Case study template

for Social Prescribing VCSE benefits realisation project

Name of organisation	Living Well Sefton / Sefton CVS
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CASE STUDY illustrating cross sector approaches to Social Prescribing	
Summary – up to 150 words	When South Sefton PCNs rolled out Social Prescribing they had already been part of a successful pilot project to put health and wellbeing mentors in 6 surgeries in their area, which includes some of the most deprived wards in the North West. They commissioned Living Well Sefton, a Public Health funded integrated wellness service, sat in the Local Infrastructure Organisation, Sefton CVS, who already had a strong presence in health and wellbeing activity and were represented on several strategic health partnerships. The pilot program had many reported positive outcomes including a decrease in GP appointments for specific clients in one surgery, and better links between local VCSE organisations and surgery staff. It was only natural that the other PCNS across 2 Clinical Commissioning Group (CCG) areas turned to Living Well Sefton to then lead the NHSE directed Social Prescribing work and host the Social Prescribing Link Workers (SPLWs). They jointly developed a model which included other VCSE sector organisiaotns as hosts and embedded the Social Prescribing Service within Living Well Service, (LWS) to best utilise the support from a range of LWS commissioned partners, who delivered activity and health and wellbeing support. Over the following 3 years, the Social Prescribing service grew with additional SPLWs recruited and the landscape changed, with PCNs merging and changing leadership and the CCGs moving into the ICS structure, but the key principal of joint working across partners in the health system remained crucial to the success of the program in Sefton and brought increased opportunities for Social Prescribing to thrive and become embedded in the health system.
Ambition	All strategic partners including PCN clinical directors and managers, Public Health, the Local Infrastructure Organisation and other VCSE representatives shared a vision of Social Prescribing programme embedded in the VCSE, to best utilise the assets that already existed in health and wellbeing delivery in Sefton. The best outcomes for clients were paramount and the use of the rich assets that existed in the community were seen as the key to success.

	'Early on in the development of PCNs across Sefton, partners across the borough came together to consider the best approach to delivering social prescribing as a Sefton-wide offer to maximise the benefits of existing schemes and the skills/experience within our voluntary sector. The now well-established programme is an excellent example of collaboration between health and VCSE partners and has gone from strength to strength since its inception, delivering benefits to patients across Sefton, providing valuable additional skillsets in primary care together with strong partnership working that continues to evolve and respond to the changing landscape.' **Clare Touhey, Primary Care Network Manager, Southport and Formby**
Action taken	LWS, with the support of the existing structures within Sefton CVS was commissioned to deliver the program and encouraged by the PCNs and CCG to open the opportunity of hosting to other VCSE organisations so an application process was undertaken with 2 VCSE organisations (the Carers' Centre in South Sefton and a Health and Wellbeing charity working in North Sefton) securing the hosting of 5 SPLWS, with strategic support coming from LWS. This resulted in a joined up service that included broad representation from the VCSE sector and also integration within Sefton CVS where High Intensity User; Hospital Discharge and Macmillan 'Here for You' Services sit, as well as Community Development teams. Some of the additional practical benefits of this arrangement are: • Regular Sefton CVS Health Teams meetings take place for all roles to network, share experiences and challenges • Sharing the CRM of Living Well Sefton Health and Wellbeing trainers so seamless referrals on to these 6 services including CAB, Smoking Cessation, Cares Centre and other specialist health and wellbeing support in VCSE organisations could take place • Full access to the LIO directory of over 1000 community based services • Access to EMIS for all SPLWs with a data sharing agreement with LWS and other Sefton CVS services already in place The joined up approach at strategic level saw additional funding support: • Equipment and additional expenses for first 2 years was funded through CCGs • Training costs covered from PCN and GP Federation budgets, enabling SPLWs to attend high quality relevant training as opportunities arose, such as Management and Leadership for Social Prescribing' and Solution Focussed training provided by the local Clinical Psychologist Service in Lancs and South Cumbria Trust; South West Yorkshire Leadership Programme for 3 SPLWs-funded.

Result *Outline the results of the action taken. What were the outcomes? Who did it benefit and how? For example PCN staff; clients; SPLW's retention; increased investment…*	A mature system, growing in line with need and flexible to changes in the wider landscape. Benefits to SPLWs through good and regular supervision, peer network support, development of mental health hub enabling close working relationships with clinical staff. Benefits to VCSE organisations providing activity and LWS partners with increased referral rates and ability to focus on specific areas of expertise and share learning across Ultimately, good outcomes for clients experiencing a joined up system with a no wrong door approach as demonstrated in this client's story: *'Jane* was referred to the Social Prescribing service by her GP after her mental health had seriously declined, triggered by a relationship ending. She was no longer caring for herself in terms of washing, bathing etc. and had not left home in around a year. Her flat had become overrun with rubbish and detritus. Jane relied on takeaways, refusing visits from friends and family. She could not go anywhere alone due to high levels of anxiety. Covid meant Jane's family and friends had not realised how bad things had become for her. The SPLW worked with the Living Well partners and this was a really important step to supporting Jane towards recovery.* *Jane was referred to the CAB for support with benefits as she had never claimed before. They supported her to apply for PIP which meant she had a regular income coming in and relived some financial pressure.* *Jane's Social Prescriber linked her in with services including Households into Work and Volunteering at Sefton CVS. They used 'walk and talks' to try to get Jane out into nature and get her used to doing everyday things again like shopping, going to the post office etc. Jane was referred to the Swan Centre for continued support around getting out of the house and reducing social isolation. Jane was linked in with a volunteer befriender from the Swan centre. January 2023 will mark a year of their working together.* *Things have changed a lot for Jane; she has regained confidence in herself and continues to work on her mental health. She hopes to begin some volunteering locally soon and is even thinking of returning to work.'* **name has been changed*
Next steps *Summarise any next steps. For example, how will the organisation maintain the momentum of the action taken so far or how will they monitor the success of the actions or how do they intend to*	Change in hosting arrangements as Sefton Carers centre gave up the roles after a year but maintain close links across the partnership and provide Carers Awareness training to SPLWs, so now 2 host organisations covering 2 main geographical areas of Sefton. Supporting Talking Matters Sefton service by having an SPLW present one day per month to help develop communications with IAPT services. Working with TAPPS (Trainee Assistant Psychology Practitioners) in South Sefton so there is a streamlined approach to supporting low level mental health. Mental Health Hub has developed in South Sefton that SPLWs are now part of.

build on/create new initiatives.	Health and Wellbeing coach role developed in North Sefton and will be based in a surgery with high referral numbers. Working closely with the SPLW who is piloting being based within the surgery also.
Any other information *Please detail here any further information that is relevant to the case study such as contact details, links for more information.*	https://seftoncvs.org.uk/project/socialprescribing/ https://seftoncvs.org.uk/project/living-well-sefton/ SPLW Leaflet.pdf