

Social Prescribing Report

Healthwatch Bromley
Spring 2023



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About Healthwatch

Healthwatch Bromley (HWB) is an independent champion for people who use health and social care services. We aim to put people at the heart of care. We ask what users like about services, and what could be improved, and share their views with those with the power to make change happen.

Our sole purpose is to help make care better for people by:

- Providing information and advice to the public about accessing health and social care services and choices in relation to those services.
- Obtaining the views of residents about their need for, and experience of, local health and social care services and making these known to those who commission, scrutinise and provide services.
- Reporting the views and experiences of residents to Healthwatch England (HWE), helping it perform its role as national champion.
- Making recommendations to HWE, to advise the Care Quality Commission (CQC) to carry out special reviews of or investigations into areas of concern.

Your Voice in Health and Social Care

Your Voice in Health and Social Care (YVHSC) is an independent organisation which gives people a voice to improve and shape services and help them get the best out of health and social care provision. YVHSC holds the contract for Healthwatch Bromley (HWB). HWB staff members and volunteers speak to local people about their experiences of health and social care services. Healthwatch engages and involves members of the public in the commissioning of health and social care services, through extensive community engagement and continuous consultation with local people, health services and the local authority.

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Disclaimer

The information presented within this report covers some experiences of social prescribing link workers (SPLWs), primary care professionals and patients, of social prescribing services. The findings provide a snapshot of experiences and key insights from patients and professionals. The report cannot cover the totality of experiences but can be used to guide service improvements, as well as any future in-depth research required.

Acknowledgements

Healthwatch Bromley would like to thank everyone who participated in the surveys and shared their feedback. We would like to thank our committee and volunteers for their contributions and on-going support.

We would also like to thank local partners:

- Bromley Well
- Community Links Bromley
- Bromley GP Alliance
- South East London Integrated Care Board (SEL ICB) colleagues
- One Bromley.

How to read this report

This report starts with an Executive Summary, followed by background information and details of our approach.

The Key Findings and Recommendations can be found on page 10 and 12 respectively.

This is followed by Full Findings sections, where we provide detail on the responses received for each of the Patient Survey, the Primary Care Professional Survey, and the Social Prescribing Link Worker Interviews that we carried out.

Further data and charts can be found in the Appendices.

We have also included copies of the two surveys and set of interview questions as a point of reference.

Executive summary

Based on comments about the service from residents and our committee, Healthwatch Bromley (HWB) decided to investigate how social prescribing was working in 2022 – 2023 in the London Borough of Bromley (LBB). We developed two surveys – for patients and Primary Care professionals – and a set of interview questions for social prescribing link workers (SPLWs). Altogether we received survey responses from 86 patients and 44 primary care professionals and interviewed 16 SPLWs.

A large majority of respondents to the patient survey were women. Approximately half of respondents – 52% – said their overall experience was either 5 (Excellent) or 4 (Good).

When asked why they were referred to a social prescriber, the main reason was mental health issues, including depression, caring responsibilities, post-traumatic stress disorder (PTSD) and mental breakdown.

People said that the primary benefit of social prescribing is the time that SPLWs can devote to them.

Several people felt the social prescribing service should be better publicised. The majority of respondents are still new to the service, and raising awareness about social prescribing within the community would be beneficial.

Some respondents mentioned that less than positive staff attitudes and professionalism contributed to a poor experience when accessing the service. They felt that good communication is key to success and would like to have had more meetings in person with their SPLW.

The majority of respondents said waiting times were the main concern for them. This comment relates both to waiting for the initial SPLW contact and being signposted by a SPLW to another service.

Respondents to the primary care professionals survey said that extra contact time and the ability to help promote healthy lifestyles and good mental health are the main benefits of social prescribing.

Almost all primary care professionals said that social prescribing could be improved by increasing the number of SPLWs, and that patients feel better heard and understood by discussing their non-medical needs with an SPLW. **5**

Our data indicates a lack of information and awareness within some GP practices and primary care networks (PCNs) about the role of the SPLW and the benefits of social prescribing.

The SPLW interviews identified the top five issues with which people ask for support as: housing, isolation, caring responsibilities, emotional wellbeing and benefits.

A majority of SPLWs expressed their satisfaction with their social prescriber lead who provides a lot of support with training and resources.

SPLWs believe their service benefits not only the patient but also the community and the health care system. Social prescribing could be improved by greater awareness within PCNs and GP practices and encouraging patients to attend their annual health checks.

Based on our key findings, this report contains 11 recommendations for the South East London Integrated Care Board (SEL ICB), PCNs, and SPLWs.

Background

Social prescribing is a key component of care, potentially supporting health and wellbeing, reducing social isolation and integrating people with support and groups in their community, aiming to make a positive difference to their lives. Considerable National Health Service (NHS) investment has been made in social prescribing across Bromley's primary care networks (PCN).

With the support of local partners, we launched a research study to investigate how social prescribing is working so far in Bromley. Based on our findings, we can identify and raise awareness of local service issues and how they may be addressed going forward, suggesting possible improvements.

This study has considered feedback from social prescribing link workers (SPLWs), primary care professionals and patients who use or have used the service. We also investigated resources, training and support available to SPLWs, mapping and assessing the use made of the service and its development so far.

Aims

- Capture and highlight the experiences of social prescribing from professionals' and patients' perspectives
- Assess the impact of social prescribing on service users' health and wellbeing.
- Use these voices and insights as an evidence base to suggest improvements in social prescribing
- Produce a report detailing the Bromley experience of social prescribing, what is working well and what could be improved, from the perspective of SPLWs, GPs, practice managers and service users.
- Make evidence-based recommendations for improving the social prescribing service.
- Identify any possible knowledge gaps and areas for future research.
- Contribute to the evidence base of the National Academy for Social Prescribing (NASP).

Approach

As the topic of social prescribing is relatively new in Bromley, this research study aimed to add value by providing a factual overview of the current state of social prescribing in the London Borough of Bromley (LBB) by describing residents' awareness, while recognising aspects of the service working well and others needing further investigation.

At the start of the research, we approached local partners, including Diana Norris, Lead SPLW Bromley GP Alliance, and Dr Rebecca Long, Clinical Lead for Population Health Management and Personalised Care for South East London. We consulted them at each stage. We wanted their support to help shape the project and design a mixture of open and closed interview questions to ask SPLWs.

We also worked closely with partners from the NHS South East London Integrated Care Board (SEL ICB) to identify suitable questions to ask staff and patients, tailoring them appropriately, implementing Healthwatch brand language and engagement guidance, and liaising with the HWB committee advisory board to finalise questions.

Methodology

Two separate surveys were designed, for patients (see pages 30-31) primary care professionals (see pages 42-43), and a set of interview questions for SPLWs (see pages 46-47). We included both qualitative and quantitative lines of enquiry.

Patient survey

The survey format was adapted to the needs of the patients and made available in digital and paper format. Paper copies had a FREEPOST self-addressed envelope to facilitate and promote responses.

The digital survey was promoted on our website and social media platforms. We received support from local organisations and GP practices who helped distribute, disseminate and promote the survey e.g. through texts, practice screens, websites and newsletters.

Primary care professional survey

We distributed the survey digitally to local partners and SEL ICB included the survey in a weekly primary care newsletter. We contacted Primary Care Networks (PCN) and GP Practice Managers to promote the survey and carried out face-to-face engagement visits. We also had support from the SPLWs who helped promote the survey to clinical and non-clinical staff within each of their PCNs.

44 people completed the primary care professional survey and 30% of the responses came from GPs and practice managers

Social prescribing link worker interviews

With the support of Diana Norris, Lead Social Prescribing Link Worker, we arranged interviews with 16 SPLWs* and these were conducted via Microsoft Teams or Zoom.

*Within the Bromley PCNs, there are SPLWs whose salary PCNs reclaim directly from NHS England under the 'Additional Roles Reimbursement Scheme'. When we began work on this report, February 2023, seven of the Bromley PCNs had at least one worker who was employed via the Bromley GP Alliance (BGPA). Now, only three PCNs in Bromley still have SPLWs employed by BGPA on behalf of the PCN (and only two of them have those SPLWs currently active). The rest are all directly employed by PCNs.

'The Additional Roles Reimbursement Scheme' was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. Through the scheme, PCNs can claim reimbursement for the salaries (and some on costs) of 17 new roles within the multidisciplinary team, selected to meet the needs of the local population' Website: <https://www.england.nhs.uk/gp/expanding-our-workforce/>

Key findings

Patients

- There is scope for widespread **improvement** within the Social Prescribing (SP) service – feedback is mixed with an approx. 50/50 split between those that rate it good/excellent and those that rate it ok/poor.
- Patients, Primary Care staff and SPLWs are still learning about the benefits of social prescribing. **Raising further awareness** about the service is a must.
- **Mental Health concerns** are a big factor within the Social Prescribing service – they are the main reason respondents are referred, and patients with mental health illness (often co-existent with other issues) also seem to share more negative feedback of the service.
- Patients prefer **face-to-face** appointments rather than telephone or virtual sessions.
- **Waiting time** is the main concern for people, both for the initial SPLW contact and for signposting by a SPLW to another service.
- The referral process needs addressing in respect of **communication** and expectations management – **42%** of patient respondents said the referral was helpful, whilst **51%** said either 'Not Sure' or 'No'.

Primary care

- **Time**, the ability to help **promote healthy lifestyle** and **good mental health** are the main benefits of SP, according to primary care professionals.
- SP **alleviates pressure on GP practices** by reducing the number of repeat appointments needed by patients, thereby improving the quality of care overall.
- Primary care professionals want to **increase the number of SPLWs** in order to improve the service – specifically improve referrals/reduce waiting times, and improve communication.

Key findings continued...

- Professionals told us that social prescribing service could be improved by **reducing waiting times** and **improving communication**. Some people said that the service is slow, and frequently staff have to chase up referrals.
- Some GPs and PCNs **lack awareness** of the SP service and there is confusion among clinical and non-clinical staff about the SPLW role and the services benefits.

SPLW

- SPLWs identify **housing, isolation, caring responsibilities, emotional wellbeing and benefits** as the key areas that patients want support in.
- SPLWs receive great support, training and resources.
- Voluntary sector organisations (VSO) play a crucial role in social prescribing.
- The SP service benefits the patient, the community and the health care system at large.
- Having a designated base at a GP practice to work from and meet patients would drastically improve SP service provision.

Recommendations

We recommend that :

- PCNs develop a clear communication strategy to inform all clinical and non-clinical staff about the SPLW role and its benefits.
- SEL ICB continues to work with PCNs and GPs to publicise the social prescribing service on GP websites and in local community spaces.
- SEL ICB supports regular training sessions for clinical and non-clinical staff to increase their knowledge of and ability to support social prescribing in each PCN.
- SPLWs and PCNs design a better system for tracking referrals and addressing delays to reduce waiting times and improve patient satisfaction.
- A progress tracker be created to enable SPLWs and PCNs to identify social prescribing outcomes. A patient feedback survey could also help gather more insight into possible service improvements.
- Designated bases be identified in each GP practice for SPLWs to work and meet patients, to increase face-to-face appointments and improve delivery of the service.
- SEL ICB, PCNS and SPLWs do further research into different models of social prescribing across the country, to obtain information on what is working well and might be replicated in Bromley.
- The local authority and health partners come together to reflect and review how funding for VSOs can better support social prescribing.
- Key partners collectively review how Social Prescribing meets the needs of mental health patients and links with mental health pathways in the system.
- SPLWs have a named person in the housing department to refer to and are well informed in terms of the local agencies and bodies that can assist people around housing.
- Partners review and reflect on the top issues/areas people need support in and ensure appropriate contacts exist to effectively signpost people.

Full findings – patient survey

Participant profiles

86 people responded to our patient survey, of whom:

- 44% said they are ‘Someone who has previously been supported by a social prescriber’ and 36% said they are ‘Someone who is currently being supported by a social prescriber’
- 68% of respondents identified as women, 27% men, and 5% preferred not to say.
- 80% identified as White British, 6% as mixed, multiple ethnic groups, 4% from any other white background, and 4% African.
- 43% of respondents considered themselves disabled, and more than 50% considered themselves to have a long-term condition or health and social care need.
- 31% said that they are unpaid carers.
- Orpington, Beckenham Town and Copers Cope and West Wickham are the top three wards where respondents live.

Further demographic information can be found in the appendices, pages 32 to 41.

Overall experience

52% of respondents said their overall experience was either 5 (Excellent) or 4 (Good), while 30% gave it a rating of 2 (Poor) or 1 (Terrible) (see Appendix 10).

People told us that the primary benefit of social prescribing is the time that SPLWs can devote to them.

Respondents who expressed most satisfaction with the service frequently mentioned **time, kindness, and valuable information or signposting.**

Some people felt that poor **staff attitudes** and **professionalism** contributed to a negative experience.

It was suggested that in-person sessions concluded with a written action plan would improve service delivery and help patients.

One respondent with long term health conditions contrasted two experiences of SPLWs (due to relocation) – one negative, the second positive, with a “**motivated and more connected**” SPLW.

Requests were made for **referral follow ups** to check on patients' on-going support needs and use of signposted services..

Some respondents felt that **social prescribing does not provide practical assistance** but only paperwork on applying for services, and that the process of obtaining support, which involves multiple parties, can be slow.

Referrals

85% of respondents to the patient survey said they were referred to a SPLW by a GP practice, only **3%** used the self-referral service (see Appendix 2).

When people were asked why they were referred to a social prescriber, the main reason was **mental health** (see Appendix 3), concerns. Different issues included:

- depression
- caring responsibilities
- post traumatic stress disorder (PTSD)
- mental breakdown.

Getting a referral was described as relatively easy, with **67%** of respondents saying it was 'Very' or 'Fairly Easy' (see Appendix 4).

We asked those who chose 'Not Very Easy' or 'Not At All Easy' what could have made the referral process better/easier.

People told us that a **lack of communication and long waiting times** made the referral process more difficult. One respondent said their GP practice made a referral three times, another mentioned that their surgery was **unfamiliar** with social prescribing.

"Everything seemed to take too long."

"My GP generally is difficult with any referrals."

"I don't receive letters or texts regarding appointments."

"I asked the surgery, who didn't seem to know what I was talking about."



Signposting

Signposting is an important aspect of social prescribing as it helps to **connect** patients with **appropriate resources and services**. When asked if their SPLW signposted them to another service, 42% of respondents answered 'Yes', 34% 'No' and 24% 'Not sure*' (see Appendix 5).

When asked if they actually used the signposted service(s), 37% of respondents said 'No', 34% 'Yes', and 24% 'Not Sure' (see Appendix 6).

These figures suggest that signposting may not be highly effective, as 61% of respondents either didn't use a signposted service or didn't know whether they had.

Our data identified **the importance of voluntary sector organisations (VSOs)** in Bromley (see Appendix 7). The following were mentioned by many respondents:

- Bromley Well
- Age UK
- Talk Together Bromley, the local NHS IAPT service*
- BLG Mind
- Bromley food bank
- Cognitive behavioural therapy (CBT)
- Citizens Advice Bromley

42% of respondents said **the referral was helpful**, 28% 'Not Sure', and 23% 'No' (see Appendix 8). Once referred by a SPLW, only 28% of respondents said they found signposted services easy to access (see Appendix 9).

Areas for improvement

Many respondents said they were **waiting a long time** to speak to a SPLW and **hadn't been referred** to any service.

Some had already been given information and did not need signposting.

Some respondents were still waiting for a SPLW referral or to hear back from the SPLW after an initial consultation.

A lack of face-to-face appointments was another barrier quoted by patients who preferred to meet the SPLW in-person.

*From August 2023, Talk Together Bromley (IAPT) service has been re-branded as NHS Bromley Talking Therapies.

Positive comments

*“**Excellent Service** which I hope will spread to other areas of the borough & throughout England. **Would make GP’s job a little easier.**”*

*“The main benefit to me was **talking to someone and feeling that I was listened to.**”*

*“SPLW is so **much needed for long term care.** It means a huge amount having someone call up to ask how you are.”*

*“All **information very useful** and the social prescriber couldn’t be more **kind and helpful and supportive.**”*

Negative comments

*“I still don’t know when I will be enrolled and **there seem to be no follow up services** to ensure I am fully enrolled.”*

*“**Given no context to this facility** ... looks as though simple action of mass sending texts been undertaken which triggers revenue but no real service behind it .. hope I’m wrong.”*

*“I didn’t get access to this service after first chat on the phone. **Was told to wait four weeks for someone to get in touch but that never happened.**”*

“Feel all I was offered was medication or another link to click on when needed help and action sooner as 6 years of hell.”

Full findings – primary care professional survey

44 people completed the primary care professional survey; 30% of responses came from GPs, and practice managers (see Appendix 22).

When asked how they refer people to social prescribing, 55% said they complete a social prescribing referral form. Only 5% choose to speak to an SPLW face-to-face (see Appendix 23).

Benefits of social prescribing for patients

Primary care respondents said that social prescribing is a great way to introduce and give patients access to **voluntary sector organisations (VSO)**.

Respondents mentioned that it improves the quality of care by **reducing the number of repeat appointments**.

Respondents also said that patients might benefit from talking to a social prescriber, as doctors' time with patients is much more limited. Patients who discuss their non-medical needs with an SPLW, may thereby feel more **heard and listened to**. Respondents felt that this could lead to a better patient – GP relationship and **improve health outcomes**.

"I think it gives a massive amount of support and helps patients gain access to and knowledge of services they were not aware of. Patients can build a relationship with our Social Prescriber."

"I have had many positive comments from people about X, our social prescriber, they have enjoyed and benefited from her services and from someone listening to their concerns."



Benefits of social prescribing for primary care

When asked about the benefits of social prescribing for primary care, professionals named **extra time** and the opportunity to help **promote healthy lifestyles** and **emotional wellbeing**.

Social prescribing can also add value to a GP practice by **extending their service** and creating a more **holistic approach** to patients.

Professionals reported that social prescribing allows them to advise and support patients, and answer a wider range of queries, while still focusing on clinical concerns.

Areas for improvement

Respondents mentioned that social prescribing could be time-consuming for the already overworked reception and management team, and that **increasing the number of SPLWs** could relieve pressure on non-clinical and clinical staff (see Appendix 24).

They suggested that **SPLWs could work more in person*** to improve service delivery and consider **home visits** to patients who are housebound or less physically able to visit their GP practice. Patients with similar issues could meet face-to-face in **group workshops** with the SPLW.

Other suggested improvement were **reducing waiting times** and offering a same-sex SPLW to patients.

Our data indicates a need to **improve communication between clinical and non-clinical staff**, as some are still unsure about the social prescribing role and how to make referrals and **increase awareness of the service among GPs**. **More resources, e.g. signposting materials** to share with patients, are required.

*In response to the question 'how many hours do you offer your service in person and remotely?' only 15 of the 20 participating GP practices replied:

- **Six** have an in-person SPLW
- **One** has an in-person SPLW and another working remotely (they think)
- **Three** offer both in-person and remote appointments
- **Five** offer only remote appointments

Positive comments

*"I think it is **a fantastic service for lonely and vulnerable patients** to offer them support that is not always clinical, but vital to their day-to-day functions therefore improving their clinical health and reducing the need."*

*"It will become more essential with cost-of-living crisis and **decreasing GP workforce**."*

*"**A listening ear** and someone who can give practical advice, almost like a friend to guide them in the right direction."*

*"**Provides a link to community** projects and support they might otherwise be unaware of."*

Negative comments

*"We have patients say they have **never been contacted**."*

*"**Link in better** and talk to the primary care team more."*

*"We tend to ask patients to contact Bromley Well directly, as they will have **a quicker response**."*

*"Hard to say as **receive very little feedback**."*

"Need a letter to come back to the practice summarising the outcome."

*"We have possibly only seen our social prescriber once since 2019. **Very slow service** and **have to chase up referrals** all the time."*

Full findings – social prescribing link worker interviews

We spoke to 16 SPLWs over Zoom or Teams and asked:

What PCN do you work in?	
Beckenham	1
Bromley Connect	3
Crays Collaboration	1
Five Elms	2
Hayes Wick	2
MDC	2
Orpington	2
Penge	2

During the interviews, we found out that:

- 13% of the SPLWs have been in the role for 3+ years
- 50% for 1-3 years
- 31% for less than 1 year
- 6% for less than 3 months (see Appendix 25).

“I have spent 20 years of my working career in a similar role; I was a carer support adviser for carers in Bromley.”

“Prior to this role, I worked in the health and social care industry, from learning disabilities and autism spectrum disorders to community mental health, as a senior support worker for one of the charities that works alongside the criminal justice system.”



Experience

Many SPLWs we interviewed have a **background in health or social care** and previously **helped people with complex needs**. Experience helping people set goals, recognising their strengths, and achieving their potential was another common background.

SPLWs had held similar positions e.g. care support worker, counsellor, and working with communities “for over 20 years”. Respondents with shorter employment histories had studied criminology, psychology or health and social care.

Voluntary, third sector, and similar roles include:

- Bromley Well
- Age UK
- Carers Bromley
- Mind
- Kent Community Health NHS Trust
- St. Christopher’s Hospice.

Motivations

Mental health was often mentioned in relation to experience and qualifications. Previous work helping people with issues of mental illness, family circumstances and personal health and wellbeing made SPLWs passionate about supporting others.

“My background is in mental health, and I was a support worker all my working life.”

“My mother’s dementia is what got me interested at the start. We didn’t understand beyond the medical diagnosis. I started volunteering for AGE UK, which is where I started out in terms of life experience.”

“I have also got disabilities myself, and in the past, I have been on benefits.”

“I always had an interest in supporting people due to the complexity of my upbringing.”



Information and support

When asked what type of support is offered to the team, the majority of SPLWs expressed their satisfaction with their social prescriber lead. She provides much support with training and resources. One standout is the MS Teams Wiki - a directory held on MS Teams with information on services available in Bromley and nationally to support residents.

Support is offered by:

- Bromley GP Alliance (BGPA)
- South East London Integrated Care System (SEL ICS)
- SPLW Lead
- Senior SPLW
- SPLW Peers
- Bromley Well
- Regular meetings with VSOs e.g. Bromley Well, MIND, Age UK.

Examples of tools for information and support:

- WhatsApp
- MS Teams Wiki
- Google
- Bromley Council website
- Simply Connect

“We support one another; we have a WhatsApp group, so whenever we have a challenging patient, we can share thoughts and suggestions, without disclosing the patient's info. We also have peer meetings, and senior SPLWs are always there to help during difficult times.”

“I use our team's wiki, which our team uses actively. I happened to have a handful of patients in a row who were dealing with ADHD. I created a whole new section based on this where I had eight different links. We each update it regularly.”



Referrals

We were informed that clinical and non-clinical staff can refer a patient to a SPLW; there are **many referrals from nurses and pharmacists** doing structured medication reviews.

The patient must give consent to referral. Once obtained, the person referring will record it for the SPLW to review. Methods of alerting the SPLW to the referral varies from PCN to PCN – sometimes the referral form is sent by email and sometimes the patient is booked directly into the SPLW's appointment book. The referral form itself is standardised.

One SPLW said it is better for a patient to self-refer to a service to which the SPLW has signposted them, as involvement of the SPLW can cause delays e.g. in relation to GDPR (General Data Protection Regulations).

Feedback suggests that nurses and pharmacists may be particularly well equipped to identify potential health concerns and refer patients. GPs and receptionists may have **limited time** to assess patients thoroughly. Again, the importance of **raising awareness** of social prescribing to **reduce the length of patient journeys** was stressed.

"I can refer to Bromley Well, it is a roundabout route because of GDPR concerns. The referral process is very secure and not instant, but if they call the helpline [Bromley Well], they can immediately talk to someone and be directed to the right team [within Bromley Well] ."

"People can just phone up the GP service and ask to be referred to a SPLWbut as it is a new service, a lot of people still don't know about it."



Follow up

The follow-up procedure varies from case to case, depending on patient circumstances, e.g. after a patient is signposted, there is a follow-up to see if the patient accessed the service.

Some SPLWS said that they follow up after their initial appointment with a patient, "I will email them all the things we have discussed with links, etc. If they

don't have email, I can text them. If they don't have a mobile device or email, I sometimes ask the surgery to print things out and ask the patient to pick them up. Whatever form of access works for them”.

There have been instances where an SPLW had to draw a map by hand and schedule a time to meet the patient at the practice, as they could not read.

If a patient misses a follow-up call, a SPLW usually makes two or three phone calls and sends a text message.

SPLWs said that PCNs are considering new ways to measure how well their referral system works and gather more patient feedback related to social prescribing.

“The whole point of social prescribing is about empowering people to take action over their own lives.”

“We can't push people up waiting lists, e.g. with housing there is very little we can do. It's understanding the procedures. We are very fortunate in Bromley that there are lots of services, but they nearly all have waiting lists. So, some of our work is handholding someone through that.”



Social prescribing benefits for patients

SPLWs said that social prescribing benefits not only the individual but also the community and the health care system. Patients can be seen as a whole person rather than a diagnosis. Unlike a 10-minute GP appointment, patients have more time to speak about their concerns at one-to-one sessions with their SPLW. They are given a private space with dedicated 30 – 60-minute slots. SPLWs can arrange home visits and spend more time with patients with complex needs.

Social prescribing enables residents to discover local organisations that can offer support and this has the potential to reduce pressure on the healthcare system by empowering individuals to take control of their own health.

“From an individual’s point of view, it’s about giving that extended all round service, and for many people, a diagnosis is just the start of support in other areas.”

“People need to be aware of what is out there.”

“Hopefully we relieve some of the system. It may not necessarily lead to fewer GP appointments, but it should mean that GPs can focus on their area of expertise.”



Areas for improvement

A SPLW suggested that a way to improve social prescribing in their PCN would be to **increase awareness** and ensure that residents attend their **annual health checks**, particularly for those people with mental issues* who tend to neglect their physical health. The SPLW told us their PCN is currently working on this objective.

Another area for improvement is to **increase funding for VSOs**, which currently rely heavily on volunteers. Often problems arise when VSOs have long waiting lists. The SPLW's role is to signpost patients, but they have no control over the **long waiting times** residents experience when **being referred to other services**.

A SPLW suggested **having a designated space** to work and **meet patients face-to face**, to **improve accessibility**. They also highlighted the limitations of virtual appointments and the need for **reliable internet connections**.

“We are making a wellbeing café for 65+ struggling with befriending services. I hope that will be addressed soon. I think we are getting there.”

“My PCN has the highest referral rate, so I am not sure how social prescribing can expand, but it would be nice to have a joint approach with care to support patients. Borough limitation also is a drawback”.



*People with diagnosed severe mental illness (SMI) are invited to NHS annual health checks whereas most adults not diagnosed with a specific health problem are not offered annual health checks.

Case studies

During our interviews, we asked if it was possible to share, anonymously, case studies of people who had really benefitted from social prescribing. We have included a few examples below showing the range of support offered by SPLWs and the outcomes for patients and their family or carers.

Supporting patients and family members

“Once, a patient was referred to me by their primary care physician due to the onset of dementia. After a few consultations, a relative of the patient informed me that they were pleased that a referral had been made to Bromley Well and that the patient had also been linked to a dementia support group.

We discussed care assessment during our conversations, and the relative, who believed the patient was ineligible for care due to their savings, learned about the attendance allowance, which provides £60 per week to cover the costs of care, such as a manicure service. The relative appreciated the social prescribing service.”

Wellbeing and workplace

“My patient had Long Covid and was struggling to cope with everyday tasks, including their job. They were on the waiting list for the Long Covid clinic but needed more immediate practical and emotional support, as their workplace had started a formal performance management process. We discussed Bromley Well support for managing long-term health conditions symptoms such as chronic fatigue, and online resources including Citizens Advice and NHS relating to employment rights and getting workplace accommodations for an illness or disability. This information and the emotional support provided by our calls gave them the tools and confidence to advocate for themselves at work, resulting in an apology from their employer and structured support being put in place.”

Caring responsibilities

"I was dealing with a patient who reached out to their GP to discuss their low mood. The patient used to be an organised person, always on top of stuff, until they were unable to cope with everyday things and became overwhelmed. They recently became a carer for their partner and needed to adjust to the new role.

...carers often run the risk of not meeting their own needs. In this case, it was not about referring the patient to a particular service; what they needed was to identify people in their life who could help and support them and a way to prioritise themselves. This patient was not in need of financial, but rather emotional support and space to talk it through. On our first call, they were able to identify opportunities to reconnect with friends.

So, it's not always about linking people to services; it's about helping people look at their own resources and see if they already have someone in their network. Sometimes people don't even have the time and space to think through things because they have other worries.

I believe that having the training in motivational interviewing and personalised care, which is all about active listening, really helped. As link workers, we are not going with the answers; we are going with the open questions".

Appendices



Share your feedback about social prescribing – PATIENTS SURVEY

I am filling this in as:

- Someone who is currently being supported by a social prescriber
- Someone who has previously been supported by a social prescriber
- I am filling this form in on behalf of someone else. Please explain in what capacity:

.....

1. Who referred you, or the person you care for, to a social prescriber?

- GP
- Self-referral
- Other (e.g. mental health practitioner, pharmacist, nurse). Please specify:

2. Why were you referred to a social prescriber?

.....

3. How easy was it to get a referral?

- Very Easy Fairly Easy Not Very Easy Not at all Easy N/A

If you chose 'Not Very Easy', or 'Not At All Easy', please tell us what could have made the referral process better/easier for you:

.....

4. Did the social prescriber refer or signpost you to another service?

- Yes No Not sure

5. If Yes, to what service(s) did the social prescriber refer you? e.g. Bromley Well, employment services

.....

5. Did you use the service(s) that you were referred to?

- Yes No Not sure

Share your feedback about social prescribing – PATIENTS SURVEY

6. If Yes, was the service(s) easy to access?

Yes No Not sure

7. If No, please could you tell us why

.....

8. Was the referral helpful?

Yes No Not sure

9. Overall, how do you rate your experience?

5 (Excellent) 4 (Good) 3 (Okay) 2 (Poor) 1 (Terrible)

10. Is there anything else that you would like to tell us about your experience? If you have rated your experience 2 (Poor) or 1 (Terrible), please could you tell us how it could have been better?

.....

Patient responses

Appendix 1

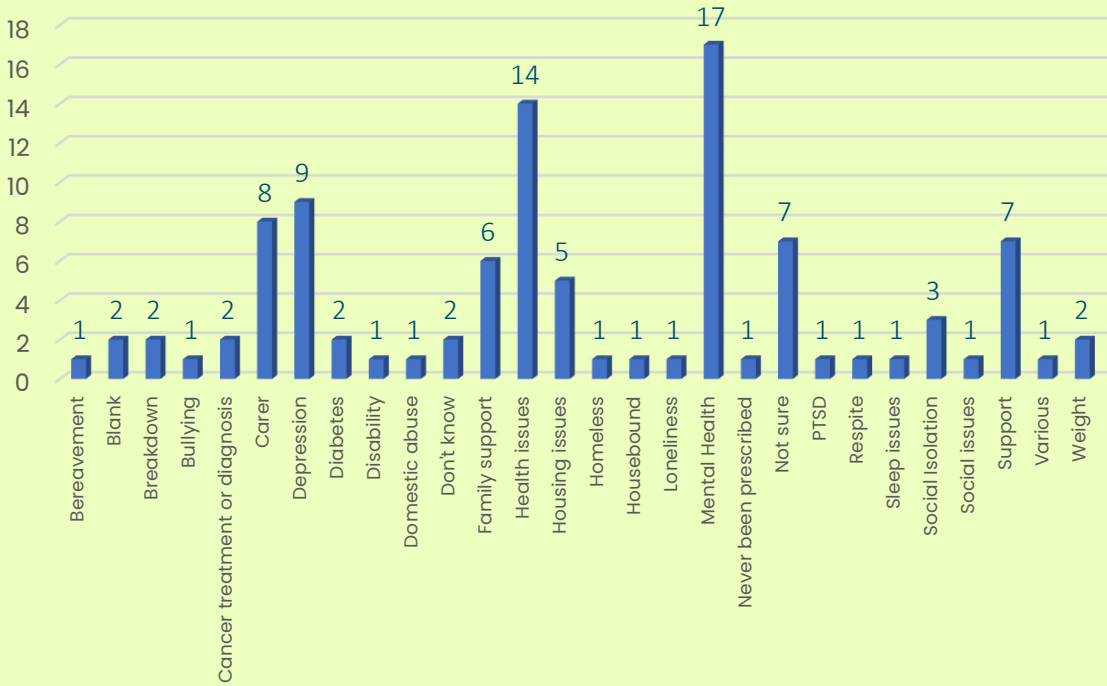
I am filling this form in as:	No.	%
Someone who has previously been supported by a social prescriber	38	44%
Someone who is currently being supported by a social prescriber	31	36%
On behalf of someone else	17	20%
	86	

Appendix 2

Who referred you, or the person you care for, to a social prescriber?	No.
GP practice	68
Self-referral	3
Oxleas NHS Foundation Trust	3
GP practice - Clinical Pharmacist	2
GP practice - Mental Health Practitioner	2
Orpington Wellbeing Café	2
GP practice - Psychiatrist	1
Bromley Children's Project	1
Don't know	1
No one	1
Princess Royal University hospital	1
Social Worker	1

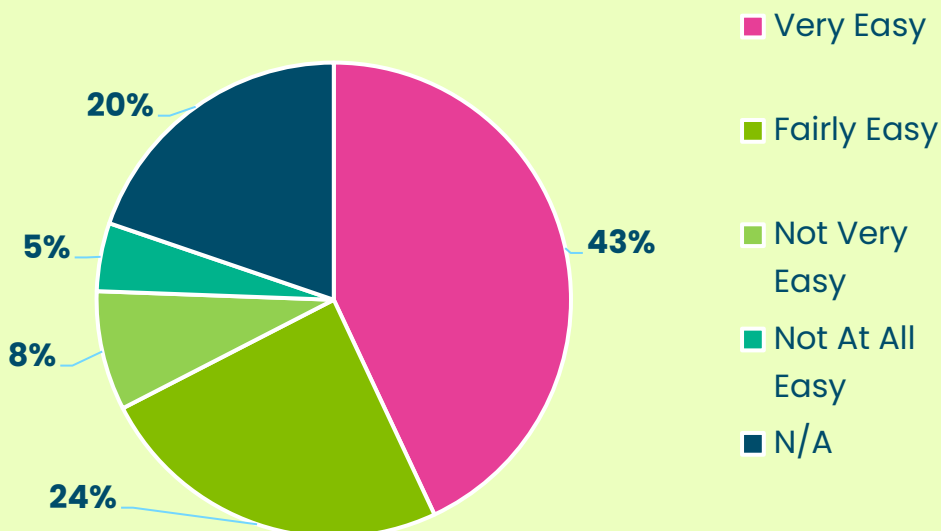
Appendix 3

Why were you referred to a social prescriber?



Appendix 4

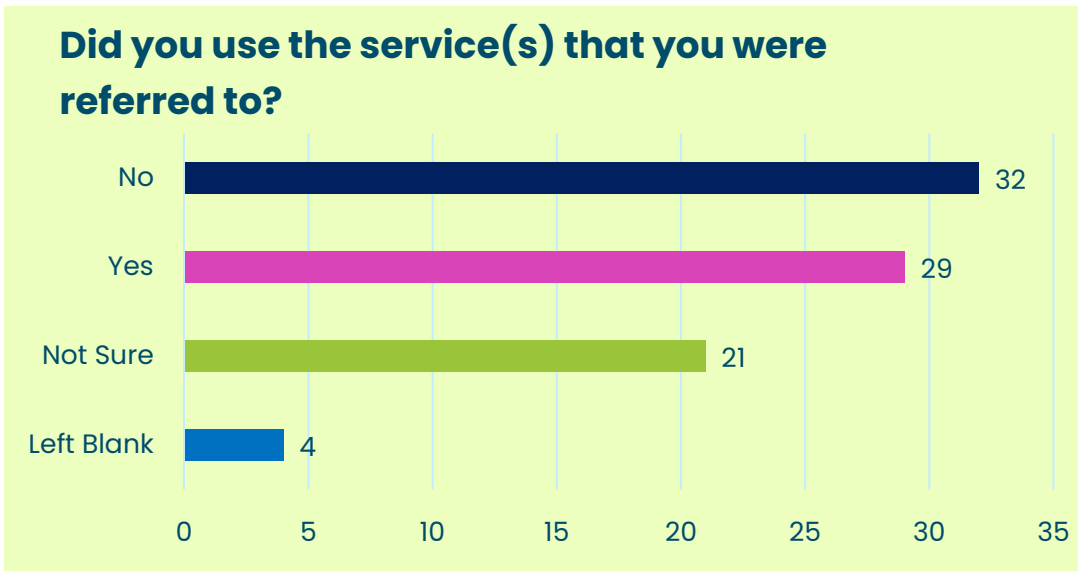
How easy was it to get a referral?



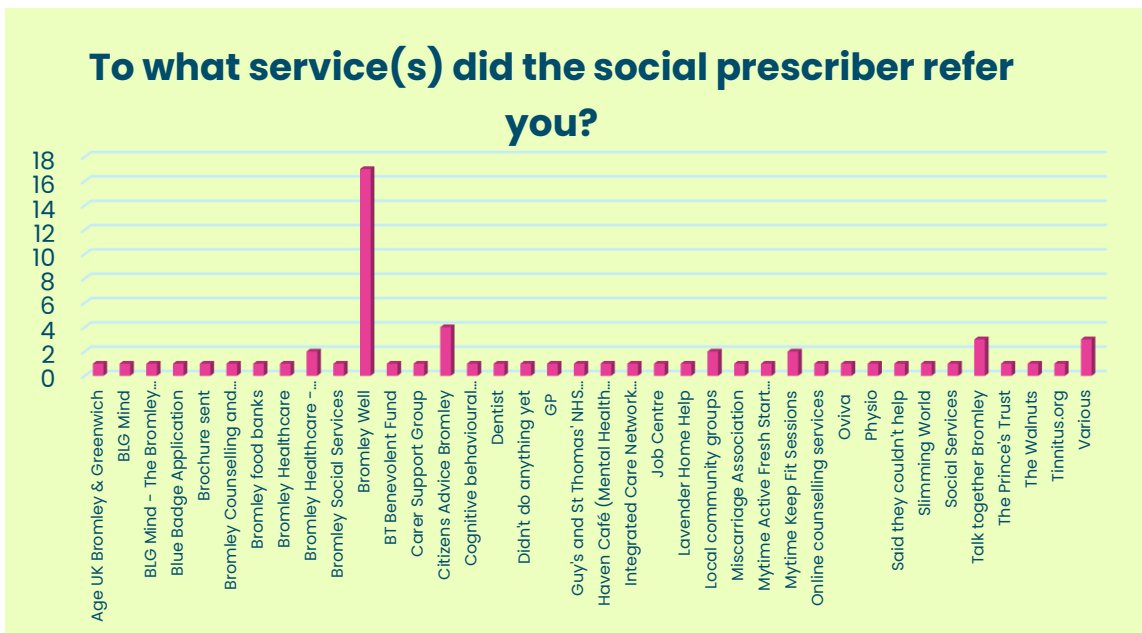
Appendix 5

Did the social prescriber refer or signpost you to another service?	No.	%
Yes	36	42%
No	29	34%
Not sure	21	24%

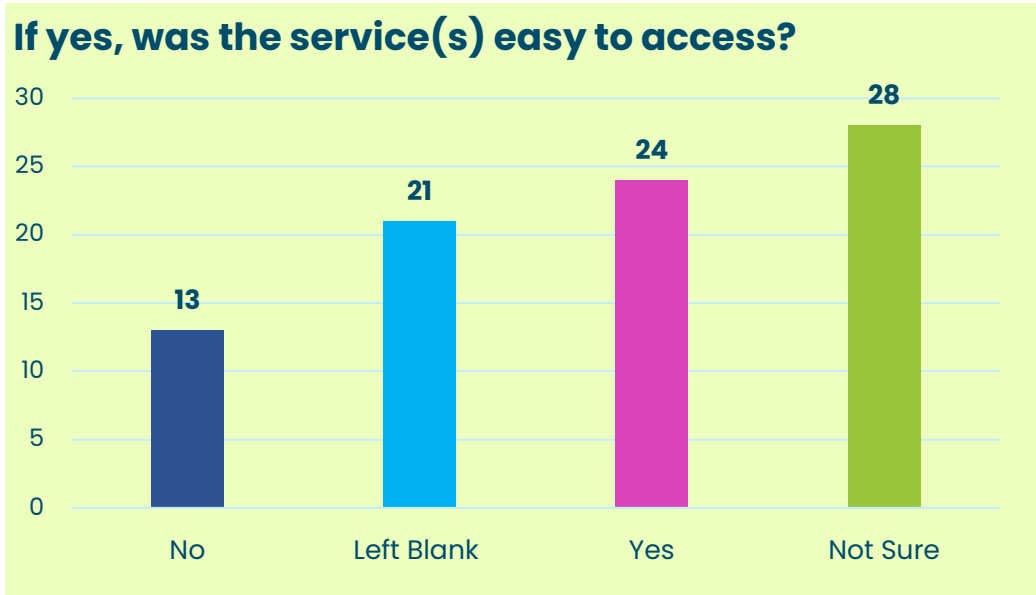
Appendix 6



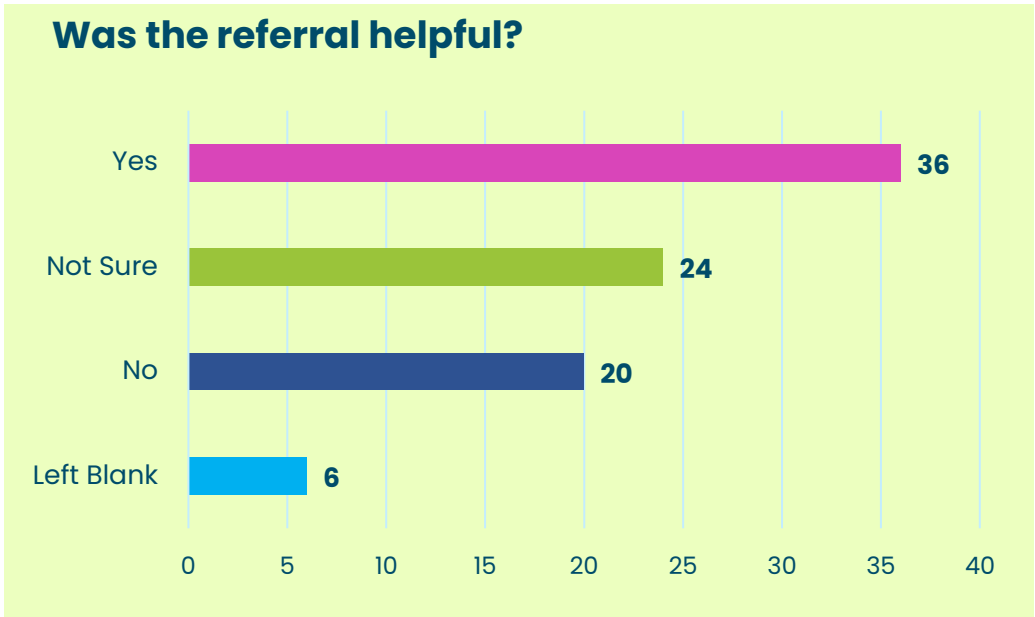
Appendix 7



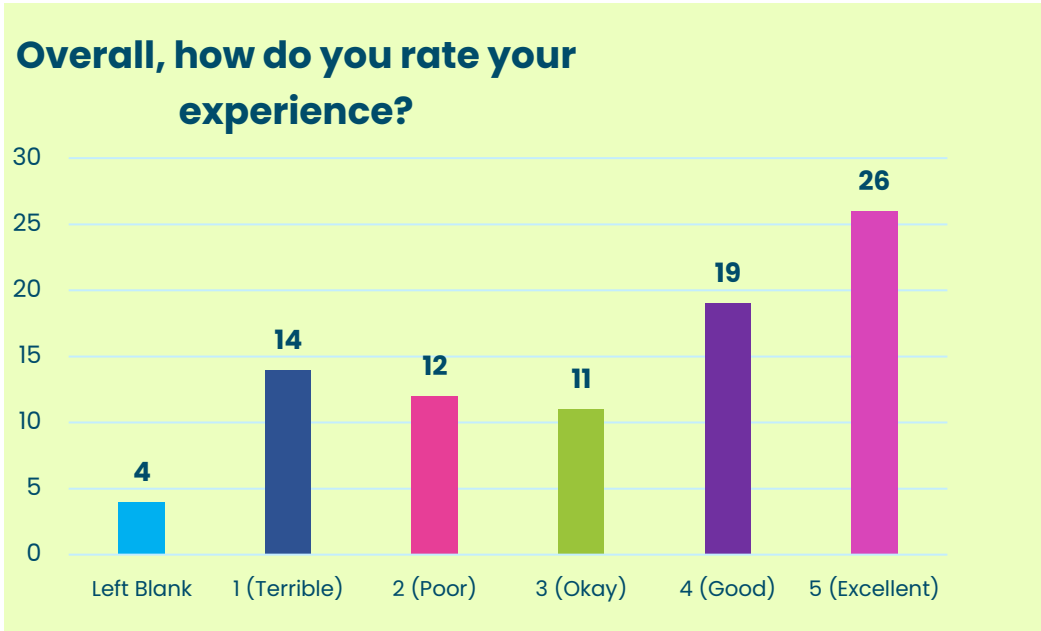
Appendix 8



Appendix 9

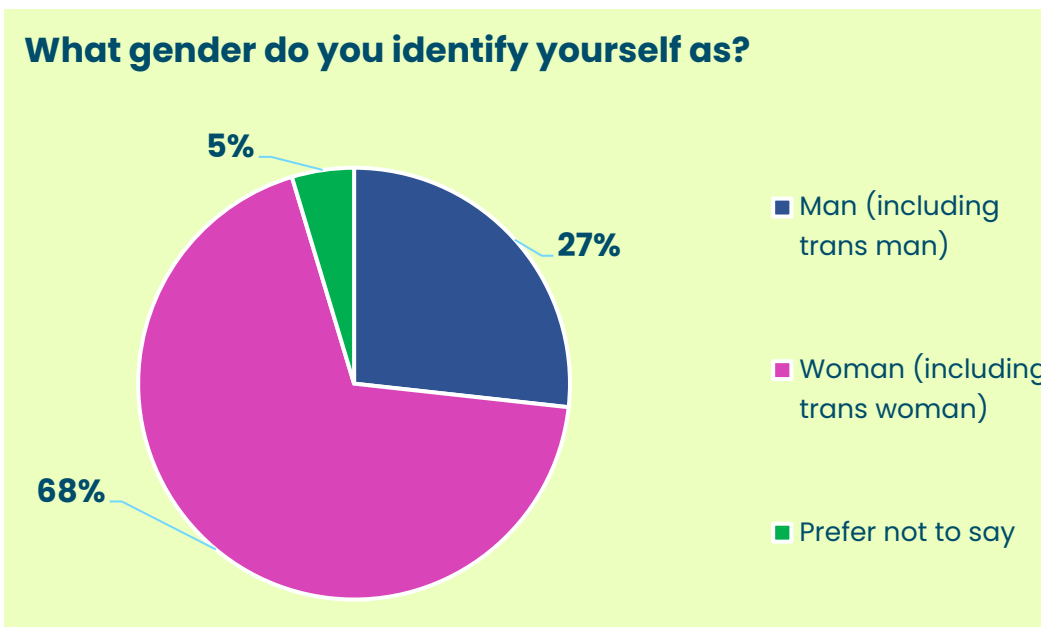


Appendix 10

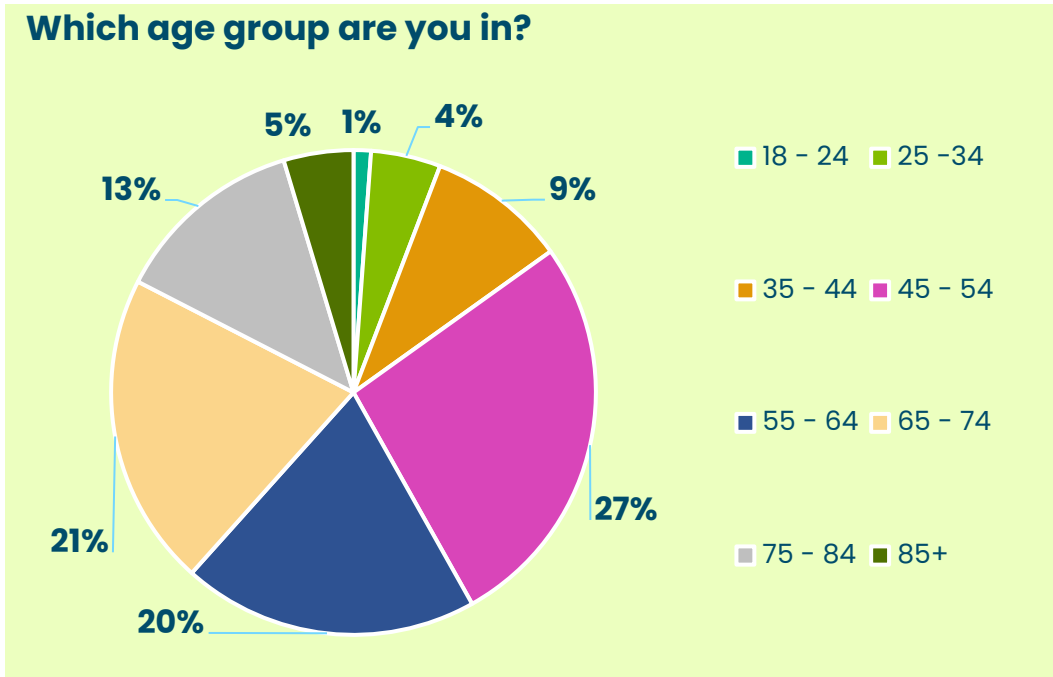


Patient responses – demographic information

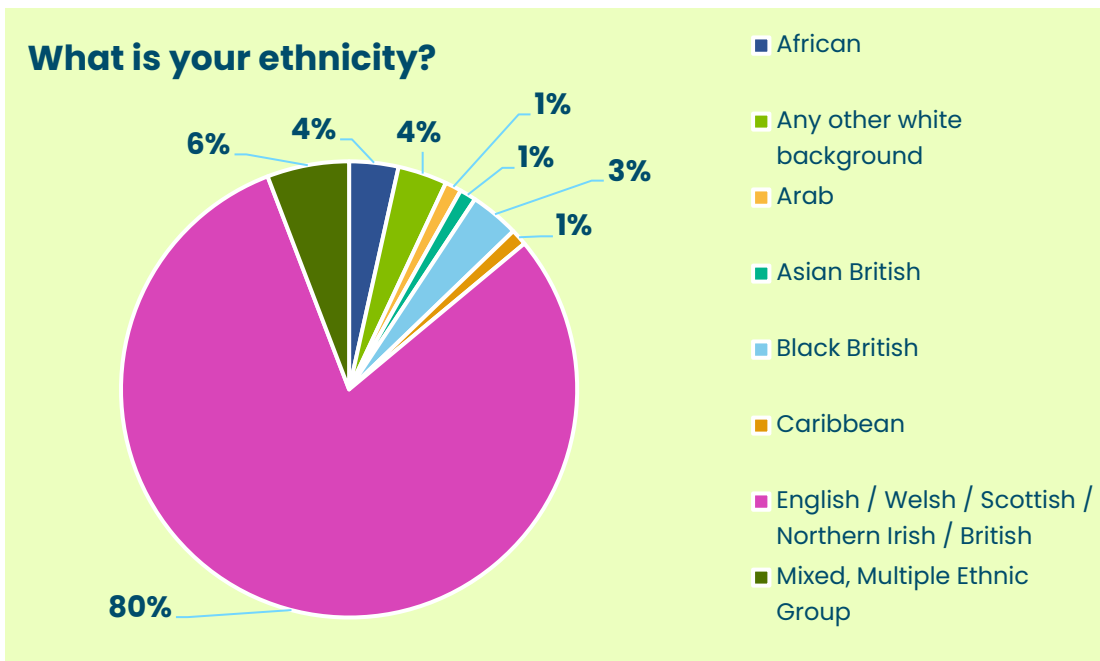
Appendix 11



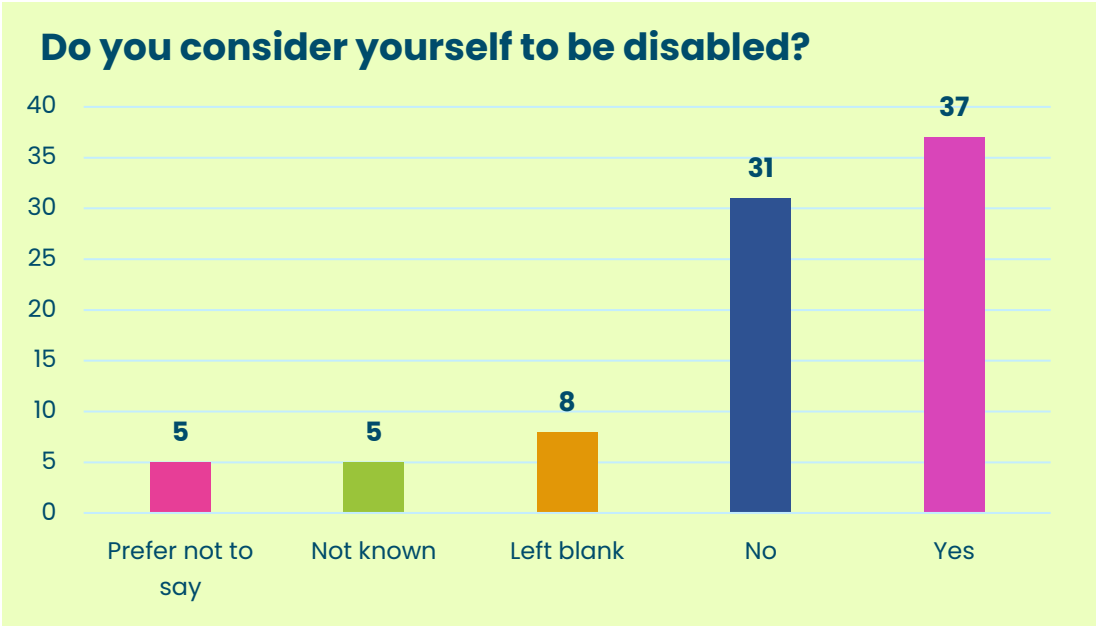
Appendix 12



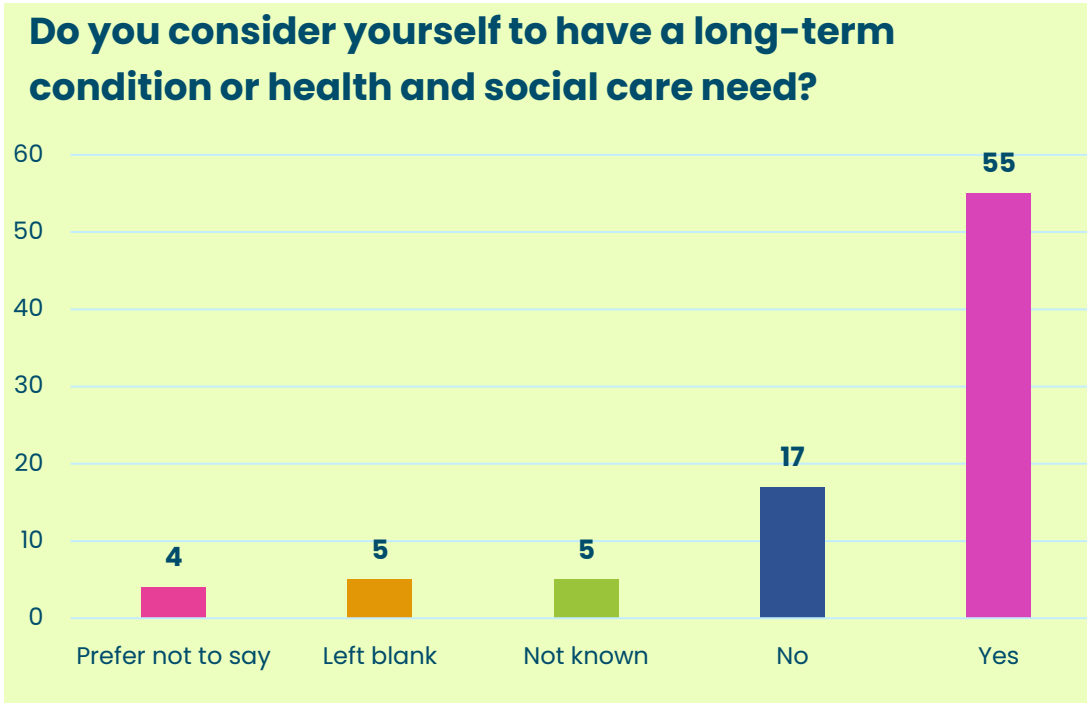
Appendix 13



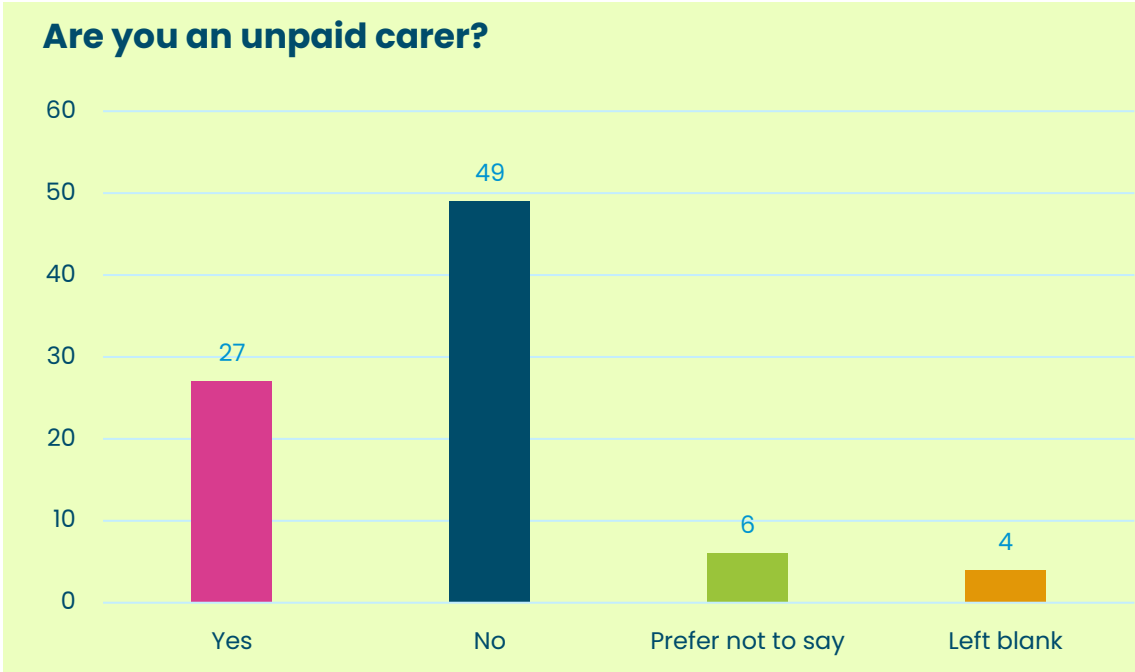
Appendix 14



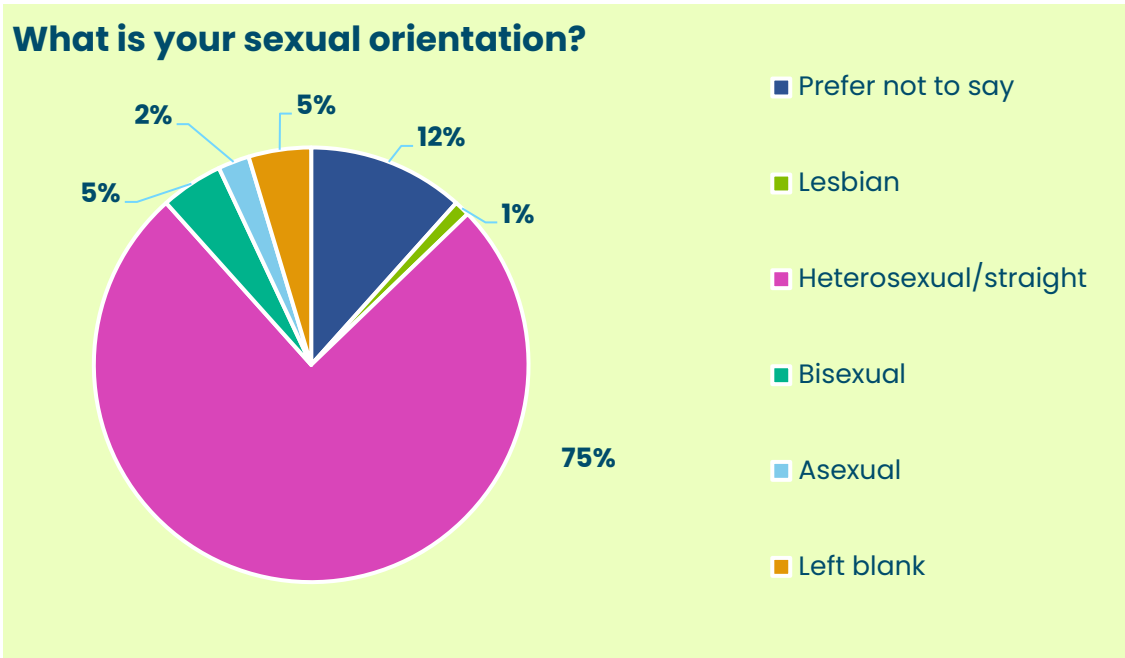
Appendix 15



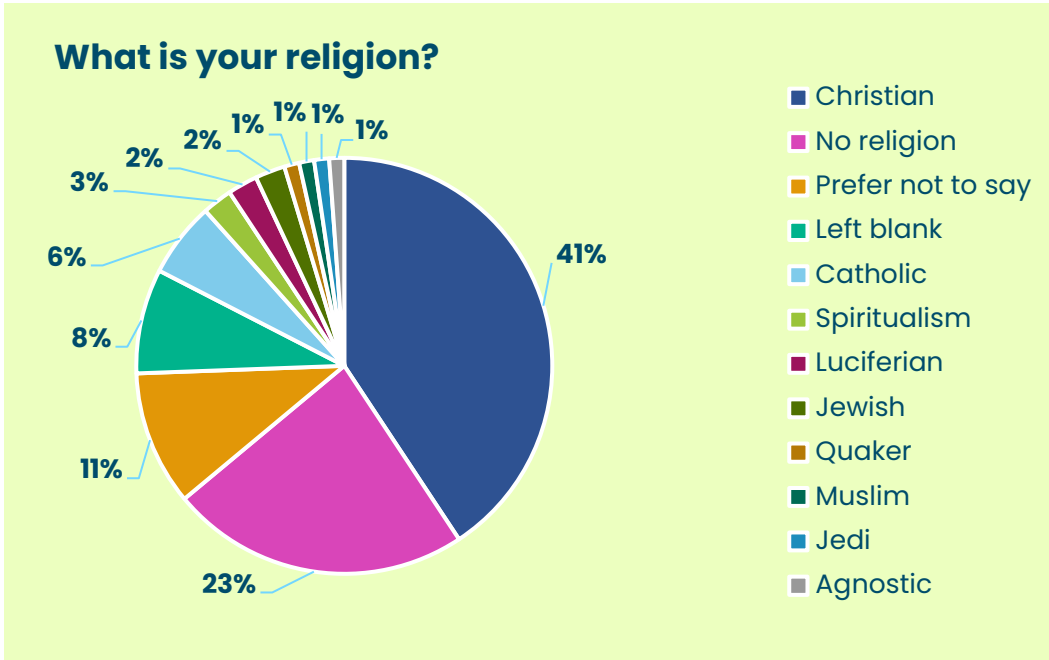
Appendix 16



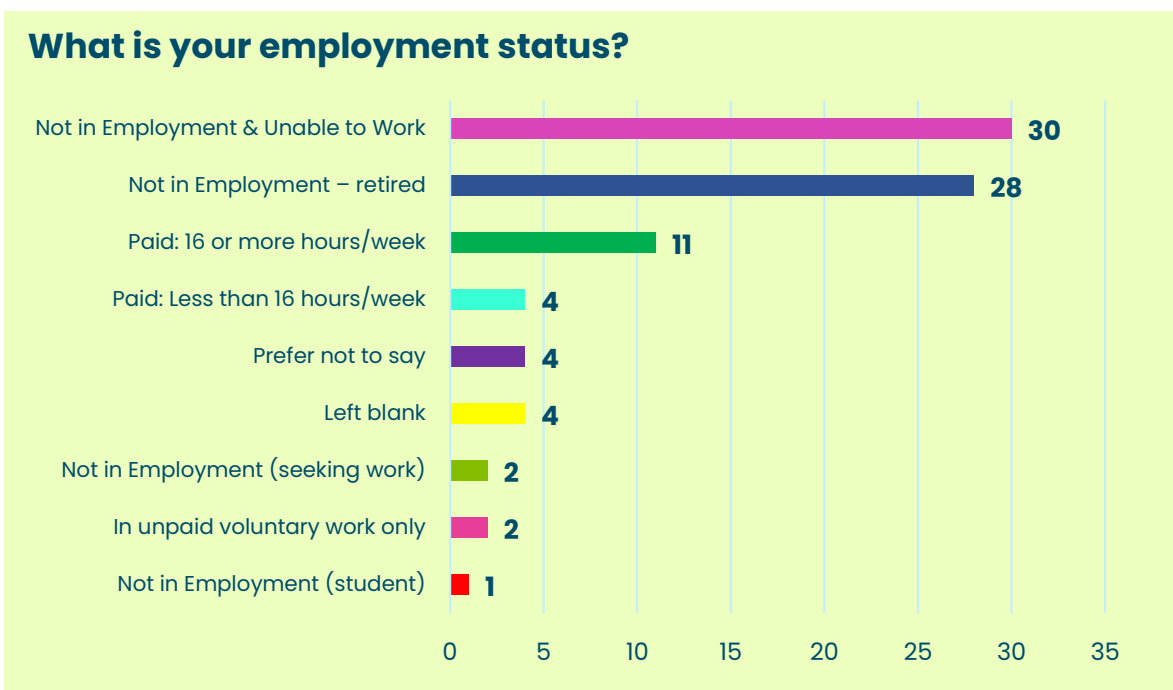
Appendix 17



Appendix 18



Appendix 19



Appendix 20

Are you currently pregnant or have you been pregnant in the last year?	No
	.
Not relevant	76
Left blank	10

Appendix 21

Which area of the borough do you live in?	No.
Orpington Ward	13
Beckenham Town and Copers Cope Ward	11
West Wickham	9
Bromley Common and Holwood Ward	7
Hayes and Coney Hall Ward	6
Out of Borough	5
St Mary Cray	4
Mottingham Ward	4
St Paul's Cray	3
Chislehurst Ward	3
Biggin Hill Ward	3
Plaistow Ward	2
Penge and Cator Ward	2
Other	2
Kelsey and Eden Park Ward	2
Darwin Ward	2
Chelsfield Ward	2
Left blank	2
Petts Wood and Knoll Ward	1
Clock House Ward	1
Bromley Town Ward	1
Bickley and Sundridge Ward	1

Share your feedback about social prescribing – PRIMARY CARE PROFESSIONAL SURVEY

I am filling this in as:

- Clinical Director
- GP
- Practice Manager
- Primary Care Network Manager
- Other (e.g. mental health practitioner, pharmacist, nurse). Please specify:

.....

Name of practice [GP/Practice Manager only]

.....

Number of registered people at this practice [GP/Practice Manager only]

.....

1. Approximately how many people has your practice referred to social prescribers in the past 12 months?

.....

2. How do you refer people?

.....

3. How many hours do you have a SPLW available in-person and remote? [GP/Practice Manager only]

	In-Person	Remote
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Share your feedback about social prescribing – PRIMARY CARE PROFESSIONAL SURVEY

4. What benefits do you think social prescribing has to offer, a) your patients and b) your practice team?

.....

5. What works well about social prescribing in your PCN?

.....

6. How could social prescribing improve?

.....

7. Please add any further points you wish to make about social prescribing

.....

8. Would you like to speak further with the Healthwatch Bromley team about your experience?

Yes No

*If yes, please leave your contact details at the bottom of this form and one of our team members will get in touch.

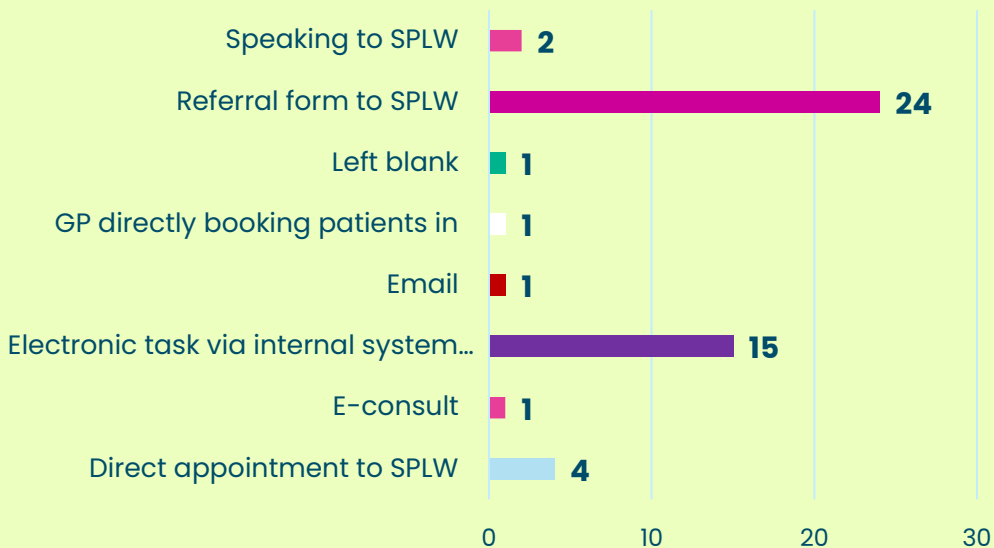
Primary care professional responses

Appendix 22

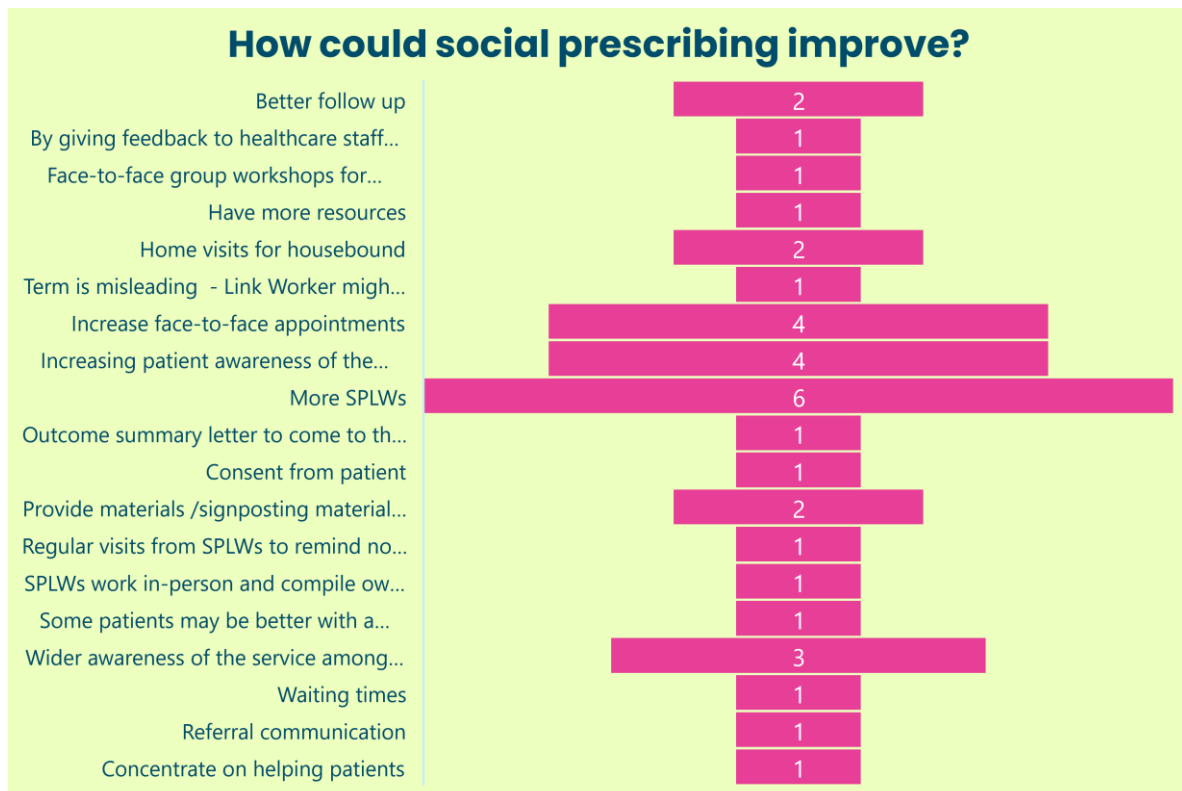
Q1. I am filling this in as:	No.
GP	13
Practice Manager	8
Other - Not specified	5
Primary Care Network Manager	2
Pharmacist	2
Receptionist	2
Practice Administrator	2
Advanced Nurse Practitioner (ANP)	1
Assistant Practice Manager	1
Care Co-ordinator	1
Clinical admin	1
Clinical Director	1
Mental Health Practitioner	1
Operations Manager	1
Patient Services Manager	1
Practice Nurse	1
Reception Manager	1
	44

Appendix 23

How do you refer people?



Appendix 24



Share your feedback about social prescribing – SOCIAL PRESCRIBING LINK WORKER (SPLW) INTERVIEW QUESTIONS

1.What PCN do you work in?

.....

2.How long have you been in the role?

.....

3.What relevant experience and / or qualifications do you bring to your role as SPLW?

.....

4.What specific training have you had for the SPLW role?

.....

5.What support have you been given in the role and by whom?

.....

6.What information, resources and material do you use to help you signpost people e.g. directories, service lists, Simply Connect, internet sites?

.....

7.What are the main issues with which people ask for support?

.....

8.What is a person's referral process from the GP to you, and from you to external groups or organisations?

.....

9.What is the follow up procedure for people? e.g. letter, text, telephone call, and how often are people contacted?

.....

10.What do the results of follow up show?

.....

11.Can you share any (anonymous) memorable case studies about people who really benefitted from social prescribing?

.....

12.What do you see as the main benefits of social prescribing?

.....

13.How could social prescribing in your PCN be improved? Is anything missing that would make the service more effective from your perspective?

.....

SPLW responses

Appendix 25

What PCN do you work in?	How long have you been in the role?
All PCNS	1-3 years
Beckenham	1-3 years
Bromley Connect	under 12 months
Bromley Connect	1-3 years
Bromley Connect	under 12 months
Crays Collaboration	1-3 years
Five Elms	1-3 years
Five Elms	under 12 months
Hayes	under 3 months
Hayes Wick	1-3 years
MDC	3+ years
MDC	1-3 years
Orpington	3+ years
Orpington	under 12 months
Penge	1-3 years
Penge	under 12 months

Glossary of Terms

BGPA	Bromley GP Alliance
CQC	Care Quality Commission
GDPR	General Data Protection Regulations
HWB	Healthwatch Bromley
HWE	Healthwatch England
LBB	London Borough of Bromley
NASP	National Academy for Social Prescribing
NHS	National Health Service
PCN	Primary Care Network
PTSD	Post Traumatic Stress Disorder
SEL ICB	South East London Integrated Care Board
SEL ICS	South East London Integrated Care System
SP	Social Prescribing
SPLW	Social Prescribing Link Worker
VSO	Voluntary Sector Organisation

Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

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info@healthwatchbromley.co.uk

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e: info@healthwatchbromley.co.uk

@HWBromley



[Facebook.com/healthwatch.bromley](https://www.facebook.com/healthwatch.bromley)



@healthwatchbromley



Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	South East London Integrated Care Board
Date sent	4 July 2023
Report title	Social Prescribing

Response

(If there is a nil response, please provide an explanation for this within the statutory 20 days)

Date of response provided	14 August 2023 (extended deadline due to holiday period)
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	<p>On behalf of the NHS South East London Integrated Care Board (Bromley), we welcome the Healthwatch Bromley report on Social Prescribing and the opportunity to provide feedback on the outcomes and recommendations.</p> <p>The Healthwatch research project was undertaken in February 2023 and since that date there have been further developments in the social prescribing offer delivered through primary care networks (PCN). Our response reflects those developments.</p> <p>The background section to the report should explain that the social prescribing described in the report refers only to the service provided within primary care. Bromley Well provides a well-established social prescribing service as part of the integrated offer for Bromley residents and PCN social prescribers may refer to Bromley Well where appropriate. This further enhances the social prescribing on offer to Bromley residents.</p> <p>PCN Social Prescribing Link Workers (SPLWs) are a relatively recent addition to the extended primary care team which also includes a range of other clinical and professional roles joining general practice. There has been a significant increase in the need for patient support for general wellbeing and social needs. The wider primary care team is designed to help practices ensure patients are given correct support where needed and are seen by the most appropriate service for their health and</p>

wellbeing needs so that GPs can spend more of their time on treating those with more complex health needs. SPLWs are there to help people who face barriers in accessing other types of care or support, including community support.

The ICB will share this report and its recommendations with PCNs for consideration as to how they can use these insights to take the service forward. PCNs are the responsible providers for this service area, against a nationally defined service model. They are commissioned and funded via NHS England as part of a national programme to expand social prescribing.

We would finally like to acknowledge that some recommendations made in the report are based on the views of only a small sample of people.

Please outline what **actions** and/or improvements you will undertake **as a result of the report's findings and recommendations**. If not applicable, please state this and provide a brief explanation of the reasons.

Pg. 16 – public information note

Comment “Excellent Service which I hope will spread to other areas of the borough & throughout England. Would make GPs job a little easier.”

NHS Social Prescribing is already available throughout the borough and England. In Bromley access is exclusively via GP referral, so people wanting this support should ask their GP surgery to refer them.

Pg.16 – comment clarification

Comment “Given no context to this facility ... looks as though simple action of mass sending texts been undertaken which triggers revenue but no real service behind it .. hope I'm wrong.”

SPLWs contact individual patients at the request of the referring GP surgery, they don't send mass texts, and when they do text individual patients this does not trigger any revenue.

Pg.16 – comment clarification

Comment “Feel all I was offered was medication or another link to click on when needed help and action sooner as 6 years of hell.”

	<p>SPLW are not clinicians and therefore are unable to prescribe medication. Their role is to support their patients in their wider non-medical needs but are able to signpost to a GP if appropriate.</p>
<p>Recommendation 1 PCNs develop a clear communication strategy to inform all clinical and non-clinical staff about the SPLW role and its benefits.</p>	<p>Since Healthwatch carried out their surveys and interviews, there have been changes in some PCNs around the organisational hosting arrangements for SPLWs. Many PCNs have now established protected learning time for staff on PCN matters, and PCNs have set up a staff newsletter for communicating across clinical and non-clinical staff groups.</p> <p>These provide new mechanisms for communicating the role and its benefits. SPLWs are now more regularly included in practice and PCNs meetings and an integral part of the induction process for all new staff joining a PCN. The senior SPLW has always, and will continue to, support SPLWs to communicate their role and its benefits.</p>
<p>Recommendation 2 SEL ICB continues to work with PCNs and GPs to publicise the social prescribing service on GP websites and in local community spaces.</p>	<p>The role and availability of social prescribing services has been widely promoted as part of a comprehensive primary care campaign which ran in 2022. A dedicated element of the campaign focused on explaining the purpose of social prescribing and its benefits for residents. Information was published in the local newspaper, online and also in a leaflet that went out to every Bromley household over winter.</p> <p>We will continue to promote the service, as well as social prescribing awareness days, widely through practice based patient participation groups, outreach events, community hubs and online through websites and social media.</p> <p>A revised leaflet describing the service offer will be made available.</p>
<p>Recommendation 3 SEL ICB supports regular training sessions for clinical and non-clinical staff to increase their knowledge of and ability to support social prescribing in each PCN.</p>	<p>SEL ICB has established two Personalised Care Fellows (1 full time equivalent role) who work as part of the South East London Workforce Development Hub for primary care.</p> <p>Their role is to support south east London PCNs with the recruitment, training, retention, and embedding of the new non-clinical personalised care roles in primary care (which includes SPLWs).</p> <p>The Personalised Care Fellows work with practices and other primary care colleagues to devise and deliver training sessions with clinical and non-clinical staff to increase knowledge of and ability to support the non-clinical personalised care roles in PCNs.</p>

	<p>BETH (GP and Primary Care education) are a possible resource for training sessions for PCNs, and Bromley has a weekly GP bulletin providing updates on services, which is widely circulated to primary care.</p> <p>The Healthwatch survey report will be shared with the Personalised Care Fellows and the South East London Workforce Development Hub.</p>
<p>Recommendation 4 SPLWs and PCNs design a better system for tracking referrals and addressing delays to reduce waiting times and improve patient satisfaction.</p>	<p>Since the Healthwatch research project was completed, there have been changes in the way PCN SPLWs are recording patient referrals.</p> <p>SPLWs are now able to use the same clinical system as the practices. This has improved the ability of practices and PCNs to track referrals effectively.</p> <p>Each Bromley PCN now has a Network Manager who is able to work with the SPLWs to monitor waiting times and ensure patient satisfaction with the service improves.</p> <p>Some PCNs have a multi-disciplinary team approach made up of social prescribers, care co-ordinators and mental health practitioners. Referrals are triaged and discussed to ensure the most appropriate service responds to each referral. This effectively manages the workload and optimises referral quality to the correct service, so patients are seen as soon as possible by the right service.</p>
<p>Recommendation 5 A progress tracker be created to enable SPLWs and PCNs to identify social prescribing outcomes. A patient feedback survey could also help gather more insight into possible service improvements.</p>	<p>There are several possible software options available on the market which offer tracking of social prescribing outcomes. Determining which system will be most beneficial for our borough will require discussions involving partners including Bromley Well, Community Links, London Borough of Bromley, PCNs and SEL ICB. In the short term, NHS England is introducing a minimum data set for social prescribing from September 2023. NHSE has secured agreement from the providers of the software currently used by SPLWs in Bromley to make the necessary changes to allow this data to be collected and reported on.</p> <p>Bromley SPLWs have received training on the introduction of the new minimum data set. This data will help guide plans for future improvement.</p> <p>Transformation Partners in Health and Care has set up a co-production team of SPLWs across London that is developing a SPLW evaluation toolkit to help identify and measure social prescribing outcomes regardless of the IT system being used. The senior SPLWs will support SPLW and PCNs in adopting the toolkit when it becomes available.</p>

Recommendation 6
Designated bases be identified in each GP practice for SPLWs to work and meet patients, to increase face-to-face appointments and improve delivery of the service.

This recommendation is based on the views of only four respondents (3.52%).

Unfortunately, there is limited unused consulting room space in GP practices across the borough and priority must be given to using clinical space for face-to-face patient appointments with clinical staff.

In our experience, many patients are happy to speak on the phone. However, if there is a strong preference for a face to face meeting every effort will be made for this to be accommodated.

Social prescribing is a non-clinical service that is designed to link patients with support in their local community and so it makes sense to explore community-based options for delivering a face to face service. This has started and there are already some examples of SPLW appointments taking place outside of the GP practice setting.

In the past 12 months, regular monthly or fortnightly wellbeing cafes staffed by healthcare professionals including SPLWs have been launched in Orpington, Beckenham, Penge, Mottingham and Bromley Common to improve service delivery by enabling less formal social prescribing without the need for appointments and to increase face to face consultations in a community setting.

Recommendation 7
SEL ICB, PCNS and SPLWs do further research into different models of social prescribing across the country, to obtain information on what is working well and might be replicated in Bromley.

SPLWs working in Bromley PCNs operate in the context of a wider social prescribing network that includes our partners in Bromley Well, Community Links and London Borough of Bromley. Research into different models of social prescribing takes place as a continuous learning process. There are several ways in which information about differing models of social prescribing are researched and best practice disseminated within Bromley.

The national NHS Futures Collaboration platform for social prescribing brings together SPLWs across England to share best practice and examples of what is working well. Bromley SPLWs are active members of this collaboration forum. Another is the National Academy for Social Prescribing who share research into social prescribing including case studies through regular webinars attended by Bromley SPLWs.

Transformation Partners In Health and Care provides support for social prescribing at a pan London level including bringing together lead SPLWs from across London to share best practice. The Bromley leads are part of this network.

The Personalised Care Fellows mentioned in recommendation 3 run a SEL social prescribing community of practice that allows

	<p>SPLW leads across SEL to come together regularly and share best practice and find shared solutions.</p>
<p>Recommendation 8 The local authority and health partners come together to reflect and review how funding for VSOs can better support social prescribing.</p>	<p>The local Integrated Care Board and Bromley Council regularly review their contracts and funding arrangements with the third sector. Substantial contracts are held by the third sector such as the Bromley Well service with Bromley Third Sector Enterprise (BTSE). BTSE is also a key partner in the One Bromley Local Care Partnership (www.selondonics.org/OneBromley) and participates in decision making and funding.</p> <p>In relation to links with social prescribing, there are a number of examples where this is already taking place, such as the integrated care networks and care co-ordination for our most vulnerable residents, the community cafes, discharge arrangements and local health campaigns.</p> <p>We will continue to review and develop these arrangements.</p>
<p>Recommendation 9 Key partners collectively review how Social Prescribing meets the needs of mental health patients and links with mental health pathways in the system.</p>	<p>Since the Healthwatch research there have been changes to mental health provision in the borough which addresses this recommendation.</p> <p>As part of the extended primary care team, Mental Health Practitioners (MHP) from Oxleas NHS Mental Health Trust are now operating in PCNs. The role provides early assessment, treatment, and improved access to evidence-based interventions for people with mental health needs and supports people who have been discharged from hospital. SPLWs are now able to work alongside their MHP colleagues and support patients by linking them with community-based support.</p> <p>The new Bromley Mental Health Hub is also in development. This is a partnership between Oxleas NHS Foundation Hub and Bromley Lewisham and Greenwich Mind. The hub is dedicated to supporting people with their mental wellbeing alongside social prescribing. In the hub people receiving support for their mental health will also receive support for issues such as finances, housing, relationships, and employment. There will be several referral routes into the hub including from primary care and SPLWs.</p> <p>In addition, as part of encouraging uptake of health checks for those with serious mental illness (SMI), information will be distributed to various settings to optimise attendance. Social prescribers will help to promote and encourage attendance at health checks, thereby enhancing the health and needs of those with SMI.</p>
<p>Recommendation 10</p>	<p>SPLWs have good links with senior staff within LBB housing including the Head of Housing Options and Support and the</p>

<p>SPLWs have a named person in the housing department to refer to and are well informed in terms of the local agencies and bodies that can assist people around housing.</p>	<p>Head of Allocations and Accommodation. SPLWs are well informed about local agencies and bodies that can assist with housing. SPLWs are also members of the Homeless Forum. The forum is coordinated by LBB Housing and brings all local agencies that can assist people around housing together on a regular basis.</p> <p>The support SPLWs can offer is to ensure people are on the correct housing pathway. They are unable to influence decisions made about housing allocation as this is the remit of the housing team.</p>
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<p>Recommendation 11 Partners review and reflect on the top issues/areas people need support in and ensure appropriate contacts exist to effectively signpost people</p>	<p>The lead and senior SPLW has responsibility for reviewing and reflecting on the top issues people need support in and ensure appropriate contacts exist. SPLWs hold regular weekly meetings to which service providers across the borough are invited to come and meet the team and explain their service and referral pathways. This includes our partners in LBB, in primary and secondary healthcare and in Voluntary Sector Organisations.</p> <p>One Bromley is the local care partnership that brings together partners across health, social care, and VSO to deliver better care for local residents.</p>
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Signed	Dr Angela Bhan
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Name	Dr Angela Bhan
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Position	Place Executive Lead (Bromley), NHS South East London Integrated Care Board
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