Public Health England

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Wellbeing Exeter: Social Prescribing Meets Asset-based Community Development

Which family of community centred approaches does your project relate to?			
Strengthening communities	Volunteer and peer roles	Collaborations and partnerships	Access to community resources
X community development □ asset based methods □ social network approaches	□ bridging □ peer interventions □ peer support □ peer education/mentoring □ volunteer health roles	□ community-based participatory research □ area-based initiatives □ community engagement in planning □ co-production projects	**X pathways to participation** □ community hubs □ community-based commissioning

1) Title and author

Wellbeing Exeter Social Prescribing
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Wellbeing Exeter is a strand of Integrated Care for Exeter (ICE), a strategic alliance of public and voluntary sector organisations working together to provide the infrastructure and architecture for designing and delivering improved outcomes for patients and reduced pressure on local health statutory sector services.

Devon County Council, Royal Devon & Exeter NHS FT, New Devon CCG, Exeter City Council, Devon Community Foundation, Age UK Exeter, Exeter Community Initiatives, Westbank Community Health and Care, Exeter CVS, Estuary League of Friends, Westbank Surgery.

2) Brief summary

Wellbeing Exeter is a partnership pilot, working at scale to deliver a whole-system approach to social prescribing in combination with asset-based community development.

3) What was the timescale for the project?

The project began in pilot form in 2014, and will scale up from April 2018.

4) What was the setting and population covered?

Wellbeing Exeter is based within the city of Exeter, in Devon, initially with nine participating GP surgeries, and community builders (practitioners skilled in asset-based community development, working to stimulate and support community connection and action) in seven neighbourhoods. Planned expansion of the scheme from April 2018 will see it cover all GP surgeries in the city, with community builders in every ward. There are no set inclusion criteria – participation is open to all adults, with a focus on those visiting GPs with non-clinical difficulties, especially social isolation.

5) What were we seeking to achieve?

The pilot aimed to test whether statutory and VCSE partners could work together to successfully implement a programme which starts with a holistic consideration of the person and their social networks, their strengths and passions, and what they feel would help them improve their lives (a person-centred model). This is in contrast with a more traditional biomedical approach that treats individuals for specific conditions according to established procedures (a pathway model). We wanted to see whether and to what extent an approach which combines social prescribing through community connectors with a network of neighbourhood-based community builders improves the wellbeing of referred individuals, helps them take an active role in maintaining their health and wellbeing, and supports asset-based community action.

In the longer term, we hope to establish whether or not this model can contribute to a reduction in the use of primary care, hospital admissions, and social care services for those involved.

6) Why did we decide to take action?

An estimated 40% of visits to GPs are as a result of non-clinical problems such as social isolation, debt, poor housing, and general disconnection from community. GPs have few options for supporting these individuals, who often do not qualify for statutory help. Even within a generally healthy area like Exeter, we have significant inequalities in health and the life expectancy gap between the richest and poorest is growing. There is an increasing recognition that we need to get serious about early intervention and the prevention of ill-health to improve individual health and well-being and to reduce demand on public services.

7) What did we do?

Following a period of co-design, the following structure was put into place:

GP practices refer patients they believe would benefit from increased social activity to their trusted Community Connector (there are no set referral criteria).

The **Connector** works with the individual to identify what matters to them, and plan a way forward. Together, they start to engage with their local community. The Connector might introduce people to activities and organisations within their neighbourhoods, or support them with accessing specialist help for e.g. debt or housing problems. The average length of time a connector works with someone is around six weeks, but there is no fixed period.

Connectors are paid roles, based within one of our four current voluntary sector delivery partners, though with links to individual surgeries. They have varied experience, including social work, mental health, children and families, and benefit from the integrated, responsive training programme offered by Wellbeing Exeter.

Simultaneously, **Community Builders** work on the ground in neighbourhoods, mapping local assets, linking people, identifying opportunities, and encouraging those communities to thrive and develop. This builds communities' capacity to offer opportunities to residents for connection and interdependence. Community Builders are in turn a great resource for Community Connectors to help discover what might be on offer for participating individuals, as they have wide knowledge of very small, informal groups and initiatives. Community Builders are also paid roles, based, obviously, in their respective neighbourhoods, but managed by a single voluntary sector delivery partner. They are trained in Asset-based Community Development, and also access the WE training programme.

Devon Community Foundation act as programme managers for the partnership, and hold the small pot of seed funding for community initiatives requiring support.

8) Why did we choose this approach?

The NHS Five Year Forward View (2014) makes clear that "harnessing the renewable energy" of patients and communities is no longer a "discretionary extra" but instead is vital to the sustainability of health and care services. We felt this called for a holistic, person-centred approach to wellbeing, and that this was best achieved through new forms of partnership between the statutory and voluntary sectors.

We felt a focus on social prescribing linked with general practice needed a parallel focus on stimulating and supporting community engagement, to develop communities' capacity to maintain inclusive, grassroots activity and engagement.

9) What was the outcome?

The project has two elements, and therefore two outcome streams.

Social Prescribing

Initial evaluations of the pilot project show we are reaching those people challenged by social isolation, and are effectively supporting them to work towards lasting changes in their lives (see website). We have assessed this through a baseline questionnaire that is then repeated. This is currently in the process of revision to make it more user-friendly. We have developed a data-sharing agreement which will enable us to measure the GP visits, A&E visits, hospital admissions, and access of social care services of Wellbeing Exeter participants both before and after using the scheme, alongside a 1:1 control group. This has yet to be fully implemented.

Community Development

Devon Community Foundation has conducted a qualitative evaluation and evidence capture for the outcomes of the community building work. A report showing our growing

understanding of the ways in which this work can happen is available on the Wellbeing Exeter website. We have developed detailed baseline 'community maps' of assets, resources, individuals, spaces, groups and activities in each of our target areas, from which we will be able to measure the development of community activity. We have listened to the passions and aspirations for their neighbourhoods of over 1500 people, and have begun to work with local people to realise these plans. The next phase will document this element, and assess its impact on community cohesiveness.

10) What did we learn?

Partnerships that require organisations to work together in new ways, and especially in this case a shift in emphasis from a service-driven model to one more focused on individuals and their informal community participation, are inevitably challenging, and require careful structuring and ongoing work. A coordinator, based in Exeter CVS (a non-delivery partner), was employed to ensure smooth communication between all partners. This dedicated conduit for information, feedback and analysis has been invaluable in developing and maintaining a complex and diverse partnership, and as the project expands will become even more important.

We run a series of training events for Wellbeing Exeter staff and other interested parties, in response to their expressed needs. These are not only useful development opportunities for staff on fixed-term contracts, but also important chances for ongoing networking between community builders and connectors, building mutual understanding of roles and sharing of local information. In view of staff changes and delayed recruitment a one-off induction would not have had the same effect.

A holistic, person-centred and explicitly non-clinical approach to social prescribing, based around a wide-ranging 'good-life conversation' with an individual, has been central to the project. These conversations, often taking place in the participant's own home, and without time pressures, can be the first opportunity someone has to think and talk through how they would like their life to change, and can *in itself* be an important step forward.

The first part of the pilot social prescribing scheme was evaluated by an external consultant team, through questionnaires and a series of interviews and focus groups with participating GPs, community connectors, and participants. This enabled us to refine our processes, but also underlined the importance of involving delivery partners in the design of evaluation tools such as questionnaires. We are now revising our evaluation mechanisms in consultation with these partners to maximise participation rates. It would have been useful to have taken this approach from the outset.

We have found that those referred to WE have often presented with a complex range of challenges in addition to their need to address social isolation and lack of community engagement. For example, they may have acute housing or debt issues, or need specialist support with benefits issues. Or they may be in need of social services support, but do not meet narrowing eligibility criteria. Connectors have needed to be resourceful in finding ways to tackle these challenges before/as well as supporting participants to connect with their community and improve wellbeing. As a result we are planning additions to the scheme which will link with specialist providers of this more acute support.

Building a sustainable partnership for social prescribing at whole-city level, and then seeing positive results emerge from it takes time. Individuals process and act on their work with connectors at different rates, and it can take several months for participants to realise the full benefits of any new action. Those benefits may well not be the ones anticipated at the outset. It pays to be both patient and flexible. Scaling up work whose value lies in its local knowledge and connection is a delicate business and a clear line needs to be drawn between what needs to be integrated and uniform, and what requires local agency and variation.

11) What is the single most important one line of advice which we can give to others starting a similar project?

Take time to establish a firm partnership with clear governance, and continue to invest in these relationships as you go.

12) What is happening next with this work?

We have secured funding to expand the programme to all GP surgeries in Exeter for a two-year period from April 2018, and are seeking additional funding to allow us to trial a variety of alternative 'front doors' (referral mechanisms), including work with people about to leave prison.

Longer term we are exploring the possibilities of taking the model of Wellbeing Exeter into other parts of Devon, and are beginning to research what changes might be required to run the scheme within a rural context.

13) Where can people find out more?

The project website is: www.wellbeingexeter.co.uk. This includes a film explaining the rationale and impact of the project, and will also include links for project evaluations and reports as they are released.

Our asset-based community development work is informed by the principles set out by Cormac Russell and his colleagues at Nurture Development (http://www.nurturedevelopment.org/about-abcd)

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