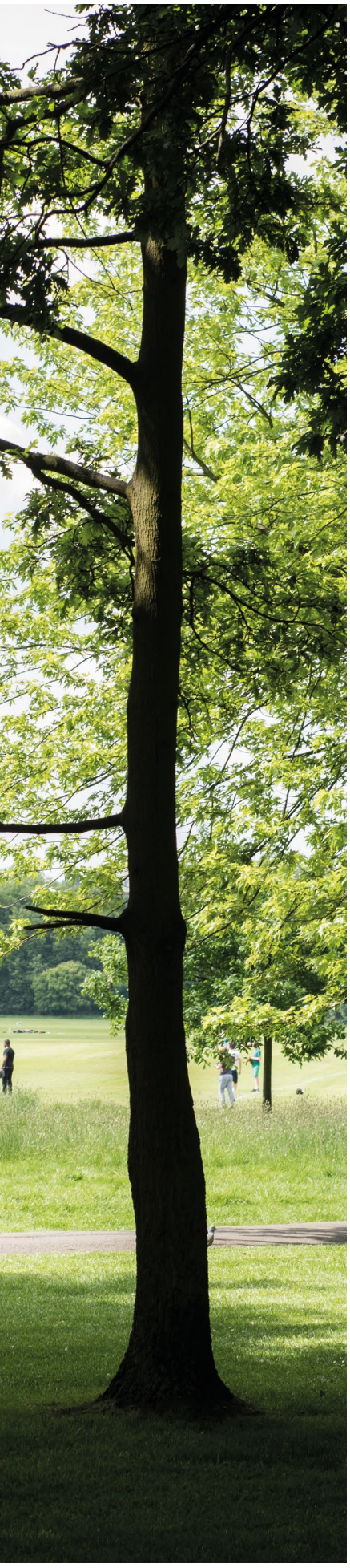
October 2019

Next Steps for Social Prescribing in London

MAYOR OF LONDON

Healthy London Partnership

THE SOCIAL PRESCRIBING NETWORK



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Foreword

As two GPs working across very different parts of London we share a common experience that many patients come to us with issues we cannot solve medically. Social problems such as debt, loneliness, housing issues, family troubles, unemployment or work problems are affecting their physical and mental health. Social prescribing can help to solve many of these issues.

Although social prescribing is currently available in many areas of London, we recognise that provision is variable. The Mayor of London acknowledges this challenge, and that is why his London Health Inequalities Strategy sets the ambition that social prescribing should be available to all who need it, particularly the most vulnerable Londoners.

This document sets out ways in which we can all help to achieve this, working across health, care and other statutory services, as well as the voluntary and community sector to ensure social prescribing continues to grow and offer's the tailored, localised support many Londoners want.

For us, working to support the health of Londoners, social prescribing provides a valuable opportunity to improve health and well-being and we look forward to working together to make this happen.

About this document:
a partnership approach

This document sets out a partnership approach for growing social prescribing in London. It was developed by the Greater London Authority (GLA), Healthy London Partnership (HLP) and the London Social Prescribing Network, in collaboration with colleagues from NHS England, local authorities and the voluntary, community and social enterprise (VCSE) sector.

It outlines what social prescribing is and why it is important, as well as the partnership's vision for the growth of social prescribing in London and the steps we are taking to achieve it.

Our vision for social prescribing was informed by a City Hall conference in 2018 with contributions from over 100 stakeholders. The Mayor convened the London Social Prescribing Advisory Group, who advised on the development of the vision and priority areas for London, and informed the commissioning of research to improve our understanding of the current London picture. A draft of this document was published for feedback at the end of 2018, with the responses informing the development of our work programmes. More information on how this document was developed can be found in the appendix.

This is not a guide for setting up or delivering local social prescribing schemes. Instead, it sets out the core building blocks that we can develop collectively, at scale, across London to support areas with their local offer. The range, mix and spread of services that communities need will be different from area to area, and must be developed by local partners alongside their communities.

100
stakeholders

attended a City Hall conference to inform London priorities

Our vision is for every Londoner to have easy access to social prescribing to meet their changing needs over the course of their life, with a focus on developing healthy and thriving communities.

We have identified five principles which we believe need to be realised to achieve this.

Achieving this will require continued collaboration and partnership across sectors. Effective social prescribing involves local authorities, health and care services and VCSE organisations working together. This document is aimed at those commissioning, funding, developing and delivering services in London. It seeks to open the conversation about how to bring partners together to find collective ways of running and funding social prescribing, while identifying and removing barriers in the wider systems.

‘I don’t have to be alone’

“I was totally blind before I met with Ray (social prescribing link worker). I had no idea about what was going on in my community and what social activities are here. But after meeting him, I would recommend social prescribing to everyone. Google can give you the address of a community centre or service, but it can’t give you the idea of what is going on inside the centre and what things you can join. So, then I understand what I can join and what organisations I can volunteer with. I don’t have to be alone, I don’t have to stay at home, I get help from everyone and now I’m giving back help to others.”[1]

1. Healthy Dialogs – Merton SP service http://www.mertonccg.nhs.uk/News-Publications/PublishingImages/Pages/Publications/Social%20Prescribing%20Report.pdf


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Introduction

Addressing the wider determinants of health

To make London a healthier, fairer city, we need to think more holistically about what creates health, and how we can better support more Londoners to be and feel well – benefiting individuals, their families, and the communities they live in.

For many Londoners, problems such as isolation, loneliness, work-related stress, unemployment, money or housing problems have a huge influence on health. Indeed, ill-health often has social and economic exclusion at its heart. These are problems that clinical services alone cannot cure, but which can often be improved, alleviated or even prevented by enabling and empowering people to make other changes in their lives.

By taking action on the wider determinants of health – the social, economic, or environmental conditions in which people are born, grow, live, work and age – we can make a real difference to people's lives. We can create opportunities for more Londoners to live a long life, in good health. This is a key aspect of the London Health Inequalities Strategy.

Social prescribing as an approach recognises the importance of social factors for people's health, and offers relevant support. The process starts with a conversation on what matters to them, not what's the matter with them. From there, people are supported to make plans and to set goals, and are connected to community support and activities to help them to achieve their goals.

> "The Health Inequalities Strategy reminds us to understand not just symptoms but the cause of those symptoms, and the causes of those causes, which might be housing, debt, family breakdown. As healthcare professionals, we don't deal directly with those issues but we need to have an understanding of them so that we can commission preventive support but also signpost patients to the help they need, through measures such as social prescribing.
>
> If we understand people's needs better, we can address them more effectively. That means less suffering for individuals and less demand on healthcare."[2]

2. Marti Varshney, Associate Director, Clinical Networks and Senate, NHS England

What is social prescribing?

Social prescribing is part of a person-centred approach recognising the individual patient or service user as the expert in their own experience, and supporting and empowering them to take greater control of their own health. It is an approach that can be applied in many ways in different settings. At its core, it has three parts – a referrer, a link-worker who works with the individual to identify their needs and opportunities for support from the community, and an activity.

The three parts of social prescribing:

Referrers

Recognises the person who might benefit from social prescribing support and refers them to a social prescriber.

Referrers may work in a wide range of roles and settings.

This includes (but is not limited to):

- Health and care professionals – such as in primary care, social work, allied health, nursing and ambulance services
- Other "blue light" services
- Housing associations
- Self-referral is also possible.

Link-workers

Provide the vital link between the referrer, and a range of activities and support that can help an individual.

- Funded by the NHS and /or local authorities or charities
- They are often based in GP surgeries but can be found in a variety of settings
- Provide holistic coaching support based on what matters to the person and co-produce support plans
- Actively connect people to community groups
- Support VCSE groups to receive referrals

Activity

The activities or interventions to which the individuals are 'prescribed', usually provided within the community by VCSE groups or by statutory organisations.

Creative – art classes, dance, singing, gardening

Connected – peer support groups, neighbourhood and community activities

Active – keep fit / keep moving, volunteering and employability support

Supported – housing, debt, domestic abuse, falls prevention, benefits, financial planning

Learning – lifelong learning activities

What can be socially prescribed?

Social prescribing is about helping people of all ages find ways to improve their health and wellbeing by linking them with what's going on in their local area. Types of activities are varied but often include:

Getting out of the house, meeting people and building relationships through group or one-to-one activities, e.g. faith groups, community groups, peer-support, knitting groups, sports or hobby clubs, volunteering, repair cafes.

Connected

Building on interests, using existing skills or learning new ones, e.g. through art, dance, singing, food growing, gardening and engaging with nature (green care).

Creative

Accessing advice and support, e.g. for housing issues, debt, domestic abuse, falls prevention, welfare benefits or employment issues.

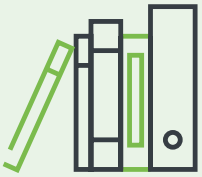
Supported

Being physically active, by keeping moving or getting fit, e.g. exercise classes, walking groups, dance, gardening, volunteering and employment support.

Active

Lifelong learning, developing new skills and confidence, e.g. adult education and lifelong learning courses, volunteering and employment support.

Learning



Spotlight on Creative: arts and culture projects

Referral to arts and culture activities such as dance, music, art therapy and trips to museums can improve physical and mental health. Taking part in creative activities has been found to improve mobility and surgery recovery, tackle isolation and reduce the symptoms of dementia, stress and depression.

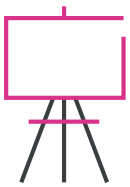
Recognition of the contribution that arts and culture can make to health and social care was evidenced through the All-Party Parliamentary Group on Arts, Health & Wellbeing who conducted a two-year inquiry into health and the arts between 2015-2017. Their report Creative Health: The Arts for Health and Well-being[3] contains a number of recommendations on how to utilise the sector when developing social prescribing.

Case Studies

Mental Fight Club is an open, welcoming group which puts on exciting, well-organised and inspirational creative events and projects. Their flagship project **The Dragon Café** in Southwark organises arts events to support people with experience of mental ill-health in their ongoing recovery.

Creative Sparkworks is a Lambeth-based charity that provides free community film, media and design workshops and training for young, disadvantaged and under-represented groups. Film and design professionals help these young people develop self-confidence and technical and employability skills and move onto jobs.

Dance for Parkinson's is a high quality dance programme delivered by English National Ballet, designed to support people living with Parkinson's and their family, friends and carers. Provided in a professional dance studio with live music, the programme helps people develop confidence and strength, whilst temporarily relieving some symptoms. Evidence indicates the programme helps people with Parkinson's to stay motivated and remain active, and promotes feelings of freedom from the physical and social constraints of having Parkinson's.



3. **APPG** on Arts, Health and Wellbeing report www.artshealthandwellbeing.org.uk/appg-inquiry

What's new about social prescribing?

While the term social prescribing might be relatively new, in many ways the approach is not. From service brokerage in the 1970s to health trainers in the early 2000s, health and care professionals have often supported people to access support beyond medical services.

The approach is related to the personalisation agenda in adult social care (first outlined in the 2007 "Putting People First" document) which sought to empower individuals to shape their own lives and the services they receive, through innovation such as personal budgets.

Many social prescribing programmes have roots in the VCSE sector. The Bromley by Bow Centre in East London was started by community groups in the 1980s, growing through the decades, while organisations like Macmillan, the Royal British Legion and National AIDS Trust have long-established programmes.

We are not starting from scratch, but building on what works and increasing its reach so that more people can benefit. There is potentially a huge demand – for example, it is estimated that around 20% of people visit their GPs for non-clinical reasons, from financial problems to social isolation[4]. Linking social prescribing into primary care services provides an important opportunity to help GPs and their patients, providing them with a means to tackle the root causes of problems.

The GP has a hugely significant role to play, but there are other pathways, and other relationships that we also need to understand and support. We are also learning more about the coordination required across a range of different services to provide people with support. Healthcare, local authorities, the VCSE, the GLA and many others are playing their part to improve access to social prescribing.

> "Social prescribing is not a new idea – good GPs have always done it, it just didn't have a name."[5]

4. Torjesen, I. (2016) Social Prescribing could help alleviate pressure on GPs. BMJ, 352:i1436 https://www.bmj.com/content/352/bmj.i1436

5. Professor Helen Stokes-Lampard, Chair, Royal College of General Practitioners https://www.rcgp.org.uk/about-us/news/2018/november/social-prescribing-key-in-prevention-agenda-says-rcgp.aspx

The national picture

Recent years have seen a growth in national support for social prescribing, with advocates including the Chief Executive of NHS England and the Secretary of State for Health and Social Care.

Milestones have included:

- NHS England appointing a National Clinical Lead for Social Prescribing (Dr Michael Dixon) in 2016
- Inclusion of social prescribing in the 2016 GP Five Year Forward View[6]
- The 2017 Department of Health and Social Care grant funding support provided to support VCSE organisations to develop social prescribing programmes[7]
- The LGA published "Just what the doctor ordered": social prescribing - a guide for local authorities, in 2017[8]
- Inclusion of social prescribing in the first UK strategy for loneliness – A Connected Society, published in 2018[9]
- Inclusion in the RCGP Fit for the Future 2030 report, as a core part of the future of primary care[10]

This national activity has translated into local action, with local health and social care commissioners looking for ways to develop or expand their existing social prescribing activities.

Local commissioners and Strategic Transformation Partnerships (STPs) across England have all committed to developing or expanding social prescribing, harnessing activities within local communities to help people get better and stay well. In 2017/18 more than 60% of Clinical Commissioning Groups (CCG) invested in social prescribing, with a CCG investment of over £30 million.

In January 2019, NHS England launched its ambitious Long Term Plan[11] which set out a vision for how NHS services in England will be transformed over the next 10 years.

6. 2016 five year GP forward view https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

7. Department of Health and Social care (2018) Social Prescribing schemes across England to receive £4.5 million https://www.gov.uk/government/publications/social-prescribing-schemes-to-be-funded-by-the-health-and-wellbeing-fund-2018

8. ref: https://www.local.gov.uk/just-what-doctor-ordered-social-prescribing-guide-local-authorities-case-studies

9. Prime Minister's Office, Department for Digital, Culture, Media & Sport, (2018) A Connected Society: a strategy for tacking loneliness, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

10. RCGP Fit for the Future 2030 report, https://www.rcgp.org.uk/policy/future-vision.aspx

11. NHS Long term Plan - https://www.england.nhs.uk/long-term-plan

This included an ambition that:

> Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector."

It further sets out commitments for a social prescribing workforce, working within new primary care networks.

> Over 1000 trained social prescribing link-workers will be in place by the end of 20/21, rising further by 23/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then."

This commitment to expanding the workforce was followed by the publication of a link-worker job description and common evaluation framework.[12] To complement this, a quality assurance tool for social prescribing has been developed by a collaboration led by the Social Prescribing Network and The Conservation Volunteers.[13]

The NHS Long Term Plan was followed up by the publication of the Universal Personalised Care Model[14] which included social prescribing and community support as one of the six core programmes for personalised care, alongside: patient choice, shared decision making, patient activation and supported self-management, personalised care and support planning, and personal health budgets.

Personalised care aims to give people the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life. Importantly, evidence shows this approach can contribute to reducing health inequalities - with people from lower socio-economic groups able to benefit the most from personalised care. The introduction of primary care networks[15] presents a further opportunity to support people, particularly those with multiple long-term conditions. Guidance for primary care networks regarding the recruitment of link-workers has also been published.[16]

12. Social prescribing and community-based support: Summary guide https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf
13. https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf
14. Universal Personalised Care Model https://www.england.nhs.uk/personalisedcare/upc/
15. Primary Care Networks https://www.england.nhs.uk/primary-care/primary-care-networks/
16. Social Prescribing link-workers, reference guide for PCN's https://www.england.nhs.uk/publication/social-prescribing-link-workers/


BIG
LIBERTY
Illuminate Freedom

Why is social prescribing important?

Social prescribing can lead to important changes in people's lives and the lives of their families. But that's just the start of it. The impact goes well beyond the individual, benefiting society at all levels – individuals and families, and communities, to VCSE organisations, healthcare services, local authorities, and ultimately, to London as a whole.

For individuals and families

Core to social prescribing is personalised support for individuals. With the support of a link-worker, they will explore challenges and identify opportunities, utilising a range of social and community support.

- **a sense of purpose and mental well-being**
- **learning new health promoting skills like food growing and cooking**
- **feeling inspired and supported**
- **access to specialist social welfare legal advice**
- **access to self-management tools for long-term conditions**
- **unlocking creative potential through arts and culture activities**

The options for addressing those needs are varied (see 'What can be socially prescribed?' p12). Individuals report a range of benefits from their experience with social prescribing, these include:

- **social contact**
- **increased physical activity**
- **improved diet and lifestyle**
- **relaxation and fun**
- **employment, volunteering and skills development**
- **access to adult education and lifelong learning**

For communities

Every London neighbourhood is different. They are shaped by the people who live there, the amenities available, the local environment and the local economy. Social prescribing schemes actively encourage people including young people and families who might otherwise not have participated in community life to get involved. This in turn fosters a sense of ownership amongst residents which increases responsibility and community pride and encourages greater social integration. It also promotes and develops the use of community assets such as parks, gyms, museums, arts venues, pools and libraries.

For local authorities

Local authorities already provide and fund social support for residents to improve their health, wellbeing, and quality of life. Approaches to personalisation, including personal budgets and direct payments, provide choice and control for residents by enabling them to access support that is tailored to their specific needs. New partnerships and new models of social prescribing provide opportunities to build on this practice. It can help to grow a healthier, more resilient and engaged population, including providing a valuable opportunity to support citizen participation in developing services. An example of where social prescribing might make a difference would be a local authority supporting access to appropriate, accessible and timely housing benefits or debt advice which in turn could help prevent residents from becoming homeless. Or linking people to adult education services could help someone without literacy skills to progress into work, or volunteer in the local community.

Economic modelling of the business case for borough-wide social prescribing suggested that every £1 spent on social prescribing in Greenwich would realise an average return on investment of £5.34.[18]

Social prescribing is often seen as having a significant impact on social care. An audit of a Kensington and Chelsea social prescribing programme highlighted significant benefits, for example a person who had, through the programme, avoided entering long-term care placement, with a proxy value £42,341.[19]

For health and social care

Evidence is growing that social prescribing can significantly improve people's health and wellbeing, particularly those with complex health and social needs.[20] It can reduce demand and costs for health care services. Evaluations have demonstrated that social prescribing can help the NHS to deliver services, by reducing demand in other areas, for example, reducing the number of people attending primary care, emergency mental health services, and A&E. There is also evidence about the impact on social care and safeguarding services.

18. Greenwich Health and well-being strategy http://www.greenwichccg.nhs.uk/Get-Involved/Documents/Greenwich_Health_and_Wellbeing_Strategy_2015-18.pdf

19. Envoy Partnership, 2018, Self-Care Social Prescribing, Kensington & Chelsea Social Council and NHS West London Clinical Commissioning Group https://www.kcsc.org.uk/sites/kcsc.org.uk/civi_files/files/civicrm/persist/contribute/files/Self%20Care/7641_SROI-Report_DIGITAL_AW.pdf

20. Making sense of social prescribing https://westminsterresearch.westminster.ac.uk/item/q1v77/making-sense-of-social-prescribing

A review of the evidence… showed average reductions following referrals to social prescribing schemes of 28% in GP services, 24% in attendance at A&E and statistically significant drops in referrals to hospital.[21]

Social prescribing has also been associated with improvements in hospital discharge and reduction in length of stay – with better support for people returning home.

Many of the benefits of social prescribing are longer-term and can be difficult to quantify, such as reduced social isolation and loneliness. This can be a challenge for services, given that funding decisions are often based on the requirement to see a return over the short term. However, recognition of the unique opportunities that social prescribing presents is increasing – it is a key element in delivering the system changes necessary to support local health and social care priorities.

Social prescribing has the potential to enable new models of care - for example to support an ageing population, living longer with increasingly complex needs. It presents an opportunity to remodel our approach to how we provide support with local communities; inviting communities to be part of the solution.

Reducing costs to the health system
Merton's social prescribing service has seen a significant growth over the past few years. From two GP practices in February 2017, to 13 GP practices in July 2018, it has now expanded to all of Merton's 22 GP practices. During the first year the scheme saw 529 patients with a projected savings to the NHS in 2018/19 of £107,782 which includes hospital admissions and attendances. 82% of these savings have been in non-elective admissions.[22]

A 2016 evaluation into the Rotherham social prescribing service showed that A&E attendances of scheme participants reduced by 17%, with reduced costs to the NHS of more than £500,000 between 2012 and 2015: an initial return on investment of 43p for each £1 invested.[23]

21. Polley M, Bertotti M, Pilkington K, Kimberlee R. and Refsum C. (2017) A Review of the evidence assessing impact of social prescribing on healthcare demand and cost implications, commissioned by NHS England https://cumbriacvs.org.uk/wp-content/uploads/2019/03/UoW-review-of-evidence-assessing-impact-of-social-prescribing-2017.pdf

22. Merton Social Prescribing project http://www.mertonccg.nhs.uk/News-Publications/PublishingImages/Pages/Publications/Social%20Prescribing%20Report.pdf

23. Review of Rotherham social prescribing pilot https://www4.shu.ac.uk/research/cresr/ourexpertise/evaluation-rotherham-social-prescribing-pilot

For VCSE organisations

For many VCSE organisations, the principles of social prescribing are already at the heart of what they do. VCSE organisations are the backbone of any social prescribing scheme – without a vibrant voluntary sector, social prescribing schemes will not be successful. VCSE organisations add significant value to their local communities. Volunteers alone are hugely significant – in 2018/19 an estimated 28% of Londoners said they had participated in formal volunteering, and 52% said they had participated in informal volunteering (unpaid help to a person who is not a family member).[24] In 2016 it was estimated that volunteers in the UK contributed £24bn to the UK economy.[25]

Efforts to extend and accelerate social prescribing, with VCSE at the core, could and should provide opportunities for the sector. We know that secure funding is critical for VCSE organisations to ensure they can maintain their services. Resolving these issues will be challenging. While this document does not provide all the answers – it does seek to champion the VCSE and their vital role, recognising them as an equal partner in London's approach to social prescribing.

> "We need to be more realistic about the financial pressures many organisations face and their capacity to deliver".[26]

Case Study:
Community Connections is a consortium social prescribing project led by Age UK, Lewisham and Southwark since 2013. Community Connections aims to improve integration between services across health and social care and the community sector as well as acting to decrease isolation and improve mental wellbeing for vulnerable adults in Lewisham. This is achieved through the combination of Community Development Work and one-to-one Community Facilitation for vulnerable individuals.

For more info see: **lewishamconnections.org/community-connections-project/**

24. GLA (2019) Survey of Londoners https://data.london.gov.uk/dataset/survey-of-londoners-headline-findings

25. ONS Household satellite account, UK: 2015 and 2016 https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/articles/householdsatelliteaccounts/2015and2016estimates

26. Fiona Kirkman portfolio holder, Lewisham Whole System Model of Care

Social prescribing in London

In 2018 the Mayor of London made the growth of social prescribing one of five key ambitions in the London Health Inequalities Strategy[27]. As part of his vision for a healthier, fairer city, he wants to see social prescribing become a routine part of community support across the capital, and in particular to ensure that Londoners in vulnerable or deprived communities are supported to improve their health and wellbeing through social prescribing.

All five Strategic Transformation Partnerships (STPs) across London have developed plans to grow social prescribing within their local areas, and work is continuing to build social prescribing into their future planning as primary care networks are developed across London.

There is currently huge variability in access to social prescribing services across the city. While in some London boroughs, the entire population has access, meeting a large range of needs for individuals, in other areas provision is focussed on specific locations or populations (for example, certain age groups or those with certain health conditions). Other boroughs are still at the development stage and currently offer no or very limited services.

There is no one size fits all model for social prescribing. What the services look like, who can access them, how they operate, how they are funded and who is involved all vary as is appropriate to the local circumstances and opportunities.

We would like to ensure that there is access to social prescribing in every London borough, developed as appropriate to local needs and priorities.

The link-worker role as a community connector to bridge health and care and voluntary sector services, is often synonymous with social prescribing. There are currently connector schemes operating in most London boroughs and the numbers of link-workers will increase during 2019/20 and beyond with the NHS commitment to fund new posts within primary care networks.

In London, many of these roles are hosted by VCSE organisations, with CCGs and local authorities hosting smaller numbers. Most link-workers spend some time within GP practices, or alternatively have developed relationships with local GP practices.

27. Mayor of London (2018) The London Health Inequalities Strategy, London, Greater London Authority https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy

Case Study:
The Centre for Better Health in Hackney runs a Counselling service, the Better Health Hub and a social enterprise which includes a bakery, bike shop and light manufacturing. Their services work to support wellbeing and recovery from mental ill-health.

for more information;
centreforbetterhealth.org.uk


speedo

Taking forward social prescribing

Our vision is for every Londoner to have easy access to social prescribing to meet their changing needs, over the course of their life, with a focus on developing healthy and thriving communities.

This means:

- **Available to all:** ensuring provision meets individual needs, reflects the assets and priorities of local communities, and ensures that all residents, including the most vulnerable, can access and benefit from it.
- **Easy access:** through education, self-referral and referral by a wide range of partners, such as health professionals, education and library services, social care services, care homes, housing associations and many others.
- **A supported workforce:** ensuring that link-workers and volunteers receive the training and support that they need.
- **A vibrant and supported VCSE sector:** that is regarded as an equal partner in the design and delivery of services, is adequately funded and has the necessary tools to be central to the growth of social prescribing in London.
- **A localised system:** that allows innovation and co-production between commissioners, the VCSE sector and service users, to develop local approaches built for that community, reflecting its assets and its needs.

Taking our vision forward – a call to action

The benefits of social prescribing are now well understood; the approach builds on the evidence that social factors have a significant influence on health and wellbeing.

London wants to lead the way on social prescribing. The current momentum, nationally, locally, and across sectors, provides an opportunity to make real progress. To deliver social prescribing and make sure that it is accessible to our most vulnerable residents, requires partners across London's health, care and public health system – including the VCSE – to work together. They need to be supported and informed by expertise of academics and other specialists, and by the National and the London Social Prescribing Networks.

This vision is an important step to getting us there. It outlines the current priorities for taking things forward at a pan-London level, and what we are already committed to doing.

This includes supporting local partners to expand or develop good quality social prescribing that reaches those local communities that could most benefit from it. We recognise that many organisations across the city are already working together, having developed (or beginning to develop) collaborative projects. We aim to build on and support the great work that is happening locally, and that will continue to develop through STPs and primary care networks as part of their wider personalised care programme.

The actions outlined here are just the beginning, and to make real change and develop a system of social prescribing that reflects our vision then we need to keep working together.

All stakeholders across London need to work together to take social prescribing to the next stage and make our city a model for others. A city where social prescribing services can be accessed easily by all residents, with locally appropriate provision ensuring it meets local needs and engages, and is appropriate for, those communities who could most benefit.

What we are doing to support social prescribing in London

Since the 2018 London conference, we have commissioned several reports to help us better understand the London picture on social prescribing and inform our work and priorities. These include a focus on:

- Digital solutions
- The role of the VCSE
- The role of Housing Associations
- Local government commissioning
- Access to Social Welfare Legal advice (including co-located in GP surgeries or other health settings)
- Evaluation – looking at outcomes' measurement, job roles and the benefits of referral activities

HLP has worked with partners to deliver innovative pilots to explore social prescribing in practice, for example:

- Working with Health Innovation Network and Health UnLocked to look at new care navigation and volunteer champion roles in primary care (in Wandsworth and Merton)
- Working with Family Action in Hackney to test social prescribing in a hospital setting. Link-workers were placed in Homerton hospital to support patients being discharged, and frequent attenders at A&E, to access local VCSE services

These reports will be available on the GLA and HLP websites.

As we move forward, we want to encourage, support and enable partners to work better together and continue to build on the great work that is already there. As well as **leading and advocating** for partners to come together to develop sustainable systems, we are focussing our efforts on developing three important areas – **workforce development, supporting the VCSE sector** and **using digital technology.**

Focus on adult education and skills

Increasing opportunities for more Londoners to learn and develop new skills often comes with benefits for mental and physical health and wellbeing. The Mayor of London's new powers (August 2019) over the adult education budget provides a ground-breaking opportunity to tailor adult education and skills provision in the capital to ensure Londoners can develop the skills they need to succeed. As we move forward, the Mayor is keen to understand ways in which the Adult Education Budget, and in particular Adult and Community Learning which supports social integration into some of London's most disadvantaged communities, could be used to support social prescribing in the city.

Leadership for London – advocacy and funding

The Mayor of London will continue to champion social prescribing and to advocate for the importance of social activities for health and wellbeing. Through various grant programmes, the Mayor supports Londoners to engage in sports and physical activity, culture and the arts, volunteering, improving green spaces and encouraging social integration. The Mayor's new powers and funding for adult education and skills provide yet further opportunities for supporting Londoner's health and wellbeing.

Sustainable funding remains a core challenge to commissioning social prescribing services and providing community activities. In order to scale and sustain our shared vision for social prescribing, and in particular to offer on-going funding for socially prescribed services and community activities, the HLP is developing a new Healthy London Fund. The fund aims to mobilise shared investment from central and local government, from philanthropy and social investment, from employers and individuals, to back the kinds of personalised and preventive models of support that we know can change people's lives for the better.

The first Work and Health Accelerator programme, currently operating in Camden, Merton and Southwark, is backed by the Government's Work and Health Unit and is focussed on people on the cusp of co-morbidity, with mental health problems, musculo-skeletal pain or other linked problems – a cohort that presents a major and increasing demand burden on the NHS, welfare spending and wider public services. The experience of developing and delivering this programme will inform the development of a more scalable approach to funding from April 2020.

Key activities:

- Championing social prescribing to health and care system leaders, providers and the public, and inviting them to join us. Helping ensure social prescribing is part of local, regional and national conversations about improving health and wellbeing
- Bringing together the key players that need to collaborate for the development of successful social prescribing schemes – health services, local authorities and the VCSE sector – and advocating for equal partnership
- Supporting the development of London networks to enable and encourage sharing of learning and good practice
- Building on the Healthy London Fund to develop proposals for long term funding of social prescribing including joint fundraising from national and local sources for increased scale from April 2020
- Including health and wellbeing as a core part of Mayor of London grant programmes.

Developing the social prescribing workforce

A supported, well informed and well trained workforce is vital to social prescribing. This includes training for GPs and other health and social care professionals on making referrals, support for volunteers who deliver activities and raising awareness about the benefits of the approach among a range of health and care stakeholders – including commissioners.

The link-worker role is pivotal. They are the piece of the puzzle that brings everything together. It is a highly skilled role, with different components. Link-workers manage the three key relationships. They work with the referrer, often a local statutory service (such as GP practices, social services, local hospitals and local authorities), as well as with the VCSE, who often provide the services, groups and activities on which social prescribing relies. They need to understand these different parts of the system and be able to build relationships and develop efficient ways of working with everyone.

The third and most important relationship is with the individual recipient of social prescribing support. Often someone with complex challenges, the link-worker needs time and space to work with that individual, using techniques such as motivational interviewing to understand their needs and challenges, and provide personalised care and support. Excellent listening and coaching skills are essential to building this relationship.

Given the importance of the link-worker role, there is a strong call for it to become more formalised within the health and care system. This might mean developing more consistent elements of a job description (although with local flexibility), defined core competencies, recognised training and continuing professional development (CPD), and career progression routes mapped out to attract high-quality staff. Current link-workers should be supported to move into this established workforce.

The development of the link-worker role could provide opportunities to recruit from the local communities that experience the most health inequalities – an approach we would strongly encourage. Expanding and developing the workforce is vital if we are to have provision for all.

Volunteers also do a huge amount, and we will continue to champion and support their role, as well as seeking to forge pathways from volunteering into employment.

Though the term link-worker is increasingly used in social prescribing, it should be recognised that other roles are associated with providing this type of support. Across different settings and contexts, titles may include: community connectors, health coaches, local area co-ordinators, health champions, health buddies and signposters. NHS England's Guide to Social Prescribing[28] offers definitions for each of these roles.

The GLA also recently commissioned some work looking at the different navigation roles across primary care.[29]

The link-worker plays a pivotal role. They are the piece of the puzzle that brings everything together – working with the individual to make that vital link from referral to community support.

Current partnership activity includes:

- Raising awareness of social prescribing and its benefits with NHS staff
- Working within the NHS and local authorities to make sure that more GPs and other potential referrers are aware of social prescribing and understand how to use it, including developing infrastructure to support referrals
- Working with local systems and primary care networks to mobilise the link-worker role as part of a multi-disciplinary team
- Exploring how we can support more volunteers to participate in social prescribing, and ensure they get training and support
- Providing a small grants programme with Team London to focus on volunteering, social isolation and social prescribing
- Exploring the different jobs and skill requirements of the various roles associated with social prescribing, how they fit together and developing guidance for commissioners and others
- Working with regional social prescribing facilitators and national learning coordinators to support the development of shared plans for social prescribing

28. NHS Guide to Social Prescribing https://www.england.nhs.uk/personalisedcare/social-prescribing/

29. Bertotti M, Haque H, Lombardo C, Potter S, and Harden A (2019) A Systematic Map of the UK literature on navigation roles across primary care: social prescribing link-workers in context, commissioned by the Greater London Authority available on GLA website August 2019

Supporting the VCSE sector

The VCSE sector is essential to our vision. They provide many services and support that helps people feel and be well. They have a unique ability to reach the whole community including socially excluded and vulnerable people of all ages, and provide appropriate local support and solutions.

The nature of the relationship between the VCSE, the NHS and the local authority has a considerable impact on social prescribing. Underpinning our document is the acknowledgement that for social prescribing to be mainstreamed these three different parts of the system must work together as equal partners.

This is especially important for the VCSE, whose role is not always recognised, making the difficult job they do even more challenging. One of our priorities is to support and strengthen the role of the VCSE, enabling a wider, more diverse and responsive local offer which builds on the assets already found in communities.

The nature of the relationship between the VCSE, the NHS and the local authority has a considerable impact on social prescribing.

Case Study: Posh Club is run by St Paul's West Hackney. It's a weekly cabaret-style party for the over 60s that combats isolation and loneliness in the community. This provides a unique way to experience connection, laughter and physical activity while also being part of something that's vibrant and exciting. Father Niall Weir, Rector of St Paul's says:

"If there was a Posh Club in every town in the UK, I'm certain the numbers of elderly on GP waiting lists would go down hugely."

More information at:
theposhclub.co.uk/

Current partnership activity includes:

- Working with organisations such as London Plus to champion and empower the VCSE sector to thrive in this area
- Building more opportunities for the VCSE sector to access appropriate training and support. For example, capacity building, developing fundraising opportunities, building an effective workforce (including volunteers) and supporting leaders in the sector
- Creating networking opportunities for VCSE organisations working in social prescribing, to enable sharing of good practice, ways of working and examples of effective and equal partnership
- Giving the VCSE a stronger voice in the development of social prescribing in London
- Providing an accessible review of the evidence of the effectiveness and cost effectiveness of the types of social prescribing support – to highlight the benefits of different types of activities
- Working with community and NHS partners to explore options and opportunities to effectively map provision of social prescribing schemes
- Mapping the availability of social welfare and legal advice services in London, and improving our understanding of their provision in health settings
- Working with a range of sectors including arts and culture, food growing and housing to ensure that the benefits of their activities are recognised within social prescribing

Using digital technology

Flexibility and accessibility are important if we are to create locally appropriate solutions that reach those Londoners who could most benefit. Developments in digital technology offer new ways of working and of managing information which can support this workstream.

Developments in digital technology provide many new opportunities to support organisations to work together and share information. We need to think about how we can use digital technology to enable joined-up working, sharing, and timely, effective communication across the NHS, local authorities and the VCSE sector. We need to better enable organisations to talk to each other – for example, finding out about local activities or sharing outcomes data.

With 94% of Londoners online[30], people already rely on digital tools to manage their health and wellbeing. As well as supporting service providers to work together, a strong digital offer will help individuals find the right services and self-refer.

While digital technology offers many opportunities, it is not a solution in itself – particularly considering the needs of those who are not online. We recognise that social prescribing is often most effective for people when they have a personal relationship with their link-worker; digital technology should be seen as another tool to help facilitate that relationship. Indeed, the real benefits are when digital support and resources are developed alongside, rather than instead of, non-digital support, including face-to-face provision.

> “People with low level of patient activation are more likely to become digitally engaged with their health and care as a result of being supported with relevant face-to-face human interaction, not instead of it. The online environment can be used to support the patient journey but is unlikely to drive it on its own.”[31]

This work area is being developed alongside the Mayor’s **Smarter London Together roadmap**[32] – a flexible digital masterplan for the capital, aiming to build more user-designed services, enhance digital skills, and improve
city-wide collaboration.

30. Office for National Statistics https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2018

31. John Worth (Lambeth GP Food coop)

32. https://www.london.gov.uk/sites/default/files/smarter_london_together_v1.66_-_published.pdf

Current partnership activity includes:

- Test use of community service directories based on open data standards
- Contribution to open data standards for social prescribing as part of a new community of practice
- Test use of client management systems and consideration of how to make them available at scale at an acceptable price
- Test use of chat bot systems as a tool for client engagement and behaviour change
- Connecting community signposting and social prescribing through the NHS App
- Developing a digital triage function to ensure people can be directed to community signposting or social prescribing as appropriate

Next steps

Our partnership aims to support commissioners, service providers and communities to increase the availability of social prescribing to Londoners over the next 10 years.

The NHS Long-Term Plan announcement in January 2019 to provide funding for link-workers within Primary Care Networks and to support shared learning and development across sectors has signalled a significant shift in ensuring that social prescribing is embedded across England. For our partnership this brings forth both challenges and opportunities as Primary Care Networks establish themselves and local NHS long term plans and integrated health care systems develop. Social prescribing is also an important vehicle for delivering the Health and Care Vision and provide better healthcare to Londoners and supporting health and wellbeing. So what steps are we taking to ensure we deliver the commitments set out in this document?

- Firstly, a new London NHS Personalised Care Advisory Group is being established to take forward the personalisation commitments. This will directly link to the refreshed London Social Prescribing Advisory Group, which will focus on supporting the VCSE and Local Authorities to engage with the NHS to develop shared plans and strategies for their areas and to ensure that the VCSE sector has the tools and capacity to develop appropriate services. These groups will, amongst other things, oversee the delivery of the commitments made in this document, and help us to build on the outcomes of the recent workshop, where local authorities, VCSE and NHS partners were brought together to share learning, ideas and challenges.
- New London Regional Facilitator roles have also been established. Funded by the NHS, their remit is to act as social prescribing champions, building opportunities for sharing and learning, helping develop and deliver shared local social prescribing plans and ensuring that they fit with the wider personalisation approach.

We will also continue to work together with a range of key stakeholders to look at different ways of increasing opportunities to access social prescribing in the capital to create more healthy and thriving communities, ensuring that more Londoners can access social prescribing and continue to improve their health and well-being.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Appendix

Developing our approach

The development of this document and its priorities were the result of considerable consultation with stakeholders and partnership working. Key milestones included:

- Consultation on the draft London Health Inequalities Strategy (from Aug – Nov 2018) during which over 200 organisations and 2000 individuals provided input.
- London Social Prescribing conference at City Hall in Feb 2018, at which over 100 stakeholders from a variety of organisations came together to develop a roadmap for how we could collectively support growth of social prescribing in London over the next ten years. It was at this event that work priorities were agreed.
- The London Social Prescribing Advisory Group was set up in March 2018, with representatives from the NHS, Local Authorities and the VCSE who were tasked with developing this document. There were also a number of task and finish groups including an evaluation sub-group which was chaired by the Institute for Health and Human Development at the University of East London, and one looking at the role of the VCSE sector which was chaired by Elemental.
- Scoping reports were commissioned on areas identified by the above as important gaps in London knowledge. These were:
  - Social prescribing and the digital landscape (Elemental, 2018)
  - VCSE sector engagement in social prescribing (Elemental, 2018)
  - The role of housing associations in social prescribing (Housing Association Charitable Trust, 2019)
  - An exploration of co-commissioning approaches to social prescribing services (Bromley by Bow Centre, 2019)
  - A systematic map of the UK literature on navigation roles in primary care: Social Prescribing Link workers in Context' Bertotti et al, 2019)
  - Identifying the potential value of sustained participation in community activities arising from referral through social prescribing (McDaid et al, 2019)
  - A guide to selecting patient reported outcomes measures (PROMs) for social prescribing (Polley et al, 2019)
  - Food growing on prescription (Sustain, 2019)

- A draft social prescribing vision for London was developed by the partnership and published for feedback during December 2018 – February 2019. Over 50 organisations submitted written responses (see the list below). During this period we also held three engagement events – with London Sport, the VCSE sector, and the arts and culture sector. We further sought public engagement through Talk London, where 169 comments were received.
- This information has been used to develop this document, and the more substantive workplans that have developed beneath it, as well as informing our advocacy approach with health and care partners.

- **10 Street Games**
- **Age UK Camden**
- **Agile Ventures (Crowd source funding and project development)**
- **Arts Council England**
- **Arts4Dementia**
- **ArtsPAL**
- **Blue Yonder**
- **British Psychological Society**
- **Camden CCG**
- **CommUNITY Barnet**
- **Canal and River Trust**
- **Channell35**
- **NHS City and Hackney CCG (Social Prescribing Steering Committee)**
- **Connected Kingston**
- **Croydon CCG**
- **Envoy Partnership**
- **Outside Edge Theatre Company**
- **ERPA**
- **Family Action**
- **GLA – Healthy Early Years Team**
- **Grove Park Surgery Patient Group**
- **Haven Cafe**
- **Health Inequalities Research Network**
- **Healthwise Harrow, LB Harrow**
- **Intergenerational Music Making**
- **Kingston Voluntary Action**
- **Know Your Own Health**
- **Lambeth CCG**
- **The London Borough of Lambeth**
- **Lambeth GP Food Coop – responded in a private capacity**
- **The London Assembly Health Committee**
- **London Assembly Labour Group**
- **London Borough of Lewisham**
- **London Vision**
- **Macmillan Cancer Support**
- **National AIDS Trust**
- **National Association of Link-Workers**
- **Our Choice Learning Disability**
- **Peabody Group**
- **Pioneer Health Foundation**
- **Ramblers Association**
- **Royal Borough of Greenwich**
- **Royal British Legion**
- **Royal Greenwich Libraries**
- **Safe to Net**
- **Simply Connect**
- **Southwark Law Centre**
- **Sustrans**
- **Thomas Pocklington Trust**
- **West London CCG – Self Care and Third Sector Commissioning**

Where to get more information

Keep up to date on social prescribing news at the following partner webpages:

From the GLA
www.london.gov.uk/what-we-do/health/social-prescribing

From Healthy London Partnership
www.healthylondon.org/our-work/personalised_care/

From the Social Prescribing Network
www.socialprescribingnetwork.com/london

From the NHS
https://www.england.nhs.uk/personalisedcare/social-prescribing/

From the NHS future collaboration site
https://future.nhs.uk/connect.ti/system/

Sign up to the GLA's health inequalities newsletter to stay up to date
www.london.gov.uk/what-we-do/health/health-inequalities-strategy/sign-updates-health-inequalities-strategy

Share information on your social prescribing service on the London Wiki – find out more here:
https://en.wikipedia.org/wiki/Social_prescribing

Other Reading:

All Party Parliamentary Group on Arts, Health and Wellbeing. Creative Health: The Arts for Health and Wellbeing report
www.artshealthandwellbeing.org.uk/appg-inquiry

Royal College of GP's CGP Fit for the Future 2030 report
https://www.rcgp.org.uk/policy/future-vision.aspx

NHS Long Term Plan
https://www.england.nhs.uk/long-term-plan

Universal Personalised Care Model
https://www.england.nhs.uk/personalisedcare/upc

Primary Care Networks
https://www.england.nhs.uk/primarycare/primary-care-networks

Social Prescribing link-workers, reference guide for PCN's
https://www.england.nhs.uk/publication/social-prescribing-link-workers

University of Westminster: Social Prescribing Network: Making sense of social prescribing
https://westminsterresearch.westminster.ac.uk/item/q1v77/making-sense-of-social-prescribing

The London Health Inequalities Strategy
https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy

NHS Guide to social prescribing
https://www.england.nhs.uk/personalisedcare/social-prescribing


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