Editorial

Improving Health and Wellbeing through Social Prescribing

Rahul Mittal 1, Emma Rowse 2, Michael Leyshon 3, Catherine Leyshon 4

1 Rutgers – School of Health Professions, New Jersey, USA

2 Cornwall Voluntary Sector Forum, Redruth, Cornwall, UK

3 Centre for Geography and Environmental Science, University of Exeter, Exeter, UK

4 Centre for Geography and Environmental Science, University of Exeter, Exeter, UK

Correspondence to: Dr Rahul Mittal (rm1703@shp.rutgers.edu)

Standfirst

As part of the National Health Service (NHS) long term strategy to meet the medical and non-medical needs of patients, is the growing acceptance that the traditional models of service delivery are no longer able to meet the current challenges and demands. This has led to the notion of co-creation of services with patients and other stakeholders like the voluntary and community sector to help in delivering these. Social Prescribing (SP), which is now available through the NHS, is one such option. SP allows the individual patient with a social need access to vital local health resources and social support outside the NHS.

Introduction

Social Prescribing (SP) 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 general practitioners (GP) and other healthcare professionals with a referral option towards focusing on the psychosocial aspects of a person's life, supporting them to create social connections, build confidence and enhance their mental wellbeing. SP helps people to improve or 'take responsibility' of their own health (Halder et al, 2021). Referrals to a SP 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. SP supports individuals to find and connect with the right services to enhance their health and wellbeing.

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).

SP models and community-based initiatives are now increasingly common within the National Health Service (NHS) and take center stage as part of the NHS Long Term Plan's commitment in delivering personalised care across the health care system (National Health Service 2019) (NHS England, 2019). In the last 4 years primary care networks (PCN) are now established across England for patients 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 SP by funding a link worker for each of the 1250 PCN, which are a group of general practices covering populations of around 30,000-50,000 people (NHS England 2018). Link worker services are now freely available at most primary care practices across the country 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 make up approximately 20% of patients presenting to their GP services (Husk et al., 2019) and 15% of patients visiting for welfare-benefits advice (The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study 2015). The literature on outcome evaluations on SP schemes have been mixed particularly when it comes to reporting on confirmed reduction in demand for primary care services and emergency admissions (Lynch and Jones, 2022). The literature does however confirm the wide range of positive impact SP can have on the individual's mental health and physical well-being (Polley and Sabey, 2022). Sadly, the evidence of the impact of SP in secondary care is still limited. The imbalance is primarily due to current NHS funding focused on delivering SP expansion through primary care (Dayson et al. 2020). Secondary care is facing myriad of issues from increased demand and SP could offer a viable solution in helping address this.

Social prescribing and the voluntary sector

SP is not a new phenomenon and has been previously a 'bottom-up', community-led scheme being delivered by the voluntary and community sector for decades (Lawler et al. 2023) (Moore et al. 2022). Despite SP now being formally part of structured NHS policy and practice, proliferating SP schemes have generally 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 which may not exist locally
2. Social prescribing may increase demand on existing groups which 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.

SP 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 SP model has been designed as a standardised, replicable delivery model and there is friction between this and the diverse interpretation of SP 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 to. Thus, the societal challenge is how to fully integrate SP 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 SP and the capacity of the local voluntary sector may militate against this.

Sustainability of Social Prescribing

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

Effective evaluation on whether SP 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 post 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 following Covid-19.

There are several functions that local systems can do to produce longer term sustainable SP models. Deploying local voluntary and community sector organisations to employ link workers and deliver SP is a good first step and is already suggested in the comprehensive model for personalised care (NHS England 2019). The voluntary and community sector is best placed to deliver 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 (Rolling Out Social Prescribing). Not only does this arrangement provide sustainable funding for voluntary and community sector staff, but 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 personalized care within the NHS post COVID-19 and benefit not only individuals, but the voluntary sector delivering services.

Key points

1. Social Prescribing (SP) aims to link patients and carers to sources of support in their local community and if delivered correctly has the capacity to reduce the demand for health services and improve the lives of patients.

2. SP has the potential to provide a valuable platform for developing seamless health pathways, but it needs to be properly and fully funded and flexible enough to meet the individual's needs.

3. The SP model should be further developed and fully resourced to become a driver for systemic change which brings clinical, primary, public and social care and the VCS together as a seamless health service.

1. Tierney, S., Wong, G., Roberts, N., Boylan, A. M., Park, S., Abrams, R., Reeve, J., Williams, V., & Mahtani, K. R. (2020). Supporting social prescribing in primary care by linking people to local assets: A realist review. *BMC Medicine*, *18*(1), 1–15. https://doi.org/10.1186/s12916-020-1510-7

2. Husk, K., Elston, J., Gradinger, F., Callaghan, L., & Asthana, S. (2019). Social prescribing: where is the evidence?. *British Journal of General Practice*, *69*(678), 6-7

3. Halder MM, Wakefield JR, Bowe M, et al. Evaluation and exploration of a social prescribing initiative: Study protocol. *Journal of Health Psychology*. 2021;26(3):345-356. doi:10.1177/1359105318814160

4. Department of Health. (2019). The NHS Long Term Plan. www.longtermplan.nhs.uk.https://www.longtermplan.nhs.uk/https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf.

5. England, N. H. S., & Improvement, N. H. S. (2019). Personalised care. *London: NHS*. https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/.

6. NHS England. 2018. NHS England» Primary care networks. Englandnhsuk. https://www.england.nhs.uk/primary-care/primary-care-networks/.

7. NHS England. Personalised care social prescribing and community-based support summary guide. London: NHS England; 2020

8. *The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study The Role of Advice Services in Health*. (2015). www.lowcommission.org.ukwww.asauk.org.uk The Role of Advice Services in Health Outcomes Evidence Review and Mapping Study. 2015. [accessed 2023 May 29]. https://thelegaleducationfoundation.org/wp-content/uploads/2015/06/Role-of-Advice-Services-in-Health-Outcomes.pdf.

9. Lynch M, Jones CR. 2022. Social prescribing for frequent attenders in primary care: An economic analysis. Frontiers in Public Health. doi:https://doi.org/10.3389/fpubh.2022.902199.

10. Polley M. & Sabey A. (2022). An evidence review of social prescribing and physical activity. NASP.

11. Dayson C, Painter J, Bennett E. 2020. Social prescribing for patients of secondary mental health services: emotional, psychological and social well-being outcomes. Journal of Public Mental Health. ahead-of-print(ahead-of-print). doi:https://doi.org/10.1108/jpmh-10-2019-0088.

12. Lawler C, Sherriff G, Brown P, Butler D, Gibbons A, Martin P, Probin M. 2023. Homes and health in the Outer Hebrides: A social prescribing framework for addressing fuel poverty and the social determinants of health. Health & Place. 79:102926. doi:https://doi.org/10.1016/j.healthplace.2022.102926.

13. Moore C, Unwin P, Evans N, Howie F. 2022 Jul 23. Social prescribing: Exploring general practitioners' and healthcare professionals' perceptions of, and engagement with, the NHS model. Health & Social Care in the Community. doi:https://doi.org/10.1111/hsc.13935

14. Esmene DrS, Leyshon ProfC, Leyshon DM. 2020. Beyond adherence to social prescriptions: How places, social acquaintances and stories help walking group members to thrive. Health & Place. 64:102394. doi:https://doi.org/10.1016/j.healthplace.2020.102394.

15. National Voices | Person centred care. [accessed 2023 May 29]. https://www.nationalvoices.org.uk/sites/default/files/public/publications/rolling_out_social_prescribing_-_september_2020_final.pdf.