

Redefining the model.

An introduction to social prescribing.

Andrew Paterson @SCDC_Andrew

“Social prescribing describes an approach (or range of approaches) for connecting people to non-medical sources of support or resources in the community which are likely to help with the health problems they are experiencing.”¹

What you need to know.

By tapping into and supporting community sector provision, social prescribing has the potential to redefine health and social care in Scotland for the improved health and wellbeing of all.

Community-led health organisations can have a key role in social prescribing, acting as the link, or bridge between statutory services and community provision.

At its best, social prescribing supports individuals throughout the process and works with them to identify suitable community provision.

Social prescribing should be ‘scaled up’, while learning from what has worked and what hasn’t, investing in the community sector and focusing on inequality, engagement and partnership.

February, 2019

What's this briefing about?

Given the clear health benefits that people get from being socially connected and supported in their communities, shouldn't GPs and other health professionals be able to prescribe these things as well as medication? Well, increasingly they are, through what is known as 'social prescribing.'

In this CHEX briefing, we set out to summarise what social prescribing is and its potential benefits for health and wellbeing. We explore the potential of social prescribing to complement existing mainstream health and social care provision by utilising the strengths and assets within the community sector. Furthermore, we highlight the role of social prescribing in strengthening the community sector. It is important that the link or bridge that social prescribing provides between the statutory and community sector is mutually beneficial.

We call for social prescribing to be 'scaled up', while recommending that the model should take some important considerations into account. These include: learning from what works; investing in the community sector; and focusing on inequality, engagement and partnership. We also emphasise that social prescribing is more than simply a signposting exercise or referral, and that a vital aspect of a social prescribing initiative is the ongoing support and engagement that people receive while taking part in it.

If these points are addressed, social prescribing can help to redefine health and social care in Scotland, thus improving health and wellbeing all round.

The briefing is adapted from a literature review as part of a successful business case made to The National Lottery Community Fund for the Social Prescribing Project in Northern Ireland and Scotland. The literature review was carried out by Scottish Community Development Centre (CHEX's parent body) and the wider business plan was commissioned by Healthy Living Centre Alliance and Scottish Communities for Health and Well-being.²

Health and social care – is change in the air?

Many people involved in community-led health will be aware that health and social care services are going through a lot of change just now. This is both in terms of changing demand on services and rethinking about the way these services are provided.

Pressures on services include an aging population and shrinking public budgets.³ Rates of depression and other mental health issues are increasing,⁴ as are loneliness and isolation.⁵ Scotland continues to experience stark health inequalities⁶ which further impacts on mental⁷ and physical⁸ health in deprived areas.

In response, policy initiatives are increasingly in the direction of early intervention, prevention, public health and community health provision.⁹ This shift in direction recognises that addressing the social determinants of health is critical in improving health and wellbeing.

The Christie Commission,¹⁰ the 2014 report from the Ministerial Taskforce on Health Inequalities¹¹ and the integration of health and social care¹² reflect the move towards a more preventative, joined-up and community-oriented approach to health and social care. As part of this move, community provision of health and social care is increasingly seen as being able to complement and strengthen existing health and care provision.¹³ There is growing recognition that the NHS is not able, on its own, to address many of the social (as opposed to medical) reasons people visit their GPs.¹⁴

15

Social prescribing

Social prescribing is a way of helping to address many of the above issues. It generally involves connecting people to services that are provided outwith statutory health provision, including those provided by community organisations.

Who is it aimed at?

People experiencing mental health issues such as loneliness, isolation and depression will often be referred to a social prescribing initiative, although referrals can also be made on the basis of 'physical' factors including obesity and long-term conditions.¹⁶

Who does the prescribing?

GPs and other primary health care providers can refer a person to a social prescribing programme. Referrals can also be made by other public and third sector organisations.¹⁷ Social prescribing projects can also enable people to self-refer using, for instance, information leaflets with a tear-off slip left in GP surgeries.¹⁸

What is prescribed?

A wide variety of services have been provided as part of social prescribing initiatives. These include nature-based activities,¹⁹ exercise programmes,²⁰ education and learning opportunities,²¹ art-based therapies,²² social clubs and volunteering opportunities.²³

How is it funded?

Funding for existing UK social prescribing initiatives has come from primary care, local authorities, public health and charitable funders such as the National Lottery.²⁴ Alternative funding models to social prescribing exist that may offer ways to channel resources to local community organisations. Funding can be designed to follow the individual, creating a form of market within the community sector. In one variation of this model, people are assigned personal budgets to spend as they see fit.²⁵ Alternatively, community organisations can be 'micro-commissioned' to choose from different options of social prescribing services to deliver.²⁶

Models of social prescribing

The link worker model

Link workers are commonly based in GP practices, acting as the first point of contact for people who are referred to the social prescribing programme by their GP. In addition to having one-to-one meetings with people to match them to suitable services or activities, the link worker can be responsible for supporting them to attend activities and monitoring their participation within the programme.²⁷

People may meet link workers on a number of occasions,²⁸ with some schemes offering home visits.²⁹ Link worker programmes can involve people being accompanied to activities and services for the first time in order to build confidence.³⁰ In addition to supporting people, link workers usually directly liaise with referring agencies and professionals to discuss a person's needs and report on progress.³¹ An example of this model is the Glasgow 'Deep-end' project, which employs community links practitioners (CLP) to work in seven GP practices in deprived areas of Glasgow. A range of research findings have been published based on this programme.³² A similar link-worker model has been developed in South West Edinburgh, where Community Activity Mentors (CAMs) were employed to develop stronger relationships between medical practitioners and wider service providers.³³

Community organisation acting as the 'link'

Community organisations can also link people to suitable non-medical treatment and activities.³⁴ They are likely to have a strong knowledge and understanding of their communities as well as of local community sector provision, enabling them to match up individuals to suitable services.³⁵

A new project is being funded in Scotland and Northern Ireland which will support community-led health organisations to better link primary medical care to community-based resources. Social prescribers will work with referred individuals to link them with local resources ranging from stress management services to community groups offering peer-support. A cross-border partnership, the Social Prescribing Project is being led by Scottish Communities for Health and Wellbeing (SCHW) and the

February, 2019

Northern Ireland Healthy Living Centre Alliance (HLCA). The National Lottery Community Fund is providing £3m to fund ten community-led health organisations in Scotland £40,000 per year for at least three years to develop the project and to host social prescribers. CHEX's parent organisation, Scottish Community Development Centre, was commissioned to develop the business plan presented to The National Lottery Community Fund as part of the funding bid.³⁶ The Social Prescribing Project have kindly given us their view on why a community-based model is effective – see below.



Why might a community-based approach to social prescribing be effective?

- Because community-based organisations are best placed to know the range of community activities that are available in their areas. Primary care practitioners can trust them to find something appropriate without having to find it all out for themselves.
- Because community-based organisations often provide, or can offer access to, a wide range of activities, allowing people to develop flexible personal pathways, rather than being referred to just one type of activity at a time by primary care practitioners.
- Because ‘patients’ or users often trust a community-based organisation to be ‘on their side’ or be suitable for ‘people like them’, and so they may be more willing to engage.
- Because community-based organisations often take a community development approach, building capacity for the activities that are needed to respond to health needs.
- Because community-based organisations can offer people chances to feel in control of what happens to them, through responding to community needs, involving volunteers etc.
- Because community-based organisations often offer people the chance to meet and get involved with a wider range of people in their community, combatting social isolation.
- Because the activities that community-based organisations can offer as social prescriptions are often also available to a wider range of people for whom they help to prevent potential ill health and poor well-being.



Impact of social prescribing

Impact on individual health

Social prescribing has been shown to have a positive impact on a range of health and wellbeing indicators. Studies show how social prescribing projects have improved mental health and reduced social isolation.³⁷ NHS Fife, Fife Council and Fife Cultural Trust collaborated on a social prescribing initiative that offered free arts and crafts courses to clients with mental health issues, including stress, depression and anxiety.³⁸ Evaluation highlighted improved outcomes for three well known mental health and wellbeing measures - the Hospital Anxiety and Depression Scale (HADs), the General Self-Efficacy Scale (GSE) and the Warwick- Edinburgh Mental Well-being Scale (WEMWBS).³⁹

Impact on communities

Social prescribing connects people locally, to each other as well as to community organisations. Evidence also exists showing the potential of social prescribing to engage with diverse, sometimes hard-to-reach, groups.⁴⁰ Social prescribing has therefore been credited with helping to build social capital,⁴¹ and pilot studies have reported increased community involvement among participants.⁴²

Impact on delivery partners

GPs in the various pilots and programmes have responded favourably to social prescribing, viewing it as a more holistic approach to traditional clinical practice⁴³ and/or as a valuable additional option they can offer.⁴⁴

Community organisations have experienced higher numbers of service users as a result of social prescribing programmes.⁴⁵ People may be more likely to have confidence in community provision when referred through their GPs, since they are a well-used and relatively highly-trusted service within communities.⁴⁶

Economic impact

Studies have shown that social prescribing initiatives can result in cost savings in terms of public spending.⁴⁷ More generally, social prescribing should be thought of

February, 2019

as an investment in health. It therefore contributes to the preventative approach increasingly emphasised in health and social policy in Scotland. This approach has the potential to reduce costs of medical treatment further 'downstream'.⁴⁸

Discussion – growing social prescribing

CHEX's view is that social prescribing can potentially make a valuable contribution to a more holistic and preventative model of health care. We support the idea that it should be 'scaled up' and that, in doing so, consideration should be given to the following points.

Social Prescribing as a 'supported pathway'

It is important to think of social prescribing as more than simply a process of referral or as a method of signposting individuals to community provision. At its best, social prescribing is a unique 'pathway' in which individuals meaningfully participate in the selection of the support they are offered. It involves building relationships and supporting people throughout their participation in the programme. The approach is therefore in keeping with wider ways of working integral to community-led health, including asset-based approaches⁴⁹ and co-production.⁵⁰

Learning from experience

Different models of referral exist. The link worker approach may help primary health care workers feel more comfortable referring people when they know and trust the link worker.⁵¹ Community organisations are not only grounded, and trusted, in their community but can be well networked and have strong pre-existing partnerships in place, enabling them to signpost and/or cross-refer effectively.

'Community hub' style organisations have value in that people can benefit from different services under the same roof. There are also advantages to funding a consortium of community organisations, such as the ability to upscale while maintaining a single point of contact.⁵²

February, 2019

At this relatively early stage of development of social prescribing, it is important to learn from these different models to shape how we move forward. The Scottish Parliament Equal Opportunities Committee has recommended that the Scottish Government invest in learning from, and sharing, good practice in social prescribing.⁵³

A strong community-led sector

At its best, social prescribing works by tapping into, while also supporting, community-based provision. An established community structure, as well as strong partnership between the community statutory sectors can help to embed a social prescribing programme.⁵⁴ On the other hand, an underfunded and under-supported community sector will prevent social prescribing from achieving its potential.⁵⁵ One clear concern for community-led health organisations is the possibility that referrals lead to increased demand without corresponding funding.⁵⁶

It is important, therefore, that social prescribing initiatives consider how they maintain and/or increase investment in the community sector. Some of the models explored here are more geared up towards tapping into and supporting a strong community sector. These include models which use community organisations as linking agencies and those in which funding follows the person being referred.⁵⁷

It is also important to acknowledge that link workers may require support and capacity building in order to facilitate strong links between different organisations.⁵⁸ Building on this point, a change in approach such as social prescribing will require capacity building for all partners, including statutory providers.

A focus on inequality

NHS Health Scotland has suggested that social prescribing programmes which specifically target disadvantaged groups with appropriate services are more likely to reduce inequality, with the proviso that more research is needed into this.⁵⁹

Programmes may need to be 'equality proofed' so that they do not widen inequalities.⁶⁰ More widely, and related to the need for a strong sector, attention needs to be given to how community organisations in deprived communities are

February, 2019

sustained.⁶¹ Inequality is another area in which training and support will be useful for all partners involved.

Community engagement

Individuals who visit their GP expecting medical care may be apprehensive or reluctant to try alternative courses of treatment. Wider promotion of social prescribing is therefore important, and it needs to be sensitively introduced to people.⁶² It is also important to emphasise the empowering, participative nature of community sector provision. Without this, the term 'social prescribing' could be seen to reinforce the professional/patient relationship.⁶³

Without adequate promotion, awareness raising and engagement, social prescribing programmes may end up linking with a limited range of community provision, putting pressure on these providers while depriving people of the wider array of possible options.⁶⁴

The Stewartry social prescribing initiative in Scotland used a number of methods to nurture trust and readiness among different stakeholders. This included the use of community development methods to engage the local community, enabling them to shape the programme. The project also introduced GPs and community-based providers to one another before commencing.⁶⁵

Strong partnership

Strong links between health services and community organisations are vital if social prescribing is to work.⁶⁶ Communication between partners is key⁶⁷ and this includes communication between delivery partners and funders in relation to referral criteria and other funding conditions.⁶⁸ A lack of co-ordination between different funders, organisations and initiatives can lead to people being turned away, service duplication and waste.⁶⁹

IT-based referral systems can be used to help identify appropriate community activities for people. They enable recording and monitoring of referrals, providing participants with a joined-up service and producing evidence of impact. The use of

February, 2019

such software can also help to embed social prescribing into practice.⁷⁰ Current options for this include the SCI-Gateway system⁷¹ and Elemental Software.⁷²

Online directories of community resources can also be used to identify suitable community-based activities and organisations. Scottish examples include the ALISS (A Local Information System for Scotland) database⁷³ developed by Health and Social Care Alliance Scotland and CHEX's community-led health database.⁷⁴

Get in touch

CHEX advocates for increased investment in the community-led health sector, based on its ability to achieve positive health outcomes using a social model of health. As this paper has shown, we see the potential of social prescribing to both tap into, and further strengthen, preventative community-led approaches.

We will continue to share any updates on social prescribing through our usual channels and networks, and we will watch with interest how the previously highlighted Social Prescribing Project develops in Scotland and Northern Ireland. Please feel free to get in touch if you have anything you'd like to share from your own work or if you have any questions.

Contact: Andrew Paterson, CHEX Policy and Research Officer

Tel: 0141 248 1924

Email: andrew@scdc.org.uk



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