

Town Digital Hub Investment Proposal to WMAHSN

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The NHS is investing in social prescribing. In 2016, the University of Westminster and the College of Medicine launched a [national Social Prescribing Network](#), and in 2017 the Department of Health and Public Health England [made grant funding available to local social prescribing initiatives](#).

However, a [review of the evidence for social prescribing](#) by the Social Prescribing Network in June 2017 indicates that although “social prescribing continues to grow in scope and scale across the UK”, the quality of evidence is “weak” and that “the evidence that social prescribing delivers cost savings to the health service over and above operating costs is encouraging but by no means proven or fully quantified.” Further, while some evidence suggests that social prescribing causes an average fall in attendance for GPs of 28% and for A&E of 24%, this may be misleading:

“Evaluations were often subject to high drop-off rates at follow-up meaning these studies had reduced power to show a statistically significant outcome. In some cases, statistical significance was not discussed at all. Where a high number of patients were lost to follow up, studies were at risk of bias as predominantly patients who had completed the intervention gave feedback.”

In addition, the likelihood of referral to secondary mental health care more than doubles after referral. In other words, the NHS wants social prescribing, but at this point there is no evidence that it reduces either costs or demand for the NHS.

A key reason for this is the link worker model, which is [defined by the Social Prescribing Network](#) as:

“Enabling healthcare professionals to refer patients to a link worker, to co-design a nonclinical social prescription to improve their health and wellbeing.”

This approach has a fatal flaw that makes it unlikely to deliver the expected benefits - prescription is by its nature a one-off, one-way deliverable, handed off from a professional to a patient. The high drop-off rates described above are thus inevitable, since people with low wellness find it hard to sustain lifestyle change – otherwise, they wouldn't have low wellness.

To successfully intervene in improving a person's lifestyle requires collaboration, iteration, and patience. People with low wellness need ongoing support to carry out a holistic programme of lifestyle improvement, in which they are given help to identify and address new/changing goals as they emerge across a broad spectrum of lifestyle issues, and via which they move gradually away from relying on mentoring towards empowered self-management. By contrast, the link worker model focuses on signposting clients towards specific interventions at a point in time. Further, these interventions usually relate to diet, exercise or social interaction, often overlooking deeper issues such as addiction, finance and safety that derail lifestyle change. As it stands, most social prescribing is a superficial exercise that does not provide the personal coaching clients need to develop [Positive Psychological Capital](#) – the ability to make a wellness plan and carry it out over the long term, learning how to deal with setbacks as they arise.

Evidence for the success of contrasting approaches based on coaching and advocacy, rather than prescription, is available from [Policy Exchange](#) (2014) and [Ernst & Young](#) (2016). The latter report shows that the typical Social Return on Investment from an ongoing, interactive model of wellness support is £7 for every £1 invested – more than three times that for social prescribing, even if you accept the “weak” evidence for its figure of £2.30.

To transform social prescribing into something that delivers its potential benefits, link workers must adopt a different approach. The challenge is that typically they do not have the extended opportunity for engagement with clients available to (say) a cancer advocate, who may be dedicated to a single client over a long period. A solution is for link workers to use [Town Digital Hub](#) - an interactive website that helps clients make personal wellness plans, based on (but not limited to) use of community assets in localised, curated “digital hubs.” By engaging with community groups and activities, clients build personal resilience through embedding in a local support network. By using the website to make regular self-driven assessments using standard outcome measures, clients learn to manage their personal progress, which allows them to move gradually towards full activation and self-management.

Use of such open technology not only allows link workers to deliver effective, long-term coaching to multiple clients via a combination of personal interaction and social media, but also enables clients as they become fully activated to develop into volunteer link workers by using the same platform as the professionals. This means that the social prescribing ecosystem can expand exponentially at zero cost, making it possible to reach by former clients to family, friends and neighbours preventatively, before their wellness problems cause them to draw on public services. Further, offering former clients a form of volunteering for which they are uniquely suited in itself generates a massive uplift to their own personal wellness (as shown in [research from the Bank of England](#) in 2014).

A further benefit is to providers, for whom Town Digital Hub acts as a public delivery platform. They can use it to offer tickets for events/appointments, raise awareness in the community via social media, attract paid or volunteer staff, and collaborate with other providers to remove gaps/overlaps in services.

Since technology support for personal wellness planning enables social prescribing to deliver its potential Social Return on Investment of £7 for every £1 invested, deployment of the website makes strong economic sense as a spend-to-save measure for councils and CCGs. However, it is necessary to take into account that, in the absence of a strategic solution for building wellness, many councils have already made tactical investments into Web-based directories of community assets, simply in order to give people a way to find out what is available to them locally.

As the high drop-out rates for social prescribing show, such directories have not proven to be effective in building personal resilience. This is because people with low wellness find a list of thousands of community groups bewildering. An unfortunate side-effect is actually to lower self-worth – if you are signposted to such a list by your GP or a link worker, but cannot then use it in a structured plan for improving your own wellness, you will feel even worse about yourself than you did previously. The picture changes with the emergence of Town Digital Hub, which makes it possible for community asset directories to start delivering real value, in particular as part of the setup process.

Creation of local digital hubs to support personal wellness planning is dramatically speeded up by starting with raw data obtained from existing community asset directories. Some of this data will be out of date, or missing, but since Town Digital Hub offers community providers a public delivery platform for their services, this will be rectified as a natural part of adoption. Community groups and organisers will start using Town Digital Hub to obtain the benefits described above, and in so doing, will automatically correct and supplement the data obtained from previous static directories. Councils will then be able either to transfer existing website support costs from asset directories to Town Digital Hub or to retain the directories as a means of promoting assets available for wellness planning in digital hubs. In either case, councils will finally be able to gain return on investment from previous tactical measures, by using the deliverables to help enable a strategic solution.

Experience in Birmingham Ladywood and Edgbaston, where digital hubs were partially constructed in 2016 and used for social prescribing in 2017 by the Lottery-funded project Gift Exchange, shows that creating a digital hub for each parliamentary constituency is a simple, viable approach with a cost of about 10% of population size to create a full digital hub. On this basis, digital hubs could be deployed across the West Midlands (population 5,675,000) for £567,500 with a breakdown of costs across the 28 parliamentary constituencies as shown in Table 1 of the Appendix below.

The cost of this work covers not only online setup of the digital hubs in the Town Digital Hub website but also the following enabling work streams:

1. **Engagement with local government stakeholders** – councils and CCGs, in particular, but also GP Federations and services such as Police, Fire, Education, Justice and others who carry out forms of social prescribing (even if it is named something else).
2. **Engagement with the community and voluntary sector** – health training organisations, community providers, and organisations that represent bodies in the sector, all of whom may be involved in social prescribing activities.
3. **Development of access to digital hubs at physical hubs** – places where link workers embed into the community, such as supermarkets, town centres, libraries, schools, bus/train stations, community centres, Healthy Living Pharmacies, and more.
4. **Providers of other digital tools** – many of which could be usefully integrated into digital hubs, such as services for integration of the community via social media.
5. **Communications to and training of link workers** – both face to face, for example at regular workshops, and online, for example by provision of explanatory YouTube videos.

The entire programme would last 3 years:

- Months 1-3: Resourcing, and development of evaluation approach
- Months 4-31: Set up of digital hubs, starting a new one each month and allowing completion of one to overlap to some extent with start of another
- Months 32-36: Assessment of results, and collaboration with stakeholders to define next steps

Appendix

Table 1: Parliamentary Constituencies in the West Midlands

West Midlands Parliamentary Constituency	Digital Hub Setup Cost	Map
<u>Aldridge-Brownhills BC</u>	£17,767	
<u>Birmingham, Edgbaston BC</u>	£19,354	
<u>Birmingham, Erdington BC</u>	£19,217	
<u>Birmingham, Hall Green BC</u>	£22,522	
<u>Birmingham, Hodge Hill BC</u>	£22,219	
<u>Birmingham, Ladywood BC</u>	£20,102	

West Midlands Parliamentary Constituency	Digital Hub Setup Cost	Map
Birmingham, Northfield BC	£21,076	
Birmingham, Perry Barr BC	£20,638	
Birmingham, Selly Oak BC	£22,157	
Birmingham, Yardley BC	£21,288	
Coventry North East BC	£22,266	
Coventry North West BC	£21,724	
Coventry South BC	£20,772	
Dudley North BC	£17,916	

West Midlands Parliamentary Constituency	Digital Hub Setup Cost	Map
<u>Dudley South BC</u>	£17,811	
<u>Halesowen and Rowley Regis BC</u>	£20,008	
<u>Meriden CC</u>	£24,174	
<u>Solihull BC</u>	£23,002	
<u>Stourbridge BC</u>	£20,382	
<u>Sutton Coldfield BC</u>	£22,117	
<u>Walsall North BC</u>	£19,793	
<u>Walsall South BC</u>	£19,989	
<u>Warley BC</u>	£18,807	
<u>West Bromwich East BC</u>	£18,777	

West Midlands Parliamentary Constituency	Digital Hub Setup Cost	Map
<u>West Bromwich West BC</u>	£19,334	
<u>Wolverhampton North East BC</u>	£18,018	
<u>Wolverhampton South East BC</u>	£18,458	
<u>Wolverhampton South West BC</u>	£17,812	