



Social Prescribing: An evaluation of Positive Steps Thamesmead

Final Report February 2022

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Acknowledgements

The Peabody Community Foundation and Research Works Limited wish to thank Thamesmead residents who took part in this research and shared their thoughts and experiences. We are also grateful to Positive Steps volunteers and staff, partner organisations that refer to PST and that PST refers to, and stakeholders involved in social prescribing in Thamesmead for contributing to this research and generously sharing their experiences, views and expertise.

Executive summary

1. Project background and objectives

Positive Steps Thamesmead (PST) is a social prescribing programme run by Peabody in Thamesmead since 2015. When PST started, it was the only social prescribing service in the area supporting residents by helping them access local public and voluntary sector services. As social prescribing has become more mainstreamed, two similar services operate alongside PST in Thamesmead, commissioned through the NHS and the local authorities of Bexley and Greenwich. In this changed context, Peabody required research to help understand:

- The impact of PST on service users and local public and voluntary services;
- What works well and less well about PST social prescribing;
- How it fits currently with other similar services in the area;
- How to optimise social prescribing in Thamesmead.

What is social prescribing?

Social prescribing is a way for local agencies to refer people to appropriate statutory and voluntary services and support. People can be referred to social prescribing services from a range of agencies, including GPs and other health professionals, various public sector organisations and charities. Social prescribing workers will take time to understand the needs of their clients and help them access the right support. They will take a holistic approach to health and wellbeing, supporting people to get help with a range of issues that affect their health, including financial pressures, (un)employment, housing, and immigration.

2. Methodology

The research involved a mixed methodology, comprising qualitative depth interviews and group discussions with a range of stakeholder groups and a quantitative online survey with PST service users.

A total of 113 respondents shared their experiences and views as part of this research, including: PST service users, volunteers and staff; referral agencies (including those referring to PST and those PST refers to); and stakeholders involved in social prescribing in Bexley and Greenwich.

3. Key findings

The research found that PST had a significant positive impact on service users, as well as on local public and voluntary sector services.

Impact on service users

Over 80% of 79 PST service users who completed the online survey reported that PST helped or made a huge difference to them. Qualitative research showed how PST achieved this positive impact:

- Data indicates that PST effectively supported some of the most vulnerable Thamesmead residents with high levels of need, including those with disabilities, multiple health conditions, mental health problems, living in poverty, and with barriers to accessing services and employment.
- In enabling these Thamesmead residents to access appropriate services, PST often helped avert an immediate crisis, for example, food poverty or evictions and homelessness.
- The research highlighted a strong preventative impact of PST and its partners in alleviating and reducing poverty and supporting mental wellbeing. The service and partner agencies were seen to have helped Thamesmead residents improve their situation on a more long-term basis. Examples of such longer-term positive impact included: benefit maximisation, incremental income increase, overcoming barriers to employment, improved mental health wellbeing, and regularised immigration status.

Impact on the local public and voluntary sector

The research also found that PST had a wider positive impact on local public and voluntary sector support services:

- PST was felt to have improved access to, and usage of, local services, through raising residents' awareness of available support and helping them access the right help.
- It was seen as instrumental in building the capacity of local support services in Thamesmead, through commissioning and funding additional services where these were previously missing.
- Stakeholders highlighted the value of PST leadership and good practice, which offered valuable learnings for social prescribing more widely.
- Stakeholders believed that PST led to cost savings to the local health system, for example, by freeing up GPs' time for more medical appointments which was previously taken by signposting patients to address socio-economic issues impacting on patients' health and wellbeing.

Strengths of the PST model

The PST model of social prescribing was seen to be effective due to its local focus in terms of tailoring support to the needs of Thamesmead population and combining this with community outreach and delivery:

- The presence of PST volunteers in community places, such as GP practices, schools, churches, foodbanks, and children’s centres, was felt to be instrumental in engaging people in need of support and connecting them with appropriate services.
- Making support accessible by situating services in local and familiar settings was seen to further help with engagement and attendance of appointments.
- PST was also perceived as an enhanced model of social prescribing because it not only signposted service users, but also: made appointments for them, sent reminders to further encourage attendance, and put support in place through additional commissioning and funding of services that were previously missing.

Key challenges

The research captured views on potential challenges involved in the PST model and delivery:

- Better monitoring and data management were identified as important areas for improvement to: help understand and demonstrate the impact of the service, make client management and data sharing easier, and free up PST staff time through greater automation and a shift away from a paper-based system.
- Achieving staffing consistency was highlighted as a potential weakness of a volunteer-based system that may need reviewing in terms of contingency planning to address any staffing gaps due to volunteer turnover.
- Some stakeholders also questioned whether the range of partner agencies PST referred to was limited, therefore limiting access to support services for PST service users.
- The Covid-19 pandemic posed additional challenges as it stopped community outreach and pushed the service to be delivered over the phone, resulting in a drop of referrals.

Optimising social prescribing in Thamesmead

Overall, the research showed that there was an aspiration to have greater integration and co-ordination of social prescribing in Thamesmead to provide a smooth and improved experience for service users. The research identified forms of collaboration, co-ordination and integration that had broad support among stakeholders, as well as those that were seen as more controversial or difficult to implement:

- **Working together:** There was considerable interest in the different social prescribing services establishing closer relationships and improving awareness of each other’s offer. As part of this, there was an interest in putting in place mechanisms for cross-referrals between different social prescribing services. Other forms of collaboration that were seen as helpful included: co-funding services, sharing data and learning, and working together to inform the commissioning of social prescribing in Thamesmead.
- **Integrating social prescribing:** Most respondents could see the benefits of greater integration, including: easier access to social prescribing, oversight and identifying gaps in support provision, avoiding duplication and pooling resources together to maximise

their impact. Respondents' views, however, varied in what level of integration they thought was desirable.

Having an integrated interface for service users, for example, one social prescribing point of contact for Thamesmead residents, was generally accepted as beneficial. In that model, different social prescribing services would collaborate in the background to identify and provide the appropriate referral pathways, which would be supported by cross-referral mechanisms and data sharing agreements. Many still thought it was important for individual social prescribing services to retain their identity and relationships they have built locally, as these were seen to be an important part of why they were effective.

Respondents' views on integrating commissioning for Thamesmead were more mixed. Some were interested in having a single commissioning process in Thamesmead and hoped this would help focus on specific local needs of the area, as well as help bridge the Bexley-Greenwich boundary that made it difficult for some residents to access services. Others thought, however, that separating Thamesmead in terms of commissioning from the boroughs of Bexley and Greenwich may limit access to support and cut off Thamesmead residents from the wider support in the two boroughs. These respondents also felt there were barriers to this idea, as both boroughs would want to commission social prescribing separately.

Nevertheless, certain opportunities for integrating social prescribing in Thamesmead were highlighted. One idea put forward was for both Bexley and Greenwich to set aside a part of their budget which would target social prescribing in Thamesmead and ensure focus on local needs and delivery. Another suggestion was to explore whether the regional NHS structures could help support greater integration, for example, through harnessing the regional focus of the Southeast London CCG.

- **Building on the strengths of existing services:** There was an interest in retaining the strong points of existing social prescribing in Thamesmead, building on, and potentially, rolling out some of its features more widely. This included retaining and expanding community PST outreach, as well as the local delivery of support services. For example, when re-commissioning social prescribing in the two boroughs, it may be possible to explore whether these principles could be applied more widely. Another principle that was felt to be important was to ensure that any learnings from social prescribing about support gaps would inform commissioning of health and other support services.

The research also highlighted attachment those involved with PST felt for the service, as they appreciated its positive impact and value. PST volunteers, service users, agencies referring to PST and those PST referred to all hoped that PST will continue and look to expand its outreach and remit. These positive feelings about PST, shared by service users, staff and volunteers and partner agencies, will need to be harnessed in any future development of this service and social prescribing in Thamesmead.

1. Introduction

1.1. Project background

Positive Steps Thamesmead (PST) is a social prescribing programme run by Peabody in Thamesmead. The programme emerged in 2015 following conversations with a local GP practice, the Lakeside Health Centre. The practice estimated at the time that 40% of patient visits were driven by socio-economic issues, such as debt, poor financial literacy, housing and immigration problems, rather than medical reasons. The conclusion was that helping people to address these, and other issues, could potentially have a substantial impact upon their health and wellbeing and ultimately reduce demand for overwhelmed health services.

PST was set up to support local people by signposting them to different services that can address issues they may have. At the time of its launch in April 2015, it was the only such service in Thamesmead, but also in Bexley and Greenwich more broadly. PST has provided an effective route for local people to be referred to local statutory and voluntary services. This was delivered through community outreach by PST volunteers at the Lakeside Health Centre and other community sites, and by commissioning organisations to deliver services in Thamesmead. The programme was initially supported with funding from the Department for Communities and Local Government (DCLG), followed by the City Bridge Trust (CBT). VINCI Facilities have funded PST from April 2019 to March 2022.

Since it was launched, PST has supported 3608 clients and made 5,374 referrals to partner organisations. PST works with a variety of advice agencies, including the Citizens Advice, Lewisham Refugee and Migrant Network, Counselling Matters Bexley and METRO GAD. It seeks to get people the help they need by referring them directly to these and other support services. Clients can self-refer to PST or can be referred through the GP or a PST volunteer advisor who meets with them (in person or by phone since the Covid-19 pandemic) to discuss their personal circumstances and understand what help they may need.

THAMESMEAD in South-East London is home to an ethnically diverse community of 46,000 people. The area straddles the Royal Borough of Greenwich (RBG) and the London Borough of Bexley (LBB). The majority of Thamesmead is amongst the most deprived 40% of neighbourhoods in England (IMD, 2019). Geographic and transport features reduce resident mobility and act as a barrier in accessing services delivered elsewhere in the borough. Low awareness of available services and the area being split between the two boroughs make access to support more difficult for Thamesmead residents. (Bukola and Griffiths, 2020).

Peabody owns 65% of the land in Thamesmead and have developed a local strategy that supports the long-term regeneration plans for the area. This strategy is focused upon 'People and Community' and aims to help build communities that are happier, healthier and wealthier.

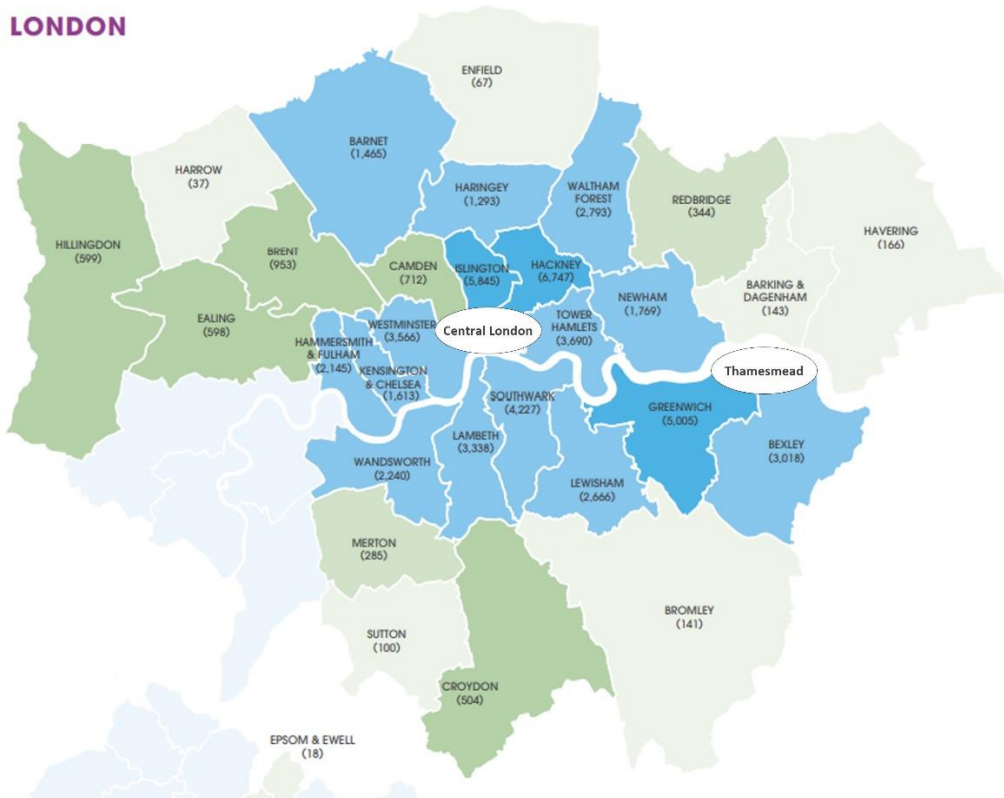


Figure 1: Thamesmead in South-East London

Since the inception of PST in 2015, social prescribing has become more mainstreamed within the NHS, with local authorities taking a greater role in co-ordinating this kind of support. Live Well Greenwich is the Royal Borough of Greenwich’s social prescribing service, which Charlton Athletic Community Trust are commissioned to deliver. London Borough of Bexley have a social prescribing service Community Connect, which supports local people to improve their health and wellbeing by connecting them with activities, support and services in the community. The GP Federation also employs wellbeing coaches in some GP practices in Bexley. In this new context, Peabody wanted to take stock and reflect on the impact of PST and the most effective ways to support social prescribing in Thamesmead in the future.

Several other developments have made such reflection pertinent at this moment:

- **Re-commissioning:** Both boroughs are preparing to re-commission their social prescribing services and learning from existing services could help shape that process.
- **Healthier Thamesmead:** Peabody worked in partnership with RBG and LBB on a bid to the Shaping Healthier Places Fund. The bid was supported by insight work undertaken by community researchers which found that residents had difficulty accessing services and wanted more services delivered locally. The bid was unsuccessful but all three organisations have pledged to work together on a shared approach to developing a Healthier Thamesmead.

- **New community spaces:** The opening of new community spaces in Thamesmead, The Nest and the Moorings Social Club, also provides an opportunity to explore delivering more support locally in Thamesmead.
- **Testing integrated social prescribing:** A new project, *Advice in Schools*, run jointly by PST and Live Well Greenwich, may offer an opportunity to test and develop a more integrated model of social prescribing, where the two services collaborate to support Thamesmead residents together.
- **Covid-19 pandemic:** With the increased pressure on health services due to the pandemic, social prescribing services have become even more important in supporting people to access the help they need and thus relieving the pressure on the health system. However, PST community outreach was unable to operate for most of the pandemic as the surgery and community centres were closed. The telephone line remained open but the service saw decreased number of referrals – from 43 per month on average in 2019/2020 to 18 in 2020/2021 and 28 in 2021/2022. In this context, Peabody worked closely with RBG, LBB and voluntary sector organisations to signpost clients into appropriate Covid support mechanisms.

This research was therefore required to help understand what difference PST makes to residents of Thamesmead and what works well and less well about its social prescribing model. It also seeks to understand how Peabody can best support and complement existing social prescribing provision in Thamesmead, addressing gaps and inspiring and facilitating statutory services to provide the services that are needed. Finally, this research hopes to provide useful insight to the wider audience interested in social prescribing through a case study of PST social prescribing service supporting the people of Thamesmead.

1.2. Research objectives

The overall research objectives of this project were to understand the impact of PST and help inform its future operation and optimise social prescribing in Thamesmead.

To achieve this, the evaluation wanted to explore the following topics:

- Understanding the impact and value of PST:
 - The impact of PST on service users;
 - The impact of the service on local public sector and other services;
- Understanding experiences of PST – what worked well and less well;
- Ideas on how social prescribing in Thamesmead could be optimised:
 - How to address any gaps in terms of unmet needs;
 - How PST can complement other social prescribing provision locally;
 - How to optimise commissioning of social prescribing services in Thamesmead.

1.3. Methodology

The research involved a mixed methodology, comprising qualitative research with a range of relevant stakeholders and a quantitative online survey with PST service users.

A total of 29 respondents were interviewed in qualitative research through **a mix of depth interviews and group discussions**, including:

Stakeholder group	Depth interviews / group discussions
Service users	6 x depth interviews (6 respondents; 45 minutes long)
PST volunteers	1 x group discussion (3 respondents, 90 minutes long)
PST and Peabody Community Foundation (PCF) staff	1 x group discussion (4 respondents, 90 minutes long)
Agencies referring to PST	3 x depth interviews ((5 respondents; 45 minutes long)
Agencies that PST refers to	1 x group discussion and 1 x depth interview (4 respondents; 90 ad 45 minutes respectively)
Stakeholders involved in social prescribing in Bexley and Greenwich	1 x group discussion and 3 x depth interviews (7 respondents; 60 minutes long)

In addition, the research provided two more channels for key audiences to share their views:

- **A feedback form:** 5 more respondents have shared their thoughts on PST and social prescribing in Thamesmead in this way. This included 3 more PST volunteers and 2 respondents from agencies PST refers to.
- **An online quantitative survey:** 79 PST service users completed the survey and offered their views of the service.

A detailed more detailed sample structure for PST service users involved in the research is provided in Appendix 1: Methodology.

Qualitative and quantitative fieldwork were conducted in September and October 2021. The Research Works team included Dr Danica Minic and Amy Smith.

2. Usage and experiences of PST

Results from the survey of 79 service users conducted as part of this research suggest that their experience of PST has been largely positive. The data also provide a snapshot of referral pathways into and from PST and the range of issues Thamesmead residents using

PST needed help with, offering a useful context for looking at the impact of the service in the following section of the report.

Referrals into PST

The biggest proportion of service users were referred to PST by the Lakeside GP surgery (44%), followed by Peabody who have referred a quarter of service users. Other referral sources included: a foodbank (6%), children’s centres (5%) and recommendations (10%).

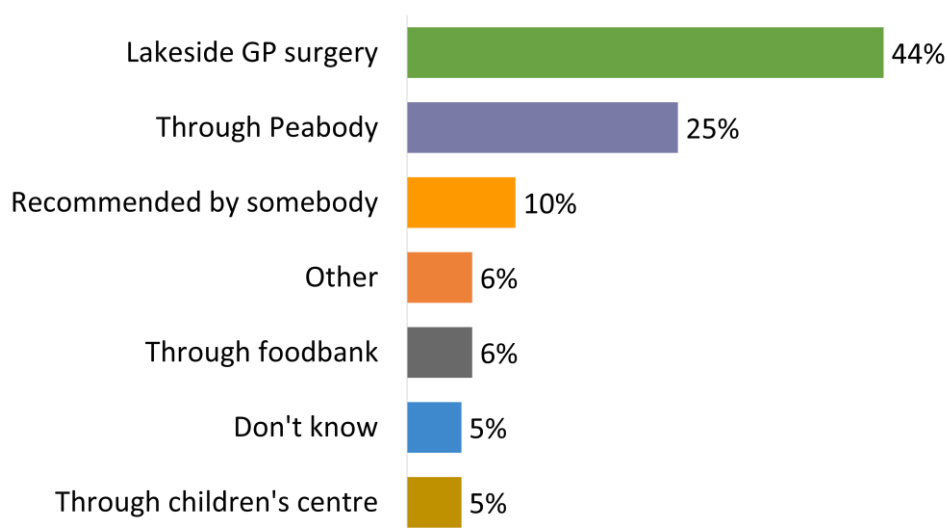


Figure 2: Source of referral¹

These findings are broadly in line with the 2018 data, as shown in the 2019 evaluation; however, with some indications of changes too. The 2021 data suggest there has been a drop in referrals from the Lakeside GP surgery by about 7%, as well as a rise in other referrals, specifically by Peabody (a rise of 12%). The differences point to the changes in the delivery of PST due to the pandemic, which prevented volunteers from being physically present in the Lakeside GP surgery and limited their outreach activities.

Referrals from PST

Citizens Advice and a foodbank were the two most common destinations for PST referrals, with just under a third of PST service users referred to Citizens Advice and a fifth referred to the foodbank. Other partner agencies service users in the sample were referred to included Counselling Matters (14%), Lewisham Refugee and Migrant Network (13%) and Metro GAD disability support (6%). The main difference in referral patterns compared to 2018 is in the number and range of partners. The 2019 report listed some additional partners that PST referred to, including Fair Finance and Credit Union, who are no longer involved.

¹ Question 1: Where did you first hear about Positive Steps Thamesmead? Please select all that apply. Sample: 79.

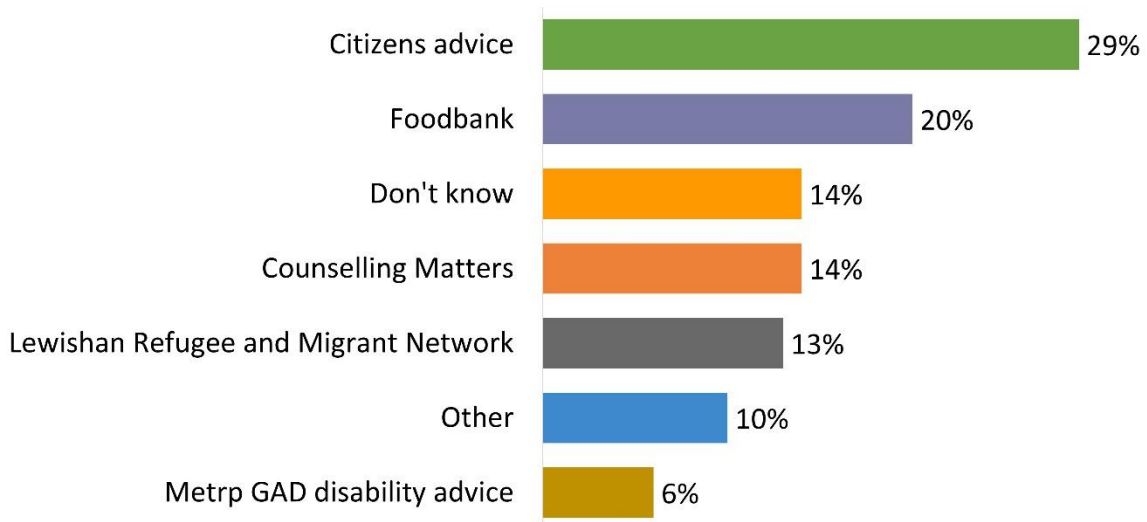
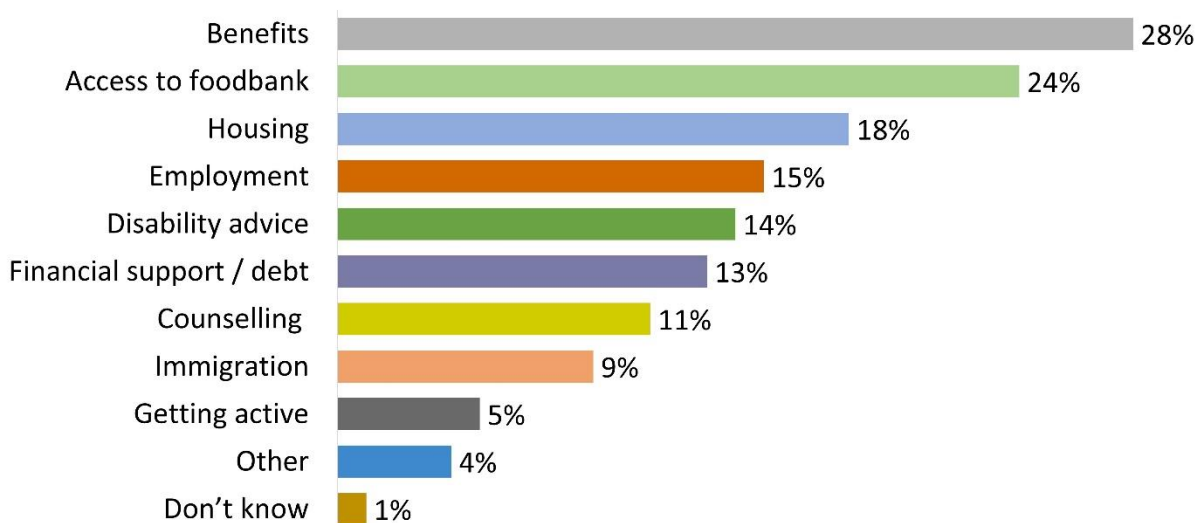


Figure 3: Agencies respondents were referred to by PST²

Issues service users needed support with

The survey data shows the wide range of issues PST service users needed help with. Notably, access to foodbank and benefits were most commonly mentioned, with about a quarter of service users citing both of those issues as a reason for needing PST support. Other reasons for needing support were diverse, including housing, employment, disability advice, immigration, financial support and debt, counselling and physical activity.

Comparing these findings to the 2018 data, there are some notable differences in findings. Specifically, the proportion of service users reporting they needed help with accessing a foodbank and benefits has increased by 20% and 5% respectively. In addition, the percentage of residents using PST help for issues with housing and employment decreased in this sample by 23% and 11% respectively.



² Q6: Which organisations were you referred to by the PST advisor? Please select all that apply. Sample: 79

Figure 4: Support need areas³

Satisfaction with PST service

Service users were also asked how confident they felt their personal information would be handled professionally and securely. An overwhelming 87% service users said they felt confident, which was in line with the earlier 2018 data where 91% of respondents reported the same.



Figure 5: Confidence in personal data protection⁴

Asked if they thought their PST advisor was clear about the next steps, 86% respondents thought they were very clear or quite clear, an increase compared to 2018 data when 70% of service users answered the same.

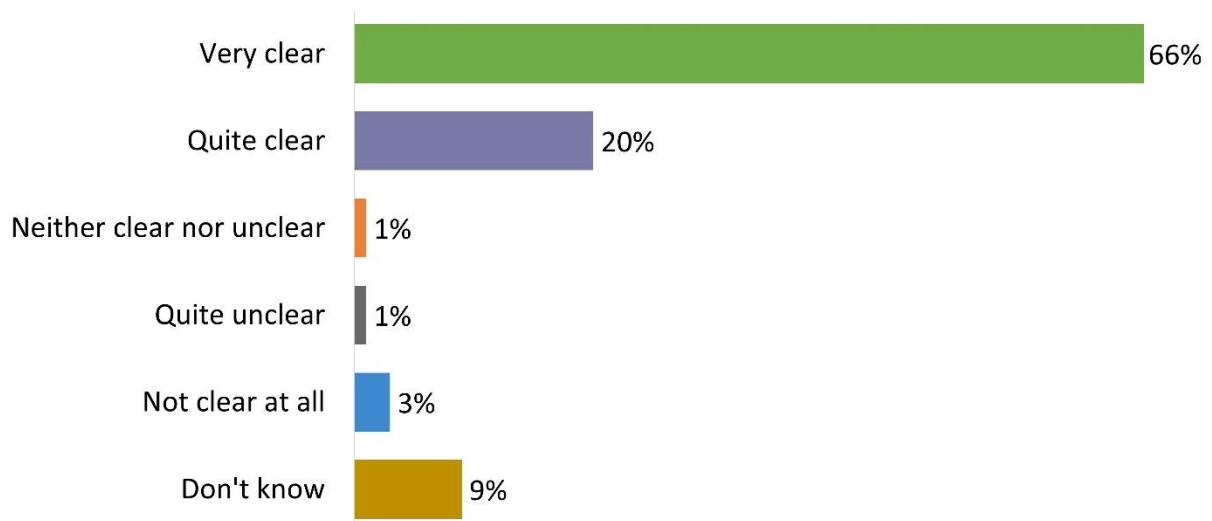


Figure 6: Clarity over next steps⁵

The majority of service users in this sample (73%) also reported that the partner agencies PST referred them to contacted them either quicker than they expected or in the timescale

³ Question 2: What did you need support / advice about? Please select all that apply. Sample: 79

⁴ Question 3: Did you feel confident that your personal information would be handled professionally and securely by Positive Steps? Sample: 79

⁵ Question 4: Was the Positive Steps advisor clear on what the next steps would be? Sample: 79

they expected. This is broadly in line with 2018 data when a similar proportion of respondents was satisfied with this aspect of the service.

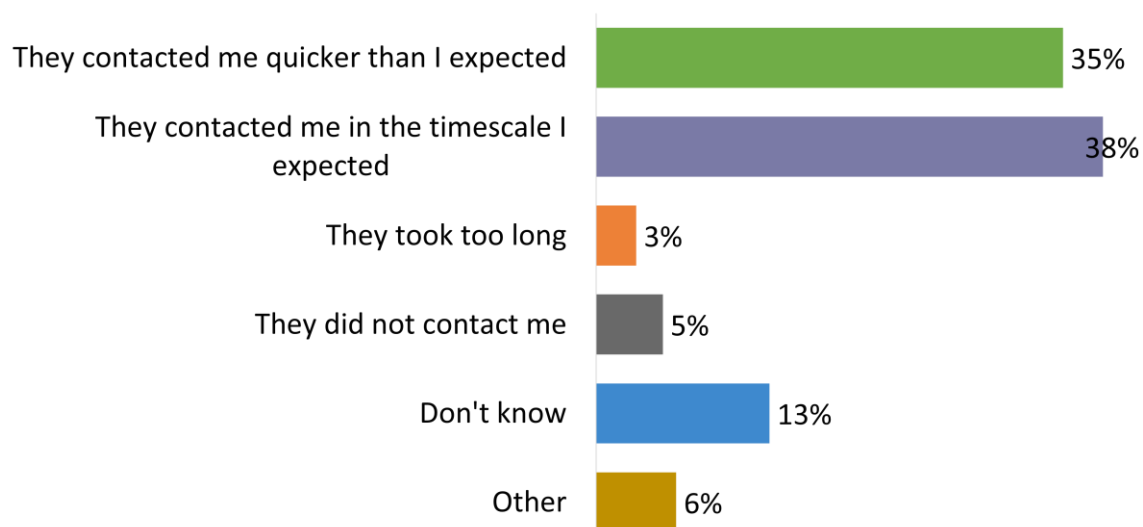


Figure 7: Timely contact⁶

3. The impact and value of PST

3.1. The impact on service users

Qualitative research findings indicate that PST had a significant positive impact on people who have used the service. Service users and stakeholders in this sample highlighted the following main ways in which PST was seen to have helped:

Averting crisis

A major area of PST work discussed by respondents involved helping people in situations of crisis caused by debt, financial hardship, or food poverty. For example, several partner agencies and volunteers gave examples where PST referrals and subsequent support helped people avoid house evictions and becoming homeless. Other respondents also highlighted PST help with accessing food banks and using food clubs.

This lady, she had five children, she was about to be evicted in three days, and she was going to see her doctor. We managed to stop the eviction because of the partners we had. But if we hadn't have stopped it, she would have gone into temporary accommodation, probably a long way away. It would have disrupted those children's education; they might have given up school. [PST volunteer]

⁶ Question 5: After your meeting with the PST advisor, how quickly did organisations that you were referred to get in touch with you? Sample. 79

If not because of them I don't think I would be the same today. I could have been evicted, because if there is no money coming in, you can't pay the rent. [Service user]

Preventing, alleviating and ending poverty

Stakeholders and service users also reported that PST and partner agencies helped support, often vulnerable, individuals to maximise their income and reduce or avoid poverty. For example, service users in this sample explained how they were able to access the benefits they were entitled to, after PST referred them to an organisation that helped them with benefit applications and related administration. Some partner agencies also shared examples where they were able to improve someone's financial situation by checking their bills and financial commitments and ensuring they were not overpaying.

When I get the forms from the disability...I ring Positive Steps and arrange to meet [GAD]; they ask me all the questions but they do all the writing for me because my writing is no good.... They put it all down for me. [Service user]

We've had some successes. We had a man who was very worried about his wife going into a care home and how much money that was costing him. We helped him do the financial assessment form. Because half the money was his, he stopped paying £5000 a month and started paying £400. He was entitled to it but didn't realise. [Agency that PST refers]

Supporting mental wellbeing

Stakeholders and some service users highlighted the positive impact of PST and partner agencies in helping people access the mental health support they needed. For example, a service user who received counselling through a PST referral explained this helped not only ease the pain and depression but taught her how to cope with the challenging situation she was in due to multiple health problems. Some stakeholders also stressed the value of PST funding additional mental health provision in Thamesmead, which they felt was needed to address a gap in support locally available.

People I have referred to the counselling service have been in crisis. It's been absolutely invaluable, really good feedback. Without Positive Steps providing access to that...there's a lot of need in Thamesmead, people with physical health and mental health issues going on. Sometimes it feels like the land that time forgot. There's a lot of people who aren't getting access to services. Something like that is just a lifeline. [Agency that PST refers to and that refers into PST]

They listened to me and told me how to cope. It was a lifesaver because I don't know what would have happened without that. [Service user]

Intervening to help address a wide range of problems

Service users and stakeholders in this sample also reported that PST and partner agencies helped people in Thamesmead resolve problems and improve their situation in a number of different areas, including with their immigration status, employment or loneliness and social isolation. A couple of stakeholders also noted that providing immigration advice was particularly beneficial, as this was seen as a gap in support provision in Thamesmead.

I told the lady [at PST] I need to speak to an immigration lawyer. She said she'd pass on my contact details and immigration lawyer would call. Two days later the lawyer called with free consultation and advice. [Service user]

One of the great things about this work is we deal with every aspect of life. Marriage, immigration is a large part, people with no social support, so many different aspects. Old people, lonely people. It really works for different people. [PST volunteer]

Qualitative research findings around the positive impact of PST on service users were supported by quantitative data from the online survey of PST service users. Asked how helpful the support they received from organisations they were referred to was, over 80% (66 out of 79) of service users said it helped or made a huge difference to them. Compared to 2018 data, this was an increase of 16%. Respondents who found the support helpful commented how the staff supporting them were caring and had knowledge and skills to help them. 13 out of 79 respondents did not think the support they received was helpful, a few of whom explained that getting support took too long or that they were not contacted by the partner agency.

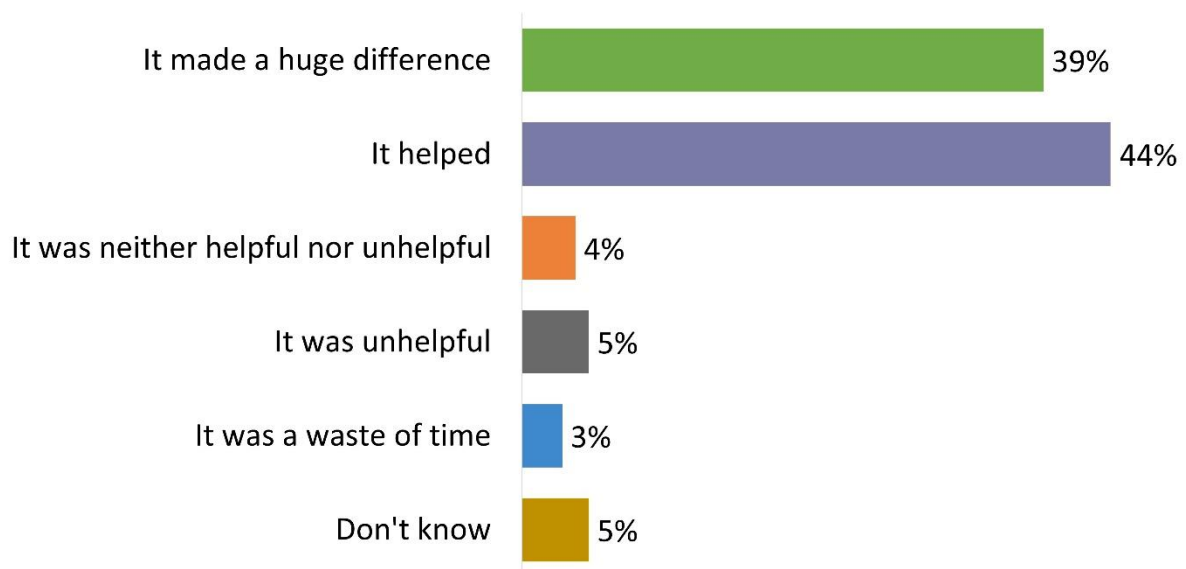


Figure 8: Perceived impact⁷

Service users were also asked what they would have done if they had not met a PST advisor. As shown in the graph below, over a fifth of respondents said they would have asked their GP for help, indicating that PST and partner agencies provided support that could have been otherwise required from GP surgeries. In addition, over a half of respondents answered that they either would not know what to do or would do nothing to address the issue they needed support with, suggesting low awareness of available support and the need for social prescribing.

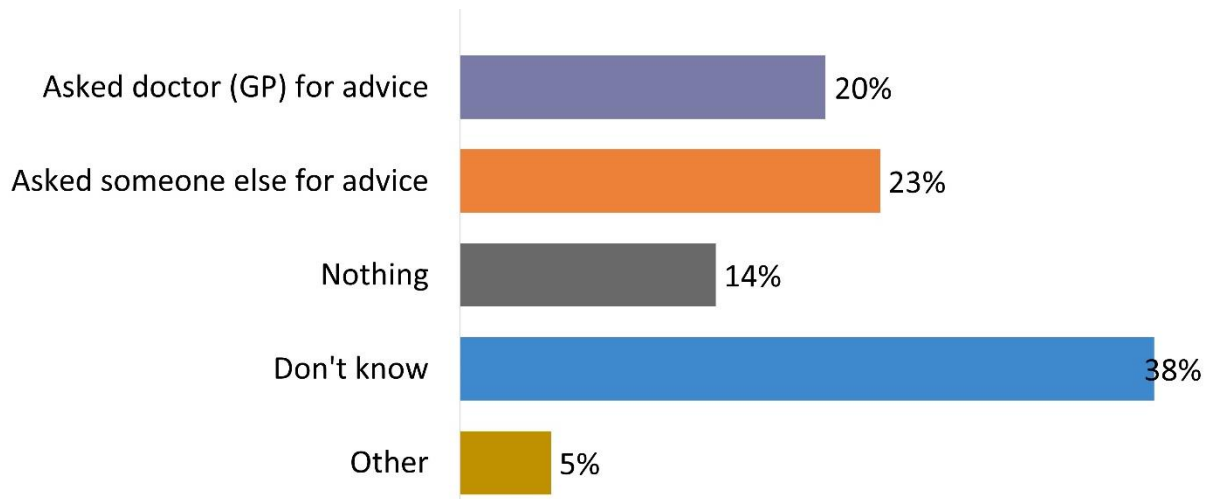


Figure 9: Alternative action⁸

Furthermore, over a half of respondents said they have recommended PST to someone else and a further 36.7% respondents answered they would be happy to recommend PST, indicating high degree of satisfaction with the service among the vast majority of service users. These findings were broadly in line with the 2018 data, when just under 90% respondents said they either recommended or would be happy to recommend PST.

⁷ Question 7: Overall, how helpful was the support you received from the organisations you were referred to?
Sample: 79

⁸ Question 8: If you hadn't met a Positive Steps advisor, what would you have done? Sample: 79

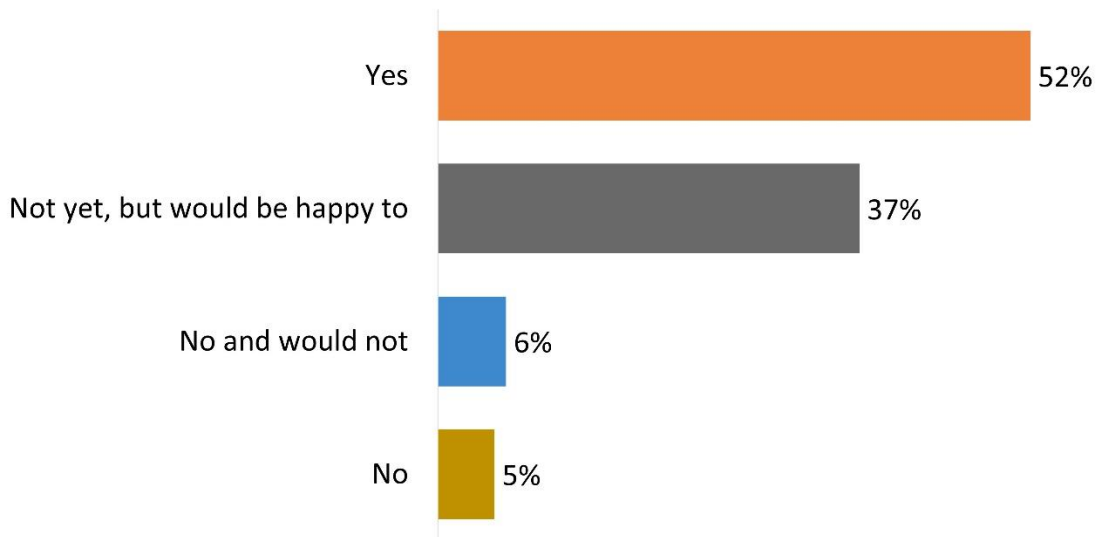


Figure 10: Whether service users would be happy to recommend PST⁹

3.2. Wider local impact of PST

In addition to the positive impact on service users, stakeholders from the local voluntary and public sector also recognised the wider positive impact of PST had in Thamesmead. Respondents highlighted the following areas where PST was beneficial locally:

Optimising usage of available support

Respondents from agencies PST refers to reported how PST helped increase awareness of their services in Thamesmead, thus increasing their reach and improving access to support for people in Thamesmead. Some also pointed out that PST helped improve the accuracy of referrals, as people in need of support went through the triage process with PST volunteers and so could be signposted more accurately.

In general terms, I think it's just making people aware that our service exists and can help them. [Agency that PST refers to]

They have been able to publicise the existence of agencies like us within the community. Before we got to know Positive Steps, not many people – in fact it was a surprise – a lot of people said they didn't know that we existed here. A lot of them lived in the local neighbourhood and have come to know of us through Positive Steps. Other agencies that also work with Positive Steps have come to know of us, and through them they have been sending people to us, and us referring people to them. I think that's a very strong thing. [Agency that PST refers to and that refers to PST]

⁹ Question 9: Have you recommended Positive Steps Thamesmead to anyone else? Sample: 79

In addition, stakeholders from agencies referring into PST explained the service made social prescribing easy for them. The respondents explained they often identified service users in need of other forms of support but found it difficult to always know where and how to refer them for help. Being able to refer into PST meant that these agencies could rely on trained PST volunteers to provide social prescribing and help their clients access support. Resource pressures on those agencies and services also reduced as the work of social prescribing was taken away from them.

Our volunteers – we as a [agency name] – also cannot prescribe services for people. We signpost people who come to us and have other issues. Some have benefit issues, some are in debt, immigration, some are out of prison: all sorts of people. What Positive Steps has done has made it simpler and easier for us to be able to do what we were doing before. [...] Before it wasn't working very well and as quickly and as easy as we expected it to be. With Positive Steps, it has taken the load off us. I think their work and their presence in the community is very important and helpful. [Agency that refers to PST and that PST refers to]

In the case of the local GP surgery, this also meant they could devote more time to medical appointments and support for patients, as social prescribing was provided by PST.

These requests still come to us, but at least then I had help and could turn to someone I trusted because they'd been trained really well by PST. The volunteers were very professional and enabled me to get on with more medical issues rather than socio-economic. PS advisors would put them in touch with people who could help them. [GP]

Increasing local support resource

Stakeholders also stressed a major positive impact of PST was creating more local capacity to support residents, for example, through funding and co-funding services that were missing locally. Respondents gave examples of PST funding a counselling service for Thamesmead residents, as well as Citizens Advice support local to Thamesmead. Through this, PST was felt to fill in some critical gaps in available support, as well as expand capacity of existing support to reach more people locally. The additional funding for support services was also felt to help strengthen the local voluntary sector and make local organisations more sustainable.

The way I like to describe it is social prescribing max going on at Positive Steps. Not only is the funding paying for the mechanism [of social prescribing], it's also paying for the intervention, and having it done in that place. [Stakeholder]

The other aspect is the fact that there is increased funding for organisations that supports their sustainability and supports them to seek other funding and continue to grow. [Stakeholder]

PST outreach led by volunteers in the community was also felt to help identify unmet needs – for example, around immigration support – and therefore point to gaps in support provision that need to be addressed.

The other benefit is that it's helped us identify what local need there is. It became clear that there's a need for immigration support that perhaps can be met from some of the commissioned services happening in the borough, and we need to seek level 3 specialist legal advice. What Positive Steps has helped to do is identify unmet need. [Stakeholder]

Leadership and good practice

Some stakeholders involved in planning and commissioning local social prescribing also stressed the positive impact in terms of leadership and promoting good practice in social prescribing. In particular, the respondents valued the PST focus on identifying local needs and then building support that is tailored to those needs and provided locally. The respondents felt Peabody provided leadership in identifying local needs and working to provide, co-ordinate with other agencies, and advocate for support provision to meet those needs. They also thought that the PST model of local delivery tailored to local needs offered useful principles, good practice and learnings for social prescribing more generally.

The other thing is, not to forget Peabody's leadership in it. I think they've been steadfast in what they're trying to achieve, and they've brought people along with them. I think that needs mentioning, because it's the glue that keeps it going. With all the different services that they're involved in across the piece, that's a lot of complexity to be working within. Some housing associations would not bother. They've really thought about what residents of Thamesmead need and let that guide them. That has been part of its success. [Stakeholder]

It's been a really good example of local place-based work, focused on Thamesmead and very much responding to the needs of that community and doing specific commissioning around the needs of the community, instead of doing it on a borough or regional footprint, and I think the benefits of that have been really well-received. [...] I think we've all learned quite a lot from it and thinking about the future of the social prescribing service, it's not saying that Positive Steps will work everywhere, but I think there are some good principles from that. That's been the big bit for us really. [Stakeholder]

Cost savings

Agencies referring into PST and some stakeholders believed that PST also led to cost savings to the local health system, adult social care services and local authority housing budget. As mentioned, the GP referring into PST explained this freed up their resource to focus on

more medical appointments rather than supporting patients with accessing support for non-medical issues, at the expense of medical work. In addition, some stakeholders pointed out that instances where PST helped avert evictions were likely to have saved local authorities costs of re-housing and dealing with resident homelessness. Similarly, some stakeholders believed that PST interventions supporting Thamesmead residents with debt, poverty and mental health problems were likely to relieve the pressure on local GP, A&E and adult social care services.

There's got to be preventative value. The type of stuff they offer at Positive Steps, like debt advice, immigration advice, all those things help with people's day to day income, and therefore help them from getting in rent arrears, or help them seek rented accommodation or whatever. That is likely to have a significant impact on the likelihood of them going to the council as homeless. [Stakeholder]

3.3. Perceived strengths and challenges of PST

The PST social prescribing model was seen to offer some very useful principles and good practice in terms of social prescribing, even if some respondents noted that this model may not be able to be applied everywhere. Respondents also discussed key challenges involved in delivering PST and social prescribing in Thamesmead. Their views on the perceived strengths and challenges associated with PST are discussed below.

3.3.1. Strengths of PST



Figure 11: Strengths of PST

Local outreach and service delivery

This was often highlighted as one of the key strengths of the PST model. Respondents discussed three main ways in which they felt the local focus of PST helped support Thamesmead residents:

- **Local outreach:** Respondents felt that PST volunteers' outreach at accessible and trusted community organisations and places, such as a local GP surgery, children's centres, schools, or foodbank, helped to identify and engage people who may need help.
- **Local service delivery:** In addition, ensuring that support was also delivered in local, accessible and trusted organisations, such as a GP surgery, make it easier for people to attend their appointments and get support. This was particularly important, as PST volunteers pointed out, as some people would not travel outside of their immediate area to access support. Some respondents from partner agencies also highlighted the benefit of good relationship PST built with the GP surgery, so the surgery supported their presence and work at their premises.
- **Local needs:** Respondents also felt that PST put in place tailored support based on the needs identified through volunteer outreach in the community and that this tailored support made it more effective in meeting the needs of Thamesmead residents.

We were talking to people and saying, 'You need Citizens Advice Bureau, do you live in Greenwich or Bexley? Okay, you live in Bexley, you need to go to Erith,' and you can see straight away you've lost them. They're not going to get the bus to go to Erith, but we can make them an appointment for Citizens Advice Bureau in Lakeside [Medical Centre]. Then, they would come back to Lakeside, because they're already familiar with it, and the appointment would be there. [PST volunteer]

Capacity building

Another important strength of PST was seen to be its combination of social prescribing with capacity building for local support services. As mentioned earlier, one stakeholder called this model 'social prescribing plus', where residents were not only referred to available help, but funding was provided to commission agencies to deliver support where it was previously missing. This was seen as particularly important in Thamesmead, as some stakeholders noted there were fewer voluntary organisations active in this area.

In some stakeholders' view, PST also helped develop and strengthen partnerships between public and voluntary organisations. Examples of PST practices and activities that may have helped build local partnerships included: co-location of voluntary and public sector organisations, joint projects, and bidding for funding to expand local support.

I can imagine that the location of services in the same space will have built partnerships between the different organisations involved. I think that probably supports the model as well. [Stakeholder]

Assistance with appointments

Some respondents also pointed out the benefit of support provided around booking and attending appointments. As some respondents explained, PST not only signposted service users, but also booked appointments for them and followed-up to re-book if the appointments were not attended. Respondents felt this additional support was valuable and helped increase engagement with support services for people in need, who may have otherwise not sought support.

Also, we had a thing where we'd make them an appointment, they wouldn't turn up, so we would give them a telephone call. 'Hi Theresa, you missed your appointment. It's absolutely fine, would you prefer a telephone appointment?' We know they need their appointment, so what can we do to get them into that appointment, one way or the other? Until we get the ball rolling, there's no start to getting them support. [PST volunteer]

I think it's really helpful to have a model in which there is a direct referral and a direct appointment booking for the resident because that really encourages them to attend. Often what we see with residents is they're reluctant or nervous about turning up to things, or seeking out Citizens Advice, so they wouldn't make that first step without additional support. [Stakeholder]

Well-trained, supported and caring volunteers

Agencies working with PST felt the service was staffed by well-trained and caring volunteers which they thought helped the service be effective with engaging and supporting residents. Most PST volunteers, for their part, also felt well supported in terms of training and reported they had good peer-to-peer and organisational support in terms of dealing with any challenging situations.

The volunteers I've come across have all been caring and very positive. [Agency that PST refers to]

The volunteers were very good, well-trained and integrated well in the health centre. [...] They need to be thanked and rewarded – Peabody did try to do that by taking volunteers out for dinner and they were given awards and their pictures appeared on a poster and newsletter. [GP surgery]

Helping bridge Bexley-Greenwich divide

Many respondents also valued that PST was set up to help bridge the divide between the two boroughs, Bexley and Greenwich, which Thamesmead as a local area straddled. Some respondents stressed that PST ensured residents of both boroughs can access PST services and support they referred them to by being based at the GP surgery that straddled the two boroughs.

With Citizens Advice Bureau, because we paid them, although it was Bexley Citizens Advice, part of the agreement was that it didn't matter if you lived in Greenwich, you could still see them. So, that made it more inclusive. Thamesmead is in the middle of two boroughs, and that is a barrier in itself, we need to address that. We did with Citizens Advice Bureau, and I'm sure we probably could with other organisations. [PST volunteer]

In doing this, PST was also seen to have given more of a voice to Thamesmead by some stakeholders. Respondents thought PST helped highlight what Thamesmead residents want and need. One stakeholder noted this was important for the area, as Thamesmead was historically had less resource:

I think, genuinely, it has given Thamesmead more of a voice, more of a focus. I don't think Thamesmead historically has always benefited from the same level of resource as other areas of the borough. [...] I think that's a huge benefit, and that's a really strong foundation to build on, in terms of what Thamesmead residents want and need. I think that is the real positive thing, that it's put Thamesmead on the map a bit more. [Stakeholder]

3.3.2. Challenges associated with PST and social prescribing

The research also highlighted challenges involved in running PST, as well as in terms of providing social prescribing in Thamesmead more generally.

Data and monitoring

Limited data and monitoring of the impact of PST was identified as a major challenge for PST by different groups of respondents. PST and Peabody staff saw this as an important area for improvement and noted the main challenges in this respect. Firstly, staff recognised this was partly due to the insufficiently IT-based system of client and data management, which made it more difficult to retrieve data they needed. Secondly, they reported they found it difficult to obtain regular and standardised data about actions taken and client outcomes from partner agencies.

PST staff further thought that moving from paper forms for clients to an IT-based system would not only allow for more accessible client and service information, but also free-up staff time through automation of data management.

More of an IT-based system is needed and less reliance on paperwork. Those improvements would help us get the reports we need. [PST staff]

Other groups of respondents highlighted the need for monitoring and impact data too. Volunteers explained they would like to see more data on the impact of the service and to have this as a requirement for agencies they referred people to. A respondent from an agency referring into PST also wished they could see the data on how people they referred were helped.

As a volunteer, I would like more feedback about impact. [...] If we're saying we've decreased the GP appointments by a percentage, then we could put a monetary value on that. That's one way of valuing it. Then, some examples of, 'this is what happened with someone who engaged a volunteer at the foodbank, then they went on to this, we stopped them from being evicted, and because of that, this happened.' A bigger picture. As a volunteer, we need that. You might speak to three people in depth in the space of four hours, and they're difficult conversations. You need the bigger picture to see the real benefits of what you're doing, some of the outcomes. [PST volunteer]

A stakeholder involved in social prescribing locally recognised the need for more data on the impact of PST, for example, suggesting that data could be captured on whether GP appointments dropped for patients who used PST.

Respondents from partner agencies, for their part, acknowledged the importance of monitoring, but felt their resources were limited for capturing this data, particularly since the Covid-19 pandemic. For example, a respondent explained doctors were no longer required to capture certain data since the pandemic started, due to the pressures to deliver vaccination. Another respondent from an agency PST refers to explained they stopped capturing data on how many people were referred to them from PST and got help this way since the pandemic.

Operational challenges

Generally, all partner agencies thought PST processes worked well, but a couple of respondents noted some minor issues:

- A stakeholder from an agency PST refers into reported they were initially not given enough time between appointments, but this was subsequently addressed.
- Another stakeholder noted they heard that agencies PST refers into sometimes wanted referral forms to have more information on clients and their problems.

- A couple of respondents noted that any volunteer-based model was potentially prone to interruptions due to fluctuations in volunteer resource. For example, they explained there were occasional gaps in service where individual volunteers left and new volunteers were being trained. They did not see this as a major issue, but perhaps something to iron out to ensure better continuity in terms of volunteer service.

Accessing wider support in Bexley and Greenwich

A stakeholder involved in local social prescribing discussed whether the range of issues and partner agencies PST dealt with was too prescriptive and, therefore, potentially limiting what PST could help with. They asked whether PST could help people who did not tick any of the boxes on their triage form.¹⁰ In addition, the respondent wondered whether PST limited its referrals only to its partner agencies, in which case they thought this potentially cut off PST service users from the wider public and voluntary sector support in the two boroughs.

It's the model where only a limited number of providers are funded. From what I understand, I don't know if Positive Steps is able to take advantage of the broader voluntary sector in the borough. [...] I don't know what they do if the person has a requirement outside of that pool of voluntary sector provision, and I don't know if they're tapping into what else is available, because of the restrictions of the model. [Stakeholder]

If somebody in Thamesmead came into Positive Steps and their need was around physical activity, it would make sense to tap them into a walking group. Does Positive Steps have the pathways and links to do that? Or are they limited, so they can only refer you to the providers that they have? [Stakeholder]

Some other respondents also commented on the range of support PST referred to. For example, a volunteer pointed out that they found it more difficult to know where to refer people from Bexley, potentially suggesting a need for more partners in that part of Thamesmead. A PST service user also suggested expanding the range of referrals to include legal aid too.

In addition, respondents highlighted some broader challenges in terms of social prescribing and support provision in Thamesmead:

Client engagement

A couple of respondents from agencies referring to PST suggested that client engagement can sometimes be the biggest challenge of social prescribing and ensuring people received

¹⁰ At the same time, they noted that asking an open-ended question may also mean that people are less likely to report having certain problems. For example, when they used a social-prescribing form with an open-ended question, debt was not mentioned as a problem.

the support they needed. For example, respondents noted their clients sometimes missed their appointments or didn't bring the documentation they needed to the appointment.

I think the biggest problem we have is client engagement. You can refer people for the support with their agreement, but they still don't necessarily provide the necessary documentation on time; in some cases, people don't show up for appointments. It's been a lot of time chasing people to do what they are asked to do. [Partner agency referring to PST and that PST refers to]

Support gaps

Finally, some respondents noted that social prescribing is of limited help where support provision is missing that people could be referred to. In this context, some partner agencies and volunteers highlighted gaps in local support in Thamesmead. The areas of unmet need they identified included: the need for a furniture bank, a community fridge, and more youth activities and support.

As a food bank, we only give out non-perishable food. If we have a community fridge, we can stock perishable food, which is equally important as non-perishable food. [Agency that PST refers to]

3.4. Impact of the Covid-19 pandemic

Two main ways in which the Covid-19 pandemic impacted the delivery of PST were highlighted. Firstly, most PST volunteers could not continue their outreach in community places, so the service was switched to remote delivery over the phone. Secondly, as PST staff and partner agencies noted, there was a significant drop in referrals – both to PST and from PST into other agencies – since the pandemic started compared to the pre-pandemic levels. For example, a respondent from a partner agency reported their number of PST referrals dropped from 7-8 referrals a week to 2 a week since the pandemic started.

Respondents thought that the two main changes were likely to be linked and that the drop in referrals was partly due to the lack of outreach. In addition, a respondent from an agency referring into PST highlighted another potential reason for a drop in referrals to PST. They felt that supporting clients remotely made it more difficult to identify people who needed social prescribing. The respondent felt phone or online appointments were shorter and more focused on specific issues rather than looking at the person holistically. Probing around broader problems people may have also felt more challenging online or over the phone than face-to-face.

We weren't able to refer as many people as before - people weren't in the building and scoping problems on the phone or online is very different from face-to-face. You don't always go looking for socio-economic issues to hand over to PS, you tended to keep it to medical dialogue. [Partner agency that refers to PST]

Respondents from across different audience groups had mixed feelings about moving back to face-to-face work. On the one hand, there was a strong sense from volunteers and some partner agencies of the need to resume face-to-face community outreach, seen as critical for identifying and engaging people who need help. At the same time, some respondents expressed concerns over the impact in terms of Covid-19 transmission. For example, a volunteer highlighted they were clinically vulnerable, so would be concerned about this. Also, a respondent from a partner agency noted social distancing would not be possible in the office where they used to work, so felt this may need to be addressed.

I think for a lot of people, the face-to-face is vital. It's what people need. Not everybody's very technical. The face-to-face is what a lot of people need, and that's what, for the protection of the volunteers, stopped. That's what we need to go back to. [PST volunteer]

Service users for their part also varied in how they felt and their comments suggest the importance of face-to-face meetings may vary depending on circumstances. Some were happy to receive support remotely where they already knew the provider. However, they questioned whether they would have accessed this support had it not been for the initial face-to-face contact in the surgery in the first place. In addition, a respondent who benefited from a counselling support felt this kind of support was best delivered face-to-face.

I would like them to go back to face-to-face counselling rather than Zoom because a lot of people need help and face to face is better. [Service user]

These findings suggest that face-to-face delivery may be seen as important by service users for certain kinds of support such as counselling, but that some other forms of support may be effectively delivered remotely. However, initial face-to-face contact may be critical for taking the first step to seek support for many, which can then be switched to remote contact in some cases.

Quantitative research provided some more information about the impact of the Covid-19 pandemic on PST delivery and service user needs. The vast majority of service users who completed the survey (76%) reported the pandemic did not affect the kind of support or the amount of support they needed from PST. However, just under one fifth of respondents answered the support they needed was related to the pandemic or they needed more

support because of the pandemic. For example, one respondent explained their health suffered because their job became more demanding due to staff absences caused by the pandemic.

Most survey respondents (76%) answered that their experience of PST service did not change as a result of the pandemic. However, 14% respondents said using the service became easier during the pandemic and 10% thought it became more difficult. Some who found it easier explained this was because it became easier to access and issue food vouchers online, so they could get help faster. Those who found it more difficult usually explained they had more limited access to staff and appointments, causing delays in receiving help.

It was easier and faster to check vouchers online and confirm clients' information as everything was online. [Service user]

4. Optimising social prescribing in Thamesmead

The research also explored ideas and views of different audience groups about the future of social prescribing in Thamesmead and how it could be optimised. Respondents discussed and suggested different ways to achieve this, including through greater integration and coordination of social prescribing in the area. Through these discussions, respondents shared their perspectives on different social prescribing services in Thamesmead, how they compared, and what strengths each of them could bring if they worked more closely together. These observations and ideas for improving social prescribing in Thamesmead are discussed below.

4.1. Views on the current landscape

Respondents discussed several social prescribing services currently operating in Thamesmead specifically, and the boroughs of Bexley and Greenwich more widely. This included: PST, active in Thamesmead; Community Connect supporting residents of Bexley; Live Well providing social prescribing for Greenwich; and NHS 'link workers' operating as social prescribers in some GP surgeries in Bexley.

How much respondents knew about these different services varied, depending on the level of their involvement with particular services. As this research largely focused on PST, respondents from public and voluntary services included in the research were familiar with PST but had much more limited understanding and awareness of other services. However, the stakeholder respondents more directly involved in planning, commissioning or delivering social prescribing in Thamesmead, Bexley and Greenwich were able to draw some

comparisons across different services and share their views on their potential strengths and weaknesses.

As discussed previously, the place-based model of PST was often highlighted as its key strength and what enabled it to be effective in Thamesmead. This included several elements: local community outreach that helped identify and engage people in need of support; tailoring support to the needs of community; and providing support in local, accessible community settings. In addition, PST was perceived as an enhanced social prescribing model, which not only signposted service users but funded support and interventions to meet their needs where these were missing. Its main weakness was perceived to be not being able to refer service users to a wider range of partner agencies across the two boroughs. In addition, its volunteer-based model was felt to be more vulnerable to fluctuations in terms of resource for social prescribing.

Community Connect and Live Well were also perceived to have particular strengths:

- Firstly, their ability to refer service users more widely across their respective boroughs. Respondents familiar with these services, therefore, felt that they potentially could address a wider range of issues and support needs than PST.
- Secondly, these services were seen to be potentially more stable and with greater capacity, as social prescribing was done by paid staff rather than volunteers and they were thought to have bigger staff resource.
- Thirdly, these services also provided some longer-term support, in addition to social prescribing. For example, where that was deemed helpful, Live Well service users could also access a 6-week long one-to-one coaching to help identify their needs and guide them to access support and address those issues. In particularly complex cases, there was also access to a multi-disciplinary team for additional support.

Live Well is borough-wide, has a significant commissioned infrastructure, call centre with about 15 staff, about 30 social prescribers. It is primarily based on paid staff but in a lot of fundamentals it is very similar [to PST]. They are both essentially around signposting and support in a way that hopefully empowers the residents themselves. Philosophically they are very close in their ethos, but difference is of scale. [Stakeholder]

NHS Link Workers were perceived to offer more limited support compared to the other three services. Some respondents thought that Link Workers' remit and work was too medical and did not consider wider support needs. Others felt that NHS Link Workers lacked detailed knowledge of the local voluntary sector, so struggled to signpost effectively and sometimes duplicated existing referrals. These respondents thought that the role of NHS Link Workers may need to be reviewed in the future, to address these issues.

What we would probably observe is that the NHS Link Worker model is probably more medicalised than the model that we implement. We think that the Link Workers would really benefit from that additional funding around the infrastructure, so they can give out and understand what's on their patch in terms of voluntary sector. I think that's probably a real challenge for them. [Stakeholder]

The research highlighted differences between two boroughs in implementing NHS social prescribing. A respondent explained that in Greenwich, all the different funding for social prescribing – including from the local authority, the NHS and the Primary Care Network (PCN) – was used to support one social prescribing service for Greenwich. In a different set up in Bexley, the PCN funding was used by individual GP surgeries to employ Link Workers. One stakeholder from Bexley felt this resulted in having separate budgets for social prescribing, which did not help with co-ordination of this provision. It was suggested that there was a need to integrate social prescribing better with PCN work in this area in Bexley.

Stakeholders involved in social prescribing recognised that the current situation could lead to duplication and confusion for residents over different social prescribing services and their remit. However, some also thought that duplication was limited, as these services potentially dealt with somewhat different issues and audiences. For example, PST was perceived to commonly deal with immigration, debt and housing, whereas Community Connect offered support with a wide variety of issues, including social isolation and loneliness and physical activity. In addition, as PST has strong presence at the Lakeside Health Centre in Bexley, Community Connect focused on other Bexley GP practices to avoid duplication.

4.2. Integration and co-ordination of social prescribing in Thamesmead

In discussing the ways to optimise social prescribing in Thamesmead, respondents suggested a range of ideas for closer alignment of existing services and provision. The ideas developed in this process were explored with other respondents in subsequent interviews, to capture their feedback and build on these suggestions further. Respondents' thoughts about potential ways of working together and co-ordinating different social prescribing services in Thamesmead are discussed below.

Working together

Stakeholders involved in social prescribing in Thamesmead and the two boroughs recognised the benefits of closer collaboration, which they thought would make access to services easier for residents, help services reach and support more people, and avoid duplication. There was an interest in, and appetite to establish closer links between the services and raise their awareness of each other's offer, for example, through periodical meetings.

Quite a simple step would be to bring together different [social prescribing] teams to understand and learn about each other and enable some of those mechanisms [of collaboration]. [Stakeholder]

I would say there are three different organisations working for Thamesmead but we are not always working together. Everybody's working in isolation. Having periodical meetings, sharing what we all do would be a positive way forward. [Stakeholder]

Respondents suggested several potential forms of collaboration:

- **Cross-referrals:** Some respondents were interested in enabling cross referrals between different social prescribing services. For example, where one service lacked partners to signpost a resident to the support they needed, they could refer them to another social prescribing service if they were better placed to help. This form of collaboration was seen as beneficial for residents but also easy to achieve for existing services.

If they can't meet the needs and refer to us, we may be able to help. It just feels like we're there as added capacity. We'd like to support people in Thamesmead, but we don't want to step on toes or duplicate. So, we've made the offer, but I feel we do have quite a lot of knowledge of what else is available, and I think that's a partnership that could be of real benefit in the future. [Stakeholder]

That's straightforward and could be easy to happen, because PST could be given access to the back end of our customer relationship management system. [Stakeholder]

- **Data sharing agreements:** Respondents who discussed cross-referrals pointed out the need for data sharing agreements to be put in place between existing social prescribing services, to support greater collaboration. This would enable not only cross-referrals, but potentially also working together to identify and address gaps in existing support.

I think there could be some real system advantages to sharing our data and learning, so we can look at the gaps as a collective. It still feels quite separate. I think we'd really welcome that partnership approach. [Stakeholder]

If we put in place data sharing agreements between Bexley [Community] Connect, Live Well and PST, we could automatically put ourselves in a better place ... because we would be able to phone up [each other] and say Mrs X has consented to talk to you about this, here's what's the problem here's her phone number and that case is then passed over.... That's seamless in some respects. [Stakeholder]

- **Co-funding:** A few respondents also highlighted opportunities to work together in jointly funding particular support services needed locally. A respondent highlighted this was already happening to some extent, for example, with PST and Bexley local authority jointly funding the Citizens Advice contract in Thamesmead. Joint bids to secure further funding for support services were another example of this kind of collaboration. In addition, a stakeholder thought there could be a scope for joint Bexley and Greenwich co-funding of support services in Thamesmead with equal access for residents of both boroughs.
- **Co-location:** Some respondents were interested in exploring the opportunities to develop partnerships through greater use of co-location, for example, basing different services together in community hubs.
- **Pooling resources together:** There was some interest in exploring opportunities for how different social prescribing services could pool their resources together. One suggestion put forward was to explore how the strengths of different services could be combined to maximise their reach and impact.

Some respondents suggested that PST community outreach could be extended to support other social prescribing services in identifying people in need of support, whereas one-to-one coaching offered by Community Connect and Live Well could be extended to become accessible to PST service users too. A stakeholder also discussed resources they thought they could offer, including data and learning, as well as social prescribers' time to support people of Thamesmead.

Another stakeholder stressed the importance of pooling different social prescribing budgets together, which at present was not the case in Bexley. The respondent thought this would help avoid duplication and fragmentation and help achieve biggest impact across the borough.

Pool the budget, and commission the whole thing out, and then you've got integration across the borough. One service that can respond to different needs in different areas. [Stakeholder]

- **Attaching access to services to GP registration:** One stakeholder involved in social prescribing suggested extending the principle that anyone registered with a GP in one borough should be able to access social prescribing support in that borough, even if they weren't a resident. What that would require, however, is for social prescribers in borderline areas to be able to signpost to both Bexley and Greenwich services, so have a wider knowledge. Another respondent thought this was already the case with Bexley and Greenwich social prescribing services, so that being registered with a GP in one

borough meant residents could access social prescribing attached to that surgery even if they lived in the other borough.

For example, if you're registered with a GP in Bexley, you can access the support. Then whoever is providing that link needs to know what's in Greenwich as well. It doesn't have to be far into Greenwich, but it needs to be within the community that people live. You would just need to extend that knowledge from the voluntary sector and community provision into Greenwich. That's part of the brief.
[Stakeholder]

Integrating commissioning and planning

In addition to working together, respondents explored opportunities for greater integration of social prescribing in Thamesmead in terms of its commissioning, planning and delivery. Respondents shared an interest in greater co-ordination between different social prescribing services active in Thamesmead but varied in how much integration they thought was desirable or achievable.

All respondents agreed that greater co-ordination and collaboration was needed when commissioning and planning social prescribing in the two boroughs to avoid duplication, to identify how different services can complement each other and to maximise the impact of available resources in Thamesmead. Respondents thought this would also help identify support needs and any gaps requiring additional support to be put in place, as well as how best to utilise available services to meet these needs.

I would hope it would reduce any duplication. I would hope that you'd have those relationships so referral pathways would become much easier because you'd just pick up the phone. It's based on relationships, and the process will follow. I think we could build those relationships so we could actually use what we've got as efficiently as possible. [Stakeholder]

However, views on the extent to which social prescribing commissioning and planning could be integrated in Thamesmead varied. Some suggested this could be potentially achieved through a single commissioning process for Thamesmead, which they thought would ensure services were aligned and not fragmented. Other respondents, however, did not think this would be possible or desirable, citing different reasons against the single commissioning process for Thamesmead. Firstly, they thought that this could potentially cut off Thamesmead residents from being able to access support services in the rest of their borough. Secondly, these respondents also pointed out barriers in greater integration in commissioning services in Thamesmead between the two boroughs, most notably the different levels of investment in this area in Bexley and Greenwich.

I think there's a risk that if you separate Thamesmead from social prescribing in the borough, you're limiting the access to the support in the community. That's the risk. It should be a Thamesmead focus, but if you separate it to the rest of the borough, I just think it will be mixed. It limits access to the voluntary sector for residents. [...] I feel it kind of others Thamesmead even more if we make it just Thamesmead, and don't try to bring the broader voluntary sector into Thamesmead. [Stakeholder]

It's a big challenge because the level of investment from Bexley compared to Greenwich is very different. Greenwich have got the whole primary care network already prepared to pay into and support the Live Well system. [Stakeholder]

At the moment, I don't think we would be looking at chunking down our social prescribing to a sub-borough level, I think we would still be looking at commissioning our social prescribing at a borough level. [Stakeholder]

In the current way of working, I cannot see a situation where Bexley and Greenwich would jointly commission social prescribing. You could see something where there could be a conversation about model alignment. There could be a conversation about ways in which it is done. Specifically, in Thamesmead, you could see a situation where the primary care networks on either side of the boundary chose to put a little bit of money towards something that was specific to Thamesmead that could be bought from either PST or Live Well as a kind of project, but not sure how likely that is. [Stakeholder]

Stakeholders from Greenwich and Bexley saw the value of having an integrated service for each borough, with a potentially added focus on Thamesmead within that. One opportunity that was discussed was for each borough to set aside part of their budget for Thamesmead that would focus on local support needs and provision, provided this investment was comparable across the two boroughs.

Integrating service delivery

More integrated delivery of social prescribing in Thamesmead was another opportunity explored by respondents, as they discussed the pros and cons of having one, umbrella social prescribing service for Thamesmead.

Many respondents could see the benefits of this approach, as they thought that bringing all social prescribing services under one umbrella would make it easier for service users to access social prescribing and navigate support. Another benefit of this approach was seen in potentially tackling the Bexley-Greenwich divide and the barriers in accessing support, as such integration could help ensure more seamless access to support across Thamesmead. A respondent from agencies PST refers to also thought an integrated service would be easier for support agencies, as they would not need multiple different contracts.

Why should the client on the front suffer because we happen to be across borough boundary? It needs to be done seamlessly so that nobody realises that they sit in a different borough. [Stakeholder]

Some stakeholders involved in social prescribing pointed out that it would not be possible to have one service, as the two boroughs would still commission for their boroughs. They, nevertheless, thought that this greater integration could potentially be supported through the regional NHS structures. They noted that the Southeast London CCG had a more regional focus, potentially allowing for such sub-regional services to emerge. Another stakeholder pointed out more integrated social prescribing across two boroughs may be possible if the respective PCNs chose to work together, but the respondent thought this was unlikely.

Respondents from agencies that PST referred to highlighted some concerns over developing a bigger, umbrella service. A respondent warned that the risk of a big umbrella organisation was that people could get lost in the system. They suggested an ideal set-up may involve an integrated administration for such an umbrella service, which still allows the three social prescribing services to retain their identity and the relationships they built. Responding to these concerns, another respondent noted that the system may lose personal touch if it grew too big, which they thought was a valuable feature of PST that would be important to retain.

Building on the strengths of existing social prescribing provision and models

Respondents also stressed the positive features of existing social prescribing provision in Thamesmead, which they thought should be harnessed and built on in any future developments. Some highlighted features of existing services that would be worth trialling out more widely and potentially rolling out.

- **Local outreach and delivery:** Some stakeholders were keen to explore opportunities to apply the PST model of community-based outreach and delivery more widely, which they felt increased engagement with services. Respondents suggested this may involve expanding outreach to other GP surgeries or other community places. This approach, they noted, may need to be adapted for different areas and populations. For example, older people in certain areas of Bexley may need their community outreach to be in a local Tai Chi class than their GP surgery. A stakeholder involved in local social prescribing also thought PST volunteers could potentially provide a similar service at the Gallions Health Centre, as they did at the Lakeside GP surgery.

Service users, PST volunteers and agencies that refer to PST were also very keen that continuity of PST was secured and felt protective of the current model which they felt was very effective. If anything, they wanted to see PST expand in its current form and have more community outreach in diverse places, including other GP surgeries, schools,

and places of worship. Volunteers also thought that other social prescribing services should learn from PST and adopt its good practice in terms of: community outreach, local support delivery, assistance with booking appointments, bridging Bexley-Greenwich divide and tailoring support to local needs.

Schools, mosques, children's centres and everything. With this kind of work, you need to go to where the people are. [PST volunteer]

Many respondents further welcomed the idea of using more community spaces as social prescribing and support hubs, both to improve local access and build partnerships through co-location. For example, a respondent who provided support in a local community hub, was enthusiastic about this idea. They thought service users liked going to hubs, as they saw them as 'one stop shops' where they could get support with different issues. Another respondent who supported the idea of community hubs stressed the importance of ensuring some were based in Thamesmead.

- **Social prescribing informing commissioning of services:** Several respondents pointed out the importance of using learning from PST and other social prescribing services to inform health and care pathways. To achieve this, it was felt that the different social prescribing services should share their learning and collaborate in identifying local support needs. It was pointed out that sourcing information on needs of specific populations and areas and adjusting services to those needs was key for optimising social prescribing in the future. In this context, a respondent gave an example of transient populations in Thamesmead, who had particular needs, such as support with immigration, overcrowding and children's vaccinations.

We also need to look at the future, with the principles of integration and partnership where we could be sharing: What do we see are the needs? What do they see are the needs? How can we tackle that together? What do we with providers? Can we look at a funding bid to get more resource? It doesn't always need funding. It could be, if you're seeing a need where people are asking for more volunteer opportunities in Thamesmead, then okay, now we know about that, we can help. [Stakeholder]

To help meet local needs, some stakeholders also stressed the importance of investing in available support as part of planning for social prescribing. They supported the PST model in this respect, although noted the financial challenges of rolling this out more widely across the two boroughs. To address this challenge, a respondent thought it would be important for social prescribing services – including PST – to be involved in the commissioning process in the two boroughs to highlight the unmet needs and support gaps and work with commissioners to secure funding to put the required support in place.

To replicate that [PST model] borough level is very challenging, in terms of the investment in the Link Workers, but also the investment in the sector. So, I think what we're increasingly doing, and I'd love to see Positive Steps be part of these conversations, is that more strategic piece. Working with commissioners; for example, to say we, social prescribing, has identified this as a gap. How are we going to address that? [Stakeholder]

When commissioning new local support, one stakeholder wanted to see more support and funding for local grassroots organisations, in addition to branches of national organisations.

It's brilliant you can bring Citizens Advice in, and there's a real need there, but we need to be looking also at how to grow the grassroots voluntary sector that's there, so they're really embedded, not just across the borough. That focus on Thamesmead has brought more of the voluntary sector into the area, but the flipside is that it's a very small pool of providers that Positive Steps refers to. [Stakeholder]

5. Conclusions

The research found that PST has had a significant positive impact on service users, as well as on local public and voluntary sector services. Its local focus through tailoring support to the needs of Thamesmead residents and community outreach and delivery were seen as key to its effectiveness. There was an appetite to harness, retain and potentially roll-out elsewhere successful features of the PST model, but also an aspiration for more collaboration and integration between different social prescribing services in Thamesmead in the future.

Over 80% of PST service users who completed the online survey reported that **PST helped or made a huge difference** to them. Qualitative research found that PST effectively supported some of the most vulnerable Thamesmead residents to access appropriate services. In doing so, PST often helped avert an immediate crisis, such as food poverty or evictions and homelessness. PST and its partners were also seen to have played an important preventative role through alleviating and reducing poverty and supporting mental wellbeing. Examples of such longer-term positive impact included: benefit maximisation, incremental income increase, improved access to employment, improved mental health wellbeing and regulating immigration status.

In addition, the research also highlighted the wider **positive impact of PST on the local public and voluntary sector support services.**

- PST was felt to have improved access to, and usage of, local support services, through raising residents' awareness of available support and helping them access the right help.
- It was seen as instrumental in building the capacity of local support services in Thamesmead, through commissioning and funding additional services where these were previously missing.
- Stakeholders also highlighted the value of PST leadership and good practice, which offered valuable learnings for social prescribing more widely.
- Finally, stakeholders believed that PST led to cost savings to the local health system, for example, by freeing up GPs' time for more medical appointments which was previously taken by signposting patients to address socio-economic issues impacting on patients' health and wellbeing.

The PST model of social prescribing was seen to be **working well** due to its local focus and the following features:

- The presence of PST volunteers in community places, such as GP practices, schools, churches, foodbanks, and children's centres, was felt to be instrumental in engaging people in need of support and connecting them with appropriate services.
- Making support accessible by situating services in local and familiar settings was seen to further help with engagement and attendance of appointments.
- PST was also perceived as an enhanced model of social prescribing because it not only signposted service users, but also: made appointments for them, sent reminders to further encourage attendance, and put support in place where it was needed through additional funding.

Key **challenges** involved in the PST model and delivery were seen to involve:

- Better monitoring and data management was identified as an important area to: help understand and demonstrate the impact of the service, make client management and data sharing easier, and free up PST staff time through greater automation.
- Achieving staffing consistency was highlighted as a potential weakness of a volunteer-based system that may need reviewing in terms of contingency planning.
- Some stakeholders also questioned whether the range of partner agencies PST referred to was limited, therefore limiting access to support services for PST service users.

Thinking about the future of social prescribing in Thamesmead, there was appetite for greater integration of different social prescribing services. The research identified forms of collaboration, co-ordination and integration that had broad support among stakeholders, as well as those that were seen as more controversial or difficult to implement:

Collaboration and integration ideas that received positive feedback

There was interest in establishing closer relationships between different social prescribing services and the following forms of collaboration: **co-referrals, co-funding services, sharing data and learning and working together to inform the commissioning of social prescribing in Thamesmead.**

Having an **integrated social prescribing service interface**, for example, one social prescribing point of contact for Thamesmead residents, was generally accepted as beneficial. In that model, different social prescribing services would collaborate in the background to identify and provide the appropriate referral pathways, which would be supported by cross-referral mechanisms and data sharing agreements.

There was also an interest in **retaining the strong points of existing social prescribing** in Thamesmead, building on, and potentially, rolling out some of its features more widely. This included retaining and expanding community PST outreach, as well as the local delivery of support services. For example, when re-commissioning social prescribing in the two boroughs, it may be possible to explore whether these principles could be applied more widely. Another principle that was felt to be important was to ensure that any learnings from social prescribing, for example, about support gaps, would inform commissioning of health and other support services.

Collaboration and integration ideas that received mixed feedback

Respondents' views on **integrating social prescribing commissioning for Thamesmead** were more mixed. Some were interested in the single commissioning process in Thamesmead and hoped this would help focus on specific local needs of the area, as well as help bridge the Bexley-Greenwich boundary that made it difficult for some residents to access services. Others thought, however, that separating Thamesmead in terms of commissioning from the boroughs of Bexley and Greenwich may limit access to support and cut off Thamesmead residents from the wider support in the two boroughs.

Nevertheless, certain opportunities for integrating social prescribing commissioning in Thamesmead were highlighted. One idea put forward was for both Bexley and Greenwich to set aside a part of their budget which would target social prescribing in Thamesmead and ensure focus on local needs and delivery. Another suggestion was to explore whether the regional NHS structures could help support greater integration, for example, through harnessing the regional focus of the Southeast London CCG.

6. Recommendations

For PST and PCF

1. Shift towards a more IT-based data management system that would enable better monitoring, data sharing and free up staff time
2. Review and improve monitoring and data management processes with partners to ensure that key data on the impact of PST and partner services is captured on an ongoing basis
3. Review contingency plans for managing volunteer availability and turnover
4. Review the breadth of partner agencies and how service users could be signposted to the wider support in the two boroughs

For PST partners

5. Support PST in data collection for the purposes of monitoring and understanding the impact of the service and partner agencies

For social prescribing services in Thamesmead

6. Put data sharing and cross-referral mechanisms in place
7. Explore other ways to collaborate to improve Thamesmead residents' experience of social prescribing in the area
8. Work together to help inform social commissioning in Thamesmead by identifying local support needs and planning how to co-ordinate social prescribing in the area

For commissioners of social prescribing in Bexley and Greenwich

9. Invite all social prescribing services in Thamesmead to have an input in the social prescribing commissioning process in the two boroughs
10. Use learnings from social prescribing services to inform health and care pathways and service commissioning
11. Collaborate across the Bexley and Greenwich boundary to ensure Thamesmead residents have a seamless access to services and support
12. Support more integrated social prescribing delivery in Thamesmead through co-funding of social prescribing in the area and potentially one point of access to social prescribing in the area

Appendix 1: Methodology

Detailed research objectives

To understand the impact of PST and help inform its future operation and social prescribing in Thamesmead, the evaluation needed to explore the following questions:

- **Understanding the impact and value of PST:**
 - What impact has the service had on **service users**?
 - What difference did the service make to them?
 - Specifically, what impact did it have on their mental wellbeing?
 - What are the key issues the service has helped with?
 - What aspects of the service contributed to its positive impact?
 - What is the value of having a highly local, accessible service such as PST?
 - Could anything be improved to achieve even more?
 - What impact has the service had on **local public sector and other services**:
 - Healthcare services, e.g. reduction in triage appointments and related cost savings?
 - Local authorities, e.g. cost savings due to prevented housing evictions?
 - Other local agencies?
- **Understanding experiences of PST**
 - What has **worked well / less well** in the operations and delivery of the service?
 - How has the **Covid-19 pandemic** impacted on the delivery of the service?
- **Optimising social prescribing in Thamesmead**
 - How does PST work relate to **other social prescribing** services active locally?
 - How can PST best **complement** the work of other social prescribing services locally?
 - Specifically, what could/should happen to PST to get the best offer for residents?
 - What **gaps** exist in service provision? What other needs could be met through the service?
 - What lessons can be learnt that can help inform **future social prescribing commissioning**?

Methodology

A total of 29 respondents were interviewed in qualitative research through a mix of depth interviews and group discussions:

- 6 x depth interviews with **service users** (6 respondents; 45 minutes long)
- 1 x group discussion and 1 x depth interviews with **agencies that PST refers to** (4 respondents; 90 ad 45 minutes respectively)
- 3 x depth interviews with **agencies referring to PST** (5 respondents; 45 minutes long)

- 1 x group discussion and 3 x depth interviews with **stakeholders involved in social prescribing in Bexley and Greenwich** (7 respondents; 60 minutes long)
- 1 group discussion with **PST volunteers** (3 respondents, 90 minutes long)
- 1 group discussion with **PST and Peabody Community Foundation (PCF) staff** (4 respondents, 90 minutes long).

In addition, the research provided two more channels for key audiences to share their views:

- **A feedback form:** 5 more respondents have shared their thoughts on PST and social prescribing in Thamesmead in this way. This included 3 more PST volunteers and 2 respondents from agencies PST refers to.
- **An online quantitative survey:** 79 PST service users completed the survey and offered their views of the service.

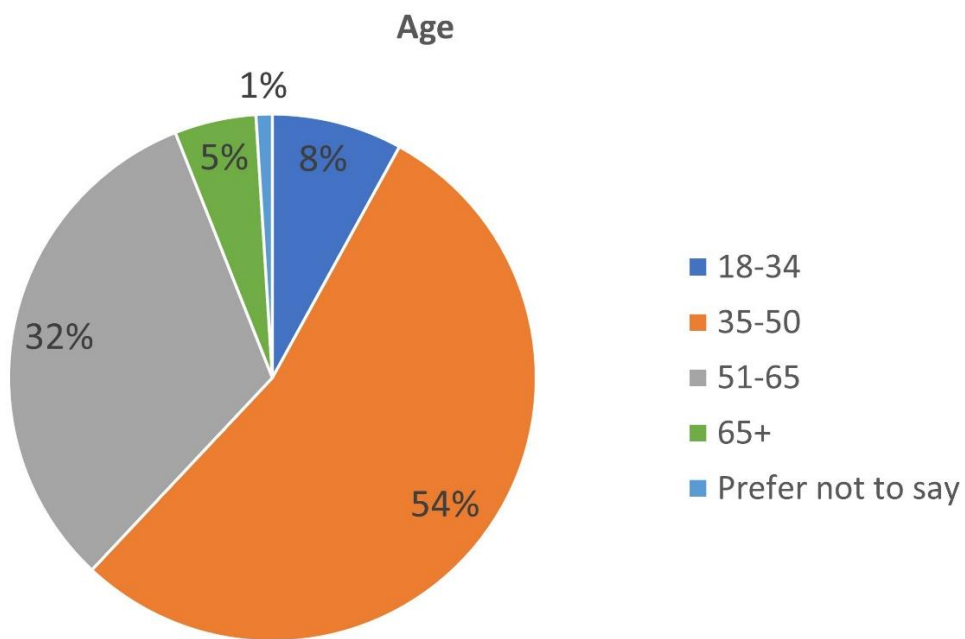
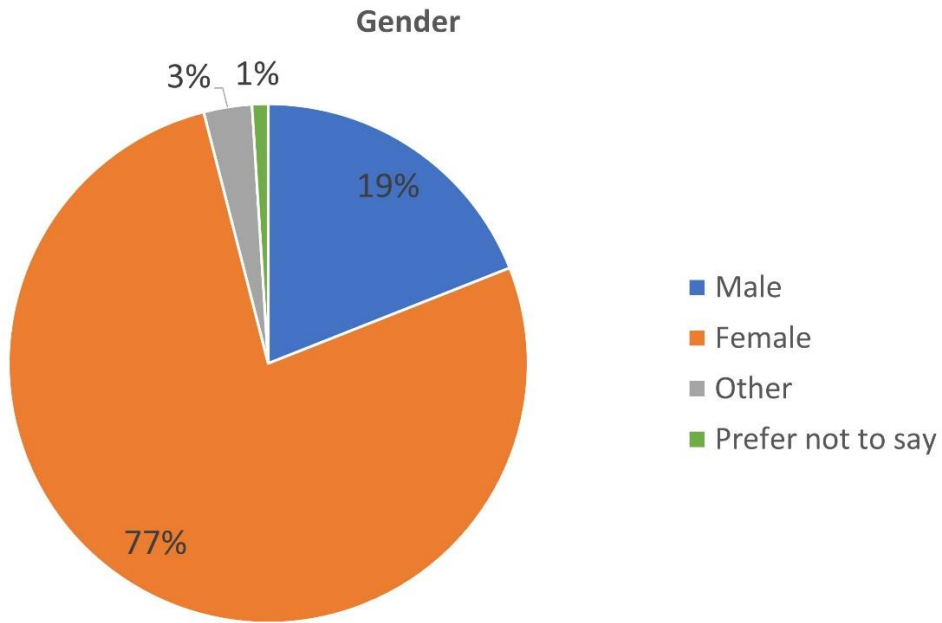
Full discussion guides and the online survey questionnaire are available upon request.

Service user sample

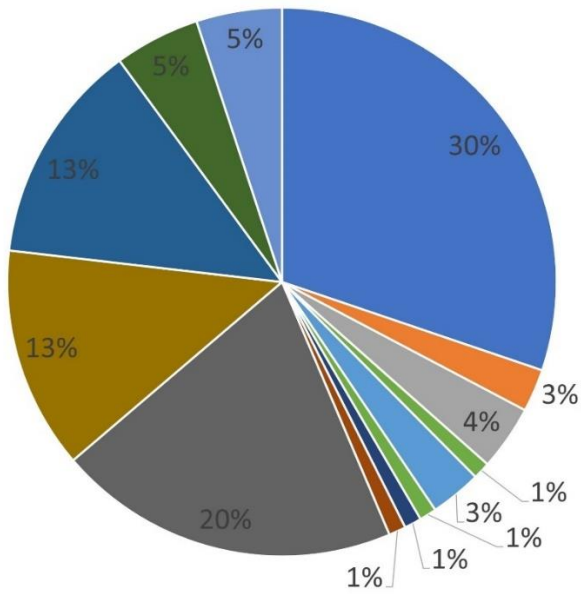
The qualitative sample was structured as follows:

- All have used PST in the past 2 years
 - Within this, there was a mix of people who've used the service before and since the Covid-19 pandemic started so that both experiences could be captured
- Respondents were mixed in terms of gender, age, ethnicity and reasons for using PST
 - 2 men and 4 women
 - 2 White British, 1 White Other, 1 Black African, 2 Black British
 - 2 were aged 35-50 years, 4 were 51-65 years old
 - The issues they needed help with were diverse, including housing, immigration, benefits, financial advice, disability advice and counselling.

The quantitative sample of service users who completed the online survey included a diverse mix as follows:

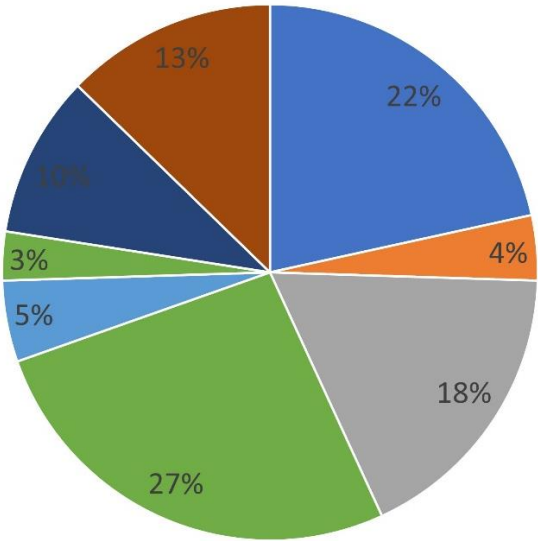


Ethnicity



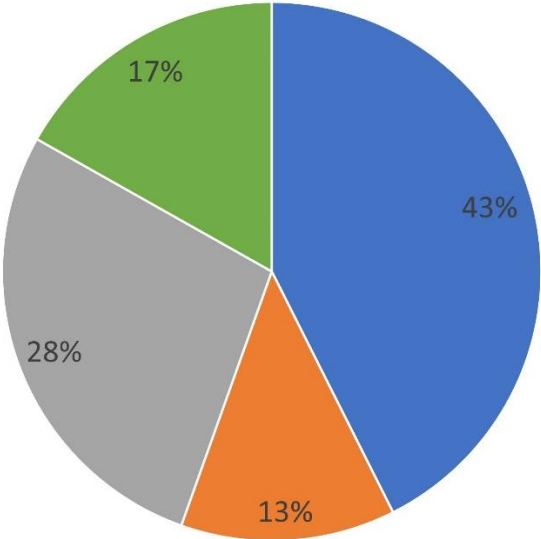
- White - English, Welsh, Scottish, Northern Irish or British
- White - Gypsy or Irish Traveller
- White - Any other White background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Mixed - Any other Mixed or Multiple ethnic background
- Asian or Asian British - Any other Asian background
- Black, African, Caribbean or Black British – African
- Black, African, Caribbean or Black British – Caribbean
- Black, African, Caribbean or Black British - Any other Black, African or Caribbean background
- Other ethnic group
- Prefer not to say

Employment



- Employed
- Self-employed
- Unemployed but looking for work
- Unemployed and not looking for work
- Student
- Volunteer
- Prefer not to say

Number of times they used PST



- Once
- Twice
- Three or more times
- Not sure

Appendix 2: Literature

Bukola Joel and Joseph Griffiths, 2020. *Shaping Places: Wellbeing and Connection in Thamesmead*.

Counselling Matters, 2018. Monitoring of Peabody counselling project. [Unpublished monitoring document]

Counselling Matters, 2020. Monitoring of Peabody counselling project. [Unpublished monitoring document]

Locality Matters and Peabody, 2016. *Positive Steps: the Story so far*.

Locality Matters, 2019. *Year to Date Evaluation of Positive Steps Thamesmead*.

Ministry of Housing, Communities and Local Government, 2019. *The English indices of deprivation 2019*.

Peabody, 2019. *Why Positive Steps?* [Unpublished PowerPoint presentation]

The Young Foundation, 2019. *Life in Thamesmead: An ethnography of families with young teenagers*.

Appendix 3: PST partner agencies

Partner agencies that refer into PST

- Lakeside Health Centre
- Peabody
- Children's centres
- Foodbank

Partner agencies that PST refers to

- Citizens Advice
- GAD Metro disability advice
- Lewisham Refugee and Migrant Network
- Foodbank
- Counselling Matters

Appendix 4: PST referral form

Date:	Venue:	Referring Officer:	Organisation:	Reference : __ __	
First Name:		Number of adults in household:			
Last Name:		Number of children (under 18) in household:		Any under 5 []	
Address Line 1:		Borough (Greenwich / Bexley):	Greenwich []	Bexley []	
Address Line 2:		Gender:	Male []	Female []	Other []
Post Code:		Do you have access to public funds:	Y []	N []	
Can we write to you at this address?	Y [] N []	Landlord:	Private []	Social []	
Telephone/Mobile:		Name of landlord:			
Can we leave a message?	Y [] N []	Do you consider yourself to have a disability?	Y []	N []	Prefer not to say []
Email:		Ethnicity – please state			
Date of Birth:					
Please tick or answer the following questions with a YES or NO					
Do you need any advice about any of the following?		Debt []	Benefits []	Housing []	
Do you need emergency food support or longer term support accessing food?		Emergency (Foodbank) []	Long term (Food Club) []		
Would you like some advice on how to find employment or volunteering?		Employment []	Volunteering []		
Do you need advice regarding a disability?		Housing []	Benefits []	Other []	
Do you need information or advice about immigration?					
Do you think you could benefit from free counselling sessions?					
Are you interested in saving on your energy bills?					
Do you need digital support?					
Would you like to find out about local gardening opportunities?					
I, the undersigned, give consent for the details presented in this form to be passed on to the relevant organisations of the Positive Steps Thamesmead partnership and for those partners to contact me to provide advice and support.					
Signature					
Signature of Referral Officer					
Any other comments / Do you need any other advice? Please specify:			Can we contact you for feedback? Y [] N []		

If you would like to read our Privacy Policy on how and why we hold and use your data, please visit: <https://www.peabody.org.uk/terms-conditions/peabody-community-foundation-privacy>. If you would like to receive a hard copy of our privacy notices for Peabody and/or Peabody Community Foundation, please let us know by contacting Customer Hub on [0800 0224040](tel:08000224040).

Office Use Only	
Referral for food	Foodbank Voucher Given [] Food Club referral []
Referral for employment / Volunteering	Reconnect [] Volunteering []
Referral for counselling	Bexley Counselling Matters []
Referrals for immigration advice	Lewisham Refugee & Migrant Network []
Referrals for housing advice	Citizens Advice Bureau []
Referrals for debt advice	Citizens Advice Bureau []
Referrals for benefits advice	Citizens Advice Bureau []
Referrals for Disability support	Metro GAD Benefits [] Housing [] Other []
Referral for energy saving	Energy bill saving []
Referral for Digital Support	Digital Support referral []
Referral for gardening opportunities	Garden Opportunities referral []
Other (please state)	