bromley by bow centre

SOCIAL PRESCRIBING AT THE BROMLEY BY BOW CENTRE

Interim Report

April 2016 – September 2016

MEEBBB Social Prescribing scheme 1st April 2016 – 30th September 2016

Intro

The (Mile End East and Bromley by Bow) MEEBBB primary care network and Tower Hamlets Clinical Commissioning group (CCG) jointly funds the social prescribing scheme. The service covers five GP practices across the MEEBBB network; Bromley by Bow Health Centre, Stroudley Walk Health Centre, St Paul's Way Medical Centre, St Andrew's Health Centre, and Merchant Street Practice. Referrals are also taken from XX Place Health Centre.

This interim report details referral information for the period April 2016 to September 2016, marking the end period of the current service delivery period prior to joining the borough wide pilot approach to social prescribing in Tower Hamlets.

This six-month period of delivery has been set against some uncertainty around the funding, method and programme of roll-out of social prescribing across the borough of Tower Hamlets. Funding in place for the scheme expired at the end of September, 2016.

In August, six individual pilots were awarded funding in Tower Hamlets, of which the MEEBBB scheme (Network 6) is one, and the only voluntary sector organisation in the borough awarded funding. The remainder of the funding was awarded directly to primary care networks.

Highlights

1. The service received 339 referrals between April and September; 196 were triaged to the Health Trainers.
2. Successful referrals have been made to 29 local community services and organisations.
3. 95% of respondents to the end-of-service patient questionnaire answered 'yes' when asked if they found the face-to-face sessions with the coordinator helpful and 95% also said they would recommend the service to others.
4. Five practice/clinical meetings were attended to update to clinical teams, stimulating further referrals and sharing information of local groups and activities.
5. A new social prescribing clinic was set up at the XX Place practice, offering more localised support for people in the area.
6. Three social Prescribing seminars have been run during the 6 month period for attendees from all over the UK including clinicians, practice managers, CCGs and a wide variety of voluntary and community services.
7. The team presented at a Protected Learning Time (PLT) session along with Macmillan Social Prescribing and Fit for Life teams about engaging patients in wider community services.
8. In partnership with the Well Programme, the social prescribing coordinator launched the E3 Networking Breakfast, an informal event bringing together local providers in E3 to share ideas and strengthen their community working networks.
9. A developmental qualitative evaluation process was initiated with researchers at the centre, starting a theory of change for both the MEEBBB and MacMillan social prescribing models.
10. The Social prescribing coordinator assisted in the development of a new patient check form for a pilot running at St Andrews as part of the Well Programme work.
11. The service was supported by a Health and Social Care Administrator from the Skillsmatch Working Start scheme for a 5 month period. This supported the referral pathway and feedback administration tasks and highlighted the need for increased staffing longer term.

12. The Bromley by Bow Centre successfully submitted a detailed expression of interest, financial budget and project plan to secure on-going funding as part of the Tower Hamlets borough-wide roll out.
13. The Centre has subsequently been invited by the GP Care Group to join the steering group of the borough-wide social prescribing project and is providing ad hoc consultancy support on systems, processes and the development of the schemes and the supporting service level agreement.

MEEBBB Scheme Referral Figures

Table 1: Total referrals by month and practice – April 2016 – Sep 2016

Medical Practice	Apr	May	Jun	Jul	Aug	Sep	Totals
Bromley by Bow	14	23	17	25	26	15	**120**
St Pauls Way	11	15	13	22	19	13	**93**
Merchant Street	1	0	1	0	4	5	**11**
St Andrews	10	11	15	4	6	15	**61**
Stroudley Walk	7	8	5	3	9	2	**34**
XX Place	1	6	2	2	2	7	**20**
Total	**44**	**63**	**53**	**56**	**66**	**57**	**339**

Health trainer triage

Of the 339 referrals above, 196 patients were triaged to the Health Trainers (funded by Public Health across Tower Hamlets). The remaining 143 were handled by the social prescribing coordinator (see table 2). Of the Health Trainer cohort, 45% were successfully offered support and information by the HT service, 38% of which were supported to create a personal health plan and to engage in regular activities.

Table 2: Patients by practice managed by the social prescribing coordinator

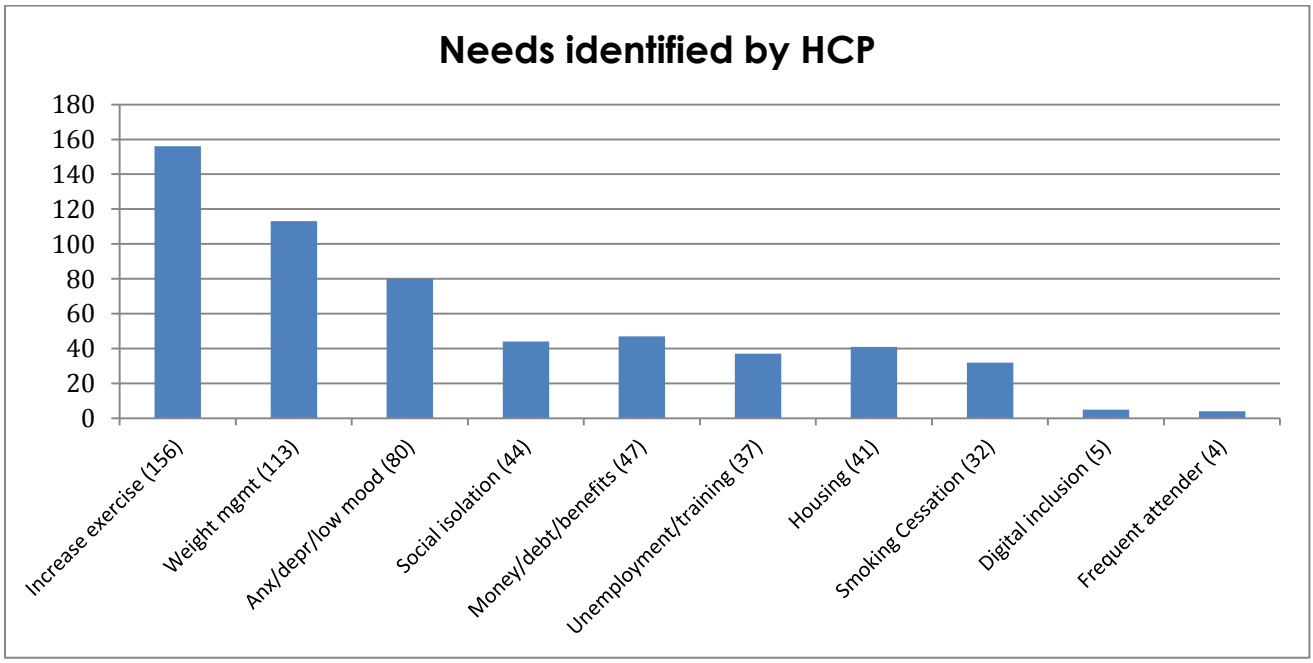
Practice	Apr	May	Jun	Jul	Aug	Sep	Totals
Bromley by	3	6	7	9	10	5	**40**
St Pauls Way	5	11	4	5	5	8	**38**
Merchant	1	0	0	0	2	4	**7**
St Andrews	7	8	7	2	1	3	**28**
Stroudley walk	2	2	3	1	5	0	**13**
XX Place	1	5	2	0	2	7	**17**
Total referred	**19**	**32**	**23**	**17**	**25**	**27**	**143**
Unable to contact/DNA	*6*	*13*	*7*	*5*	*5*	*8*	***44***
Contacted and signposted	*8*	*6*	*6*	*2*	*6*	*11*	***39***
Levels 2 and 3 1-2-1 sessions	*5*	*13*	*10*	*10*	*14*	*8*	***60***

Coordinator Referrals

Of the 143 referrals handled by the social prescribing coordinator, 39 were signposted directly to services once assessed, and 60 were seen for face to face appointments at either the Bromley by Bow Centre site or at the in-practice clinics. The remainder were people who did not engage with the service some of whom were contacted and offered appointments, but did not attend, or contact was not possible despite reasonable attempts made.

Of those triaged and seen by the coordinator 44 were triaged to Social Welfare support and 9 to Fit for Life (previously My Weigh). A further 9 were referred on to the Health Trainers after receiving support from the SPC. A full list of all services referred on to and signposted to is shown further in the report.

Chart 3: Needs of patients identified by referrer Apr 16 – Sep 16



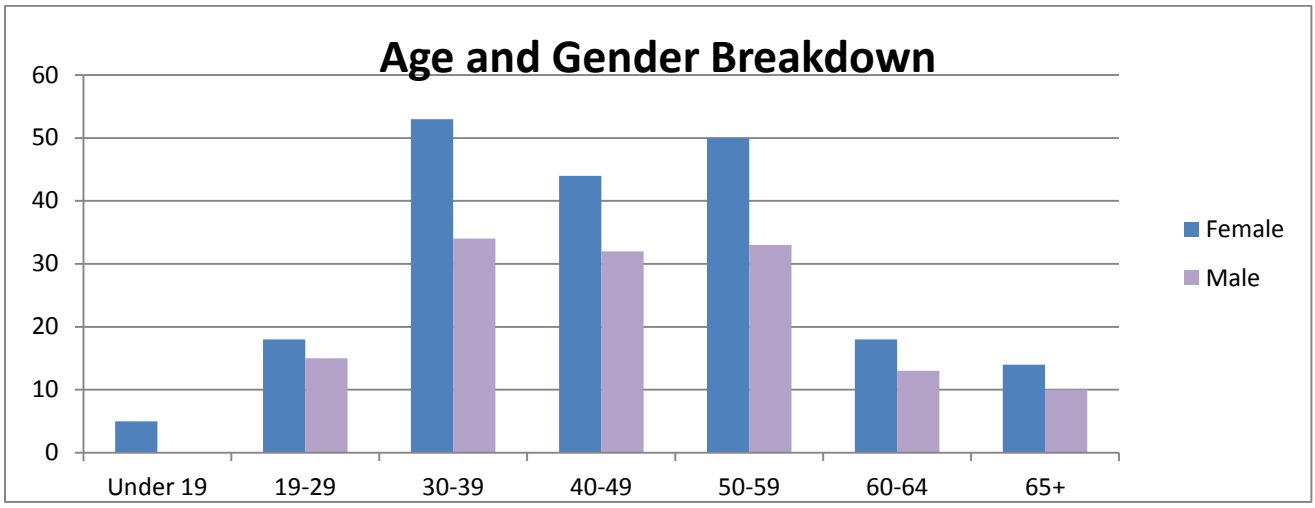
Note: Needs reported are those selected by the referrer; patients can be referred for more than one need and some referrers do not select any needs.

The spread of referrals based on need is consistent with previous reporting; the high numbers of referrals for exercise and weight management reflect the referrals triaged directly to the Health Trainers. Anxiety and low mood are often selected in conjunction with social welfare needs, illustrating the impact of difficult living circumstances on mental wellbeing. Additionally it is worth noting that people often discuss low mood or feelings of worry during face to face appointments when this may not have been selected as a need by the referrer.

Long term health conditions identified by referrer

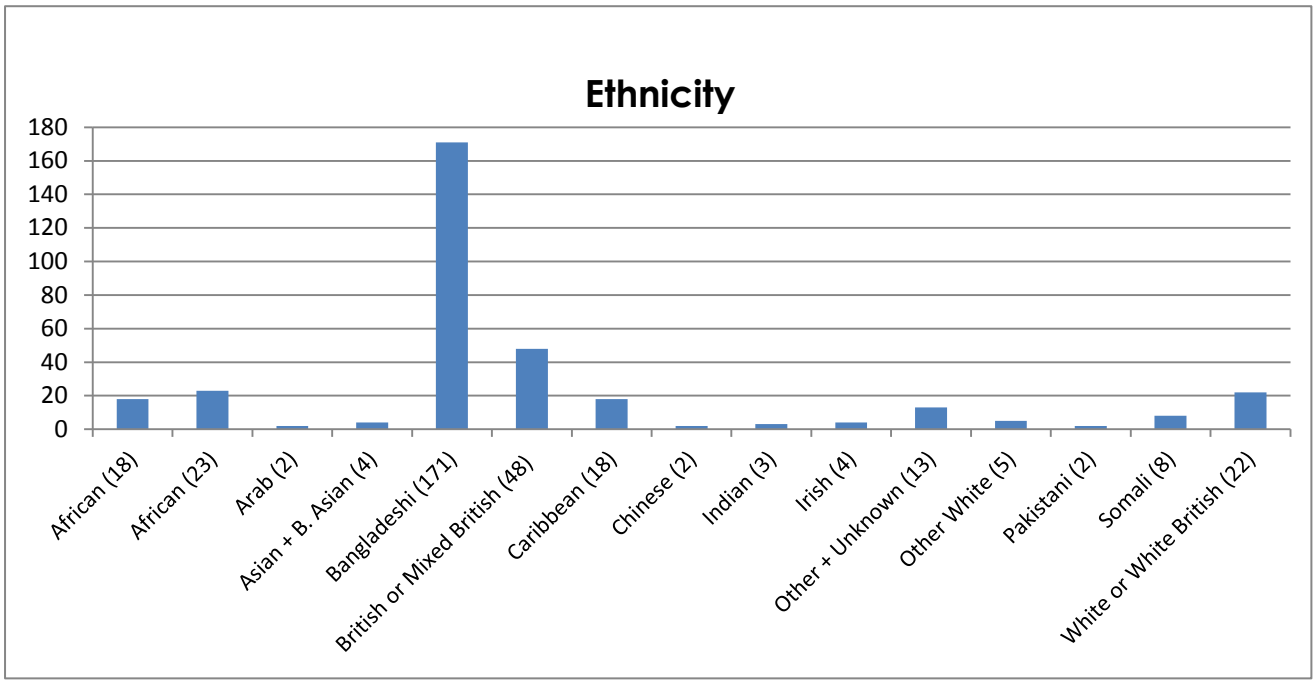
Of the patients managed directly by the coordinator 37% were reported to have an identifiable long term health condition including diabetes, epilepsy, osteoarthritis, asthma or COPD. Reported separately to identified needs, as discussed above, 23% were reported to be experiencing mental health issues including anxiety, depression, bipolar and personality disorder. A high 41% were reported as not having a LTC or the field was left blank. Whilst not classified as a long term condition as such, several referrals list chronic pain as a significant factor on the referral form.

Chart 4: Age and gender breakdown of referrals Apr 16 – Sep 16



Of the patients referred, 60% were female and 40% male which is consistent with previous referral patterns.

Chart 5: Ethnicity breakdown of referrals Apr 16 – Sep 16



In line with previous figures 50% of people referred are Bangladeshi or British Bangladeshi which is higher than the Tower Hamlets Bangladeshi population of 31%, reflecting the local community within which this service sits. The category 'Other + Unknown' consists of both those with no ethnicity stated and ethnic categories with just one or two people including Polish, Turkish, Vietnamese, Moroccan and Cypriot. The ethnicities stated are those reported by the referring health care professionals.

Clinical Engagement

A new social prescribing clinic was set up at XX Place to offer more localised support to people referred from the practice. The clinic will run on a monthly basis and frequency may increase depending on need. This is in addition to both the St. Paul's Way and Stroudley Walk Clinics that were established earlier in the year. The aim of the clinics is to increase accessibility to patients referred into the service, helping to bridge the gap for some between the familiarities of their GP practice and the community sector services.

Clinical meetings have been attended at the majority of participating GP practices providing an opportunity for health care professionals to discuss referrals and to share ideas, service updates and information.

Community services referred into April 2016 – Sep 2016

A total of 29 different community services were referred into during this reporting period.

Health, wellbeing and healthy lifestyles support

- Health Trainers
- Fit for Life
- Active Futures
- Macmillan Social Prescribing Service
- Mindfulness Group
- Our Parks
- Ability Bow
- Young at Heart – Mile End Leisure Centre
- Bow Haven Young People's Mental Health Group
- Tower Hamlets Bereavement Support Group
- Victim Support

Supporting services for those with identified physical, emotional and mental health needs

- Asian Women's Lone Parents Association
- Compass Wellbeing
- My Support
- Mind in Tower Hamlets and Newham

Community activity and social groups

- Gardening Group
- Digital Inclusion Group
- Health Trainer Walking Group
- BBB Health Centre Walking Group
- Stitch in Time Sewing Group
- Arts Inclusion

Befriending service, volunteering

- Tower Hamlets Friends and Neighbours
- Tower Hamlets Volunteer Centre

Social Welfare, Legal Advice and Money Management

- Bromley By Bow Centre Advice Team
- The Legal Advice Centre (LAC)

Adult learning and skills development

- ESOL classes
- Digital Inclusion
- The Idea Store

Employability and employment programmes

- BBBC Employment Engagement Team

'Live' Directory – E3 Networking Breakfast

To maintain a working knowledge of groups and activities in the local area the E3 Networking Breakfast was set up for local service providers in the E3 community. The breakfast was set up by the social prescribing service in partnership with the Well Programme, part of the Bromley by Bow Health Partnership. Two events have been held so far with people attending from a variety of local organisations. The events provide an informal space for people to meet and chat about new projects, building relationships and links for future working.

Impact of Social Prescribing

People attending face to face social prescribing sessions were given feedback questionnaires asking if they had found the session useful, if they felt better and whether they would recommend the service to others. Of those who responded 95% said that they had found the sessions useful and 74% said that they already felt better about things after speaking to the coordinator about their issues. 95% said they would recommend the service to people they know.

Anecdotally, people often report that just being able to speak to someone helps them to feel better about their situation. It is not uncommon for people to acknowledge that being able to speak to someone who is not a family member or friend can help them to get perspective on the issues they are facing. Whilst some people are keen to get referred to services, others say that getting their problems off their chest helps them to see things differently.

The SWEMWBS (short form) was administered in appropriate sessions only, as discussed in detail in previous reports. Most often people use the service for stand-alone sessions to discuss a practical welfare or advice based issue needing speedy and specific onward signposting, in which case it was not deemed appropriate to administer the first part only of a two-part service evaluation questionnaire. The majority of people use the service for short term support and there is often no planned final session making a follow up measure impossible.

Whilst no meaningful statistical analysis can be made of the data collected, raw scores ranged from 15-28, the highest score possible being 35. The raw scores are converted to metric scores and these ranged from 15.84 to 25.03, the mean score being 19.29. It is interesting to note that the SWEMWBS national mean score is 23.61; however no meaningful conclusion about whether those referred to social prescribing generally score below average can be made.

Acknowledging that further quantitative measures have been agreed for the Borough wide pilot scheme, it is thought that there is still a need for a richer analysis of the outcomes of this social prescribing service. A research case study was initiated in partnership with in-house researchers at the Centre. This piece of work is not yet fully underway but the initial aims were to begin a developmental qualitative evaluation process, starting with a theory of change for the service. The work will continue once the borough-wide pilot phase is underway with the main research question being, what difference does this specific social prescribing service make to people who access this model of support?

Case Studies

Shirley, 51

A patient who felt she had lost her identity, now rediscovering an interest in local history and applying for work.

Shirley was referred to the service as her GP noticed her low mood and thought she might be socially isolated. When Shirley came for her first social prescribing session she talked about the difficulties she was facing; she had experienced two significant bereavements, was out of work and having difficulties with family. She felt she had "lost who I am". She talked about her past, about jobs she'd enjoyed and happier times. She talked about her current feelings of anxiety and how it has impacted on her daily life as well as her worries about finances. She was unsure of which way to turn.

Over a number of sessions with the coordinator, Shirley started to talk more about her interests and talked animatedly about her interest in local history, which led to an enquiry about volunteering at a local history museum. She talked more about wanting to feel confident enough to return to work again and when she realised the BBBC Employment team supported people, who like her had been out of work for a while, to develop confidence and employability skills she agreed to a referral. Shirley is now being supported by the team to look for work and build her skills. She is also working with the advice team to sort out her benefits with the hope of improving her financial situation.

Shirley said that it really helped to have the time to talk through the things she was worried about before going on to get more practical help and advice; she says "I had time to remember what I like, what is important to me".

Anne, 64

Learning new skills and meeting others, building a new social network following bereavement.

Anne was referred by her GP as she was feeling anxious and low following the recent death of her husband. She talked openly about her experience of loss and the devastation she now felt. She was tearful as she talked about her feelings of loneliness. She had received lots of support early on from her GP and now wanted to try and find some activities to occupy her as she adjusted to this new phase in life.

The social prescribing coordinator gave Anne information about a local bereavement group and she agreed to a referral; she connected with the group and found it useful speaking to others about what she had been through. She said she felt comforted knowing she could go anytime and there would be people there who understood how she was feeling.

Anne was keen to explore different activities available to her; she was referred on to the Health Trainer team to join local exercise groups, she also joined a card making group to meet new people in her community. She went on to become a member of the weekly gardening and horticulture group run by a local volunteer; she said she'd never been into gardening before but really enjoyed learning new skills and having tasks to focus on. She also started talking to others in the group and found that some shared similar experiences to her. She said she feels "so much better having somewhere to go during the week, to have something to take my mind off things".

Summary

The service continued to deliver during a time of financial uncertainty, supporting many local people to access help and support with a view to increasing wellbeing and hope for the future. It is not always easy to demonstrate quantitative outcomes in an area that focuses on relationship building and personal experience and it is hoped that more time will be spent in future on capturing the qualitative and experiential outcomes of the service.

This report marks the ending of the current phase of service delivery and the beginning of the new pilot phase of the borough wide social prescribing pilot. As the current social prescribing coordinator moves on to a new role, there is scope to bring further new ideas and a fresh perspective for the next chapter as new staff join the team. It is hoped that the team will expand further in time, that the service will open up to self-referrals and that there may be new and exciting partnership working across the centre and the borough.

The borough pilot phase is funded until April 2018 by the GP Care Group which was appointed by Tower Hamlets CCG to manage the roll out of social prescribing across the borough. This period is expected to generate sufficient findings for longer term commissioning in the borough.

Many of these pilot schemes are in their infancy and there is further clarity is awaited around the service level agreement, monitoring requirements and how best practice will be identified and compared for further commissioning. As the longest operating scheme in the Tower Hamlets, The Bromley by Bow Centre will continue to contribute its extensive learning and expertise as much as possible, whilst focusing on delivering the best possible service to patients in the six practices served by the MEEBBB scheme.

References

Alice Everett, social prescribing coordinator. alice.everett@bbbc.org.uk

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