Health Innovation East

Improving lives together
Norfolk and Waveney Integrated Care System

EVALUATION OF SOCIAL PRESCRIBING AND ONE-OFF PERSONAL HEALTH BUDGETS IN NORFOLK AND WAVENEY INTEGRATED CARE BOARD: AN OVERVIEW

Social Prescribing service:

The Norfolk and Waveney Integrated Care Board (ICB) Social Prescribing service accepts referrals from various secondary care services, such as the emergency department (A&E), community discharge, and elective care via a single point of access. The Social Prescribing service provides personalised advice and the opportunity to connect patients to activities, groups, and services in their community, allowing choice and control of person-centred outcomes. Additionally, One-Off Personal Health Budget (OOPHB) payments are available to provide patients with the support they need to leave the hospital safely, in the form of goods, a service, or redress.

Evaluation approach:

The Health Innovation East evaluation aimed to better understand the implementation of social prescribing within secondary care in Norfolk and Waveney and to identify challenges, enablers, and opportunities that can help improve future implementation, delivery, and sustainability of social prescribing initiatives and services.
Objectives:

1. To identify the population who are accessing the social prescribing service.
2. To describe the activity completed and support provided to patients.
3. To explore outcomes for patients, the service, and the wider system.

Findings are based on a mixed-methods analysis of data collected from November 2022 – November 2023. Quantitative data was collected by the social prescribing team through monitoring of 382 patients who engaged in the service and a survey of 59 staff. Qualitative data was obtained from semi-structured interviews involving eleven healthcare and management staff from across secondary care sector organisations.

Key Findings

Data related to patients presenting to the service and outcomes showed:
Synergy with the ICB's Core20plus5 priorities: 21% of patients were from the 20% most deprived areas in England and 76% of the top presenting conditions aligned with target co-morbidities.

Admission avoidance and expedited discharge: A total of 2032 bed days have been saved by the service leading to cost savings and only 7% of patients were re-admitted to the hospital within 90 days, compared to the Norfolk & Waveney average for emergency admissions at 12.6% in 30 days.

OOPHB facilitates practical solutions: The availability of the OOPHB enabled needs-based, person-centred individualised purchases of goods and services.

Personalised approach to care: 34% of social prescribing activities related to patients' environment, and an additional 13% addressed financial needs.

Health Innovation East is a business name of Eastern Academic Health Science Network which is registered in England as a company limited by guarantee with company number 08530726. Registered office is at Unit C, Magog Court, Shelford Bottom, Cambridge, CB2 3AD, England.

Staff satisfaction: Staff referring into the service said patients' needs were met for 98% of referrals made and 58% would not have been able to provide the required patient support without the service.

Key stakeholders provided a deeper understanding of the implementation and delivery of the service during this pilot through the interviews:

Recognition of the goals for the social prescribing and OOPHB service

- To **minimise the reliance on acute care** services by addressing the root causes of health and wellbeing needs.
- **Streamlining support for safe and timely discharge** to facilitate flow from hospital to home, utilising community-based support as required. **Alleviate secondary care pressure** through equitable access and multidisciplinary collaboration.

The need for a strategic approach to planning, implementation and sustainability

- Building professional relationships.
- Raising awareness and establishing efficient processes for seamless integration and culture change of social prescribing into secondary care.
- Visibility of the social prescribers in each setting ensuring a streamlined referral pathway facilitating an efficient process.

Stakeholder involvement was diverse, encompassing professionals from across the local Integrated Care System including voluntary sector partners.

Key successes within the implementation were identified and included:

- The use of a OOPHB to support personalised, practical solutions freeing up resources and beds within the wider system. This solution should be considered within the core budget.
- Streamlining of the referral process, which was facilitated by the introduction of case management system Joy.

Challenges for implementation reflected the complexity of integrating an innovative approach into established healthcare systems:

- Securing ongoing commitment from the ICB was seen as critical to success and sustainability of the service.
- Information Governance and Information Technology complexities impacted start-up of the service and continuous sharing of information between providers.
- Limited referrals during early implementation linked to the need for growth in understanding and developing the culture around the service.
- Recruitment hurdles due to stepped onboarding and fixed-term contracts.

Recommendations:

Lessons learned provide opportunities for future delivery of the social prescribing OOPHB initiative. There is a critical need to

- **Secure continuous funding** to sustain and extend social prescribing in secondary care.
- **Integrate social prescribers** into key delivery teams within secondary care.
- **Address the knowledge gap** among healthcare professionals around what social prescribing is and the benefits a OOPHB brings to the individual.
- **Develop a robust funding and implementation strategy** that will continue to develop social prescribing services that support the wider determinants of health.
- **Embed a thorough and standardised evaluation process** utilising effective data collection systems, such as Joy, and a more effective approach to recording a nuanced understanding of associated costs.