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Social prescribing

Purpose of report

For direction.

Summary

Following discussion in the January Board meeting, this paper outlines a series of proposals for how the Board can support councils to contribute to social prescribing, particularly through the use of their culture and sport services.

Recommendations

That the Board discuss and approve the proposals outlined in the report, and:

1. Suggest any additions or changes to the proposed actions
2. Recommend further examples of existing social prescribing good practice
3. Nominate a member of the Board to act as social prescribing representative going forward.

Actions

Officers to undertake actions as agreed by the Board.

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Social prescribing

Background

1. At the 17 January Culture, Tourism and Sport Board meeting, the Board discussed a paper which set out the wider context of social prescribing and proposed possible actions and interventions during 2018/19.
2. The Board agreed to progress work to achieve the objective of providing local government cultural and sporting services with information on the opportunities from, and ways of contributing to, the health prevention agenda; and supporting them to make connections with and between commissioners of health services and voluntary/community sector providers.
3. The Board supported proposals for coordination and scoping of the work stream; to facilitate connections between the NHS, councils, and community/voluntary organisations; to strengthen awareness of the evidence base; and to use our lobbying and media resources to show leadership and maintain government momentum.
4. Members emphasised the importance of robust evidence-gathering, and engaging with a wide range of partner organisations. Detail on the evidence base behind social prescribing is provided from point 10. Proposed partner organisations are given in point 37.
5. Since the January meeting, LGA officers have been carrying out desk-based research to better understand the policy context and emerging evidence base for social prescribing good practice, as well as liaising with the Community Wellbeing Board, to develop plans to realise the Board's objectives and proposed actions.

Policy and publication review

6. The [NHS Long Term Plan](#) sets the goal of recruiting over 1,000 trained link workers to provide over 900,000 people with referrals to social prescribing schemes by 2023/24. This means that there is a strong interest in social prescribing on a local and national level as health organisations work to achieve this goal.
7. NHS policy on the mechanisms of social prescribing and role of link workers is well-developed, and the Community and Wellbeing Board is continuing to influence this area, including lobbying for a recognised funding model.
8. The rapid increase in the number of link workers and rise in people accessing social prescribing will need to be supported by well-designed and well-equipped activities and services. These will largely be run by councils and voluntary and community sector organisations.

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9. There are a number of helpful broader publications on social prescribing and its possibilities, the connection between arts and wellbeing, and cultural commissioning for health outcomes (detailed in **Appendix A**). Councils are doing a wide range of excellent work in this arena, using a variety of different names and models.
10. However, there is a lack of practical support for councils on how their cultural and sport services can be used for social prescribing and to achieve wellbeing outcomes, and a lack of guidance for councils on how they can work with the new NHS framework on social prescribing.
11. Beyond social prescribing, there is a growing interest in how culture and sport services can contribute to health and wellbeing agendas. The recent select committee report '[Changing lives: the social impact of participation in culture and sports](#)' sets out the many and varied potential positive impacts, and there is increasing good practice in this area.

Emerging evidence base

12. There is consensus across organisations such as NHS England, Public Health England and the King's Fund that there is "emerging evidence" for the positive health and wellbeing outcomes which can be achieved through social prescribing, and resources are being channelled into the development of social prescribing.
13. Social prescribing can contribute to a range of local and national priorities, such as tackling loneliness and mental health, supporting people with long-term conditions and the elderly, improving community wellbeing and public health, combating physical inactivity, reducing health and social care spending, and boosting independence.
14. Qualitative evaluation of specific social prescribing schemes have found improved outcomes for individuals' mental health and feelings of wellbeing. For example, [a study in Bristol](#) found improvements in anxiety levels and feelings about general health and quality of life. An [East Merton social prescribing scheme](#) reported improved wellbeing in 77 per cent of patients.
15. There is a growing belief that social prescribing schemes can lead to a reduction in the use of NHS services: [a study in Rotherham](#) demonstrated that more than 80 per cent individuals referred to the scheme reduced their NHS use (in terms of A&E attendance, outpatient appointments and inpatient admissions) in the following three to four months. [This report](#) reviews a number of studies and concludes there is evidence social prescribing has the potential to reduce demand on primary and secondary care.
16. The [APPG on Arts, Health and Wellbeing](#) found evidence for many ways in which the arts can contribute to health and wellbeing outcomes. For example, they reported that

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arts on prescription initiatives (a form of social prescribing using arts) create a social return on investment of £4-£11 for every £1 invested.

17. Theoretical frameworks support the potential health benefits of social prescribing, such as the New Economics Foundation [five ways to wellbeing](#): connect, be active, take notice, keep learning and give.
18. Publications on social prescribing agree that there is a need to develop a more robust evidence base for the positive outcomes of social prescribing and, as such, evaluation mechanisms should be embedded in social prescribing initiatives.
19. Some councils are working with health partners to deliver a complete social prescribing offer across their area. For example, [Tower Hamlets](#) piloted and evaluated a borough-wide roll-out in 2016/18. Such initiatives are a large financial and infrastructural endeavour which must be of bespoke design to meet the area's needs. The support the LGA offers at this point will focus on how councils can use their culture and sport services to deliver social prescribing, while acknowledging that there are other ways for councils to contribute to the wider social prescribing and wellbeing agendas.

Culture and sport social prescribing good practice examples

20. Social prescribing initiatives can be divided into eight categories:
 - 20.1 Advice on prescription: e.g. debt management, housing services
 - 20.2 Bibliotherapy: both self-help/information books, or reading as an enjoyable activity for its own sake
 - 20.3 Green prescriptions: to outdoor or natural areas. This may include gardening
 - 20.4 Arts on prescription: accessing creative groups or visiting art collections
 - 20.5 Exercise on prescription: through activity groups or access to facilities
 - 20.6 Volunteering and community groups: recognising volunteering as fulfilling and rewarding for the individual. This could be combined with other areas, such as museums
 - 20.7 Learning prescriptions: to adult education courses or other learning
 - 20.8 Museums on prescription: both general museum visits and bespoke activities/groups
21. There are many opportunities for councils for councils to use their culture and sport services to deliver social prescribing in many of these areas, and there is a growing body of innovative and exciting practice in councils.
22. While some of these examples are delivered in partnership or by other organisations, they remain inspiration of the kinds of initiative councils could use their services to deliver.

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23. There is particularly strong emerging evidence on the wellbeing impacts of [museums](#) and [heritage](#). Examples include:
- 23.1. [Sensory Palaces](#): Hampton Court and Kew Palaces' dementia health and wellbeing programme
 - 23.2. [Museums on prescription](#): a research project run by UCL with partner museums in London and Kent, focusing on connecting older people at risk of social isolation (featured in our upcoming museums handbook). UCL have also created an [online course](#) about museums and wellbeing.
 - 23.3. Brighton & Hove City Council's Royal Pavilion and Museums service: runs several wellbeing initiatives, including a [museum mentors group](#) for people with disabilities.
24. Libraries acting as [a community hub](#) can contribute to social prescribing by delivering health initiatives, running social reading groups and other activities. Examples include:
- 24.1. [Norfolk Healthy Libraries Initiative](#): libraries across the county running sessions on quitting smoking, healthy living and more
 - 24.2. [Sefton Lost Voices](#): run by Sefton Council libraries and archival service, this project records the life stories of people with the beginning of memory loss for the individual and posterity
 - 24.3. [Suffolk Open Space](#): drop-in meeting groups in libraries for socialising, discussion and supporting wellbeing.
25. Leisure centres have a clear link to health and wellbeing, and can deliver social prescribing through access to their facilities or targeted groups. Examples include:
- 25.1. [East Riding of Yorkshire Council](#): direct mechanism for GPs to book leisure centre trips
 - 25.2. [Swim England](#) dementia friendly project: supporting swimming pools across the UK to create safe swimming environments
 - 25.3. [Active Cumbria](#): a county-wide initiative to promote activity and use sport to improve wellbeing, including through walking and use of leisure centre facilities.
26. Parks are a potential area of interest for social prescribing, although there is little developed good practice in this area. It has been suggested that groups like [Friends of Clapham Common](#), which run regular gardening sessions to preserve biodiversity, could provide a social and healthy form of green prescribing.
27. There is a wide array of other uses of community spaces (council-owned or otherwise) to deliver social prescribing, for example through art groups, dancing classes and social activities.

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28. It is clear from this evidence review that culture and sport services can make significant and varied contributions to the social prescribing agenda. In turn, championing the role of culture and sport in delivering social prescribing can help the LGA to inspire councils and make the case for funding these valuable services.

Key challenges for councils

29. Through the review of existing policy, publications and good practice, certain key challenges emerge for councils in delivering social prescribing services. For some of these issues, guidance exists but it is not necessarily collated in a cohesive or comprehensive manner.

30. Key challenges include:

- 30.1. Non-health organisations understanding what social prescribing is and how they can contribute
- 30.2. Establishing clear funding models for social prescribing initiatives
- 30.3. Evaluating the impact of social prescribing schemes for individual participants and NHS resource implications
- 30.4. Establishing partnerships and working with health organisations
- 30.5. Providing services which meet increased demand and acuity of need as social prescribing is expanded nationally
- 30.6. Clear signposting to and information about social prescribing schemes in a local area.

28. The proposed actions will particularly focus on these challenges to signpost existing resources and provide further support to councils.

Proposed actions

31. Following further discussion and research, officers have developed proposals for a concentrated period of activity around social prescribing, culminating in the following outputs:

- 31.1. The creation of social prescribing principles to set clear expectations for council-delivered social prescribing, and the promotion of these through channels including the below
- 31.2. A social prescribing handbook for local authority officers and councillors, focusing on how they can use culture and sport services to deliver social prescribing
- 31.3. A national conference to share sector learning and promote the role of councils in social prescribing
- 31.4. An accompanying publicity campaign to support the launch of the handbook and the conference, further promoting the value councils can bring to social prescribing through LGA publicity channels and sector press

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- 31.5. Engagement with national partners to seek increased recognition of and support for the role of local authorities in social prescribing, including lobbying for a recognised funding model
 - 31.6. Inclusion where appropriate of social prescribing in the existing CTS improvement offer to help councils develop their services.
32. The set of social prescribing principles will be developed through conversation with national stakeholders and individuals with experience of accessing social prescribing. They will serve as a checklist for what a good council-delivered social prescribing scheme looks like, and cover the following areas, in addition to other concerns which emerge through development and conversation. This work will build on existing social prescribing guidance (which is not specific to local authorities).
- 32.1. Funded: all social prescribing schemes should have a recognised funding model and receive adequate support
 - 32.2. Trained: people delivering social prescribing services should be appropriately trained and equipped to meet the needs of the people accessing services.
 - 32.3. Open and accessible: services used for social prescribing should be able to make reasonable adjustments to be accessible to meet individuals' needs, and should be open to the general public (not prescription-only).
 - 32.4. Empowering: services should be shaped around the individual and help them to realise their goals¹.
 - 32.5. Impactful: social prescribing services should be designed with mechanisms to monitor and improve the outcomes achieved for individuals. Beyond social prescribing, services should consider how they can contribute to the broader public health and wellbeing agenda.
33. The handbook will focus on how local authorities' culture and sport services can be used to deliver social prescribing, including:
- 33.1. A general introduction to what social prescribing is and how councils can be involved, including the social prescribing principles.
 - 33.2. Case studies of existing good practice – drawing on the LGA's 2016 guide and including further examples more specifically focused on culture and sport, as well as stories of how this has benefitted individuals
 - 33.3. Practical tips for how specific council services (e.g. libraries, museums, leisure centres) can be employed in social prescribing, particularly:
 - 33.3.1. Providing accessibility to accommodate individual needs

¹ Based on person-centric principles, e.g. Think Local Act Personal's 'Making it Real' framework: <https://www.thinklocalactpersonal.org.uk/assets/MakingItReal/TLAP-Making-it-Real-report.pdf>

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- 33.3.2. Embedding social prescribing principles of a person-centric, assets-based approach
 - 33.3.3. Possible funding models and support for making a business case
 - 33.3.4. Robust mechanisms for evaluating impact
 - 33.3.5. Beyond social prescribing, how these services can contribute to a broader public health and community wellbeing agenda
 - 33.4. Guidance for partnership working with the health sector and voluntary organisations to deliver social prescribing
 - 33.5. Links to existing resources and guidance (e.g. AESOP's marketplace and see **Appendix A**).
34. A partnership approach will be used to inform the creation of the handbook, capturing sector learning and best practice through:
- 34.1. Desk-based research (including of international good practice)
 - 34.2. Interviews with local areas with well-developed social prescribing initiatives
 - 34.3. Roundtable discussion(s) with national stakeholders to discuss how local authorities can best contribute to the social prescribing agenda and to discuss solutions to particular challenges.
35. We will commission out the writing of the handbook to ensure it benefits from sufficient time and expertise.
36. The conference will include talks from local authorities delivering best practice and workshop sessions to troubleshoot key issues such as funding and evaluation mechanisms, building on the handbook resource. It will bring together local authority representatives with health and voluntary sector colleagues working in social prescribing and provide an opportunity for informal networking.
37. We have identified key partners with an interest in this field who will we endeavour to involve in this work. These include the Arts, Health and Wellbeing APPG; the Culture, Health and Wellbeing Alliance; Arts Council England; Sport England; the Libraries Taskforce; CLOA; and the Department for Culture, Media and Sport. In addition to this, we will engage with NHS and health sector organisations as appropriate.
38. Collectively, these actions will achieve the initial objectives of the board of:
- 38.1. **Coordination and scoping:** by bringing partners together to create the handbook and build a shared understanding of how local authorities can work with partners to deliver social prescribing.
 - 38.2. **Facilitate connections between the NHS, councils, and community/voluntary organisations:** through the partnership working detailed

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above, signposting to other resources and providing networking opportunities at the conference.

- 38.3. **Strengthen awareness of the evidence base:** through the handbook and conference, as well as improvement offer. As part of this work, we will also update and reissue the local government briefing issued as part of Creative Health.
- 38.4. **Using our lobbying and media resources to show leadership and maintain government momentum:** through the accompanying publicity campaign and engagement with national partners. We will also support the work of the Community Wellbeing Board in this area.

Implications for Wales

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

Financial Implications

41. In addition to officer time and inclusion in the existing improvement offer, the activities outlined above are budgeted to cost as follows. The launch event cost will likely come from next year's Board budget.
 - 41.1. Commissioning of report: £10,000
 - 41.2. Conference event: £1500 (hosted at LGA).

Next steps

42. Officers to undertake actions as agreed by the Board.
43. The Board to recommend further examples of existing social prescribing good practice.
44. The Board to nominate a member to act as a social prescribing representative, for example on the roundtable discussions.

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Appendix A: Social prescribing resources

This appendix provides a list of some of the existing resources, guidance and information around social prescribing.

NHS social prescribing resources: this page provides NHS England's explanation of social prescribing, and links to further resources such as their summary guide (NHS summary guide (<https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/>)) and online learning platform. These resources focus on the role of the link work and models for how social prescribing referrals should work. <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

Just what the doctor ordered: social prescribing guide – a guide for local authorities: published in 2016 by the Community Wellbeing Board, this publication provides a brief introduction to social prescribing for local prescribing, and includes nine case studies (most of which are more focused on models for social prescribing and how councils can run social prescribing systems, rather than delivering social prescribing services). <https://www.local.gov.uk/sites/default/files/documents/just-what-doctor-ordered--6c2.pdf>

Creative Health: the Inquiry report published by the All-Party Parliamentary Group on Arts, Health and Wellbeing. This report is about how arts can be used to achieve health and wellbeing outcomes, including (but not limited to) social prescribing and reviews existing good practice across the NHS, local authorities and the voluntary sector, as well as making recommendations for more cohesive partnership working going forward. [https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative Health Inquiry Report 2017 - Second Edition.pdf](https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative%20Health%20Inquiry%20Report%202017%20-%20Second%20Edition.pdf). The LGA subsequently published a policy with the APPG in 2017: <https://www.artshealthandwellbeing.org.uk/appg-inquiry/Briefings/LGA.pdf>

Matt Hancock speech: in November 2018 Matt Hancock made a speech of his ideas for how the arts and social activities can contribute to public health and wellbeing, including through social prescribing. <https://www.matt-hancock.com/news/social-prescribing-speech>

London 2018-2028 social prescribing vision: an example of how social prescribing is being applied and developed across a specific area. <https://www.london.gov.uk/what-we-do/health/social-prescribing>

Guidance for councils on cultural commissioning, including for health and wellbeing outcomes: [https://www.ncvo.org.uk/images/documents/practical_support/public_services/cultural-commissioning/Guide to commissioning arts culture for health wellbeing FINAL Aug 17.pdf](https://www.ncvo.org.uk/images/documents/practical_support/public_services/cultural-commissioning/Guide_to_commissioning_arts_culture_for_health_wellbeing_FINAL_Aug_17.pdf);

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https://www.ncvo.org.uk/images/documents/practical_support/public_services/cultural-commissioning/LGA%20Councillor%20Brfg%20Pack%20on%20Cult%20Comm%20Nov%2015.pdf

Other useful resources:

- University of Westminster research on good social prescribing:
<https://westminsterresearch.westminster.ac.uk/download/f3cf4b949511304f762bdec137844251031072697ae511a462eac9150d6ba8e0/1340196/Making-sense-of-social-prescribing%202017.pdf>
- Public Health England guide: <https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>
- King's fund resource: <https://www.kingsfund.org.uk/publications/social-prescribing>
- Culture, Health and Wellbeing Alliance case study repository:
<https://www.culturehealthandwellbeing.org.uk/resources/case-studies>