Social Prescribing

Purpose of report

For discussion and direction

Summary

This report sets out the context for social prescribing to arts and sport organisations and outlines possible CTS Board actions and interventions during 2018/19.

Recommendations

* To note and consider the impact of concerns about the NHS approach to social prescribing in paragraph 16.
* To agree the priority actions for this workstream and identify key outcomes for the sector, considering the recommendations in paragraphs 17-21.

Action

Officers to develop and implement a delivery plan, in accordance with the Board’s decisions.

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**Social Prescribing**

Background

1. The challenge of the ageing population and supporting people with long-term conditions is one of the biggest our society faces.
2. Chronic illnesses consume approximately 70 per cent of the health budget. But as there is no cure for them they require us to look beyond the traditional clinical model the NHS offers. This is where social prescribing comes in. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people.
3. Social prescribing – sometimes called community referrals – is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of non-clinical services.
4. Often they are provided by the local voluntary sector, but statutory services provided by councils, housing associations or the NHS can also be involved. The prescriptions can include referrals to everything from arts groups and volunteering to activities that involve physical exercise, such as gardening and dance clubs.
5. They can also involve simply putting people in contact with services that can provide help and advice with issues such as debt, benefits and housing. Most schemes have a link worker or navigator who GPs refer patients on to and they organise the social prescription, but there are examples of doctors referring patients directly on to an activity.
6. NHS thinking on social prescribing as a concept is advanced, but there are difficulties for GPs and clinical commissioning groups in identifying suitable providers to manage and deliver effective interventions. With their strong local knowledge of community groups, councils are well placed to facilitate connections and robust referral schemes.
7. Commonly prescriptions are for a set length of time, between eight or 12 weeks with a structured follow-up once that is complete. There are, however, examples of schemes that have more open-ended prescriptions and in many cases patients end up keeping up their new activity once the prescription is complete.
8. Arts, cultural and sporting organisations have long been involved, formally or informally, in preventative health work. However, engagement has generally been sporadic, led by individuals rather than driven by organisational policy, and with a lack of evaluation and awareness. Activities have not always been funded by the health services referring people to the activities.

**Policy context**

1. On 6 November 2018, Matt Hancock, Secretary of State for Health and Social Care made a speech recognising the value of preventative action through social prescribing and announcing a planned shift of emphasis and resources towards it. This includes the establishment of a national centre for social prescribing. While the role of local government public health budgets was not recognised in the speech, the role of libraries was very strongly emphasised – Matt Hancock identified them as a core delivery point for social prescribing. Of course, councils and communities have a broader range of assets that they can draw on to support this agenda.
2. GP and former NHS Alliance chair Dr Michael Dixon has been appointed as NHS England’s national clinical champion for social prescribing, to advocate schemes that will help patients who are struggling with housing, debt and loneliness. The role will seek to make the case for social prescribing as a way to make GPs workload more manageable and effective, as well as disseminating lessons from areas where it has been successfully implemented.
3. Between 2015-2017, the APPG on arts, health and wellbeing conducted an inquiry into the benefits that the arts can bring to health and wellbeing. [Creative Health](http://www.artshealthandwellbeing.org.uk/appg-inquiry/), the final report, contains a wealth of information about the evidence of arts participation on health and sets out a number of recommendations for central and local government, arts organisations, and health commissioners on how to embed a social prescribing way of working into delivery of preventative health care. The LGA fed into the inquiry and Lord Howarth, co-Chair of the APPG, spoke at the 2017 CTS annual conference.
4. Arts Enterprises with a social purpose (AESOP) have published a marketplace to bring together health decision-makers with relevant arts in health programmes in a timely and effective manner. They have also developed the Active Ingredients project to deepen understanding of the ways in which arts interventions in health and social contexts actually work; and to improve the ways that these are designed and their impacts measured.
5. Sport England has worked with CLOA to develop commissioning support to help sport and leisure services make connections with health commissioners and deliver programmes of work on their behalf. Arts Council England funded NCVO between 2013-17 to deliver a similar programme on culture.

**The LGA’s work on social prescribing**

1. The LGA has been an advocate of social prescribing and has published a number of [illustrative case studies](https://www.local.gov.uk/just-what-doctor-ordered-social-prescribing-guide-local-authorities-case-studies) on how councils have been supporting this work. The publication took a broad approach to social prescribing, but did include the GP referral system to leisure centres in East Riding (also used at the LGA/Sport England Leadership Essentials events).
2. The LGA supported the APPG Inquiry resulting in Creative Health, which included a dissemination role to LGA members. A local government briefing was also developed with Kings College London to assist local government decision makers to easily access the most relevant material and examples.
3. Overall LGA policy for social prescribing sits with the Community Wellbeing Board. While the Board fully supports the effectiveness of social prescribing, they have concerns about the published approach of the NHS towards, as set out in the NHS ten-year plan. In particular, they are concerned that the strategy outlines proposals that could duplicate existing work by creating link workers that already exist in many areas, funded by councils. There is also no proposed funding model for the services people would be referred to, leaving the system unsustainable with councils and community groups bearing the cost of provision.

**Suggested objective**

1. Provide local government cultural and sporting services with information on the opportunities from, and ways of contributing to, the health prevention agenda; and support them to make connections with and between commissioners of health services and voluntary/community sector providers.

Suggested actions

1. **Coordination and scoping**
	1. Meet with Community Wellbeing Lead Members to discuss overall LGA direction and strategy
	2. Meet with Dr Michael Dixon to discuss engagement with GPs;
	3. Meet with Lord Howarth and APPG co-chairs to discuss progress with implementing the recommendations of Creative Health;
	4. Write to Matt Hancock welcoming the announcement and offering local government support, but also reflecting some of the issues to address (para 16).
2. **Facilitate connections between the NHS, councils, and community/voluntary organisations**
	1. Promote awareness and use of AESOP’s marketplace with councils and encourage the inclusions of local providers from the VCSE sector.
	2. Bring commissioners together with cultural or sporting service leads through one or more roundtables. This could be through sessions at existing conferences.
3. **Strengthen awareness of the evidence base**
	1. Update and reissue the local government briefing issues as part of Creative Health, containing the latest evidence;
	2. Conduct further desktop research into what good looks like, and consider how to disseminate best practice/evidence base, with a summary paper presented to the CTS Board on 12 June 2019;
	3. Support councils and local health partners to establish robust evaluation mechanisms to gather data on the impact of social prescribing programmes.
4. **Use our lobbying and media resources to show leadership and maintain government momentum**
	1. Work with national and sector press to promote the work of local government and partners, and the value this brings to residents;
	2. Support the Community Wellbeing Board to lobby for a recognised funding model for referrals, reflecting the way that a prescription from a pharmacist costs £8.

Implications for Wales

1. The WLGA does not commission us to work on wider improvement issues. This service is provided directly by WLGA.
2. However, some lobbying elements could be relevant to Welsh authorities, including strengthening the evidence base.

Financial Implications

1. The Board has an annual budget available from April 2019. This is expected to be around £30 000.

Next steps

1. Officers to organise meetings, commence research, and undertake other actions as agreed by the Board.