

Healthier Communities Select Committee		
Title	Social prescribing in-depth review – scoping note	
Contributor	Scrutiny Manager	Item 6
Class	Part 1 (open)	13 June 2017

This item is late because of the need for sign-off by the executive director of resources and regeneration, which was not possible last week as the usual sign-off meeting fell on a bank holiday. It is urgent because the proposed review needs to hold its first evidence session before the summer due to the committee's tight schedule later in the year.

1. Purpose

At its meeting on 25 April 2017, when deciding its work programme for 2017/18, the Committee agreed to hold an in-depth review into social prescribing.

This paper provides some background information about social prescribing, nationally as well as in Lewisham, and suggests some key lines of enquiry for the review.

2. Recommendations

The Committee is asked to:

- Consider the content of this report
- Agree the key lines of enquiry, timetable and witnesses for the review

3. Policy context

- 3.1 Interest in social prescribing has increased across the UK primarily because of the increasing burden on the NHS of long-term conditions and the growing crisis in general practice.¹ The challenge of caring for an ageing population and supporting people with long-term conditions is one of the most important the country faces – chronic illnesses consume approximately 70% of the health budget.²
- 3.2 Professor Sir Michael Marmot's 2010 review, *Fair Society, Healthy Lives*, pointed out that the majority of health outcomes are attributable to social-economic factors. In fact, it is estimated that around a fifth of visits to GPs are for a social problem rather than medical ones.³ It is also acknowledged within primary care that around 30% of all consultations and 50% of consecutive attendances concern some form of mental health problem, usually depression or anxiety.⁴
- 3.3 Given the increasing pressure in primary care, the fact that there is often no cure for many long-term conditions, and that GPs are not necessarily equipped to handle all the social and psychological burdens that patients present, some health experts argue that it is

¹ Kimberlee, R. (2015) [What is social prescribing?](#) *Advances in Social Sciences Research Journal*, 2 (1), p102

² Local Government Association, [Just what the doctor ordered: social prescribing – a guide for local authorities](#), May 2016, p2

³ *ibid*

⁴ Kimberlee, R. (2015), p102

necessary to look beyond the traditional clinical model the NHS offers and develop new approaches, including social prescribing.⁵

- 3.4 Some commentators believe that by connecting people with local community services and activities we can help improve the health and wellbeing of large numbers of people. Social prescribing, and a more holistic approach, is increasingly being seen as a potential solution to the burden of managing long-term conditions and repeat attendances in surgeries.⁶
- 3.5 Industry experts also recognise, however, that links between primary care and third-sector organisation are often underdeveloped, and that there is currently little robust evidence demonstrating the effectiveness and efficiency of social prescribing schemes.⁷

4. What is social prescribing?

- 4.1 Social prescribing, also known as “community referral”, is a way of enabling GPs, nurses and other primary care professionals to refer people with social, emotional or practical needs to a range of local, non-clinical services. Social prescribing, recognising that people’s health is determined by a range of social, economic and environmental factors, seeks to address people’s needs in a holistic way, and to support individuals to take greater control of their own health.⁸
- 4.2 Social prescribing schemes can involve a variety of activities, which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. It can also involve simply putting people in contact with services that can provide help and advice with issues such as debt, benefits and housing.⁹ Some further examples or activities and interventions are given in the box below:¹⁰

Box 1. Social prescribing interventions	
<ul style="list-style-type: none">• Community education groups• Arts, creativity, learning and exercise on referral• Self-help groups• Computerised CBT• Bibliotherapy/self-help reading• Group activities on referral• Volunteering• Time Banks• Signposting information and guidance• Supported education and employment• Adult learning• Knit and natter clubs	<ul style="list-style-type: none">• Fishing clubs• Gym-based activities• Guided/health walks• Green Gym/ gardening clubs• Cycling• Swimming and aqua-therapy• Team sports• Exercise and dance classes• Physical activity• Learning new skills• Mutual aid• Befriending

⁵ *ibid*, it is anticipated that consultation rate will increase by 5% over the next 20 years.

⁶ Kimberlee, R. (2015), p102

⁷ *ibid*

⁸ King’s Fund, [What is social prescribing? \(webpage\)](#), February 2017 (accessed May 2017)

⁹ Local Government Association, [Just what the doctor ordered: social prescribing – a guide for local authorities](#), May 2016, p4

¹⁰ The University of York Centre for Reviews and Dissemination, [Evidence to inform the commissioning of social prescribing](#), February 2015, p2

- 4.3 Most schemes have a link worker or navigator who GPs refer patients on to and who organises the social prescription. But there are also examples of doctors referring patients directly. Prescriptions are usually for a set length of time, between eight or twelve weeks, with a structured follow-up once that is complete.
- 4.4 Social prescribing and similar approaches have been used in the NHS for many years, with several schemes dating back to the 1990s. The Bromley-by-Bow Centre, for example, one of the oldest and best-known social prescribing projects, was established in 1984 (see case study below). However, interest in social prescribing has increased over the past decade or so, with more than 100 schemes now running across the UK, more than 25 of which are in London.¹¹
- 4.5 NHS England's 2016 *General practice forward view* emphasised the role of voluntary sector organisations in reducing pressure on GP services, including through social prescribing specifically.¹² The King's Fund also describes social prescribing as an innovative movement with the potential to reduce the financial burden on the NHS, particularly on primary care.
- 4.6 The recent increase in interest in social prescribing has led to the creation of a Social Prescribing Network, which held its first annual conference in 2016.¹³ And in June 2016, NHS England appointed a national clinical champion for social prescribing, to advocate for schemes and share lessons from successful social prescribing projects.¹⁴

5. Case studies

Bromley-by-Bow

- 5.1 The Bromley-by-Bow Centre in the East End of London is one of the pioneers of social prescribing. Since the development of the healthy living centre in the 1980s, doctors, nurses and health care assistants have been referring patients to non-clinical projects and programmes.
- 5.2 The centre, which incorporates a GP practice, works with over 2,000 people a month with only about 30% of linked services clinical. Instead, the remaining 70% are focused on wider support ranging from debt issues and making lifestyle changes to finding work and learning new skills.
- 5.3 Funding for the service and social prescribing work comes from the health service. While the council does not fund the centre, it does provide a number of the services the centre refers patients to. It also supports and funds many of the voluntary sector and community groups that the centre works with.
- 5.4 The social prescribing work done by Bromley-by-Bow is coordinated by the centre's link workers, who take referrals from GPs and assess and organise the social prescription. In recent years this has been extended to incorporate four other local GP practices.¹⁵

¹¹ King's Fund, [What is social prescribing?](#) (webpage), February 2017 (accessed May 2017)

¹² NHS England, [General Practice Forward View](#), April 2016, p33

¹³ National Health Executive, [What is the national social prescribing network?](#), March 2016 (accessed May 2017)

¹⁴ Pulse, [GP leader appointed clinical champion for social prescribing](#), June 2016 (accessed May 2017)

¹⁵ Local Government Association, [Just what the doctor ordered: social prescribing – a guide for local authorities](#), May 2016, p12

Rotherham

- 5.5 In late 2011, Voluntary Action Rotherham (VAR), in partnership with a network of over 20 partnership organisations, were invited by the CCG to put forward a proposal for a service that would help to reduce pressures on health services.
- 5.6 Rotherham's social prescribing service was launched the following year and now – five years on – every GP practice is using it and more than 4,000 patients have been referred.
- 5.7 Members of the case management team, including GPs and social workers, refer those who they believe would benefit to one of VAR's five social prescribing workers. They visit the patient in their home to carry out a guided conversation with the patient and work out what prescription to offer them.
- 5.8 The VAR members, which include the likes of Age UK, the Red Cross and Royal Voluntary Service, have access to a network of hundreds of different groups and organisations. This means as well as accessing the normal range of exercise clubs, advice services and befriending schemes, patients can also be referred to more niche activities such as metalwork clubs for men, an archaeological group and laughter yoga.¹⁶

6. Does social prescribing work?

- 6.1 There is emerging evidence that social prescribing can lead to a range of positive health and well-being outcomes, and that getting people involved in community life, keeping them active and improving social connections is good for both health and wellbeing.¹⁷
- 6.2 Studies have pointed to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety. A study into a social prescribing project in Bristol found improvements in anxiety levels and in feelings about general health and quality of life.¹⁸
- 6.3 Social prescribing schemes may also lead to a reduction in the use of NHS services. A study of a scheme in Rotherham found, for more than 8 in 10 patients referred, that there were reductions in NHS use in terms of accident and emergency attendance, outpatient appointments and inpatient admissions.¹⁹
- 6.4 However, commentators have noted that systematic and robust evidence on the effectiveness of social prescribing is very limited. Quantitative evidence deploying robust methodologies to demonstrate effectiveness is particularly hard to find.²⁰
- 6.5 An evaluation of social prescribing evidence, by the University of York, found that there is little good quality evidence to inform the commissioning of a social prescribing programmes, and that evidence on the cost effectiveness of social prescribing schemes is also lacking.²¹

¹⁶ [Local Government Association](#), p12

¹⁷ *ibid*, p5

¹⁸ King's Fund, [What is social prescribing?](#) (webpage), February 2017 (accessed May 2017)

¹⁹ *ibid*

²⁰ Kimberlee, R. (2015), p108

²¹ The University of York Centre for Reviews and Dissemination, [Evidence to inform the commissioning of social prescribing](#), February 2015,

- 6.6 Researchers have also highlighted the challenges of measuring the outcomes of complex interventions, or making meaningful comparisons between very different schemes.
- 6.7 The Local Government Association have said, nonetheless, that the potential of social prescribing is immense and that councils have an important role, through health and wellbeing boards and their responsibility for public health, in providing and funding schemes, and getting the NHS to sign up to social prescribing.
- 6.8 In their guide on social prescribing for local authorities, the LGA set out five things to consider when pushing ahead with programmes:²²
- Seek joint ownership/involvement from the NHS, council and voluntary sector
 - Ensure the voluntary sector is ready for the increase in referrals that is likely
 - Look to get other professionals such as pharmacists, nurses and social workers involved in referring to schemes, not just GPs
 - Make sure support is in place to accompany clients to activities to help them settle
 - Consider how programmes are going to be evaluated and monitored.
- 6.9 The Social Prescribing Network also identified a number of potential barriers and success factors to good social prescribing provision:²³

Barriers:

- Referrals to unfunded provision or lack of provision due to closures of local services and organisations.
- Lack of attention to capacity/capability of frontline providers.
- Over-bureaucratic commissioning processes, that might, for example, prevent the possibility to prescribe appropriate services or activities delivered by very small, sometimes unincorporated groups.
- Lack of awareness or interest in even the concept, which would mean GPs do not refer, or a culture in a GP practice that is not conducive to social or community asset based models of health improvement.
- Lack of a commonly agreed definition of social prescribing, or agreement on the scope of a social prescribing scheme. This is one of the aspects that the emerging Social Prescribing Network is hoping to tackle

Success factors:

- The presence of an 'enabling culture' which exists across the health system, for example commissioners being willing to co-produce solutions, GPs being willing to trust other professionals to assess and direct 'patients'.
- Excellent information and communication channels across the whole system, for example up-to-date knowledge on the availability of specific local services or activities, client notes being recorded in the formal GP medical notes, and mechanisms to report outcomes and impact (clinical and economic) to GPs and commissioners.

²² [Local Government Association](#), p5

²³ NCVO blog, [Social prescribing: A new way of working or today's hot topic?](#), February 2016

- A high level of skill in the link worker/navigator/champion (and there were many versions of this job role). One navigator from Devon talked about how she works very proactively, going out into the GP waiting room and talking to people, going out and about and engaging people informally, and generally becoming the 'go-to' person in the community.
- Solid infrastructure support, firstly in terms of the coordination and strategic development of the service, and secondly to professionally support the staff and volunteers engaged.

7. Social prescribing in Lewisham

- 7.1 Lewisham health and care partners have been working to make the best use of the support available from community and voluntary sector organisations as part of wider plans for the integration of health and social care. The *Community Connections* programme, established and piloted in 2013, is a key part of this.
- 7.2 *Community Connections* is a community-development programme which helps vulnerable adults in Lewisham access local services in order to improve their social integration and general wellbeing. It also supports voluntary and community organisations to develop services to meet needs that aren't being met.
- 7.3 It's run by Age UK Lewisham and Southwark in partnership with a consortium of voluntary sector organisations in Lewisham. After being piloted, Age UK Lewisham and Southwark were awarded a three year grant by Lewisham Council in April 2015 to continue to provide and develop the service.
- 7.4 Last year, *Community Connections* helped 800 individuals and worked with 38 organisations. Around a fifth of referrals came from GPs, a quarter from social care, and about one in ten from the voluntary sector. There are, however, a number of identified gaps in support available in the community, particularly activities for young adults with learning disabilities.²⁴
- 7.5 A Lewisham SAIL (Safe and Independent Living) programme was introduced in February 2016. Aimed at over 60s, SAIL is designed to provide a quick and simple way to access a range of local services to support older people to maintain their independence, safety and wellbeing. Anyone can make a SAIL referral by answering the yes/no questions on a single checklist. Age UK will then work with local organisations to identify groups and services the older person can join to improve their social wellbeing.
- 7.6 More than 200 SAIL checklists have been received since the scheme went live in ten GP practices. In Southwark, where a similar SAIL programme is more established, the scheme receives around 200 referrals a month.²⁵
- 7.7 Lewisham partners have also recently established a Social Prescribing Review Group. The group, which includes representatives from primary care, public health, social care and community connections, is working to identify social prescribing activity in Lewisham, and any gaps in provision, in order to improve coordination and create a more coherent social prescribing model. The next meeting of the group is planned for July 2017.²⁶

²⁴ Healthier Communities Select Committee, *Health and adult social care integration*, March 2017, pp33-5

²⁵ *ibid*

²⁶ Officer briefing (30 May 2017)

7.8 Work is also continuing to develop the Lewisham Health & Social Care Directory of Services. The intention is to improve the content of the directory as well as the way it can be searched and navigated. Officers intend that the directory would have close links with any future social prescribing model.²⁷

8. Meeting the criteria for a review

A review into social prescribing meets the criteria for a scrutiny review because:

- The issue affects a number of people living, working and studying in Lewisham
- The issue is strategic and significant
- This issue is of concern to partners, stakeholders and the community
- Scrutiny is likely to add value – Lewisham health and care partners are currently developing the way they work with local voluntary and community organisation and have recently established a Social Prescribing Review Group to look at ways of making the best use of the activities, support and interventions available.

9. Key lines of enquiry

9.1 The extent of social prescribing in Lewisham: Who are the partners and organisations currently involved in the development and provision of social prescribing services? What types of activities and interventions are provided, and how many people are being referred? What types of problems is social prescribing commonly used for, and which groups of people tend to be most commonly referred?

9.2 The plans for social prescribing in Lewisham: What is the potential for expanding social prescribing in Lewisham? For which problems and groups of people could it play more of a role? What further partners and organisations could be involved in the development and provision of social prescribing? What is the capacity of local partners and organisations to provide more services?

9.3 The effectiveness of social prescribing in Lewisham: For which problems and groups of people has social prescribing been used most effectively? How are the outcomes of activities and interventions captured and measured? How is the effectiveness and efficiency of social prescribing schemes evaluated?

9.4 The gaps in social prescribing coverage: For which problems and groups of people is social prescribing coverage lacking? What further help and support do providers and other local organisations need to reach more people? What help and support do providers and local organisations need to improve the way they work more generally?

10. Timetable

First evidence session – 20 July 2017

Council officers, Lewisham CCG, Community Connections, Lewisham SAIL.

Second evidence session – 7 September 2017

Lewisham Disability Coalition, Rushey Green Time Bank, Sydenham Gardens, Lewisham Local Medical Committee, Healthy Living Centre, the Big Group.

²⁷ *ibid*

Report – 1 November 2017

Committee to consider final report presenting all the evidence and agree recommendations for submission to Mayor and Cabinet.

11. Further implications

At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, each will be addressed as part of the review as necessary.

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