

## Annex 8 - LAC and Social Prescribing blogs

### **The power of the relationships between Social Prescribing and Local Area Coordination in York**

*Jasmine Howard is the manager of the Ways to Wellbeing Social Prescribing service in York. Jennie Cox is a Local Area Coordinator working in the same area of the city as Jasmine. Ways to Wellbeing has been operating in York for nearly two years, the Local Area Coordination was rolled out in York just over a year ago.*

When Jasmine and Jennie heard about the lack of cohesion of these approaches in other areas, they were keen to share their reflections about how well they have worked together.

### **The wider context in York and cultural shifts**

Jennie reflects - Local Area Coordination and Social Prescribing have evolved side by side over the last year in York at a time of shared vision and action. The groundwork had been set for a real culture shift within not just the Council and services but the wider community before I came into post. Mine and Jasmine's roles play an important part in that. The approaches encourage a bigger picture way of thinking and the flexibility to work with individuals and families in the way that suits them and values their strengths and the strengths of others in their community.

Jasmine reflects - Jennie works in a defined geographical area with introductions coming from a range of people and places. I am based within primary care in the East of the city so receive referrals from a smaller base within a bigger area. Our work is therefore targeted in different ways. Between us, I think our reach is wide.

I have introduced people to Jennie when having a longer-term relationship with someone has been important in building a positive vision for the future. But how we work together is bigger and more difficult to quantify than introductions and co-working, it is about culture. For me, the arrival of a new Head of Commissioning (Early Intervention, Prevention & Community Development) and Local Area Coordination bought with it a real culture shift from within the Council and across the city. This supportive context helped me feel more supported working in social prescribing. The environment has been such an important factor in how Jennie and I work together. We have never been pitted against each other but in contrast have been part of each other recruitment processes, have managers on each other's steering groups and have

had shared training opportunities. Time has been spent articulating to others where Local Area Coordination and Social Prescribing both sit in prevention. From the beginning the conversation has been around how we are better together.

Jennie reflects – The introduction of the Local Area Coordination programme has really benefited from the positive links already forged with the CVS. This gave us a strong ally in Jasmine, and the rest of her team as this expanded. We have widened these positive joint working practices to the development of a ‘Practitioners Forum’ which welcomes other services with social prescribing or community connection functions to meet regularly to share good practice and offer invaluable peer support. We are often asked if there is an overlap or duplication in our work, however we have forged such smart ways of working in coproduction that I couldn’t now imagine one without the other.

Jasmine adds to this - Jennie and I meet on a regular basis with other colleagues for peer support. This works so well, I think largely because we share the same values – being collaborative, person centred and strengths based. These meetings are a chance to share knowledge, skills and experience, to come up with creative solutions but also to have a coffee and get to know each other as people. This friendliness helps with cohesion. We all share spirit and pride in what we are doing.

### **The power of relationships and the practicalities of co-production**

Jasmine reflects - Local Area Coordination and Social Prescribing are both new ventures in York. There’s been a lot to learn, and I feel we have done some of this together. Jennie and I have talked a lot about the volunteering pathway within Social Prescribing as well as some of the other resources we have access to. I have found Jennie a great person to think outside the box with. We’ve had honest conversations about things we’ve set up that haven’t gone to plan so we can both learn from this.

Both Local Area Coordination and Social Prescribing approaches consciously spend time building community connections. Jennie and I have worked together to build and maintain relationships, inviting people to our peer support meetings, meeting people together and knowing each other’s roles well enough to put each other in touch with others.

Jennie reflects - Jasmine has provided an important link to health services which has facilitated collaborative working to produce better

outcomes for the people I have been walking alongside. On a more personal note Jasmine is someone who is always at the other end of the phone and happy to talk through any situation with and will always ask 'is there anything I can do to help?' We offer each other regular informal peer support and I feel our strong working relationship provides a good example to others in health and social care. We have supported each other when faced with challenges in the system and strived to join up resources to fill gaps in provision we have identified in the local area.

**An example of an individual in our area who we have both worked with** - SB came in to contact with Jasmine through his GP as he was struggling with complex long term health conditions, physical and mental. He was homeless at the time but linked to appropriate housing services. Jasmine discussed his strengths and interests with him, discovering his love of music. She linked him to a 'Musication' programme at a local community group, Tang Hall Smart, where he flourished and formed a band with other group members.

Through this connection to the community he was introduced to his Local Area Coordinator, Jennie. SB had fallen out of the housing system after an intentional homeless decision had been made and was living in a tent with deteriorating health conditions. Jennie helped him explore options around his housing and finances. Jennie contacted Jasmine to gain context of the previous situation and health information which helped to better inform options.

SB now has a permanent bed in a hostel, a keyworker and a referral to a housing scheme which is his preference as it is linked to his local church. He is awaiting a decision from a PIP application.

SB is keen to participate in his community and contribute in any way he can, connecting others to available services and groups. At a recent event as part of the Festival of Ideas in York, Jasmine presented regarding Social Prescribing and invited SB's band to play. Jennie came along to support the event. SB told Jasmine excitedly the week before 'Jennie's coming too'. At the end of the event SB said a few words and reflected on the ways Jasmine, Jennie and Tang Hall Smart all had a positive impact on his life.

**The common thread through all of these reflections is positive relationships and how powerful these can be when they work well – working together really does work better - on *all* levels.**

**Social Prescribing and Local Area Coordination is about much more than ‘just signposting...’**

*Jennie Cox is the Senior Local Area Coordinator in York and Christine Marmion is the Project Manager of Ways to Wellbeing, the Social Prescribing service in the city. They came together to address ‘the signposting question’ which they found their teams were frequently encountering....*

**Jennie:** Several months ago I saw a question posed on Twitter by the leader of the Social Care Futures movement – “Social Prescribing, isn’t that just social pointing at stuff?” I was quick to reply that this was definitely not my experience of the model operating in York, reflecting on a positive story of collaboration and relationships I had told with Jasmine Howard, the original Project Lead for Ways to Wellbeing social prescribing service, back in June 2018. I was challenged to write another blog articulating what else there was to Social Prescribing and Local Area Coordination in York which made it so much more than ‘just signposting’ and articulate how they were complimentary without duplicating. In the spirit of co-production, I invited the Project Manager of Ways to Wellbeing to write this with me.

**Christine explains the model in York:** Social Prescribing models differ across the country and can look very different depending on where you live in the UK. Our model supports individuals who are referred to us by Primary Care health professionals when an individual is accessing their GP’s for non-clinical support. We link people to non-medical support from within the community to promote their mental and physical wellbeing in a holistic way. Ways to Wellbeing support people with a wide range of social, emotional and practical needs, including people with complex health needs, mild or long-term mental health problems or people who are quite simply lonely. We provide appointments in GP surgeries or out in the community. Patient feedback has told us that being embedded in the GP Groups allows patients to feel safe and provides the service with credibility. There is a natural synergy with Local Area Coordinators who are embedded in the wider system. Together we have a lot of agency and reach across the social sector.

**Jennie reflects:** Social Prescribing is a current buzz phrase which comes with a number of misconceptions. Many people imagine a prescription pad of social solutions, a fixed menu of options, but this is very far from the way that Ways to Wellbeing work. Local Area Coordination suffers from similar misconceptions and visions of LACs sitting with people drinking endless cups of tea and directing them to other places with leaflets and phone numbers. Of course, connecting people to activities, groups and services in the community and providing information and advice about these is a big part of what we all do, however, doing this without providing a supportive framework around this would be somewhat tokenistic. Which is why we offer flexible person centred support to those we work with. This involves being alongside them whilst they explore options to increase their wellbeing and live a good life. We are about relationships, listening, exploring options in a creative way, and helping to create options where very few exist which fit.

**Christine adds to this:** Collectively, we recognise that social issues can have a significant impact on a person's physical and mental wellbeing, where there is no health or social care solution. Ways to Wellbeing is a connecting service and we don't generally work with people long term but we support them to take the first steps to get to where they want to go. A lot of the people we work with need a little help to make what they feel are big changes. For those people struggling with their emotional health or significant life changes it can seem impossible to navigate or achieve the long term positive changes that are required to make a significant difference to their situation. This is where working alongside LACs can work really well as their time spent with a person can be longer term. Whether it is taking someone to a group before the activity starts so they can adjust to the environment or introducing individuals to group leaders, volunteers or other professionals so they feel confident they will know a friendly face. We are able to provide the additional support that is needed to take the first steps and connect. It is not just sign posting but supporting people to make simple changes to their lifestyle to improve independence and quality of life.

**Jennie adds:** Just signposting would add pressure to an already creaking voluntary and community sector and drain resources without putting anything back, which is definitely not our approach. Community capacity building is an important aspect of the roles of both of our teams. We work together to identify gaps in community provision or barriers to

engagement and find ways to overcome them. LACs do this through their connections in the local areas they cover and the wider system which enable them to link people together and encourage better use of resources, for example the sharing of buildings or equipment or encouraging flexibility and adapting of processes through their bottom up system change work. Ways to Wellbeing have developed a small grants fund helping to encourage sustainability of community provision and the development of new initiatives. Both programmes link in to volunteering pathways so people can share their skills and time with others, increasing social action and capital.

**Jennie shares some thoughts on questions which arise about duplication:** It's true there are a lot of commonalities between the York LAC and Ways to Wellbeing teams – we are person centred, strengths based, we are accessible by avoiding complicated referral processes and keep an open door rather than treating people like closed cases after a set amount of time or support has been offered. We are informal programmes of support which people enter in to voluntary relationships with which are alongside and are complimentary to formal service provision. We also share values and principles connected to sharing power, choice and control with people who are experts in their own lives.

**Christine reflects:** Across LAC and Ways to Wellbeing appointments are informal and individuals are allowed to set the agenda and set the pace. We provide time and space to explore what is important to a person, not rushing, acknowledging barriers and finding solutions. We use people's interests and values to create a person centred plan. We treat people as individuals and do not dictate to them what they should or should not do but provide information and guidance. We promote health responsibility, promote self care and encourage people to take control of their own health and wellbeing where possible.

**Jennie adds:** There are also some important differences – whereas Ways to Wellbeing are based in GP surgeries and take most of their referrals from GPs in primary care, LACs are more embedded in the wider system and take introductions from anywhere in the system, whilst covering discreet geographical areas as place based practitioners. The LAC is a broad approach which lends itself more to working with people and their families with more complex lives over a longer timeframe. Ways to Wellbeing have more focussed plans to connect individuals and increase wellbeing whilst reducing demand on GPs and health services. Most importantly, when addressing questions about duplication it is

helpful to point out there are more than enough people who want help from both programmes and both teams are in high demand. LACs continue to receive an average of five introductions (referrals) a week each and Ways to Wellbeing are operating a waiting list. We see this as indicative that both are needed and complement one another, offering choice, which is a good thing.

**Christine adds:** The cost of commissioning both programmes is low considering what we offer and the outcomes we have evidenced across our impact and evaluation reports. There have been a number of examples where joined up working between the Ways to Wellbeing Practitioner's and the LAC's have led to improved outcomes for the people we work with. Sharing knowledge and sharing information rather than guarding resources has helped with this. In the future we only plan to strengthen these relationships by exploring how we can use a whole system approach to evaluation and data collection.

**Jennie summarises:** We work together to manage demand and compare notes on where this is coming from, with our monitoring data often acting as a barometer of social need across the city. Our approach to working together is the opposite of silo working – we have sensible conversations about who would be best placed to offer support and no arguments about what is whose remit. Relationships, at all levels, is a common and important thread which we keep coming back to. We are positioned in very different parts of the system, with Ways to Wellbeing hosted by York CVS and LAC based in the Adult Contracts and Commissioning Team of the Local Authority. A large part of our funding comes from the same place, but we make it work and it works well.