

Activity 2 – What success looks like - Full Summary

1.	Outcomes/Indicators
	<ul style="list-style-type: none"> • Individuals feel well and part of the community
	<ul style="list-style-type: none"> • Individuals feel greater wellbeing and more empowered
	<ul style="list-style-type: none"> • Healthy, happy people
	<ul style="list-style-type: none"> • Health improvements – better health and wellbeing
	<ul style="list-style-type: none"> • Improved health and wellbeing
	<ul style="list-style-type: none"> • Less loneliness and isolation
	<ul style="list-style-type: none"> • People feeling better – holistic, not just physically better
	<ul style="list-style-type: none"> • People feeling better – “community medicine”
	<ul style="list-style-type: none"> • Improved outcomes for individuals – Their outcomes
	<ul style="list-style-type: none"> • Success for the individual – what that looks like
	<ul style="list-style-type: none"> • Outcomes for the person – getting what they need in the community not just the GP
	<ul style="list-style-type: none"> • Meets individual needs and improves their wellbeing in target areas
	<ul style="list-style-type: none"> • Fewer personal crises
	<ul style="list-style-type: none"> • Prevention
	<ul style="list-style-type: none"> • How do we prove prevention or that something didn’t happen?
	<ul style="list-style-type: none"> • How do we know we have made a leap of faith? – people saying YES – healthy, thriving communities
	<ul style="list-style-type: none"> • How healthy is the community
	<ul style="list-style-type: none"> • What the community looks like
	<ul style="list-style-type: none"> • Thriving communities – normalised – start with young people
	<ul style="list-style-type: none"> • Community helping itself – creating resilience and opportunities
	<ul style="list-style-type: none"> • Increased community activity, those taking part
	<ul style="list-style-type: none"> • When communities talk about what’s happening in their area
	<ul style="list-style-type: none"> • Community cohesion
	<ul style="list-style-type: none"> • Feel a sense of community
	<ul style="list-style-type: none"> • Recognised and respected culture – not medicalised – a ‘way of living’
	<ul style="list-style-type: none"> • Greater community intelligence – matching community groups
	<ul style="list-style-type: none"> • Community geography – community interest
	<ul style="list-style-type: none"> • Services located in the locality and are ‘joined up’
	<ul style="list-style-type: none"> • Linking in what is already available
	<ul style="list-style-type: none"> • Joined up – diverse and vibrant
	<ul style="list-style-type: none"> • Intergenerational
	<ul style="list-style-type: none"> • More people engaged in community – service users as volunteers – paid community workers
	<ul style="list-style-type: none"> • Get people involved earlier
	<ul style="list-style-type: none"> • People are directed to the right part of the ‘system’ – try listening to and understanding them
	<ul style="list-style-type: none"> • No unnecessary presentations at primary care
	<ul style="list-style-type: none"> • GP’s freed up (relieving NHS)
	<ul style="list-style-type: none"> • Reduction in medication – prescriptions and costs
	<ul style="list-style-type: none"> • Effect on use of health / social care services
	<ul style="list-style-type: none"> • Reduced use of acute / hospital services
	<ul style="list-style-type: none"> • Meeting targets – reduced pressures
	<ul style="list-style-type: none"> • Health economy improved – freed up time for more acute

	<ul style="list-style-type: none"> • All patients understanding the benefits
	<ul style="list-style-type: none"> • Championing
	<ul style="list-style-type: none"> • Cultural shift
	<ul style="list-style-type: none"> • Businesses – reduced sickness
2.	How we know Social Prescribing is working well
	<ul style="list-style-type: none"> • Achieved the outcomes set – eg reduced footfall
	<ul style="list-style-type: none"> • Buy in from all sectors
	<ul style="list-style-type: none"> • Social prescribing becomes socially acceptable/encouraged
	<ul style="list-style-type: none"> • Every statutory organisation (social care/GP/A & E etc) signed up to social prescribing
	<ul style="list-style-type: none"> • Invest to save (ring fence money for social prescribing) across all sectors not just health
	<ul style="list-style-type: none"> • Commitment of funding – sustainability / write long-term into funding bids
	<ul style="list-style-type: none"> • Requires financial support - sustainable
	<ul style="list-style-type: none"> • Sufficient income for it to work
	<ul style="list-style-type: none"> • Framework has to make it easy for GP's and other health services to know what is available
	<ul style="list-style-type: none"> • Mix of models that work for that particular area
	<ul style="list-style-type: none"> • Care Navigators/link workers are crucial
	<ul style="list-style-type: none"> • Technology – needs to be robust and share knowledge and data
	<ul style="list-style-type: none"> • Small grants for community groups
	<ul style="list-style-type: none"> • Community support / money back into community
	<ul style="list-style-type: none"> • Shift in funding into community - localised to develop asset building projects which will impact on whole health and social care economy
	<ul style="list-style-type: none"> • Engaged GP's – a leading indicator
	<ul style="list-style-type: none"> • GP's engaged – signposting and referring in
	<ul style="list-style-type: none"> • GP's having objectives for their prescribing
	<ul style="list-style-type: none"> • GP's on board and fully understanding
	<ul style="list-style-type: none"> • Embraced by all GPs
	<ul style="list-style-type: none"> • Service available from all practices
	<ul style="list-style-type: none"> • Open ended / easy to access - fluid
	<ul style="list-style-type: none"> • Accessible
	<ul style="list-style-type: none"> • Open to all – not just most 'expensive'
	<ul style="list-style-type: none"> • No artificial barriers or boundaries
	<ul style="list-style-type: none"> • Speed of access / referrals
	<ul style="list-style-type: none"> • Sustainability long term
	<ul style="list-style-type: none"> • Sustainable – working towards self-care, ownership
	<ul style="list-style-type: none"> • Having information that is up to date, easy to access
	<ul style="list-style-type: none"> • Relevant, timely and accessible information
	<ul style="list-style-type: none"> • Continuously live and updated information
	<ul style="list-style-type: none"> • Successful signposting
	<ul style="list-style-type: none"> • Hub of people who know local information
	<ul style="list-style-type: none"> • Better communication / Knowledge
	<ul style="list-style-type: none"> • Ensure utilises social media and online resources for referral from GP
	<ul style="list-style-type: none"> • Shared belief and knowledge
	<ul style="list-style-type: none"> • Know what the system looks like
	<ul style="list-style-type: none"> • Trying not to do everything... all at once

3.	Measures/Measurement
	<ul style="list-style-type: none"> • User led not resource led
	<ul style="list-style-type: none"> • Evaluate on basis of identified values
	<ul style="list-style-type: none"> • Need a baseline assessment and decide what indicators
	<ul style="list-style-type: none"> • Measure the baseline data
	<ul style="list-style-type: none"> • National data needs to be considered and trusted
	<ul style="list-style-type: none"> • Benchmark
	<ul style="list-style-type: none"> • What areas do we want to impact on? A & E, Discharge, increase in people attending activities, reduction in Anti-Social Behaviour?
	<ul style="list-style-type: none"> • A & E – how many are attending
	<ul style="list-style-type: none"> • Reduction in people visiting them?
	<ul style="list-style-type: none"> • How frequently do people visit GP
	<ul style="list-style-type: none"> • Point of access – community hubs (who is going there and for what)
	<ul style="list-style-type: none"> • Reduction in medication – prescriptions and costs
	<ul style="list-style-type: none"> • Effect on use of health / social care services
	<ul style="list-style-type: none"> • Reduced use of acute / emergency services
	<ul style="list-style-type: none"> • Health data
	<ul style="list-style-type: none"> • Quality of Life assessments / scales
	<ul style="list-style-type: none"> • Measure personal development or feelings of self-worth
	<ul style="list-style-type: none"> • Collect information from groups that people are being referred to (increase in numbers etc/case studies from groups)
	<ul style="list-style-type: none"> • Stories/Case studies (data takes a long time to gather)
	<ul style="list-style-type: none"> • Blended stories – moving stories
	<ul style="list-style-type: none"> • Moving stories
	<ul style="list-style-type: none"> • Stories
	<ul style="list-style-type: none"> • Stories and data
	<ul style="list-style-type: none"> • Mapping and gapping
	<ul style="list-style-type: none"> • Patient experiences
	<ul style="list-style-type: none"> • Beneficiaries – whole population vs target cohort (aim at whole population – inclusive)
	<ul style="list-style-type: none"> • Number of referrals, navigations
	<ul style="list-style-type: none"> • Percentage increase in social prescribers/prescriptions
	<ul style="list-style-type: none"> • Number of self-referrals – not just GP referrals
	<ul style="list-style-type: none"> • Lots of success already – link it all together
	<ul style="list-style-type: none"> • Housing output – show success – that info is mentioned - respiratory
	<ul style="list-style-type: none"> • Take up of service – GP's
	<ul style="list-style-type: none"> • “soft” outcomes celebrate these as much as the “hard” outcomes
	<ul style="list-style-type: none"> • Changed narrative – not just stats (quantitative & qualitative)
	<ul style="list-style-type: none"> • Numbers of volunteers
	<ul style="list-style-type: none"> • Increase in numbers of volunteers
	<ul style="list-style-type: none"> • Activity
	<ul style="list-style-type: none"> • SROI – Social Return on Investment