

Improving health and wellbeing through social prescribing

As part of the NHS long-term strategy to meet the medical and non-medical needs of patients, there is growing acceptance that the traditional model of service delivery can no longer meet current challenges. This has led to the co-creation of services with patients and other stakeholders such as the voluntary and community sector to help deliver these. Social prescribing, which is now available through the NHS, is one such option that allows individual patients with a social need to access local health resources and social support outside the NHS.

Introduction

Social prescribing is an increasingly popular means for primary healthcare patients with non-clinical needs to access social activities through referral pathways that direct them to local voluntary services and community groups outside primary care (Tierney et al, 2020). Using a collaborative approach, it provides GPs and other healthcare professionals with a referral option focusing on the psychosocial aspects of a person's life, supporting them to create social connections, build confidence and enhance their mental wellbeing. Social prescribing helps people to improve or 'take responsibility' for their own health (Halder et al, 2021).

Referrals to a social prescribing specialist link worker can come from other people in the local community, including community development workers, charity workers, voluntary organisations, youth workers, faith leaders and even local housing officers. Social prescribing supports individuals to find and connect with the right services. Examples of these services may include support and advice on physical activity and exercise schemes, loneliness and befriending support, social networking, job hunting, housing, financial hardship, debt, learning new skills, legal issues, opportunities to participate in arts and other creative activities, volunteering, mutual aid and parenting (Husk et al, 2019).

Social prescribing models and community-based initiatives are increasingly common within the NHS and form part of the NHS Long Term Plan's commitment to deliver personalised care across the health care system (NHS, 2019; NHS England, 2019). In the last 4 years, primary care networks have been established across England to deliver community services to help improve confidence, combat isolation, and improve patients' health and wellbeing. NHS England committed to a national roll out of social prescribing by funding a link worker for each of the 1250 primary care networks, each covering populations of 30 000–50 000 people (NHS England, 2023). Link worker services are now freely available at most primary care practices and are becoming an increasingly vital tool to help people connect with local support and resources in their community (NHS England, 2020).

Social rather than health issues are said to be the reason for approximately 20% of patients presenting to GP services (Husk et al, 2019) and 15% of patients seeking advice about welfare benefits (Low Commission and Advice Services Alliance, 2015). Outcome evaluations on social prescribing schemes have found mixed results, particularly when it comes to reporting on confirmed reduction in demand for primary care services and emergency admissions (Lynch and Jones, 2022). However, there is evidence for the wide range of positive impacts that social prescribing can have on the individual's mental health and physical wellbeing (Polley and Sabey, 2022). Sadly, the evidence of the impact of social prescribing in secondary care is still limited, mainly because current NHS funding is focused on expanding social prescribing via primary care (Dayson et al, 2020). Secondary care is facing myriad issues from increased demand and social prescribing could offer a viable solution to help address this.

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Social prescribing and the voluntary sector

Social prescribing is not a new phenomenon, having previously been a ‘bottom-up’, community-led scheme being delivered by the voluntary and community sector (Moore et al, 2022; Lawler et al, 2023). Despite social prescribing now formally being part of structured NHS policy and practice, the growing number of social prescribing schemes has outpaced the evidence base, and results have often been contradictory (Moore et al, 2022). Still little is understood of how participants become long-term members of groups in which they flourish (Esmene et al, 2020) or of the impact of social prescribing on the voluntary sector. This takes three forms:

1. Social prescribing potentially increases demand for appropriate groups and activities that may not exist locally
2. Social prescribing may increase demand on existing groups that may not have the capacity to accommodate more people, putting pressure on their own volunteers or resources
3. The leaders and volunteers of such groups may not feel prepared to receive people via the social prescribing route, especially if those being referred have specific needs in relation to their mental or physical health.

Social prescribing can be viewed as a positive and real commitment by the health system and wider agencies (state and voluntary) to address some of the system and societal challenges being faced currently in local communities. However, it is important to remember that the current NHS England social prescribing model has been designed as a standardised, replicable delivery model and there is friction between this and the diverse interpretation of social prescribing within geographical communities with different capacities in the voluntary sector, who are largely responsible for providing the groups and activities into which people are referred. Thus, the societal challenge is how to fully integrate social prescribing approaches into health and wellbeing community-based systems.

A real opportunity exists with the emergence of the integrated care model, which is taking a strongly place-based approach to the delivery of health and social care with innovative partnership working between the public, private and voluntary sectors. Within this model, there is the potential for an expanded version of social prescribing in which a wider range of agencies or individuals can refer someone to a link worker. However, both the funding model for social prescribing and the capacity of the local voluntary sector may militate against this.

Sustainability of social prescribing

NHS England will decide in early 2024 about the future funding of the current NHS social prescribing scheme. It is important to consider what the future sustainability of the social prescribing model could look like. There is little doubt that reliance on social prescribing will grow as primary and community health practitioners observe the benefits and additional support it provides to their patients. However, further analysis of the design and implementation of the social prescribing model itself is required.

Effective evaluation on whether social prescribing merely identifies and deals with currently unmet need or whether it actively reduces the workload of primary care is essential if funding is to continue after 2024. Currently the NHS scheme funds the ‘social prescribing conversation’ through the link worker role. Yet, there is concern in local systems that there is insufficient capacity within existing commissioned activity levels to meet the needs of people wanting access to onward services – the ‘prescription’ part of the model. There is currently no additional national funding for prescription service delivery, and models of funding the voluntary and community sector vary widely depending on location. The services that the voluntary and community sector can supply are limited to the opportunities and funding available in local systems. Historically voluntary and community sector services are also the first to be cut when statutory sector funding gets tighter, a situation that is widely anticipated in the coming years to support a reduction to the national debt.

There are several steps that local systems can take to produce longer term sustainable social prescribing. Deploying local voluntary and community sector organisations to employ link workers and deliver social prescribing is a good first step and is already suggested in the comprehensive model for personalised care (NHS England, 2019). The voluntary and

Key points

- Social prescribing aims to link patients and carers to sources of social support and health resources in their local community.
- The social prescribing model has the potential to reduce the demand on health services while simultaneously improving the well-being and quality of life for individuals and communities.
- Bringing together clinical, primary, public and social care, as well as the voluntary and community sector, in the social prescribing model can address the complex needs of individuals in a more comprehensive and person-centred manner.
- Further development and full resourcing of the social prescribing model is required for it to be beneficial in helping to drive systemic change and creating a more integrated and holistic healthcare system.

community sector is best placed to influence outcomes across a range of core NHS priorities, and they have the intelligence of local links and community-based support to carry this out successfully (Cole et al, 2020). Not only does this arrangement provide sustainable funding for voluntary and community sector staff, it also reduces the employment burden on primary care. Second, the expansion of personal budgets is essential to enable money to follow the patient and thereby pay for onward services – ‘the prescription’ if required. Third, the voluntary and community sector needs parity in terms of voice and influence and the ability to play a more active role in the development of structures within the emerging integrated care systems. In addition to representation in integrated care systems, there needs to be wider recognition of the value and impact of the voluntary and community sector and greater diversion of funding to support sustainable delivery which would enable the prescriptions to be available.

Conclusions

Looking to the future, a social prescribing model rooted in local communities may be a better fit for personalised care within the NHS post COVID-19 and benefit not only individuals, but the voluntary sector serving within them.

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