree a clear set of measures to evaluate the impact of social prescribing on communities, which are embedded in strategic performance management frameworks.

### **Workforce development**

- Trust your frontline (and communities) with resources to deliver whatever will make the difference.
- Train staff across the workforce to promote a culture where social prescribing is encouraged as part of 'What matters to you?' conversations.
- Utilise national initiatives, such as the Asset-Based Area framework, to scale up the approach systematically across the council.

### **Developing sustainable models**

- Engage primary care networks (PCNs) early, individually, and over a sustained period to grow their support and involvement in the shaping of social prescribing.
- Encourage other statutory and non-statutory organisations to fund and support social prescribing, something which York is doing through the engagement of the police and housing in the further development of its local approach.
- Ensure that PCNs are strongly linked into community capacity building efforts.

### **Key learning**

The case studies conducted by SCIE on developing and testing ways to encourage better alignment of current community-strengthening activity and investment identified a number of key lessons for local organisations working with communities. These were:

- Start where the energy is and build on existing partnerships – don't invent new structures when you already have these working well and in place.
- Leaders need to take the time to visit other organisations and services to build a better understanding of their operating environment and cultures.
- A key enabler is having a clear framework and set of guiding principles for the scope of work and decision making at each level of the wider.

- Map local assets and resources, thinking broadly about what resources exist within the community and can be involved in social prescribing.
- Explore opportunities to bring workers together to develop a shared culture and approach, including joint training.
- Ensure that contracts and grants require investment in volunteering, social action and community development.
- Involve local citizens and communities in the governance and decision making on community-strengthening activities, especially people with lived experience.
- Have a clear set of outcomes and measures in place to understand and track impact – evidence is important to building the case for investment in later years.
- It is important to ensure that any measure of impact that is developed:
  - is proportionate, concentrating on the most important areas of impact
  - is simple to use
  - is salient to NHS commissioners and clinicians
  - takes account of inequalities
  - includes measures which are both qualitative and quantitative
  - can be tailored to local contexts.

## City of York

The City of York is a unitary authority area at the confluence of the rivers Ouse and Foss in England. At the 2011 census, the borough population was 198,051 and the population of the city was 153,717. The city has long-standing buildings and structures, such as a minster, castle and ancient city walls.

### Strategic approach

The City of York's approach to social prescribing is guided by a clear place-based approach to improving community wellbeing. A pioneer in the early development of social prescribing, the development of the UPC comprehensive model viewed simply as a further evolution of an already strong and well-developed city-wide approach.

In 2016, City of York Council, led by adult social care, introduced a new 'community operating model' as an enabler of the council-wide vision of supporting people to enjoy healthy, active and independent lives. It is based on giving people in York control over how they manage their social care needs, with a strong emphasis on the use of personal and community assets and working in partnership using the principles of co-production.

*'We went where the energy was strongest – we have been working on community development for years.'*

**City of York stakeholder**

This model is underpinned by a commitment to developing an asset-based area, building on a framework developed by Think Local Act Personal in 2017<sup>1</sup>.

The driving philosophy is described as such:

*'In an age of austerity increasing attention is often paid to what councils and the NHS "cannot" do, making it vital to gain some clarity on what the organisations and people of an area "can" do. Reflecting principles of co-production, every area and its citizens can achieve more when they combine their expertise, time, creativity and resources.'*

This approach has been taken forward through the development of the new volunteering and social action strategy in the city – People Helping People – and York becoming a city of Service in November 2017, where it works in collaboration with communities and citizens to respond to shared city priorities.

*'We are on a journey to becoming an asset-based place. In this context, the local authority and other statutory partners are facilitators. We can help bring people together, provide some of the resources - the buildings and infrastructure - and even in tough financial times, we can provide some of the money.'*

**Joe Micheli, Head of Commissioning, City of York Council**

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<sup>1</sup> York has the potential to become a truly asset-based place, Featured article – 17 July 2017

Martin Farran, Corporate Director of Health, Housing and Adult Social Care, City of York Council:

<https://www.scie.org.uk/future-of-care/asset-based-places/blogs/asset-based-York>



City of York's People Helping People initiative seeks to address health inequalities and achieve positive health and wellbeing outcomes through inclusion, civic engagement and relationship building.

This way of working is supported through a range of initiatives including local area coordination, an investment in volunteering, the development of Shared Lives and support for social enterprises like Good Gym, that help tackle social isolation.

Leadership of a city-wide approach is provided through the city's Health and Wellbeing Board, which has been closely involved in developing the community operating model, and in scrutinising its progress.

Elsewhere, there are other boards, such as the Local Areas Coordinators Strategy Group, which come together to join up thinking and planning in relation to all aspects of community capacity building, including social prescribing.

### **Development of social prescribing**

The City of York has a long-standing social prescribing programme called Ways to Wellbeing, which has received national recognition for its work on improving wellbeing and developing communities.

Based on an asset-based approach, Ways to Wellbeing seeks to promote collaboration, improved relationships, and explore with people what is meaningful to them and helping them find their own ways to wellbeing.

With the introduction of new NHS funding for social prescribing, the City of York has sought to build on the existing service, and bring together social prescribing under the management of a single organisation, York CVS. This was thought to be necessary to ensure that there were not competing schemes within the city, and that there was a strong level of VCSE involvement in the further development of the scheme.

Developing a single model for social prescribing in the city has been far from straightforward. From the outset, different primary care leaders had different views on what they wanted to achieve through social prescribing, and it was not clear if a single way forward would be agreed.

*'It was really difficult convincing the GPs to back our plans. It almost fell apart. It was critical that I developed a really good relationship with one of the most influential local GPs who became an ally.'*

**Manager, York CVS**

The primary care leaders were won round through a combination of strong relationship building – the CVS leaders, supported by some of the GPs and the local authority took the time to meet each GP and discuss the benefits of link workers coming under one programme – and by making an evidence-based case for a VCSE-led approach. Here it was felt that presenting clear and compelling evidence that resonates with primary care leaders is important to winning over sceptical GPs to a new approach.

### **Co-production**

York local authority signed up to a commitment to co-production in adult social care in 2016, and has since developed this further through the community operating model. Co-production is the equal involvement of citizens in the design, delivery and evaluation of services.

In the city, co-production takes place both strategically, for instance through an older person's assembly, and through individual programmes and services, such as local area coordination and social prescribing.

Ways to Wellbeing was originally codesigned with local people, and has continued to be underpinned by co-production ever since. This has ensured that the initiative reflects the needs and aspirations of local people but has also been able to successfully tap into the ideas and creativity of local citizens.

### **Integrating funding**

In York there has been a place-based strategic approach to funding for social prescribing. Budgets like the Better Care Fund – a programme spanning NHS and local government which seeks to join-up health and social care services – which are deliberately designed to fund cross health and social care activity, have been utilised to support the development of social prescribing, and other relevant community-based activity. For instance, the funding for the Ways to Wellbeing small grants initiative, which funds many organisations that social prescribing link workers direct people to, comes from the Better Care Fund.

### **Investment in VCSE**

The York approach to developing community well-being and capacity, is underpinned by a commitment to shifting greater levels of investment and activity into the community. In York the new community operating model supports the cross-sector-wide vision of supporting people to enjoy healthy, active and independent lives.

As part of this vision, the Council invested £225,000 over three years in local ward committees, which have been distributed in grants to help deliver health and social care outcomes. According to the Council, this has positively resulted in a variety of local social action projects being developed, including a number of befriending schemes, grants to voluntary and community sector (VCS) groups and support to community activity including coffee mornings and social connection activity, helping to address loneliness and isolation.

### **Measuring impact**

The leaders who have responsibility for the future development of social prescribing are committed to developing a strong evidence base of the impact of the scheme. This includes not just racking the impact of social prescribing against critical measures like its impact on GP appointments and increase reported wellbeing, but also looking at its overall cost effectiveness.

### **Key learning**

- Start where the energy is and build on existing partnerships – don't invent new structures when you already have these working well and in place.
- A key enabler in York is having a clear framework and set of guiding principles – the community operating model – for the scope of work and decision making at each level of the wider system.
- Have a clear set of outcomes and measures in place to understand and track impact – evidence is important to building the case for investment in later years.
- Effective place-based leaders are moving their thinking beyond traditional health and social care to develop a shared understanding of their combined resources and assets,

including the police, housing and the private sector, and then are using this as the basis for joint action.

## Wakefield

Wakefield Council, also known as Wakefield Metropolitan District Council, is the local authority of the City of Wakefield in West Yorkshire. The size of the resident population of Wakefield district is estimated to be in the region of 332,000, making the district the 18<sup>th</sup> largest local authority in England and Wales.

### A strategic approach to health and wellbeing

Wakefield Council, along with its partners in the NHS and the VCSE, has developed a place-based strategy for improving health, wellbeing and community resilience. This involves an investment in a range of initiatives including community anchors, community-based hubs, better information and advice, and a thriving VCSE. Social prescribing, delivered through Live Well Wakefield, sits as a central plank of this vision.

*‘We live our lives in neighbourhoods – so it makes sense for them to be the starting point for how we think about services. Working at a neighbourhood level – with communities who understand both the challenges local people face and the strengths they have to overcome them – can help find creative solutions to seemingly insurmountable problems.’*

***Anna Hartley, Director of Public health, Wakefield Council***

The vision for social prescribing is very much based on this single, coherent vision for the future of Wakefield, avoiding the development of a range of potentially competing services – one based within the NHS, and the others in the community – and ensuring that what money is available is invested strategically into growing community capacity. Ultimately, this vision recognises the social prescribing does not grow without a vibrant community sector and volunteers.

### Social prescribing programme

Live Well Wakefield is a social wellbeing service launched on 1 April 2017. It was commissioned by Wakefield Council and jointly delivered by Nova Wakefield District and South West Yorkshire Partnership NHS Foundation Trust.

The service is for all adults over the ages of 18 who are Wakefield district residents in need of information, advice and support in coping with everyday life. The team recognise that there are many things that can affect people’s ability to feel healthy and remain independent, so the service focuses on:

- Supporting people to cope with their long-term conditions; or those of someone they may care for; increasing independence to enable and empower people to self-manage their own health and wellbeing.
- Reducing social isolation; supporting those who are feeling lonely and looking for social opportunities to get more involved in the community.
- Signposting people with social, emotional or practical needs to a range of local services, often provided by the voluntary and community sector.
- Promoting a holistic approach to health and wellbeing by focusing on the wider determinants of health and supporting people to access relevant services, e.g. housing,

welfare advice and employment programmes, as well as health promotion services such as smoking cessation and physical activity.

### **Working with primary care**

In Wakefield the PCNs have agreed to pass their funding for link workers over to Nova, the umbrella body which was already delivering the town's social prescribing scheme. To get to this point, a huge amount of engagement was required at the strategic level to convince PCNs of the case to build a single social prescribing service based in the voluntary sector.

To make this happen, senior leaders, including the Director of Public Health, held meetings with PCN Clinical Directors to discuss the merits of a VCSE-led programme, and of the benefits this would bring to primary care.

A task and finish group comprising leaders from public health, Nova and some primary care organisations was also formed to drive this forward:

*'What we needed to do was develop a plan. So we formed a task and finish group to make this happened. This involved clearly aligning our case that the link workers needed to be embedded within the existing service, to their primary care network priorities and outcomes.'*

***Pam Shepperd, Personalised Care Manager, Wakefield CCG***

Although the PCNs in the town had different perspectives to begin with, the approach was successful in convincing them to pass through the funding for link workers to Nova.

### **Strategic commissioning**

A new commissioning approach has been adopted in Wakefield, which aims to dramatically increase the overall investment going into the VCSE and more specifically social prescribing.

In a shift from a more traditional 'procurement' model, this is a more transformative approach which involves collaboration with partners to design commissioning specifications and contracts and a focus on outcomes.

Key actions have included:

- Shifting from short-term to longer-term contracts for social prescribing, which have given the local VCSE more security and certainty and enabled them to plan for the longer term.
- Ensuring that contracts adhere to the Social Value Act, encouraging more investment in local VCSE organisations.
- Building in a commitment to grow volunteering into contracts.

*'We also ensure that all of our procurement contracts have explicit scored criteria for promoting volunteering and maximising the "Wakefield pound".'*

***Anna Harley, Director Public Health, Wakefield Council***

### **Investment in the VCSE**

Key to Wakefield's strategy for the community sector and promoting wellbeing is its investment in a strong local infrastructure body: Nova. Nova has a critical role in providing overall coordination, championing, training and commissioning support for the sector, as it's seen as central to the VCSE relationship with public health and has contributed massively to

extending the role of the VCSE in service delivery. For instance, Nova employs a health and social care advisor who works to ensure that the sector's views are included in strategic planning and service delivery. As an organisation, it also acts as a conduit for concerns and issues from the wider sector, regularly surveying the sector and ensuring that these views are presented to strategic leaders.

As well as running the social prescribing service, Nova also operates a Small Grants Fund, the overarching aim of which is to provide one-off grants for voluntary and community groups working with people to improve health and wellbeing. The fund is designed to provide an infrastructure across the district which joins up statutory and third sector services around the needs of the individual and supports people to live independently.

### **Development of community anchors**

A central plank of Wakefield's approach to improving the wellbeing of communities is the creation of community anchors. Community anchor organisations are:

- a driving force in community renewal at neighbourhood level
- independent, often registered charities, and are based in geographically defined neighbourhoods.

Based in local faith-based organisations or community centres, these multi-purpose facilities are used by the local community for various reasons, providing activities which align with the **Five Ways to Wellbeing**. The centres play host to a variety of clubs, classes, events and meet-ups which are suitable for older people in Wakefield district, and can help people to stay active and socialise with other like-minded individuals.

During COVID-19, many of the hubs were turned into community hubs to support communities during the pandemic, as depicted in the infographic below.

# Wakefield District Covid-19 Community Hubs

Data up to 27 June 2020



## Integrated information systems

The separation of social prescribers from the NHS was seen as a potential downside of a VCSE-led approach, and as a consequence, the leadership team argued from the beginning for all link workers to have access to the same information systems.

In what is still unusual in the sector, all link workers in Wakefield have access and permission to use the NHS and GP software and shared records. They also work off the same information directory which enables them to quickly signpost people to the right local services.

As part of the workforce development, increasingly jointly training staff from across the different agencies – primary care, VCSE, housing and local authority – is seen as important. Joint training builds mutual understanding and ensures that there is a more consistent approach across agencies.

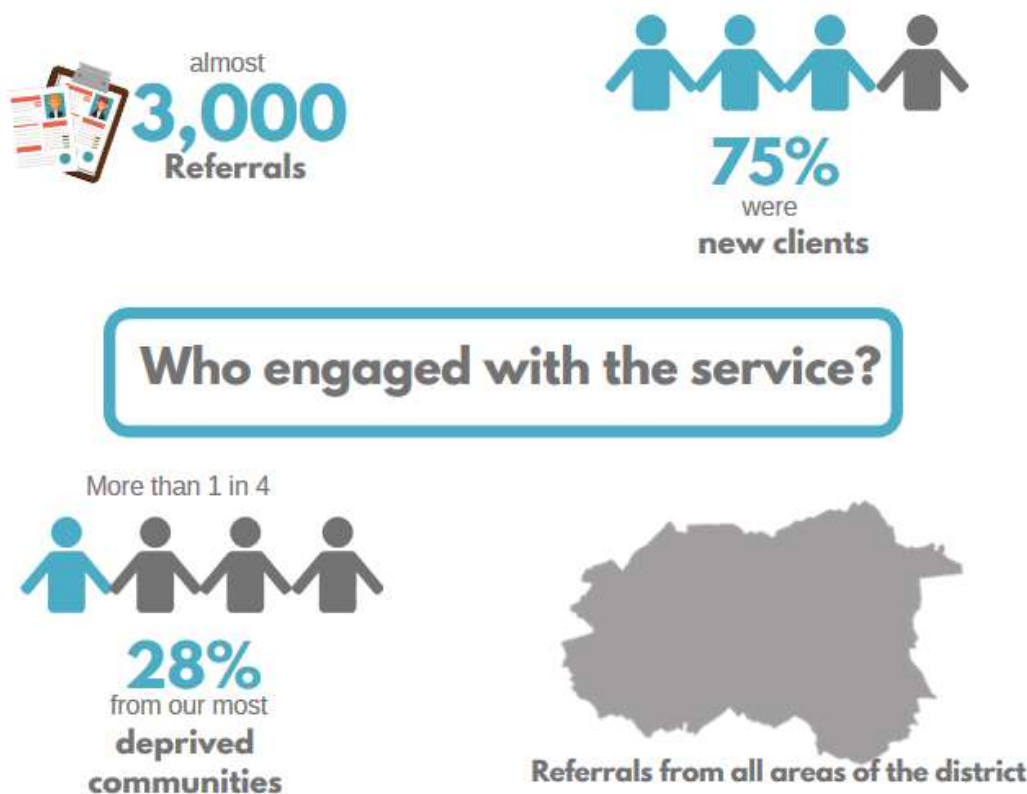
## Measuring impact

There has been a considerable investment of effort in recent years in Wakefield to build up the evidence-base on the impact of social prescribing. As part of its efforts to better

understand its impact, a new **social prescribing assessment tool** was created by the Live Well Wakefield service in partnership with West Wakefield Health & Wellbeing Ltd, which has subsequently been endorsed by the National Institute for Health and Care Excellence (NICE).

The tool comprises a series of questions that identify the extent to which older people are involved in activities and can manage their daily living requirements. It consists of five sections based on the New Economics Foundation's five ways to wellbeing and each section contains five questions that support the recommendations within **NICE Guidance NG32**. By asking the series of questions within an individual's home environment, the user can gain a greater understanding of how the person is managing. Where there are low scores, the worker can then work with the individual to address any difficulties they face.

Wakefield's social prescribing team have also sought to improve their understanding of the impact of the programme on health inequalities. In their latest evaluation, they have sought to analyse the impact of the service on those living in the most deprived communities, as depicted below.



### Key learning

- Develop a clear and robust framework for evaluating the impact of social prescribing and community-strengthening activity – the resulting evidence is crucial to convincing commissions to fund new developments.
- Leaders need to take the time to visit other organisations and services to build a better understanding of their operating environment and cultures.

- Leaders from across the NHS and other agencies should take the time to get to know each other, e.g. through workshops and away days – relationships are key to success.
- Community anchor organisations – a fixed community building which local people know and identify with – can be critical building blocks in developing a successful social prescribing approach.
- Exploit opportunities within commissioning and grant giving to boost investment in volunteering, social action, and community development.
- Explore opportunities to bring workers together to develop a shared culture and approach, including through joint training.



## Measurement

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To understand different approaches to measurement of wellbeing, resilience and community assets, SCIE reviewed a number of documents. We also looked at the impact measures and evaluations being produced by the City of York and Wakefield. These are set out in **Appendix**. In developing a proposed basket of metrics, one of the documents we have drawn most heavily on is SCIE's report for NHS England Personalised Care Group on **Evaluating Personalised Care**, which mapped some of the measures that are most critical to clinical commissioning groups (CCGs) and primary care.

### Principles informing approach to measures

In discussions with the programme team and other stakeholders, it was felt that it was important that the selection of possible measures is informed by a clear set of principles:

- proportionate, concentrating on the most important areas of impact
- simple to use
- are salient to NHS commissioners and clinicians
- take account of inequalities
- include measures which are both qualitative and quantitative
- can be tailored to local contexts.

### Indicative basket of measures

The basket of measures is presented in relation to four main domains:

1. Building community strengths and assets.
2. Improving health and wellbeing.
3. Enhancing community connections.
4. Reducing inequalities.

Domain	Outcome	Metric
<b>1. Building community strengths and assets</b>	Demonstrable representation of capacity building and VCSE on strategic leadership, planning and commissioning boards.	Number of VCSE representatives sitting on Health and Wellbeing Board, Integrated Care Partnership Board, Joint Commissioning Board.
	Levels local government and NHS budget funding received by VCSE.	Total allocation of funding (local authority and NHS) – commissioned and grant – to the VCSE.
	Increased volunteering.	Proportion of time people give to volunteering.
	Demonstrable programme of asset-based community development.	<ul style="list-style-type: none"> <li>• There is a strategy for asset-based working.</li> <li>• Clear investment in asset-based models, e.g. local area coordination, Shared Lives, key ring etc.</li> </ul>
<b>2. Health and wellbeing</b>	People's wellbeing improves.	Short Warwick-Edinburgh Mental Wellbeing scale.
	People have increased choice and control over their own lives.	Proportion of people who use services who have control over their daily life (ASCOF).
	Reduced demand for primary care.	Reduced number of GP appointments/consultations.
	Reduced demand for hospital care	Reduced number of unplanned / emergency admissions.
<b>3. Enhancing community connections</b>	Reduction in loneliness.	Campaign to End Loneliness Measure.
	Increased friendships.	Friendship – number of friends people have (Shared Lives).
<b>4. Reducing inequalities</b>	People from disadvantaged communities benefit from social prescribing.	Number of referrals there were for people living in the most deprived areas (Wakefield).
	People from black, Asian	Number of black, Asian and

	and minority ethnic (BAME) communities experience improved wellbeing	minority ethnic (BAME) people referred into social prescribing report higher wellbeing.
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## Appendix: Sources of evidence

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- [How would we know that an area had become asset-based?](#) (Alex Fox/SCIE, 2020)
- [Evaluating personalised care](#) (SCIE/NHS England, 2020)
- [Live Well Wakefield: A service evaluation looking at the impact of Live Well, 2020](#) (Unpublished)
- [Making it Real Framework](#) (TLAP, 2019)
- [Six principles for engaging people and communities](#) (National Voices, 2016)
- [Meaningful measurement](#) (Nesta, 2020)
- [Five ways to wellbeing](#) (New Economics Foundation, 2008)
- [Social prescribing: less rhetoric and more reality. A systematic review of the evidence](#) (BMJ, 2016)
- [York an evolving asset-based rea](#) (City of York, 2018)
- [Asset-based area 2.0](#) (TLAP, 2020)
- [Measurement tool](#) (My Shared Life, 2020)