

Rolling Out Social Prescribing

Understanding the experience of the voluntary,
community and social enterprise sector

Executive Summary

Rolling out Social Prescribing

This report summarises the findings of research conducted by National Voices for NHS England to explore the perspectives and experiences of the voluntary, community and social enterprise (VCSE) sector in relation to the NHS rollout of social prescribing. We heard from over 300 people through a series of interviews, workshops and online engagements between December 2019 and June 2020.

NHS England has made a significant commitment to ensure that social prescribing is available across the country, including the recruitment of over 1,000 specialist link workers during 2020/21, with more in the pipeline. This was a hugely welcome move, and testament to the work of colleagues within NHS England as well as across the wider health system and the VCSE sector. The commitment represents a major step towards realising the vision in the NHS Long Term Plan of personalised care for all. Social prescribing is increasingly recognised as a vital tool in the NHS's strategic shift towards population health management. As a bridge between clinical services and the VCSE sector, it can enable people to access individualised help, and support community-based efforts to address the social determinants of health.

The importance of social prescribing has been brought into sharp relief during the Covid-19 pandemic. Covid-19 has had a huge impact, with the VCSE sector often at the forefront of local responses. Many social prescribing schemes have reoriented themselves to support people who are shielding, as well as moving to online or telephone delivery of existing services, and stepping in where existing community services are no longer able to operate. Alongside huge challenges, lockdown has demonstrated the value of social prescribing in responding to a rapidly changing and complex situation, and coordinating or supporting the community response to ensure that everyone gets the help they need.

We found that the VCSE sector is supportive of social prescribing and keen to work constructively with the health system. Far from the polarised debates that sometimes occur on social media, our engagement with hundreds of charities, large and small, national and local, showed that the sector shares the NHS's ambition to break down the boundaries between NHS services and non-medical support through social prescribing.

At National Voices we are convinced that the NHS's bold investment in, and commitment to, social prescribing can lead to a true win-win for everyone involved: the NHS, people who need it, communities and charities.

The concerns we surface in this report are therefore not about *whether* to rollout social prescribing, but *how*. It is understandable that such an ambitious and large-scale programme of investment and change, being rolled out at pace, will experience some challenges. We want to learn from this so that we can ensure that the next phase of roll out works as well as possible for the people and communities we serve.

We found many examples of successful integration of new NHS-funded link workers into existing social prescribing schemes - this happened primarily in places where there were already strong relationships between the sector and the statutory system.

However, as is to be expected, this is not the case everywhere; in many places the pace of the rollout has had a destabilising effect by cutting across existing schemes, or failing to build on and invest in the work already done by the sector. This has left some in the VCSE sector feeling excluded.

Recognising that this is an opportunity to build on learning where it is working well, we have identified a number of areas for improvement.

Some concerns relate directly to the current NHS rollout and recruitment of link workers:

- The funding and management arrangements, role descriptions and performance expectations that are being put in place for new **link workers**
- The **measures** being used to assess the outcomes of social prescribing

Respondents also raised structural issues underpinning successful social prescribing:

- The need for **funding** to help the VCSE sector meet increased demand
- The need to ensure that social prescribing actively tackles **inequality**
- The need to invest in **relationships** and support ongoing **collaboration** and partnership



We heard a range of concerns about how new NHS **link workers** had been recruited. We heard that the recruitment of lone link workers by individual PCNs can cause issues, and that rollout had

been smoothest where new link workers were employed by VCSE providers with strong existing relationships across the local system. We heard that while NHS England guidance encourages PCNs to commission social prescribing from the VCSE sector, this message had not always been heard. There was a view that messages around working with the VCSE sector to deliver social prescribing needed to be clearer.

Despite recent welcome adjustments to funding arrangements for link workers, we heard concerns about how the funding may be used and how the funding impacts existing schemes. We also heard that the expectations placed on the role, both in terms of caseload volumes and the breadth of duties envisaged, were causing significant challenges. In particular, we heard that the aspirations for link workers to play a role in community development were often

not practical, making it harder for social prescribing to be effective, especially in more deprived communities and among excluded groups. Recent initiatives to encourage the rapid recruitment of additional link workers, and to encourage PCNs to do this through the VCSE sector, create an opportunity for greater specialisation within link worker teams, and have the potential to resolve these issues.



Respondents were committed to **measurement** and using performance data for management and improvement. We heard that while NHS England guidance sets out expectations on measurement, there is confusion

in local areas. This is giving rise to concerns about the use of appropriate measures, which capture the social as well as clinical outcomes of social prescribing, and can be captured using tools that are appropriate to the roles and resources of different actors. For example, the Patient Activation Measure, which includes questions about medication and health service usage, would not be appropriate for a gardening, dance or art club to use with people who are referred to them by link workers. In most cases, existing wellbeing and attendance measures are likely to be most suitable.



Funding was by far the biggest concern for all those who took part. While there were concerns around sufficient funding for link workers, the key issue was funding for services and activities provided by the VCSE sector.

Where community groups may be able to welcome new members without increased cost, for more “hard-edged” services, such as advice, additional demand translates directly into additional cost. Respondents also highlighted the need to fund local VCSE infrastructure, which plays a critical role in coordination and information sharing to enable effective social prescribing. Many of these organisations have long been underfunded in communities, having borne the brunt of cuts in recent years, and are now under additional pressure as a result of the Covid-19 crisis.

Again, NHS England guidance recognises the vital importance of funding for the VCSE sector, but lacks an explicit call for local NHS bodies to ensure funding flows to providers of support. It is not the sole responsibility of the NHS to ensure there is functioning social infrastructure in communities, but there was consensus that, as social prescribing identifies unmet needs and drives new demand to the VCSE sector, funding needs to flow to meet this demand. The VCSE sector, through social prescribing, has the potential to deliver outcomes across a range of core NHS priorities. There now needs to be a clear strategy to ensure that funding is channelled from across the NHS to support the VCSE capacity needed to fulfil this potential. Different funding mechanisms are likely to be needed in different areas, to bring together funding across local priorities, and so there will be a need for flexibility to support local approaches.



We heard that without appropriate investment, social prescribing could exacerbate **inequality** in a range of ways. Generalist link workers may lack the skills or resources to engage effectively with excluded individuals and communities, or to provide the more intensive support they require. Gaps in provision for basic practical needs such as benefits and housing advice, mental health services, or employment support, can make it harder for link workers effectively to meet the needs of more deprived clients.

Finally, we know that poorer communities tend to have lower levels of formal VCSE activity. Without adequate funding and support for community development alongside link workers, social prescribing is likely to be less effective in these communities, further exacerbating inequalities. In the light of the impact of Covid-19 on Black, Asian and Minority Ethnic (BAME) communities, it is clear that deliberate action and investment is required to tackle these inequalities.



At the heart of these issues is a need to support strong cross-sector relationships and active **collaboration**. Effective social prescribing depends on relationships, both at individual

and organisational level. We heard that VCSE experiences of the rollout have been most positive in places where relationships were already established. We now need to ensure all areas have the time and resource to build these relationships.

A key challenge is that the footprints of the new NHS structures responsible for the rollout do not match VCSE organisations or other parts of the public sector. PCNs are significantly smaller than the Clinical Commissioning Group (CCG) / local authority scale at which many medium-sized charities operate, although they still cover a far larger footprint than most informal voluntary and community groups. These mismatches in scale make collaboration hard. Investment will be needed to develop the structures for coordination and collaboration to ensure social prescribing is as effective as possible.

It is perhaps not surprising that a programme as ambitious and counter-cultural as the social prescribing scheme has not landed equally well in every area. Notwithstanding the challenges that have been faced, there are undeniably thousands of individuals who are already benefiting and will continue to benefit from the new links social prescribing has fostered between the NHS and the VCSE sector.

As we move into the next ambitious phase of rollout, we need to encourage and build upon the creative solutions that have been developed in some places. We have set out a series of recommendations, to NHS England and other parts of the health system, to the new National Academy of Social Prescribing, and to the VCSE sector, that we believe will enable this to happen. These recommendations, including immediate actions to amend central guidance, a focus on building strong relationships and effective ways of working over the medium term, and developing long-term strategic solutions to tackle challenges around funding and inequality, are summarised overleaf. With the timing of this review falling during the first wave of Covid-19 infection in the UK, which has changed the short-term landscape dramatically, we also make recommendations for future work to capture and learn from how social prescribing has responded during this time.

Summary of recommendations

Simple solutions	Solutions requiring collaboration	Strategic shifts
NHS England		
Revise the guidance on social prescribing roles in relation to caseloads, and the need to create capacity for community building	Revise funding arrangements to enable responsiveness to both individual and population health needs	Develop solutions to ensure appropriate funding flows to the VCSE sector to support social prescribing activity
Make it explicit that the default is to recruit link workers via the VCSE sector	Clarify guidance on social prescribing measurement	Provide additional funding and guidance to support social prescribing in addressing health inequalities
		Put the right infrastructure and resources in place to enable collaboration
Integrated Care System leaders		
Capture learning from Covid-19 responses	Develop social prescribing strategies with the VCSE sector	
Consider how social prescribing schemes can play a role in Covid-19 recovery	Establish effective local governance for social prescribing with the VCSE sector	
Commissioners of social prescribing, including Primary Care Networks		
Build knowledge and understanding of social prescribing and the VCSE sector	Commission / fund social prescribing within the VCSE sector	Use social prescribing funding to tackle health inequalities and promote population health
Primary Care Networks, in addition to their role as commissioners		
	Work together to ensure that link workers have access to appropriate support	
VCSE organisations		
	Engage proactively with link workers	Support local health systems to focus on inequalities
	Collaborate to develop effective ways of working	Contribute generously to the local social prescribing ecosystem
National Academy of Social Prescribing, Social Prescribing Network, etc.		
Communicate the vision and purpose of social prescribing in creative and engaging ways	Promote appropriate measurement approaches	Encourage a focus on health inequalities
	Share good practice and support collaboration at the local level	

Written by: Aimie Cole, Dan Jones and Kate Jopling

Acknowledgements: With thanks to colleagues in the Personalised Care Group at NHS England and NHS Improvement for commissioning this report, and for their support along the way, and to colleagues from across the voluntary, community and social enterprise sector and beyond who generously shared their time and expertise throughout this project.

For full report and reference visit:

<https://www.nationalvoices.org.uk/publications/our-publications/rolling-out-social-prescribing>

September 2020

National Voices is the leading coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

We have more than 160 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people.



Address

1st Floor, Bride House,
18-20 Bride Lane,
London, EC4Y 8EE

Contact

www.nationalvoices.org.uk
020 3176 0738
info@nationalvoices.org.uk
[@NVTweeting](https://twitter.com/NVTweeting)