Implementing Social Prescribing in SingHealth:
A Community Hospital Setting

A/Prof Lee Kheng Hock
DCEO (Education and Community Partnerships
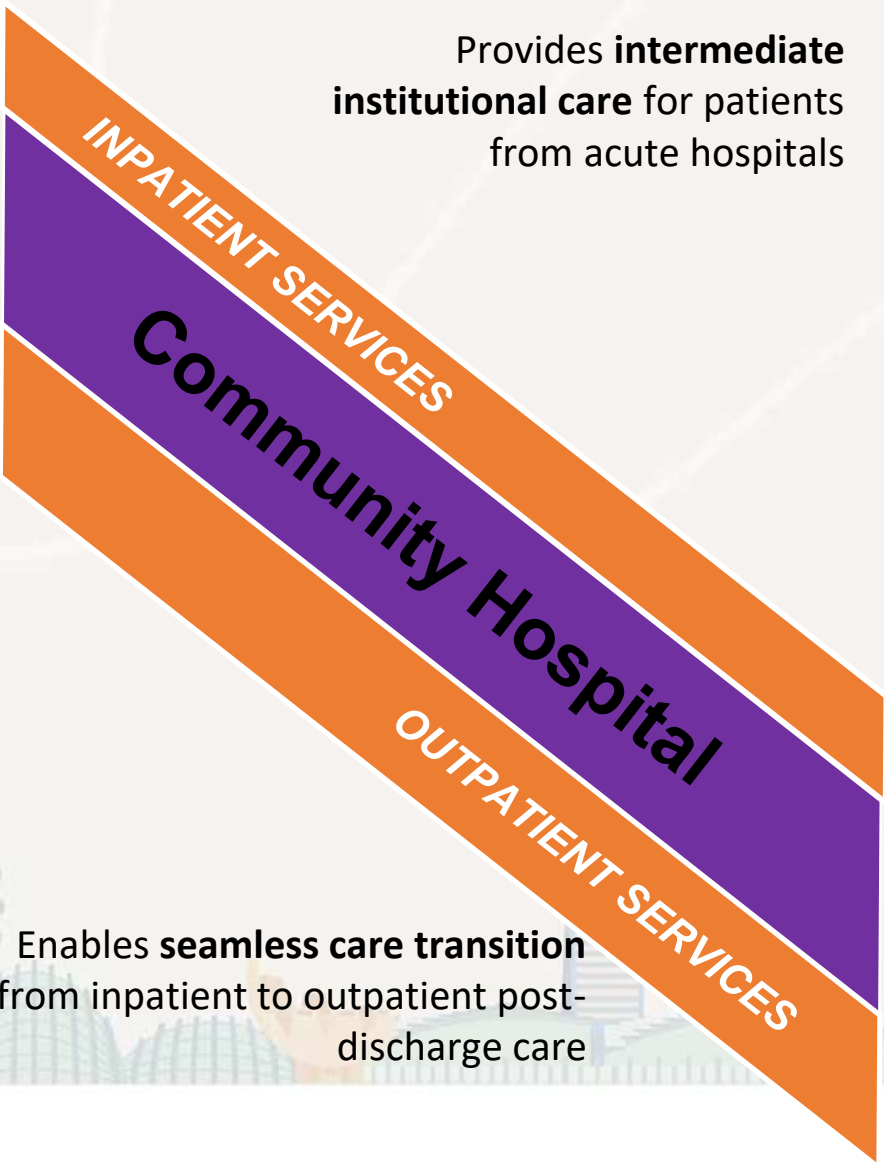SingHealth Community Hospitals

Agenda

- Why social prescribing in community hospitals

- What did we do?

- When did we do it?
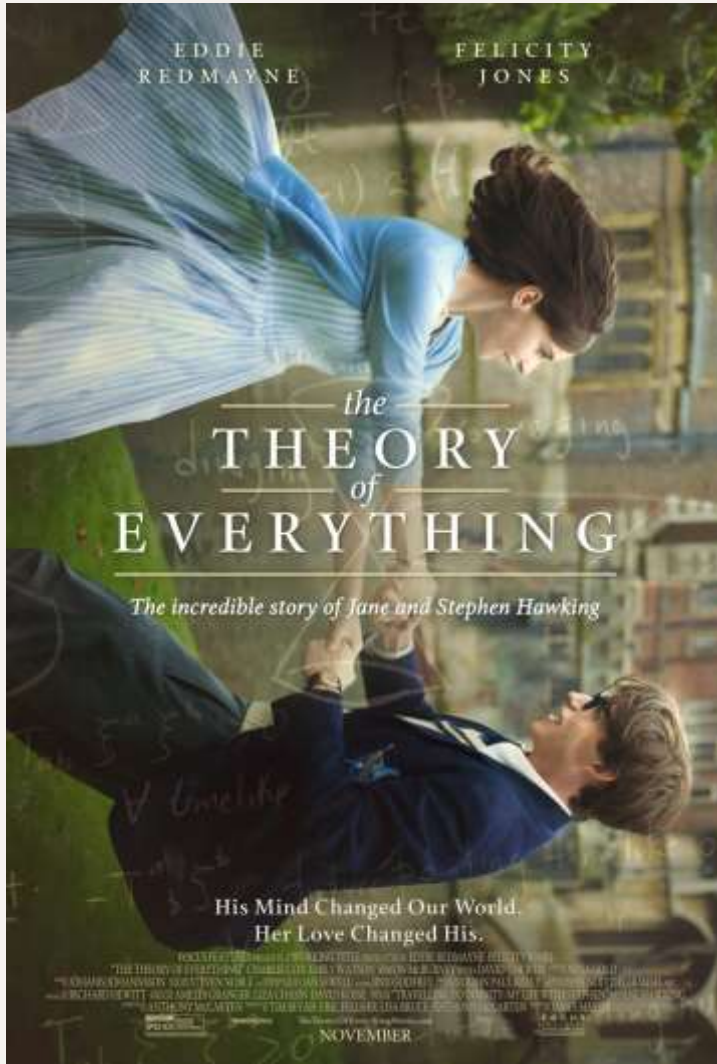
- How did we do it?

- What did we learn?

Community Hospitals: Bridging Care for Patients in Need

Acute Hospital

INPATIENT SERVICES

Community Hospital

OUTPATIENT SERVICES

Provides **intermediate institutional care** for patients from acute hospitals

Enhances **care-integration** and **community support** for patients discharged from CH / acute hospitals

Enables **seamless care transition** from inpatient to outpatient post-discharge care

Institutional long-term care
(NH, Hospice, Sheltered Home)

Centre-based Care

Care-Coordination

Home Care

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A Theory of Everything in Health and Social Care

- Local Area Co-ordination
- Social Prescribing
- Health District
- River of Life
- Asset Based Community Development
- Person-Centered Care
  - Person-Centered Therapy
  - Personalized Care Plan
- Integrated Care
- Virtual Ward
- Integrated Practice Unit
- Transitional Care (Naylor's Transitional Care Model, Eric Coleman's 4 Pillars)
- 6 Domains of Family Medicine

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The Beginning of Our Journey

"Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services."
King's Fund UK

Evolving Our Program Theory of Social Prescribing
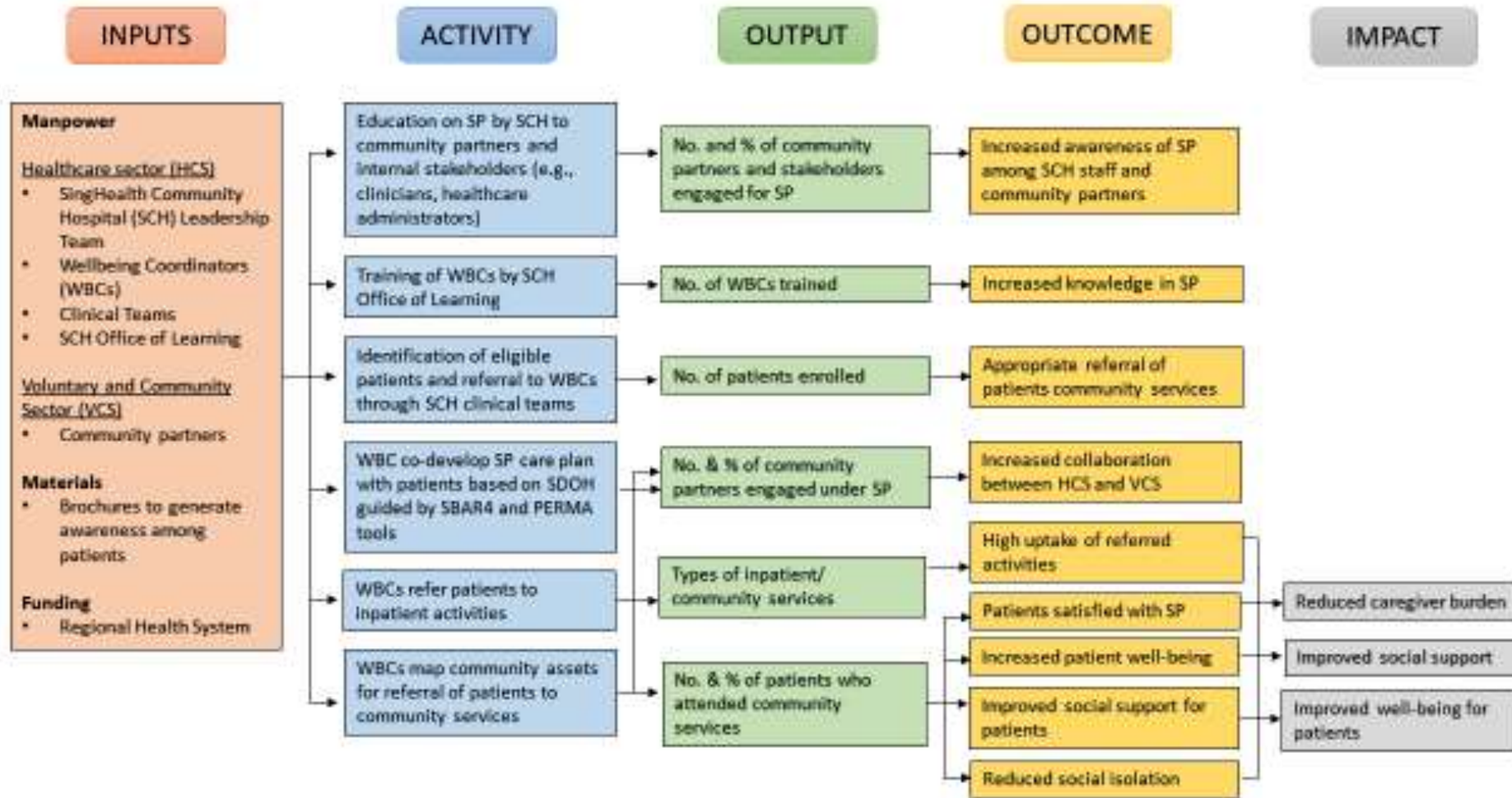

"Social prescribing improve the **wellbeing** of patients by optimizing their **social determinants of health** through **connections to community assets**" SingHealth Community Hospitals

Context
Mechanism
Outcome

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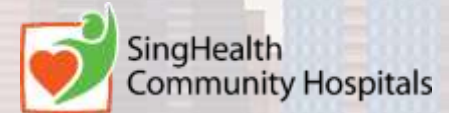
Developing a Logic Model for Implementation

Bringing the Community into the Hospital

Digitalizing ward activities for the pandemic

Inpatient Activities Attended	☐ Movie	☐ Rummy-O
	☐ Religious Service	☐ Mahjong Session
	☐ Karaoke Session	☐ Variety Hour
	☐ Pet Therapy	☐ Others:
	☐ Gardening	

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Exploration: Jul 2019 to Oct 2019

- **Project team:** Sponsor, Program Leader, MDT Leaders, Administrative Leaders

- Pre-pilot (**Exploratory Implementation**) to test ideas for feasibility and identify target population

- Literature review, international conference in London, visit to best practices in SP

- Adapt to local context and care setting

- Identify and engage internal and external stakeholders

- Define components using Logic Model

  - **Input** (Resources needed including funding and human resources)

  - **Process** (Program processes and interface with internal and external partners)

  - **Outcome** (Chose and develop relevant measurement tools)

PLAN

- Form project/implementation team
- Situation analysis
  - Target population
  - Feasibility
  - Stakeholders
- Map out community assets
- Define input, processes, outcome
- Optimize implementation drivers
  - Organization
  - Leadership
  - Competency
- Develop Implementation Plan

Installation: Oct 2019 to May 2020

- Implement the re- designed pilot (**Installation**)at one of the 3 hospitals in our organization (BVH).

- Exploratory approach to shape a definitive care model.

- Field tested an **outcome measurement** tool (PAM13).

- Connecting with **community assets** and partners to test out work process.

- Collect **process data** and **feedback** through surveys and interviews with patients, internal and external stakeholders.

- Monitor **resource utilization**

- A modular **competency based training program** was developed, implemented and evaluated.

DO
- Diffuse, Disseminate or Implement
- Installation or exploration
- Collect data and feedback from stakeholders

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Initial Implementation: May 2020 to Oct 2020

- By February 2020 the installation of program was suspended as BVH was converted to a community isolation facility for Covid19 patients.

- The "Do" phase are prematurely ended.

- Opportunity to improve processes need modification after testing out with community partners. The outcome measure selected based on overseas practices was found to be unsuitable. **New outcome measures** were found and tested.

- The **curriculum was validated** and adjustments were made based on feedback from learners.

STUDY
- Effectiveness of implementation (fidelity)
- Effectiveness of implementation drivers
- Acceptability of intervention
- Outcome

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Implementation: Oct 2020 to Jan 2021

- The **input, process and outcome measures** were extensively revised based on the exploratory implementation.

- **Site of implementation** moved from BVH to SKCH

- **Additional intervention** to address digital exclusion (a new SDH) was introduced.

- More **support to the SP practitioners** through **coaching** and **dialogue with management.**

- Preparation for **initial implementation** of a revamped program incorporating lessons learned for the exploratory implementation

ACT
- Adjust intervention
- Enhance implementation drivers
- Practice-Policy Communication
- Strengthen and deploy implementation team
- Full implementation
- Review and evaluate

Applying Implementation Science to Social Prescribing…

Ensure fidelity
Manage quality
Prepare for sustainability and scaling

Assess Needs
Define resource, process and outcome
Adapt to fit

Operate the first iteration
Collect data, adjust intervention
Change management

Secure resources
Assemble components
Prepare organization
Kick off

Implementation

Exploration

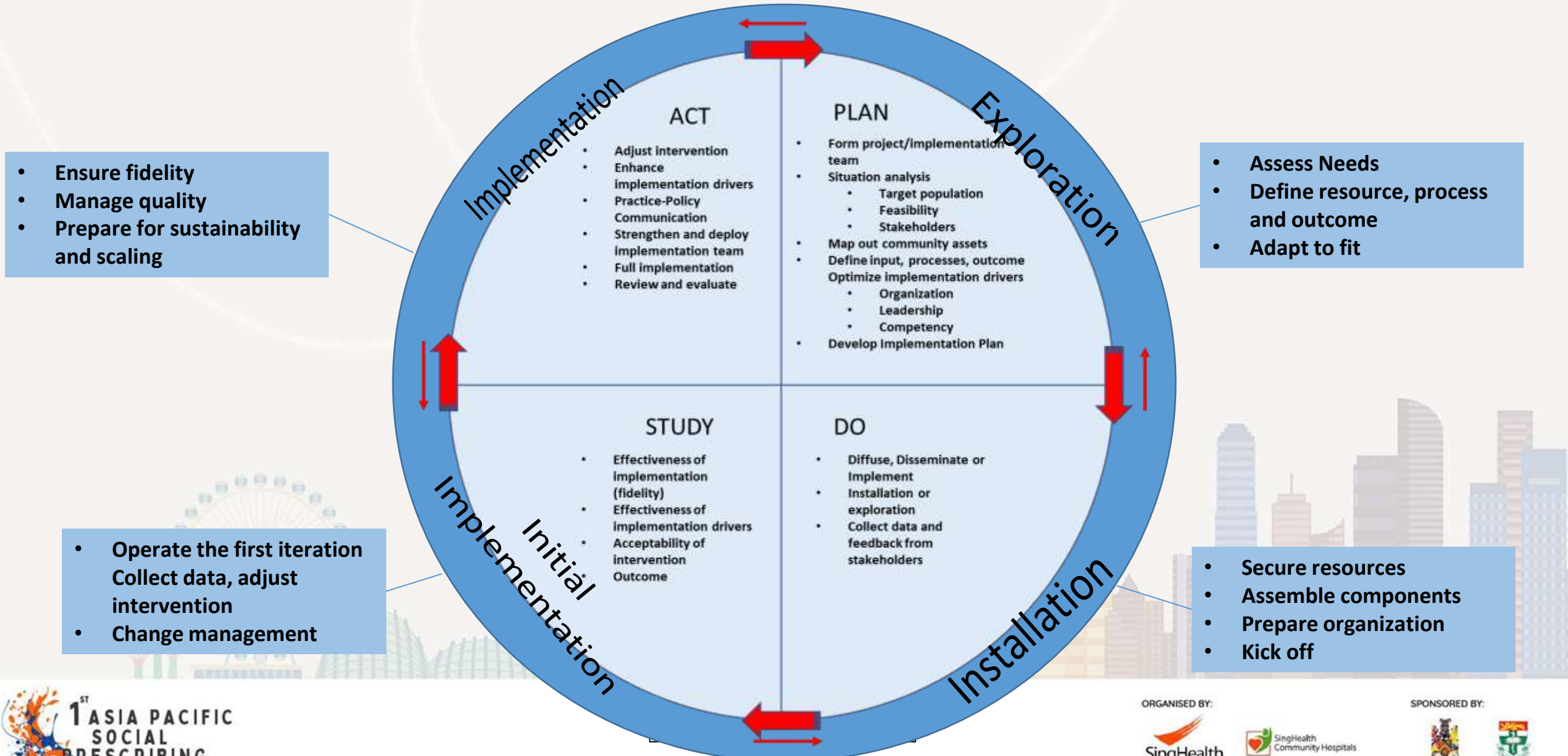## Initial Implementation

Installation

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- Practice-Policy Communication
- Strengthen and deploy implementation team
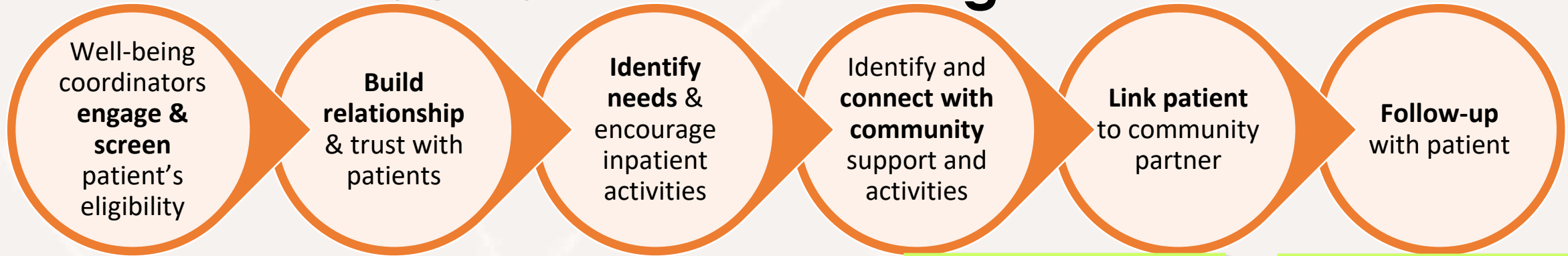- Full implementation
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SCH Social Prescribing Process

Well-being coordinators **engage & screen** patient's eligibility

→ **Build relationship** & trust with patients

→ **Identify needs** & encourage inpatient activities

→ Identify and **connect with community** support and activities

→ **Link patient** to community partner

→ **Follow-up** with patient

✓ Screened **1,570** patients **for Social Determinants of Health** since Oct 2019

✓ Engaged **953** patients **for Social Prescribing** since June 2020

✓ Enhanced clinical supervision by MSW, with weekly MDM meetings

Photos: WHO©Juliana Tan

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Integrating with Our Transitional and Inpatient Care Teams

Daily morning huddles and weekly Social Prescribing MDMs
WBCs work with Multidisciplinary Team to Co-Develop Plans Between Patients, WBCs and Clinical Teams
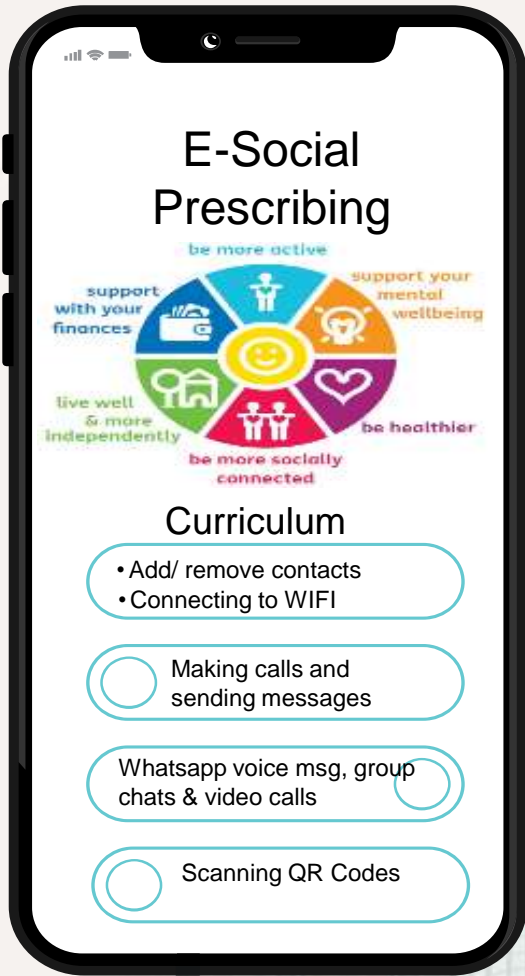
*Integrated Primary Care for At Risk Elderly

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E-Social Prescribing: Responding to the Pandemic

Addressing the rise of a new Social Determinant of Health – **Digital Exclusion**

E-Social Prescribing

Curriculum

- Add/ remove contacts
- Connecting to WIFI

Making calls and sending messages

Whatsapp voice msg, group chats & video calls

Scanning QR Codes

Winner

20 SOCIAL PRESCRIBING NETWORK AWARDS 21

Award for best International Social Prescribing Scheme

SingHealth Community Hospitals Singapore

National Academy for Social Prescribing

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Connecting Through Community Partners

Encouraging patients to pursue their interest and provide practical support, information, signposting, or referring patients to activities, community groups or support services

Community partners help provide activities in SCH & **WBC bridge** Patients to their preferred activities in the community

Community partners include **Public agencies** that provide social activities in the community, e.g. *NParks, National Museum of Singapore, ActiveSG, People's Association, Community Centres, NLB*

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Learning from Implementation

Double Loop Learning Adapting Program Theory to the VUCA World

Programme Theory

Cause → **Effect**

Logic Model

Input → Process → Output → Outcome
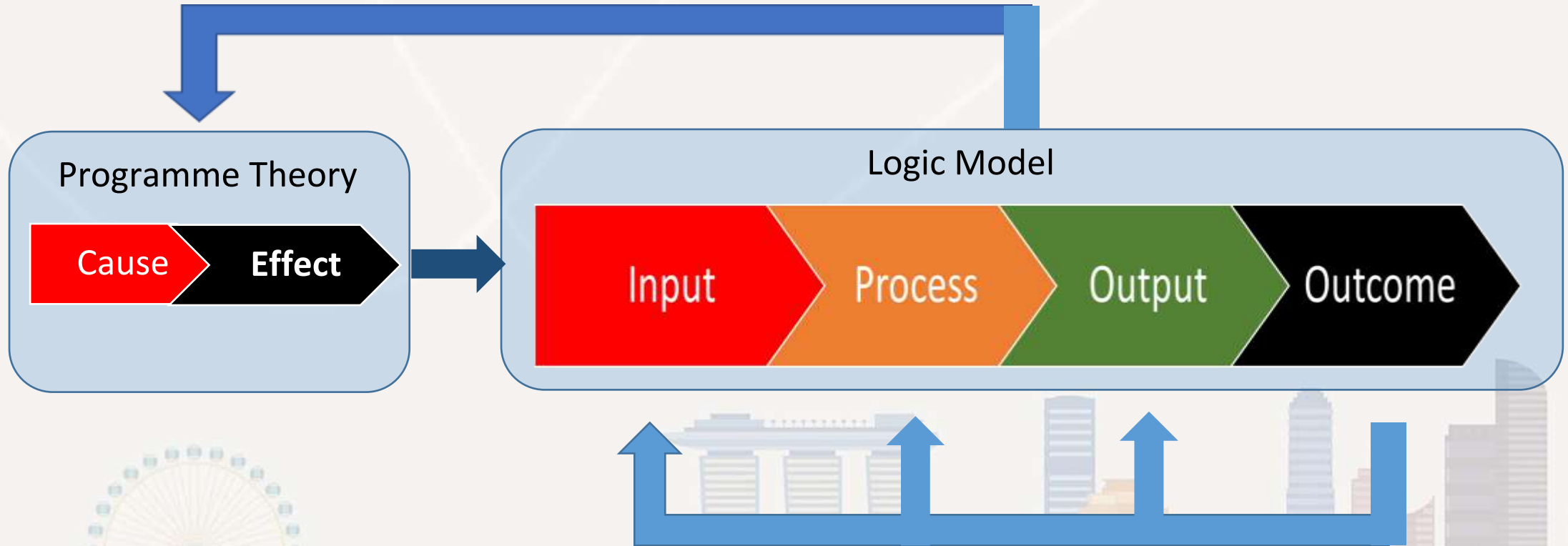
Single Loop Learning with Iterative Models of Implementation

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Focusing on Elements in Social Prescribing
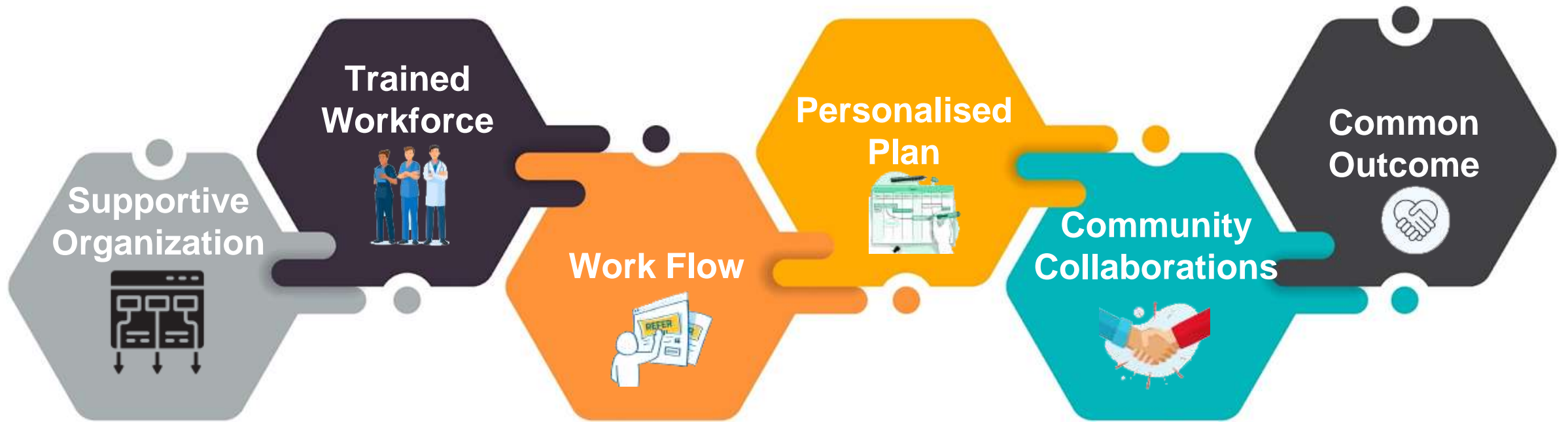
Adapted from : https://www.england.nhs.uk/personalisedcare/social-prescribing/
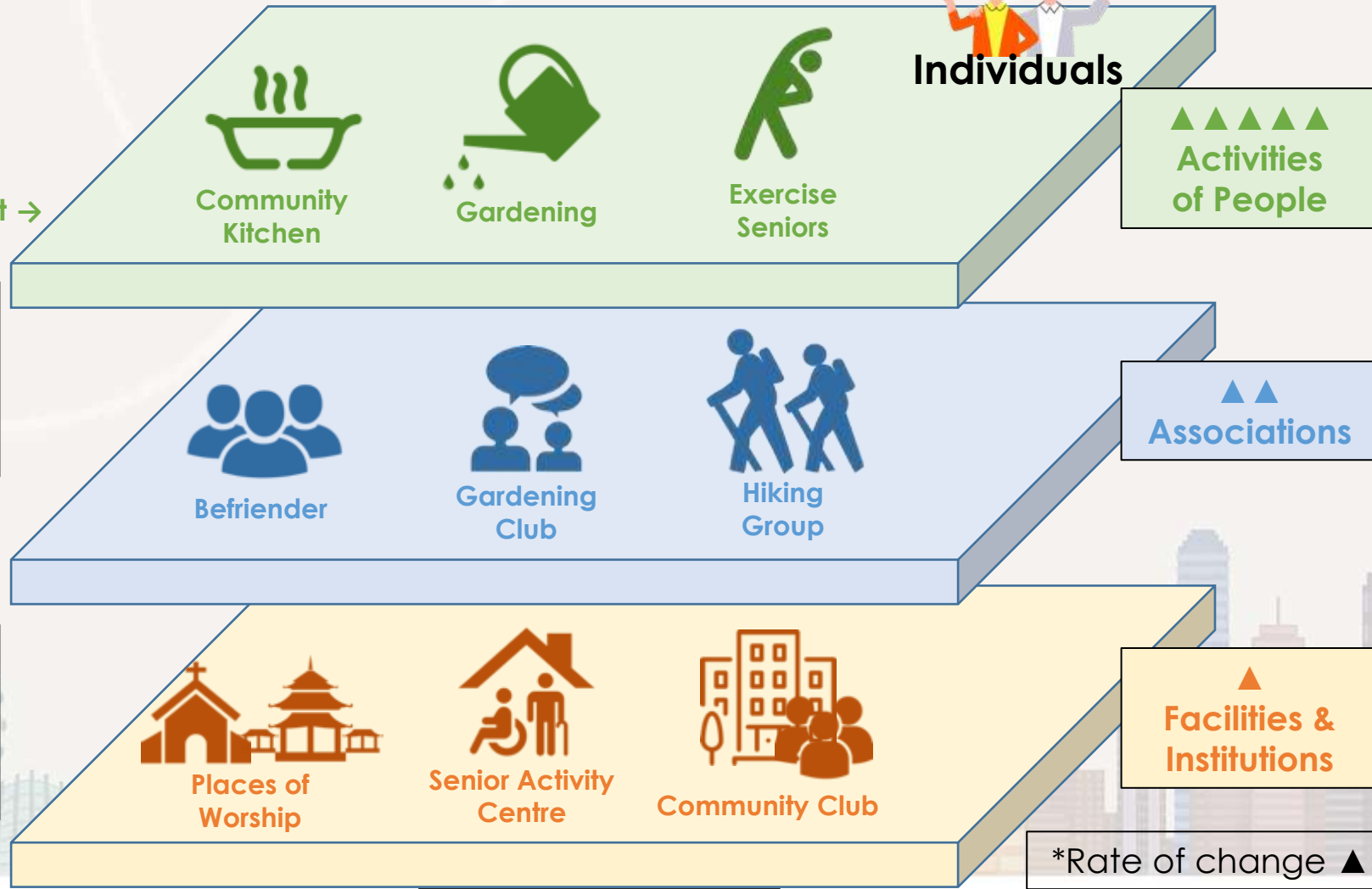
Training a Non-Clinical Workforce

"The course opens up a new chapter in my life by providing the necessary knowledge to pursue my passion in serving the community."
– Deepa Srinivasan, 45 (Former IT SAP Consultant)

"This course provides a forward-looking concept that factors in social and psychological considerations to improve a patient's overall health and wellbeing."
– Shirleen Ng, 49, (Former Bank Executive)

"This course gels together the significance of overall health and social wellbeing in the community to enrich a senior's life."
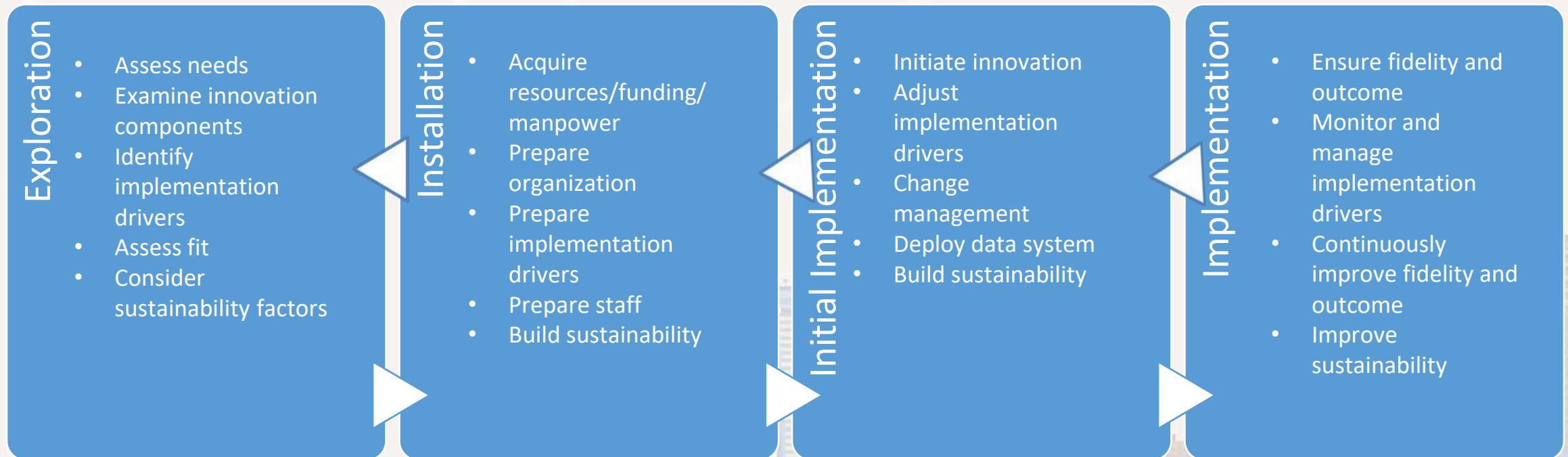*– Ong Guan Gan, 60, (Former Business Operation Director)*

Implementing Interventions in Health and Social Care
Support Service to Seniors
Patient Empowerment on Self-care
Provide Supervision And Oversight of Clients
Ethics, Values and Legislation

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Implementing in Phases

2 to 4 Years

Exploration
- Assess needs
- Examine innovation components
- Identify implementation drivers
- Assess fit
- Consider sustainability factors

Installation
- Acquire resources/funding/ manpower
- Prepare organization
- Prepare implementation drivers
- Prepare staff
- Build sustainability

Initial Implementation
- Initiate innovation
- Adjust implementation drivers
- Change management
- Deploy data system
- Build sustainability

Implementation
- Ensure fidelity and outcome
- Monitor and manage implementation drivers
- Continuously improve fidelity and outcome
- Improve sustainability

Source: https://www.activeimplementation.org/frameworks/implementation-stages/

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Spread & Scale

Available at: https://www.who.int/publications/i/item/9789290619765

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