### Social Prescribing Training Hub Supervision Small Group Action Learning Set (ALS) Trailblazer Pilot

Executive Summary of the Findings and Recommendations

November 2022

#### **Key Messages & Recommendations**

This Social Prescribing Training Hub Supervision Small Group Action Learning Set (ALS) Trailblazer Pilot was commissioned by NHS England through Primary Care Training Hubs (PCTH) to raise regional awareness of the risks and issues facing Social Prescribing Link Workers (SPLWs), particularly in relation to supervision and support. The pilot focused on clinical/professional supervision which should be offered additional to workplace clinical supervision which remains an employer responsibility. A quality improvement Action Learning Set (ALS) approach was proposed, with small groups of SPLWs, Health and Wellbeing Coaches and Care Coordinators working in Primary Care Networks (PCN). Ninety-two ALS were completed across seven regional PCTH pilot sites.

The findings reflect those of the Fuller Stocktake (NHS England, 2022) that improving the supervision, development and career progression of individuals in Additional Roles Reimbursement Scheme (ARRS) roles is crucial to retain them and make the most of their skills and experience as part of integrated neighbourhood teams. This includes focus on supporting PCNs and GP practices with supervision of the ARRS roles and making the most of multi-professional supervision. The report also encourages systems to work with PCTHs to ensure 'the offer' they provide is broad enough to help integrated neighbourhood teams flourish. This report provides recommendations about what the offer might look like.

The pilot was delivered at a time when the health and wellbeing of the workforce was a priority due to unprecedented pressures in the NHS following the Covid Pandemic. Time for colleagues to come together, share experiences and support one another in a safe and inclusive environment is essential but local insights and anecdotal evidence suggested a likelihood that this was absent due to the same pressures (NALW, 2020). Findings from the pilot evaluations confirmed and highlighted notable risks to retaining staff working in personalised care roles due to issues with access to clinical/professional supervision and health and wellbeing support.

Action Learning Sets, as a form of group supervision, were the intended approach for the pilot and can be described as "a group of people within a workplace that meet with the specific intention of solving workplace problems. The main aim of an ALS is to come away with a set of realistic actions that will help to solve or understand the issues at hand.... Members of the ALS encourage the presenter to learn by asking further questions, rather than answering their question with advice" (NHS England, 2015). Group supervision should offer employees a safe, supported and facilitated space to discuss work related concerns, encouraging reflection and learning for oneself and from one another. Where ALS groups are established and meet regularly, it can build trust, networking, and peer support (Health Education England,

2022). This pilot was not clinical workplace supervision which remains an employer responsibility for quality assurance and patient safety.

The overall findings in this report present compelling recommendations for the use of ALS, as a form of clinical/professional group supervision, to support this workforce by creating psychologically safe spaces to reflect on problems, share learning, improve service quality, and build trusting relationships across PCN teams. Additionally, learning emerged from the ALS sessions about how to support link workers through comprehensive induction and training, effective leadership and management, and improved knowledge of job roles and service delivery models. This was consistent with the recommendations and guidance available in the 'Workforce Development Framework for Social Prescribing Link Workers' (NHS England, 2022a).

The following actions are required to improve the support available to SPLWs and other wider workforce roles.

#### Nationally:

- This report should be used alongside the 'Workforce Development Framework: Social Prescribing Link Workers' (NHS England, 2022a) to provide guidance to PCTHs and PCNs. An effective cascade of the learning and recommendations is required.
- NHS England and Health Education England should consider financial investment in supervision models such as ALS, both within and across PCNs, to provide psychologically safe spaces for reflective clinical/professional supervision.
- Resources to support the well-being of those working with more complex patient workloads should be prioritised.
- Health and care systems should work with providers to develop new career pathways and opportunities for link workers and other personalised care roles.
- Leadership development programmes for PCN leaders need to include training in the establishment of effective teams, enabling leaders to build positive cultures and sense of belonging among all team members, including SPLWs.

#### Locally:

- ICB's to ensure that personalised care workforce is an integral part of system thinking, planning and delivery. Support the development of training and supervision, recruitment and retention and increased participation of the workforce (as per Fuller report (NHS England, 2022)).
- PCTHs and PCNs should use this document alongside the 'Workforce Development Framework: Social Prescribing Link Workers' (NHS England,

2022a) to develop local plans for supporting SPLWs and other personalised care roles.

- Following the NHS commitment to long term funding, temporary employment contracts should be made permanent for SPLWs to improve job security and sense of belonging.
- Group supervision models like ALS can support the clinical/professional supervision requirements for SPLWs. ALS should provide a safe environment where quality improvement can be achieved through shared learning and the development of team working.
- ALS Facilitators do not have to be GPs (NHS England, 2022b); however, if using GPs to support ALS, PCTHs could consider using those at the beginning and end of their career.
- PCTHs should ensure access to SPLW supervisor training programmes, as per the recommended standards (NHS England, 2022a), and ongoing support for supervisors.
- PCTHs should work with ICBs and Places to identify SPLW specialist roles and consider training requirements and resources to support SPLW development.
- PCN Leaders need to develop effective teams and establish clear roles and responsibilities, which is a particular priority for SPLWs where variation is common across PCNs.
- Wrap around health and well-being services should be readily available for SPLWs requiring additional support outside of clinical/professional supervision.
- When developing ALS or group supervision models consideration should be given to:
  - o Programme design and engagement.
  - Programme delivery and additional support for both participants and facilitators.
  - An appropriate evaluation processes from programme implementation to conclusion.

Recommendations are made throughout the report to encourage PCTHs and PCNs to consider local requirements and develop supervision models to help establish reflective supervision as part of business as usual.

A summary of the recommendations is available below, and for more detail please see the full report.

# **ALS DESIGN**

# ALS ENGAGEMENT

# **ALS IMPLEMENTATION**

# **EVALUATION**

# Recommendations Part 1: Guidance for Training Hubs in ALS Delivery

- ALS methods and approaches
- Define a clear purpose to inform ALS delivery methods:
- Multiple or single PCN approach
- Single profession or multi-professional participants
- The frequency of ALS
- The period over which ALS will take place
- ALS facilitator selection
- Offer training in ALS facilitation
- Select the right person to facilitate the sessions, considering:
- · Financial costs & sustainability
- Quality improvement opportunities
- · Independence, and potential biases

#### Identifying stakeholders

- Consider all key stakeholders as part of the project initiation:
- Patient engagement may be beneficial to ensure desired outcomes consider all aspects of the workforce's ability to deliver quality care services and experiences for patients.

## Engaging primary care organisations

- Use case studies to promote the benefits of ALS
- Scoping out current supervision provision to determine the need for ALS or other forms of clinical/professional supervision.
- Financial Investment to allow PCNs to test out various methods of reflective clinical/professional supervision

#### **Engaging participants**

- Consider communication methods
- Set realistic ALS timings (1.5-2hrs)
- Prospective participants complete the link worker module on supervision
- Targeted support where attendance is poor
- Use a 'Participant Information Sheet'

#### Support for participants

- Create an environment that promotes psychological safety
- Provide access to additional health and wellbeing support
- Facilitators to direct participants to further HWB resources.

## Support for facilitators / supervisors

- Maintain connections with the ALS facilitators
- Provide facilitators with a platform for shared learning of common themes emerging from the ALS
- Provide funding to release facilitator time
- Provide ALS facilitator training

#### The evaluation process

- Consider evaluation as part of ALS project initiation
- Identify **measurable evaluation processes** to inform learning and recommendations.
- Collect data at the beginning and end of the initiative

## Recommendations Part 2: Supporting Those Working in Personalised Care Roles

Recommendations for induction and training

- Develop PCN inductions
- Develop new starter resources, specific to role requirements
- Provide access to upskilling training for personalised care roles
- Develop career pathways

Recommendations for leadership and management

- Promote effective teams in PCNs, encouraging clear roles & responsibilities for all workforce
- Use ALS to provide clinical supervision and help build trust in teams
- Offer permanent contracts of employment
- •Clear line management is required for personalised care roles

Recommendations to support service delivery

- SPLWs to develop knowledge of community services
- Control over appointment diaries to offer flexibility with complex cases
- Care navigation training, tailored locally to improve understanding of personalised care job roles and service models

#### 1 References

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