



How Social Welfare Legal Advice and Social Prescribing can work collaboratively in healthcare settings - Executive Summary and Recommendations

Executive Summary

With social prescribing link workers now firmly in position as part of multi-disciplinary teams at primary care level as well as in some secondary and tertiary care settings, the lack of clarity on the role of social welfare legal advice and where provision of timely, high quality advice fits into the bigger picture is thrown into stark relief. As one of the primary onward referral destination routes for social prescribing, and one that is critical to addressing the social determinants of health, it is vital that provision of social welfare legal advice has sufficient capacity and is well-integrated into both a broadened out understanding of care and clinical care pathways. The ongoing risks to health and economic uncertainty brought about by the COVID-19 pandemic makes this work more urgent than ever.

This report aims to address the relationship between social welfare legal advice and social prescribing and how the two services can work together to address the needs of patients in London. By interviewing 17 professionals from across the advice and health policy and delivery landscape, we have built a picture of current delivery and areas for development.

Currently, the provision of social welfare legal advice in healthcare settings across London is patchy and due to uncertainty around funding and the separation in set-up arrangements between the services, collaboration and joined-up working between advice and social prescribing services can be fairly limited even where they operate in the same space, meaning some of the benefits of joined-up working fail to be realised. There is much that could be done to address the current situation in terms of both policy improvements and practical support to encourage greater interconnection of services and a more joined-up experience for patients.

At a policy level, consideration should be given to how the funding and status of social welfare legal advice can be elevated and integrated into wider health and wellbeing agendas. This could involve broadening the definition of care and working with partners at multiple levels including Health and Wellbeing Boards and Integrated Care Systems. Sustainable funding must be a high priority and ambitious aspirations around universal access to social welfare legal advice could form a core pillar of London's recovery from the COVID-19 pandemic. This consideration is particularly important at this juncture if we are to reduce the deepening of inequality and health inequality that is likely to happen over the next months and years.

On a practical level, there are a number of things that could be provided to support joined-up delivery on the ground including guidance and templates to support data sharing, training packages to improve mutual understanding between services and clinicians and support to develop appropriate referral pathways. These should balance the need to maintain a high level of quality in services but allow for local differentiation according to need and preferred ways of working.

It is our aspiration that this report sets out a clear path for how the Mayor of London and partners could lead the way in taking further important steps in developing a population health approach that addresses the needs of Londoners, and particularly creates a safety net for those who are most disadvantaged. By ensuring that high-quality, well-integrated support is available to address the social determinants of health and utilising existing health pathways and community assets, universal access to the services which help to secure a decent standard of living will be within reach for Londoners.

2020
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Recommendations

The position of social welfare legal advice and its role in London's recovery

- The Mayor of London and partners should position social welfare legal advice as a core pillar of London's recovery from the COVID-19 pandemic, with a core focus on ensuring adequate funding and practical support for advice agencies to ensure ongoing viability. This should be integrated into the work of the London Recovery Board around ensuring access to rights and entitlements and minimising hardship.
- An urgent review should take place looking at the risks of exclusion from services for the most vulnerable including support needed by local and BAME-specific advice agencies and tools needed to make remote services more accessible for those who are digitally excluded or speak English as a second language. This should also incorporate the role of healthcare agencies and social prescribing in ensuring the most vulnerable can be identified and referred as needed during times of limited in person engagement.

Funding

- Available funding should be targeted with due consideration of varying levels of deprivation and existing provision across the capital.
- Consideration should be given as to how funding can be drawn in to supplement NHS England funding for link workers and enable an adequate level of social welfare legal advice services to meet onward referral demand. This may involve roundtable events bringing in a range of funding stakeholders.
- The role of Health and Wellbeing Boards in ensuring adequate social welfare legal advice provision should be considered, including how this can be encouraged and potentially turned into a statutory duty.
- If funders are forthcoming, it may be wise to consider piloting multiple models of operation in the initial period as this is still a relatively new area of delivery.

Management

- A toolkit of guidance for managers should be produced to set out the core components of management of social welfare legal advice in a healthcare setting, along with guidance for social prescribing managers on effective service integration with social welfare legal advice.
- Consider incorporating an 'embedding phase' with possible additional management support in plans for new programmes.

Referrals

- Partners should consider exploring ways of establishing automatic referral reminders within patient data management systems to trigger clinician referrals to social welfare legal advice and social prescribing. This could initially be trialled with a small number of conditions to assess its effectiveness and the time implications for both clinicians and auxiliary services.
- Alongside this, broader routine screening questions for patients aimed at triggering social welfare legal advice referrals could be piloted to assess the impact on referral numbers and patient health and wellbeing.

- A referral pathway quality framework should be established which provides key components which should be present in any approach, while allowing for flexibility of approach. The framework should incorporate expectations for:
 - How clinicians and other practice staff should identify need and refer onwards.
 - The journey for the client including where signposting is appropriate and where a full referral is needed, and differentiation in pathways for different types of issue to minimise risk of client dropout.
 - How appointments should be booked, with encouragement to use the same system as the practice for full integration.
 - Turnaround of referrals, particularly for urgent social welfare legal advice demand
 - How social welfare legal advisers and link workers should identify need for the other service and refer onwards.
 - Mapping of onward referral partners, particularly for specialist areas of advice.

Location

- The management toolkit should incorporate guidance on how to maximise the benefits of co-location including through promotional activities and visibility in the practice, while also maintaining discretion for clients attending social welfare legal advice appointments to reduce stigma.
- Guidance should be provided to health practices on what facilities are needed for social prescribing and social welfare legal advice to be effectively delivered within the practice premises.
- Consider engaging with NHS Property Services to negotiate for charges to be waived for advice services operating in practices.

Working protocols and data sharing

- Provide model working protocols and data sharing policies and templates for adaptation by services.
- Incorporate data protection issues into training for all parties.
- Undertake research with patients to understand their feelings around data sharing and how this should be approached.
- Ensure guidance encourages regular review and service improvement feedback loops so that learning can be acted upon to refine processes.
- Consider piloting a single case management system approach (with appropriate data protection measures in place) to assess whether this is beneficial to the work of all parties.

Delivery methods

- Work collaboratively with health stakeholders and patients to assess the range of apps which already exist to provide guidance to those on particular health pathways and consider gaps both in content of existing apps and in the range of apps available.
- Provide a range of good practice case studies of alternative delivery methods e.g. volunteer-led, remote online delivery and digital sessions.

Relationships

- Incorporate the building of relationships into training for link workers and social welfare legal advisers who will be working in healthcare settings as well as guidance for scheme managers, with separate focus on how to build relationships with different stakeholders e.g. practice managers, clinicians, reception and administration staff.
- In collaboration with the Practice Managers' Association, consider how best to reach this important group of staff members in order to raise the level of understanding of the value social prescribing and social welfare legal advice to their practice and its operations.
- In guidance to schemes encourage actions which are likely to foster good working relationships including:
 - Information on how to initiate positive relationships with key staff members.
 - Encouragement for frontline staff to attend practice meetings.
 - Encouragement for consistency in staffing within practices.
 - Where possible ensuring that social welfare advisers and link workers are on site at the same time and have regular opportunities to check in with one another.

Training

- Develop a standard package of training in conjunction with partners such as Advice UK, the Advice Services Alliance, NHS England, the Royal College of GPs and Health Education England with separate modules for:
 - Link workers, to incorporate basic knowledge of social welfare legal advice, how to spot issues, role boundaries and how to prepare a client for an advice appointment.
 - Social welfare legal advisers, to include understanding primary care, patient data management systems and the role of link workers.
 - Clinical staff, covering the role of link workers and social welfare legal advisers, the issues they can support patients with and how they can support their role, as well as how to work with clinical pathway referral systems and act as 'problem noticers'. This could also be incorporated into medical student training.
 - Practice managers, reception/telephony and administrative staff, to increase understanding of the value of auxiliary services and how they can support their practice and its operations, as well as the support they need to function well.
- Provide support for this training to be delivered locally including through Health Education England Training Hubs and incorporating involvement of local partners including the RCGP's local faculties, to enable training to also play a role in building effective local partnership working.

Scaling up

- Ensure that frontline workers, service managers and service users are engaged in plans for scaling up and that multiple stakeholders are brought together to share learning with decision-makers.
- Balance the need for standard levels of service with allowances for local flexibility based on what works best for those on the ground.
- Consideration should be given as to whether a new definition of care should be developed, which incorporates the right to support to ensure that a threshold of living conditions is met. As a first step, this could encompass universal access to social welfare legal advice, including where necessary specialist legal advice. This would need to be delivered and overseen at borough and Integrated Care System levels.