Kent and Medway Integrated Care
Social Prescribing and Community Navigation Strategy

Executive Summary, November 2023

Introduction

Kent and Medway Integrated Care System (ICS) is a partnership of organisations working together at different levels of the system to:

- improve outcomes in population health and healthcare.
- tackle inequalities in outcomes, experience, and access.
- enhance productivity and value for money.
- support broader social and economic development.

Our ICS strategy recognises how beneficial it can be for residents' wellbeing when they connect with community groups and services to support mental and physical health. Social prescribing and community navigation help people to make these connections.

The profile and level of investment in social prescribing and community navigation has increased considerably over the last few years. This rapid progression has led to an increase in the number of providers and services such as social prescribing link workers, community navigators and community wardens.

A Kent and Medway social prescribing strategy board was set up in June 2022 to set the strategic direction and oversee the development of this social prescribing and community navigation strategy.

This social prescribing and community navigation strategy sets out how partners will work in increasingly joined up ways to enable the people of Kent and Medway to lead the most prosperous, healthy, independent, and contented lives they can.

This executive summary pulls out the 14 actions identified in the full strategy that will improve the provision and quality of social prescribing and community navigation in Kent and Medway.

What is social prescribing and community navigation?

NHS England's Long Term Plan (published in January 2019) set out a vision for a wider, more diversified and accessible range of support across the country through social prescribing. Social prescribing and community navigation also supports a number of strategic aims and responsibilities for local authorities outlined within the Care Act 2014.

SPLWs act as social prescribers within Primary Care Networks (PCNs) and work with people to develop tailored plans and connect them to local groups and support services.

Community navigation is a coordination process and a key mechanism to help achieve integrated care provision and improve health and well-being. A community navigator (CN) is usually based in a multidisciplinary team, to help to identify and signpost people to available services, acting as link workers. Community Wardens also play a community navigation role that is considered similar enough to be part of the scope of this strategy.

Social prescribing and community navigation connects people to community-based support, services, resources, and groups in the local area. This helps to improve outcomes for people, supporting people to stay well, independent and resilient, reducing social isolation and helping to support physical and mental health.

Provision of social prescribing and community navigation services

Across Kent and Medway just over £17.6m has been invested into social prescribing and community navigation services with an additional £5.8m invested in universal wellbeing support in the community. As of March 2023, over 63,000 people have been referred to a social prescribing service.

In March 2023 there were 92 SPLW (funded through the NHS additional roles reimbursement scheme (ARRS)), 73 community navigators and 64 community wardens.

ACTION 1: As a system we will continue to support PCNs to maximise their use of ARRS social prescribing staff to effectively address patient demand, notably for those with complex health and care needs.

Addressing inequality

Other SPLWs, CNs and community wardens are commissioned by Kent County Council (KCC), Medway Council, NHS Kent and Medway and NHS England. The community navigation services jointly commissioned by KCC, Medway Council and NHS Kent and Medway include the functions of both care navigation and social prescribing.

Variation in peoples experience of wider determinants such as, housing, education or how safe they feel in their community, has a fundamental effect on health, creating health inequalities. These are the preventable, unfair and unjust differences in health status between groups, populations or individuals.

ACTION 2: Kent and Medway will continue to coproduce plans and will undertake gap analysis to systematically identify inequalities in access to social prescribing and community navigation services by undertaking a needs assessment, and aligning commissioning to tackle inequalities in access to services. This will include looking at support, investment, and capacity building models, including the voluntary, community and social enterprise (VCSE) sector.

ACTION 3a: Kent and Medway ICS is committed to tackling health inequalities to improve the health of our population and we will continue to adopt the Core20Plus5 model to support our targeting of those most in need.

ACTION 3b: Using population health management to target health inequalities in patient cohorts (including those identified through Core20Plus5) and then offering social prescribing to support them is extremely valuable. Proactive social prescribing is part of the 2023/24 GP contract.

Workforce development

To support the range of colleagues acting as link workers and their employers to effectively deliver services, system partners have identified some priority areas for workforce development and planning. Good practice will be shared and steps taken to maintain the workforce necessary to deliver the service.

ACTION 4: Therefore, a working group will be set up to decide on a common minimum set of competencies a link worker will be expected to meet. This group should consist of representatives from the NHS, primary care, VCSE, local authorities, commissioned providers, and community services. Once agreed, the minimum set of competencies should be used to inform training requirements for SPLWs and CNs.

ACTION 5: Medway are in the process of producing a referrer training module to help ensure appropriateness of referrals. The learning and benefits will be shared with system colleagues.

ACTION 6: To ensure longevity of the programme, sustainability will be explored, and a sustainable workforce plan will be put in place.

ACTION 7: To better understand what exists, identify workforce gaps, raise awareness of what is available and reduce duplication a scoping and mapping exercise will be undertaken to map all the networks across Kent and Medway.

ACTION 8: The Kent and Medway Primary Care Training Hub has developed a booklet to support employers and employees to understand the benefits, skills, and support required for a number of roles including social prescribers. The training hub is updating and amending the booklet.

Digital and technology

The data that our partners hold is a rich source of information that can provide valuable insights and, in turn, can drive improvement. Trusted frameworks and governance structures are needed to facilitate combined datasets. We must monitor progress of activity and our impact and hold each other to account for delivery on commitments.

For the first time, targets will encompass combined metrics for both health and social care. We will work to develop core outcomes that will enable us to show tangible improvement. Governance will enable coordinated prioritisation and planning of activities and sharing of best practice between partners. We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions

ACTION 9: The ICS will develop a digital and data strategy to implement this strategy and continue the work to increase digital maturity in Kent and Medway.

ACTION 10: The ICS is working in partnership with the National Academy for Social Prescribing (NASP) and has published a map of social prescribing and community navigation services across Kent and Medway. The ICS will continue to support the population and moderation of the content for a Kent and Medway community map.

ACTION 11: To successfully track the number of people benefiting from social prescribing, and in accordance with the Network Contract DES 22/23 (using the appropriate SNOMED codes)

In addition to the above codes, national guidance suggests it would be helpful for social prescribing link workers within PCNs to collect the common information. A new minimum dataset for social prescribing is expected to be published in 22/23.

Evaluation

There are several ways in which the impact of social prescribing upon the person, the community and the health and care system can be measured and evaluated.

ACTION 12: Kent and Medway will agree upon a standardised evaluation framework for social prescribing and community navigation. From this, a minimum requirement for data collection can be defined.

Communications and engagement

We will not succeed unless we actively engage with and listen to the communities we serve and people working thought the system.

Engagement activities will support us to identify **priorities** and **improve** the way we deliver services for local people. We will continue to develop and refine services as we engage with, and listen to, our communities. This strategy is underpinned by our Integrated Care Strategy.

ACTION 13: Set up a people with lived experience reference group to inform the implementation of the strategy and our communication and engagement activity

ACTION 14: To ensure ongoing engagement, the strategy board recommended creating a communication and engagement plan to implement the strategy.

Implementation of strategy

The strategy board will evolve into an implementation board once the strategy has been approved to ensure implementation of the strategy. The outline plan is presented in section 8.1 of the full strategy.

Max says, **"**When you can tell that someone cares, it ultimately makes you want to engage that much more.**"** See his story in Appendix 2 on page 27