

Rolling Out Social Prescribing

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

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Executive summary

This report sets out 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	

Introduction

This report sets out the findings of a project conducted by National Voices in the first half of 2020 to gather the insights and perspectives of the voluntary, community and social enterprise (VCSE) sector on social prescribing.

In 2019, the NHS Long Term Plan made a significant commitment to social prescribing, including new social prescribing link workers for every Primary Care Network (PCN) in England. This was a bold and ambitious move, which was testament to the commitment of colleagues within NHS England, and across the wider health system and VCSE sector. Investment in social prescribing formed a central plank of the NHS's shift towards "person-centred care, recognising – as National Voices has championed – the importance of 'what matters to someone' not just 'what's the matter with someone'".¹

At National Voices, we are committed to working with our members, and others across the VCSE sector, to maximise the potential of this new opportunity. NHS England's Personalised Care Group therefore commissioned National Voices to:

- Surface key lessons and issues related to social prescribing from the perspective of the VCSE sector;
- Share good practice and identify solutions to enable effective and sustainable social prescribing in the future.

In this report, we set out what we heard from over 300 VCSE respondents across England about the (pre-Covid-19) state of play in social prescribing, and about their key issues and concerns. We found a huge amount of positive practice and creative problem-

solving and innovation. We showcase these in case studies throughout the report and set out recommendations for the VCSE, the NHS and the wider system to enable these kinds of positive practices in every area.

What is social prescribing?

At its simplest, social prescribing is about connecting people with health problems to practical, social and emotional support within their community. This can be anything from help or advice with employment, housing or benefits, to taking part in a social or leisure activity that they enjoy.

As the "prescribing" part of the name implies, social prescribing often involves GPs or other health professionals referring people for non-medical support. Social prescribing involves the individual meeting with another professional, often called a link worker, whose role is to understand what matters to the person who has been referred, work with them to develop an action plan, and help them to identify and access appropriate local activities and sources of support.

Support is as varied as the individuals who need it - everything from groups of friends meeting for a chat, peer support groups and online communities, clubs and informal hobby or activity groups, to sports, arts and culture organisations, as well as more traditional charity services such as information, advice and advocacy. In the context of social prescribing, the "VCSE sector" therefore covers an extremely broad range of organisations. Social prescribing link workers also refer people to statutory services including social services and sometimes back to health services.

¹NHS Long Term Plan, January 2019 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

Many social prescribing schemes also incorporate a community building component, helping people within a community to organise themselves and start new groups and activities in response to local needs.

The NHS context

The NHS Long Term Plan, published in 2019, made a significant and welcome commitment to recruit over 1,000 new specialist social prescribing link workers by 2020/21 – one for every Primary Care Network (PCN).² This ambitious programme demonstrated a real commitment to systematically embed collaboration between the NHS and VCSE sector to improve health and wellbeing, and backed this with funding.

The ambition set out in the Long Term Plan was for over 900,000 people to have access to social prescribing by 2023/24. Additional funding for link workers was made available for FY2020/21, with recruitment beginning in late 2019. The majority of the extra 1,000 link workers are now in post.

Guidance for PCNs included draft job descriptions and person specifications for link workers.³ NHS England has also established regional learning and coordination posts to support training and knowledge sharing among link workers.

As PCNs were not established as separate entities, most new link workers were employed either by individual GP practices within a PCN, or by existing social prescribing providers in the VCSE or statutory sector. The original funding arrangements, through the Network Contract Directed Enhanced Services (DES) for primary care providers, envisaged link workers being employed by the NHS, and only allowed for money to be spent on direct salary costs, on an NHS pay scale. In November 2019 this was changed to allow non-NHS organisations to claim up to £2,400 towards the on-costs of new link

workers, within a fixed total cost for each new post.

There have also been wider changes to the national funding picture. Initially, PCNs could claim the full cost of new link worker roles from NHS England, but only 70% of the costs of other new posts such as health coaches or care navigators. In March 2020, it was announced that all these roles would be fully reimbursed, within a fixed total allocation.

In August 2020 NHSE/I launched a new Covid-19 time-limited support offer⁴ to cover recruitment and induction costs for additional Primary Care Network (PCN) DES-funded Social Prescribing Link Workers.⁵ This offer encourages PCNs to work with the VCSE sector to recruit and induct link workers.

It is hoped that PCNs will rapidly accelerate the recruitment of social prescribing teams of up to three to four link workers for each network in line with the Long Term Plan commitment that 900,000 people will benefit from social prescribing by 2023/4.

The Covid-19 lockdown has had significant implications for individual link workers and social prescribing schemes (see box on next page).

²Primary Care Networks are the new primary care structures introduced in the 2019 Long Term Plan. Each is made up of a group of GP practices covering a population of 30 - 50,000 people.

³<https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>

⁴https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0656_PCN-SPLW-recruitment-support-Covid-19_31-July.pdf

⁵<https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/>

Social prescribing during Covid-19

The Covid-19 pandemic, and the resulting lockdown and shielding requirements for people with long-term conditions, have had an immediate and significant impact on social prescribing schemes everywhere. Both established and new schemes have had to rapidly change their delivery models, with many providers – especially those which were more established in the communities in which they worked – taking on key roles in helping to identify and coordinate support for the most vulnerable individuals.

Social prescribing organisations have experienced enormous increases in demand - as much as 700% in some cases. As well as people on the shielding list, this includes many people who were not known to the NHS, but were identified by social prescribing link workers. With few community activities able to continue unaffected, some link workers are taking on a much more active role in providing support themselves, for example delivering food and medicines, helping people to get online, or acting as befrienders. By providing essential help to this huge population, social prescribing has played a key role in protecting the NHS.

Together Co runs a social prescribing programme across Brighton and Hove. Their link workers have been working closely with the Local Authority to support new and existing clients during lockdown. They have co-designed a guided conversation for use in conversations. This is based on the existing guide used by their link workers, but includes additional questions around food and medication. They are supporting individuals on the vulnerable list, as well as people referred by adult social care and other organisations within the local authority. Together Co continues to support their existing social prescribing clients through regular check ins.

The response to Covid-19 in communities, with armies of volunteers stepping in to support the delivery of food and medicines to vulnerable individuals, has demonstrated clearly the value of the VCSE sector working hand-in-glove with the NHS and social care. Social prescribing has been a key component of this response, with link workers acting as a bridge between new and established community organisations, and the formal health and care system.

There have been positive reports of institutional boundaries being broken down as organisations come together to respond with the urgency the crisis demands. The focus on finding practical solutions has created a willingness to cooperate, and to set aside barriers that would previously have taken months to negotiate. Many are keen to build on these new relationships and ways of working in future, even as controls (for example, around data sharing or contract management) are reasserted.

In March 2020, guidance for GPs and commissioners highlighted the key roles of link workers in mobilising and supporting community networks (for example, helping local VCSE organisations to shift to online provision), as well as taking a social prescribing approach to plan and coordinate support for people on the vulnerable list.

This has worked well where link workers were part of existing schemes or employed within VCSE organisations. Where link workers were new in post, or not employed within wider organisations, they have faced more challenges. Without established links into the community, some have struggled to find a role within the wider community response.

The response to Covid-19 has also accelerated the development of digital solutions – from the use of the GoodSAM app to support volunteering, to the rapid re-design of groups and activities for online delivery. However, it has also exposed the extent of the digital divide.

The Covid-19 pandemic has also exposed the limitations of existing health data and IT systems.

For example, link workers reported finding significant need among individuals who were not flagged for support or identified as vulnerable by NHS England. There were also issues with access to systems when GP surgeries closed, especially among link workers who did not already have access to laptops or NHS IT systems. In some places, the urgency of the situation has led to new solutions - for example, rapidly providing VCSE link workers with NHS email accounts and IT access - but these might turn out to be only temporary workarounds.

It will be vital to ensure that, as we plan for the next phases of Covid-19 response, we consider how best to make use of the enormous resource of link workers, and the potential of tapping into the skills and expertise of the VCSE sector to support people to live well, and manage their conditions. This could be a vital contribution to protecting the NHS.

It is clear that demand for social prescribing services will only rise. We are already seeing many people who were not known to formal health and care systems, but whose needs are significant. There are also likely to be new populations of people who are managing loss, and new needs among people who have struggled to manage their long-term conditions or maintain physical activity during the lockdown period, or are suffering the after-effects of Covid-19. Deep-seated health inequalities have come to the fore, and it will be essential to ensure that social prescribing plays its part in tackling these.

Beyond lockdown, link workers are likely to play an ongoing role supporting individuals who may need to remain in isolation. When restrictions are eventually lifted it is likely that link workers will face new challenges in supporting people who may have been isolated for some time to reconnect with activities in their community.

The crisis has drawn on the profound reserves of goodwill and neighbourliness within our communities, and put the spotlight on the power of voluntary action. At the same time, the future of many VCSE organisations looks extremely uncertain. The experience of Covid-19 has highlighted the distinctive role of our sector, and shifted perceptions of the importance of collaboration across the health and community divide. It will be vital to recognise and build on these lessons in the post-Covid-19 era.

What we heard - the state of play

We heard a very clear message from the VCSE sector that they are supportive of social prescribing. While discussions in academic circles and across social media tend to suggest polarisation between a community-focussed VCSE sector and a medically-focussed NHS, we found a strong sense of optimism about the role that social prescribing plays in bringing together medical with non-medical support and in supporting people with what matters to them. We found strong commitment within the VCSE sector to making social prescribing work. In most places the sector is now involved in the roll-out and respondents were taking a proactive approach and seeking shared solutions to any challenges.

However, our discussions with organisations from across the VCSE sector, at both national and local level, show that their experiences have been highly varied. Key factors affecting the extent and nature of the VCSE sector's involvement have included:

- The extent to which there was **existing practice** around social prescribing within the area prior to the advent of the NHS Long Term Plan
- The state of the **local economy** and the financial health of the local authority and local NHS
- The state of the **local VCSE sector** – in terms of the overall size, financial standing and coverage of the VCSE sector; whether there was established collaboration across the VCSE sector; and the extent to which the VCSE sector was already involved in social prescribing
- The extent to which there were **established relationships** between statutory partners within the health

system and / or the local authority, and the VCSE sector

- The state of **local relationships within the NHS** between newly established PCNs and existing health system leadership bodies including CCGs and STPs / ICSs.

As new entities within the NHS, without established relationships with the VCSE sector or other local statutory actors, PCNs have not always acted consistently or collaboratively, and this has also had a destabilising impact. For example, we heard of cases where the majority of PCNs within a larger footprint such as a local authority or CCG have chosen to work in partnership with existing social prescribing schemes, but one has not, creating confusion over systems for referral and reporting.

Different parts of the VCSE sector reported different experiences. The need to engage with PCNs, and their footprint of 30 - 50,000 people, has played out differently for organisations of different sizes:

- The vast majority of VCSE groups and organisations are **extremely small** - their work often happens at a very local level and they rarely employ paid staff. While those that we spoke to would welcome referrals from social prescribers, they rarely have the capacity to seek them out or spend time building relationships. As one small organisation said "we don't know who the link worker is, and they don't know who we are."
- **Medium-sized** charities often operate across the footprint of multiple PCNs - for example, at borough, district or county level. These organisations told us they are finding it difficult to develop relationships with all these new PCNs without

additional capacity or management time. Many are confused as to whether the CCG or the PCN is the lead on social prescribing and where to focus their relationship building efforts.

- **VCSE infrastructure** bodies typically operate at this medium scale, and already hold key relationships both across the sector and with the NHS and the wider public sector. However, against a backdrop of long-term funding cuts, it is extremely difficult for these bodies to invest in establishing collaborations with a number of new independent PCNs. Conversely, ICSs are operating at a larger scale than these bodies, which also presents challenges for engagement.
- We also heard from **specialist organisations** who face particular challenges and feel largely excluded from the current social prescribing rollout.
- Organisations providing **welfare, debt or housing advice, mental health** services and similar intensive support, told us they are beginning to experience increased demand, as a high proportion of social prescribing clients need this kind of service. These organisations also tend to operate across multiple PCNs, and are facing particular challenges in managing increased demand from a number of new link workers, often with little or no coordination.
- Charities offering more specialist support for **particular groups**, including those living with a disability or a particular health condition, are often organised on a regional or national basis, so as to cover a relatively small but geographically dispersed target population. We heard that although many of these charities have well established specialist support services and capacity to take on new people, they had yet to receive any referrals. These organisations told us they can be missed out of social prescribing schemes designed and delivered at the more local level of the PCN.

- Those without an obvious health remit, such as **arts and culture** organisations, often feel excluded. They reported a sense that PCNs have gone to preferred providers and those already working with the NHS, rather than thinking more creatively and holistically.

Overall, the reports we heard suggest that many PCNs are only involving a small subset of their local VCSE sector, and missing significant chunks of existing provision within their communities. Given the reality that needs for support are likely to grow as we move into the next phase of the Covid-19 pandemic, this represents important untapped potential. Making sure PCNs are able to map and connect with the full diversity of the local sector will be vital.

Through our engagement we identified a number of areas for improvement, relating both to how social prescribing was being rolled out under the NHS Long Term Plan and with regard to the structural factors underpinning social prescribing. These relate to:

- Link workers;
- The measurement of outcomes;
- Funding for the VCSE sector;
- Tackling inequality;
- Relationships and collaboration.

These five issues came up with remarkable consistency throughout our work - in different regions and geographies, and through our nationwide online engagement. We examine them in more detail in the subsequent sections.

New social prescribing link workers



The roll out of social prescribing by NHS England has been driven by the pledge to have a link worker in every PCN - with a target in the Long Term Plan to recruit 1,000 link workers in FY2020/21. The early months of 2020 saw a rapid acceleration of link worker recruitment across PCNs, most of which were relatively newly formed themselves.

NHS England guidance encouraged PCNs to map existing social prescribing schemes in their areas and made clear that one option for providing link workers would be contracting with local VCSE organisations.

In August 2020 NHS England announced a new scheme to encourage the rapid recruitment of additional link workers. This scheme offers a helpful “nudge” towards the recruitment of link workers by VCSE organisations (with a payment offered towards the cost of recruitment and induction), and creates the potential for PCNs to reduce demands on individual link workers and broaden the range of roles undertaken.

The VCSE experience - what did we hear?

In practice a wide range of models have emerged. We heard of PCNs appointing link workers by:

- Providing funding to existing social prescribing schemes to enable them to increase their capacity
- Competitively tendering for a VCSE organisation to create a new social prescribing scheme
- Directly contracting with a preferred provider for a social prescribing scheme

- Commissioning social prescribing link workers from other health service providers, for example mental health trusts, local authority public health departments etc.
- Employing link workers through GP federations
- Directly employing link workers

Issues around the recruitment and deployment of new link workers were a common theme in our discussions with VCSE organisations through this project. We heard particular concerns around:

- Link workers employed by PCNs
- Funding for link workers
- The link worker role

Link workers employed by PCNs

From a VCSE perspective the rollout of social prescribing has been smoothest where link workers were recruited through a VCSE organisation with established relationships across the local sector and wider health system - often an existing provider of social prescribing services. This ensured that new link workers were rapidly plugged into wider networks and resources, so that they could more easily identify the most appropriate sources of support for clients. Where multiple PCNs have commissioned link workers from the same organisation, the employer can provide peer support, training and supervision for all these link workers.

By contrast, where link workers were recruited independently by PCNs, they have less access to existing community networks, making it harder for them to identify or make referrals to the right sources of support. This places the burden on the local VCSE

sector to develop systems and processes to interface with the NHS.

We heard that link workers based in a single PCN are also less likely to benefit from specialist supervision, or to have access to peer support networks, training, absence cover or other support.

In some cases, we heard that practice-based link workers were being asked to get involved in other clinical services such as phlebotomy, sexual health checks or flu clinics, which is not the way of working envisaged in national guidance on social prescribing. We also heard concerns that where PCNs have recruited their own link workers, they have tended to prioritise clinical / patient-facing skills and experience, rather than skills such as partnership working or community engagement. There is a risk that not all these staff will have the right competencies for the link worker role.

The publication of the revised DES for PCNs has amplified these concerns. The revised DES offers full salary reimbursement for three roles to support the delivery of personalised care – link workers, health coaches and care navigators. While the guidelines are clear that these roles are distinct, we heard concern from VCSE organisations that by including all three roles within the reimbursement scheme, there was a risk that some PCNs would revert to a more clinical approach, moving away from the core of social prescribing, which is focussed on non-medical needs and community provision.

The announcement of payments to support the rapid recruitment of new link workers through the VCSE sector has provided helpful encouragement to PCNs to work with the sector.

Funding for link workers

We heard significant concern around the restrictions on how NHS England funding could be used to cover the costs of link workers.

With the provision that up to £2,400 can be used to cover on-costs for link workers employed by the VCSE sector, respondents generally indicated that the overall budget

was sufficient to meet the direct costs of new posts. However, organisations which had entered into funding arrangements before November 2019 were not always able to benefit from this clarification and others had not been able to participate at all due to the earlier lack of flexibility.

We also heard concern about other ineligible costs, including management and supervision, travel, IT, office space, etc. Many VCSE organisations told us that the true costs of an additional post are greater than £2,400, and there remains a lack of clarity as to what costs can be covered by this sum, and how other expenses should be met.

Prior to the guidance being issued, in many areas VCSE partners had worked creatively, often with the CCG as well as PCNs, to develop workarounds to meet these costs. However, as not all areas have been able to find a workaround to address gaps in on-costs, there are concerns that some link workers lack the tools and support they need to do their jobs.

In some areas, respondents reported that the requirement to hire link workers within NHS salary bands was distorting the local market, as rates of pay were significantly above the market rates for similar roles in the VCSE sector. There was concern that new schemes had “poached” staff from existing voluntary sector organisations, benefitting from substantial VCSE investment in staff training and skills development for which the sector would not be compensated.



Together Co, Brighton – citywide support for link workers

Together Co provide social prescribing services across Brighton and Hove. They run a citywide scheme funded by the local CCG and now host link workers for three of the city's seven PCNs. They also lead the Social Prescribing Plus service, where link workers are hosted in specialist local partner organisations working with people with language needs, Black Asian and Minority Ethnic people, the LGBT community and Gypsy, Roma and Traveller communities.

Their experience demonstrates how different link worker roles, remits and funding arrangements can be managed by effective coordination at a strategic level. It also highlights the benefits of investing in strong working relationships and collaborations over time.

Together Co's scheme started life in 2014 as a Community Navigator scheme with pilot funding from the Prime Minister's Challenge Fund. The pilot involved placing volunteer navigators in 16 of Brighton's 36 GP surgeries. In recognition of the programme's success, the local CCG took over funding the scheme when the pilot ended in 2016. The new funding agreement enabled Together Co to adjust the scheme in response to learning – moving link workers to a staff role, with volunteers offering additional support to those who needed it.

Together Co also run a link worker network across Brighton and Hove. This aims to support collaboration and enable organisations to articulate a shared vision and language around the processes and outcomes of social prescribing. It also plays a vital role in supporting lone link workers employed directly by PCNs and connecting staff of all levels across organisations around joint working, best practice and next steps in social prescribing.

Strong relationships between Together Co as provider, with individual GPs and Practice Managers, and with the CCG have been built over time. These have proved vital to the scheme's success, supporting appropriate referrals and smooth day-to-day working. When the rollout of social prescribing through PCNs was announced, Together Co were able to start an early dialogue with leading GPs, and worked closely with the CCG to enable conversations with other providers across the city to promote collaboration.

There remain ongoing complexities to manage in the new picture of social prescribing across the city, but positive joint working throughout Covid-19 will enable ongoing work to develop relationships and create the mechanisms for collaboration that are vital for managing these complexities.

The link worker role

We heard a range of concerns about how the link worker role was framed in guidance from NHS England and how that guidance was being interpreted on the ground. We also heard concerns about the expectations placed on individual link workers in terms of targets, caseload and the breadth of the role. These issues were felt to be particularly challenging for individual link workers based within PCNs / GP practices, rather than as part of larger schemes.

Caseloads envisaged for link workers were generally felt to be too high, and many struggled to keep up with their one-to-one work with clients. We also heard concerns about the misalignment between the target-driven mindset of PCNs and the personalised nature of social prescribing. Specifically, we heard that some link workers were facing pushback against more time-consuming but essential ways of working, such as: offering clients the opportunity to meet in places other than the GP surgery; giving sufficient appointment time to support person-centred planning; and accompanying clients to new groups and activities. However, it is precisely this flexibility that will ensure that social prescribing is effective in tackling health inequalities.

NHS England guidance sets out a range of roles for link workers to undertake. However, we heard that link workers are not able to fulfill all the duties envisaged within the guidance across an entire PCN footprint without support. Expectations around caseload and throughput leave link workers with little time for work on building relationships with referral partners, or on building community capacity. The clinical oversight model applied by many PCNs and practice managers tends to reinforce this, as link workers are expected to focus on individual clients rather than investing time in building wider networks of support.

By contrast, many established social prescribing schemes recognise separate, but linked, roles for link workers, who work one-to-one with individuals, and community builders

who establish links with groups and activities in the community and support people to come together to address gaps in provision.⁶

The acceleration of recruitment of additional link workers for each PCN could create an opportunity for more specialised roles. For example, if a PCN has funding for four roles, one of these could have a specific community building remit, while others could focus on particular population groups, especially those who are more excluded or at higher risk. This would also enable more link workers to have access to peer support.

⁶See e.g. *Five Essentials of Social Prescribing* identified by The Richmond Group https://richmondgroupofcharities.org.uk/sites/default/files/field/image/final_for_website_-_dtrf_-_summary_of_learning_about_social_prescribing.pdf



Edberts House - integrated link worker team

Edberts House is a charity offering social prescribing services in Gateshead. It is now the primary provider of link worker services to PCNs in the borough. Edberts House has been offering social prescribing services since 2015, which enabled it to quickly integrate new link workers into an established system.

The service, originally known as Community Linking, was developed to connect the charity's community development work with GPs, who had approached them having recognised that patients who were involved with Edberts House made fewer GP visits and were more confident in articulating their needs when they did. The scheme started in one surgery and rolled out to cover 13 surgeries by the time the NHS funding for link workers came on stream.

Services were designed in response to community need; there were close links between link workers and Edberts House's wider community development teams, working out of three community hubs located in some of the most deprived areas of Gateshead. This close working relationship between link workers and community development teams allows link workers to manage their caseloads effectively, cross-referring clients who need additional or longer-term support. The initial Community Linking workers were funded through a patchwork of sources, including grants from trusts and foundations. Edberts House backed the development of the scheme with its own resources, and invested significant amounts of management and development time into the work. This means that the charity feels a real sense of ownership of the approach.

Since the rollout of social prescribing nearly all local PCNs have chosen to contract with Edberts House to provide link worker services across Gateshead. The charity's existing relationships with GPs proved to be helpful, as many PCNs were looking for support in understanding and responding to their new responsibilities around population health management and social prescribing. Edberts House was able to proactively approach GPs and start conversations about joining an integrated service, and then involve PCNs in recruiting new link workers.

As Edberts House now employ link workers in areas where it does not have community hubs, it is working hard, with existing and new partners in the wider VCSE sector, to build links to support those who need more intensive support to identify resources and develop solutions together.

Working across deprived communities, Edberts House knows that the majority of clients of social prescribing have a range of practical and often basic needs. While social prescribing is a holistic service, and access to activities is an important part of the offer, the majority of the people referred to link workers require support with issues such as welfare rights, housing and access to statutory services.

There have been some challenges in managing the process of integrating new PCN link workers into the existing Edberts House scheme, particularly around covering management costs and how to manage the difference in salary levels between NHS pay grades and market rates in the local voluntary sector. However, with the support of the local CCG, solutions have now been identified, at least for the short term, though these have not been without impact on the charity.

The advantage for link workers, and PCNs, of having one integrated service across Gateshead is that it is easier for link workers to work together to develop creative solutions to arising issues, and to manage caseloads across different communities and services. Working as part of a single team means there are greater opportunities for peer support. It is also easier for link workers to share information on services and support across the community and to build intelligence, which is a real asset to the PCNs. Being part of one single team also makes the provision of training and management support more efficient.

Finding solutions

The most pressing need is for clearer guidance around the link worker role. We heard that clarity of message around working with the VCSE sector was vital.

The role description for link workers and the expectations around caseloads and throughput need to be revised to be more realistic, and to allow flexibility to work with those with more complex needs. It will also be important to revise guidance to make provision for activities that currently cannot reasonably be performed by link workers alongside their work with individuals – such as community building and relationship development.

Specifically, we recommend that **NHS England:**

- Revise guidance to make it explicit that recruitment of link workers via the VCSE sector is the default; if this is not possible, it should be clear that PCNs should collaborate to recruit teams of link workers to enable peer support, absence cover etc.
- Clarify the duties and expectations of link workers to:
 - Meet individuals to discuss their situation, needs and aspirations
 - Develop personalised plans
 - Support people to access wider support and activity in the community, including practical support and statutory services
 - Engage with the local VCSE sector and establish strong relationships and ways of working, referral protocols and other systems to enable effective support
- Make clear that delivery of clinical services is not an appropriate role for link workers
- Add a distinct community builder role to the DES, being clear that these roles should be embedded in the local VCSE sector rather than primary care settings

- Revise the DES so that funds intended to support the appointment of link workers within PCNs can be used flexibly to cover the costs of the link worker role and management / supervision, and other associated costs including travel, equipment etc.
- Ensure that payments for social prescribing under the revised DES / IIF arrangements for PCNs are not conditional on firm targets for link worker caseloads / throughput, but focus instead on personalisation and better outcomes

We recommend that all **commissioners** of social prescribing, including **PCNs:**

- Recruit new social prescribing link workers within the local VCSE sector wherever possible
- Build knowledge and understanding of social prescribing by reading the guidance, sharing experiences with primary care colleagues who have adopted social prescribing approaches, and recognising the difference between link workers and more clinical roles

In particular, we recommend that **PCNs:**

- Work together to ensure that link workers have access to supervision, absence cover, peer support, training and networks, including with the VCSE sector

We recommend that bodies such as the **National Academy of Social Prescribing** and the **Social Prescribing Network:**

- Communicate the vision and purpose of social prescribing in creative and engaging ways, working with GPs, practice managers and link workers to help them make the case for social prescribing as a key component of effective primary care



Measurement

Despite the challenges in evaluating complex, multi-faceted, individualised interventions such as social prescribing, there is emerging evidence that effective social prescribing improves people's quality of life and wellbeing, and can reduce demand on primary care.⁷

However, as reflected in the NHS England guidance on social prescribing, there is still "a need for more robust and systematic evidence on the effectiveness of social prescribing". The NHS England investment in new link workers presents an opportunity to build this evidence base. It also has the potential to help create a more consistent approach to collecting data and monitoring impact.

In 2017 NHS England started work on a Common Outcomes Framework for social prescribing, guided by a steering group that included five VCSE organisations. The most recent version of the framework (in Annex D of the Summary Guide) advises that existing social prescribing schemes and organisations contracted to employ PCN link workers continue to use their existing tools and metrics for measurement.

The framework recommends that new social prescribing schemes and providers should measure impact on health and care services and on communities as well as individuals. Schemes are advised to collect data on five aspects of health and care usage. NHS England commits to work with schemes to co-produce ways of measuring impact on communities. For individuals it recommends that schemes pick one of the existing established measures - with the preferred measure being the ONS four personal wellbeing questions.

In 2019, subsequent guidance on measurement as part of the draft service specification for PCNs recommended that social prescribing link workers should monitor impact on individuals by using, at minimum, either one wellbeing measure or the Patient Activation Measure (PAM).

At the time of writing NHS England was in the process of developing a new data dashboard for link workers, which is due to be ready later in 2020. This dashboard will include data on the profile of the people link workers support, and onward referral pathways, as well as outcomes measures. The aim is to create a standardised national dataset around social prescribing.

At the same time the National Academy for Social Prescribing is tendering for partners in an Academic Collaborative, with a remit to draw together existing data around social prescribing and its impacts, to produce accessible summaries of existing evidence, and to identify priorities for research to fill gaps in the evidence base.

The VCSE experience - what did we hear?

The VCSE organisations we spoke to agreed that data and management information are vital, to ensure we are reaching the right people and supporting them in ways that sustainably improve quality of life and wellbeing, and to identify gaps in provision. There was support for using hard and soft data to track people as they move through the system - including around referral routes into and out of link worker services.

⁷ For a recent overview of the evidence base, see Chatterjee, Camic, Lockyer & Thomson (2018), Non-clinical community interventions: a systematised review of social prescribing schemes, *Arts & Health*, 10:2, 97-123

The key concern for the VCSE respondents we spoke to was ensuring that the measurement tools used for social prescribing are appropriate and proportionate. Issues included:

- Focusing on social rather than clinical outcomes
- Ensuring that expectations around measurement are feasible and practical
- Ensuring local consistency and enabling local data sharing
- Allocating appropriate resources and responsibility for impact measurement

Social rather than clinical outcomes

We heard strong messages that people do not want the success of social prescribing to be judged purely on clinical outcomes or health system measures. Social prescribing is first and foremost about improving quality of life and wellbeing, so this is the primary indicator to measure.

In some cases, PCNs or other commissioners are requiring VCSE organisations to provide evidence about the impact of social prescribing on the health and care system - for example, gathering data on patient activation or health service usage. This was not considered an appropriate role for the sector.

The Patient Activation Measure (PAM) was considered too clinical by almost everyone who had come across it. Some recognised that the PAM could be a useful tool for PCNs to assess the overall impact of social prescribing, but there were concerns that responsibility for tracking PAM scores may be delegated to the sector. Most felt that it would be better for a GP to use the PAM rather than the social prescribing link worker.

Similarly, VCSE organisations were concerned about being asked to track people's use of health and care services after social prescribing. We heard it was very difficult for them to collect accurate and consistent data on this, and this should be a role for the health and care system.

Feasible and practical measures

Everyone we spoke to was concerned to ensure that measurement should be as simple and accessible as possible. There was a strong preference for organisations to continue using their existing measures and systems wherever possible. Many experienced practitioners are already using established wellbeing measures, such as WEMWeBS or the ONS subjective wellbeing questions. In general, they find these measures work well, providing useful data on wellbeing outcomes and being relatively easy to collect.

Others were using their own tools and measures. Some of these were developed or adapted for particular groups, including children or people living with cognitive impairment, while others are simpler tools that suit smaller organisations. Smaller, less formal groups may only collect data on attendance, and the most informal groups collect no data at all. We heard significant concern about pushing more complex or demanding measurement requirements down to these very local community groups.

Many also highlighted that hard facts and figures need to be accompanied by soft data, including in particular real-life stories, as these are what matter most to people.

While few were aware of the existing work on a common outcomes framework, those who did were concerned about the costs of monitoring processes and systems, training staff, etc. Where any new tools are introduced, factors like the cost of licenses, the number and complexity of questions involved, and any training requirements need to be carefully considered.

Local consistency and data sharing

We heard from many that locally consistent approaches to monitoring would be helpful. For example, we heard how one larger provider of support, which takes referrals from a number of social prescribing schemes in the same area, was asked to collect different data and use different tools for individuals depending on the origin of

the referral. This creates significant additional cost and time burdens.

A number of people highlighted issues around data sharing. With effective social prescribing taking a system-wide, cross-sector approach, this poses a challenge in terms of data collection and data sharing. Even when VCSE organisations are contracted to supply link workers,

information sharing and case tracking can be hampered by the lack of shared IT systems or data-sharing agreements. Tackling this challenge will take significant investment in local relationships and systems - and typically requires NHS organisations to take a generous lead, as the main holders of patient data.



Case study

Improving Cancer Journey, Glasgow

Glasgow's Improving Cancer Journey (ICJ) is a specialist support service that offers to link people with a cancer diagnosis into practical, social and emotional support in communities. Starting in 2014, the flagship programme in Glasgow City Council was supported by Macmillan Cancer Support. Its experience shows the benefits of being able to share and collect data on impact from the outset.

In Glasgow, people diagnosed with cancer are sent a letter inviting them to meet with a link officer to discuss any physical, emotional, social, financial, family, spiritual or practical problems they may have. Once these are identified, the link officer signposts to one or more of the 220 organisations and agencies involved to support the person and their individual needs.

In the past six years ICJ in Glasgow has supported over 8,000 people. People report a significant drop in their level of concern after receiving support from the programme and find having one point of access to help navigate a wider system of support especially helpful. 61% of them come from the lowest socioeconomic group, compared to 48% city-wide.

Since the outset, the ICJ team recognised the importance of continuous and robust monitoring and evaluation. They put money aside in the budget and recruited Edinburgh Napier University to work alongside them for five years to evaluate the impact on individuals and the professionals involved.

Improvements to the service have been made as things are learnt along the way, through different monitoring and evaluation techniques. One of these, link worker diaries, helped the programme managers understand that while the team loved their job and felt valued, they felt held back by the amount of administration they had to do. This resulted in a review of admin processes and a change from using paper to record the results of assessments to online tablets to reduce the burden. Programme managers also enhanced the admin team to allow link officers can focus their time on what they are employed and trained to do.

Analysis of the support that people were linked to highlighted that housing and finance were the areas of highest need. This enabled the team to plan accordingly and boost the amount of support in these areas.

The team also initially struggled with the IT database that had been built to record people's details and their ongoing contacts with the team. Working with the evaluation team, they were able to secure funding to develop and improve how the data was held, to enable more streamlined reporting and analysis of data.

As well as benefiting from ongoing monitoring and evaluation, the programme has overcome several data-sharing challenges. To work round the issues of sharing personal information between the NHS and the council, it is the NHS alone that identifies people eligible for the service and sends them the offer letter. Once a person comes back to take up the offer of ICJ, they then become a client and part of the service. For referring to other support services and organisations, such as Cancer Support Scotland, DWP, or housing providers, link officers initially asked people to sign an explicit data-sharing consent form. When GDPR came in the Scottish Government determined that consent is implicit when people accept the offer of support.

The success of the programme in Glasgow has subsequently resulted in £18m in funding from the Scottish Government to roll ICJ out across Scotland.

Allocating resources and responsibility

The VCSE organisations we spoke to called for a sharper distinction between:

- Data that the health and care system needs to measure - such as PAM, service usage or clinical outcomes
- Data that social prescribing link workers can gather, especially those based in the VCSE sector - such as referral journeys and wellbeing outcomes
- Data that community-based providers can gather - such as attendance

The growth of social prescribing creates new opportunities to develop evidence of impact, but we heard that this cannot simply be an additional requirement on the VCSE sector. Where further research and evaluation is required to build the evidence base, respondents were clear that this needed separate funding and

management, whether commissioned by the NHS or funded by research / grant funders.

It is also important to recognise that not all activities need to measure impact. For example, there is strong existing evidence on the links between wellbeing and exposure to nature and physical activity. Based on this, it's not necessary or proportionate to require a gardening club or a dance group to monitor people's wellbeing, we only need to know that people attended, to be confident that there will be wellbeing impacts.



Ways to Wellness, Newcastle

Ways to Wellness is a comprehensive social prescribing service for people aged 40 to 74 years living with certain long-term conditions in the west of Newcastle upon Tyne.

The scheme currently employs over 25 (18 FTE) link workers across two VCSE partners. Link workers work intensively with their clients to define and meet personal goals relating to their wellbeing and health. Many clients are supported to access statutory services, including health and social care, and welfare benefits. Clients are also supported to meet personal goals in relation to their wider personal networks and communities. Sometimes these are as simple as reconnecting with family members and friends, but sometimes clients also require wider support from the VCSE sector. Over the past four years of its operation, Ways to Wellness has received over 7,000 referrals. Approximately 60% of the 5,500 clients who have engaged with the service and set goals have been signposted to other services or activities.

Ways to Wellness was set up through a Social Impact Bond, with payments from the local CCG topped up with funds from the National Lottery Community Fund and the Cabinet Office. Payments from the CCG are linked to measurable impacts on secondary care costs and improvements in wellbeing. The high degree of emphasis on measuring results means the scheme is a good example of how to develop and apply appropriate approaches to measurement.

Impacts on secondary care costs are measured by the CCG using NHS administrative data, collected separately from Ways to Wellness programme delivery. By contrast, link workers are actively involved in supporting clients to define their goals; they measure client-reported outcomes around wellbeing. The Wellbeing Outcomes Star was chosen as a measurement tool, following consultation with social prescribing delivery partners. Link workers prefer the tool because it covers an appropriate range of areas and is helpful in surfacing challenging conversations and issues, without feeling intrusive or overly clinical.

This focus on measurement has allowed Ways to Wellness to demonstrate the financial case for NHS investment in social prescribing. With support to manage their health, finances and relationships, clients make much less use of secondary care. In 2017/18, this represented a reduction of over £1.2 million in hospital costs. Accounting for the cost of the scheme, the net saving for the CCG was approximately £740,000. This pattern continued into 2018/19, with non-elective clinical activity halved for the Ways to Wellness cohort. Available data for 2019/20 shows a further increase in secondary care cost savings.

Ways to Wellness is not providing PCN link workers, although some of its VCSE provider partners are doing so. The process rolling out PCN social prescribing has

caused some destabilisation in Ways to Wellness' service delivery, with increased staff turnover, pressure on relationships between providers, and more complex delivery partnerships, with several social prescribing schemes in operation and multiple providers. However, now that the dust is settling, Ways to Wellness is developing good working relationships with new providers and PCNs across its patch to establish new referral protocols and ways of working for social prescribing.

Finding solutions

The clearest message from our review is that wherever possible, VCSE organisations should be allowed to use their existing measurement tools and systems to report on social prescribing. Where new measures are required, local approaches and solutions should be developed with people who have practical experience of delivery and management of social prescribing. A key principle should be that responsibilities and resources for measurement and data collection are shared appropriately across the different actors in the social prescribing system. Overall, there was a request for reclarification from the centre regarding measurement.

Specifically, we recommend that **NHS England**:

- Issue guidance on what NHS bodies and VCSE partners should measure in relation to social prescribing and who should do this - VCSE partners should not be required to monitor health and care systems use
- Confirm that VCSE partners can use existing wellbeing measures to report on social prescribing, and that VCSE partners should not be asked to use the PAM
- Provide additional resources to build local capacity for measurement and evaluation, including to unlock issues around data sharing with VCSE partners

We recommend that **Integrated Care Systems leaders** and **commissioners** of social prescribing:

- Develop appropriate local measurement solutions for social prescribing with their local VCSE sector, using NHS administrative data to track health outcomes and service usage

We recommend that bodies such as the **National Academy of Social Prescribing** and the **Social Prescribing Network**:

- Promote the use of appropriate outcomes and measurement tools for social prescribing, and work to support ICS leaders to develop suitable local solutions



Funding

A strong, diverse VCSE sector is an essential precondition for social prescribing. In order to connect people to practical, emotional and social support in their community, there must be a range of local groups, activities and services.

More broadly, prevention, peer support and personalised care are the hallmarks of VCSE activity. Community-based responses, rooted in the needs and perspectives of disadvantaged groups, are fundamental to challenging exclusion and inequality. The Covid-19 response has shown that the sector is at the heart of local resilience. Without a vibrant VCSE sector the NHS will not be able to meet its wider objectives around population health management.

However, there are profound concerns about the sustainability of the VCSE sector. Covid-19 has exacerbated deeper trends, including the decline in the sector's income and the increasing complexity of need the sector is seeking to tackle.

While these factors extend far beyond social prescribing, the rollout may increase pressure on the VCSE sector. The whole idea of social prescribing is that more people are able to access support from the VCSE sector as a means of improving their health and wellbeing. If social prescribing is to be effective there needs to be sufficient supply to meet the needs identified, and we heard real concern that this capacity could not be guaranteed.

The national commitment to social prescribing may create new opportunities to address these funding pressures. NHS England policy guidance on social prescribing already recognises that for social prescribing to be rolled out effectively, "it is essential to ensure that local voluntary organisations, community groups and social

enterprises are locally sustainable and can plan ahead". At the national level NHS England and the National Academy for Social Prescribing are convening a range of funders, to consider how to support these aspirations.

The VCSE experience - what did we hear?

Funding was by far the biggest concern for all those involved in this review. In our interviews and workshops, and in the online survey, respondents consistently identified funding as the highest priority issue to enable effective social prescribing.

Although informal and community groups may be able to welcome new members without incurring new costs, new referrals by link workers to advice, casework or similar services directly increase demand on limited resources. In the absence of additional funding for VCSE activity, we heard concerns that the rollout is creating new demand on the VCSE sector that is not sustainable. As one respondent told us, "it's like there's been money for lots more travel agents, and now there needs to be money to pay for holidays."

In some areas these issues are already being addressed. We heard about many different ways the costs of services and activities related to social prescribing are being funded. Overall, we found a high degree of creativity and flexibility, with VCSE and statutory actors and funders working together to establish mechanisms that are locally appropriate, build on existing sources of funding and fill gaps.

Some of these funding mechanisms operate at a service level: for example, local authority or NHS commissioners repurposing

existing contracts or providing new money to fund services like befriending, counselling or benefits advice, where social prescribing had created additional demand.

In other areas, social prescribing link workers have small budgets through which to fund support for individuals, from the cost of a swimming lesson to purchasing equipment for an activity, or setting up a new group. We heard of a few places where social prescribing schemes were exploring the use of Personal Health Budgets to pay for support provided by the VCSE sector.

Some social prescribing schemes have used social investment alongside NHS or local authority funding through outcomes-based commissioning. This model allows schemes to fund activities at service, individual or community level as they see fit, in pursuit of agreed outcomes.

While nearly all respondents called for additional funding, there was no one call for a particular distribution mechanism. Indeed, some cautioned against the idea of a one-size-fits-all model, as different parts of the sector need to be resourced in different ways, from very small donations or grants for the smallest, to commissioned services for the largest and more specialist organisations.

Specific concerns raised by the VCSE sector included:

- Funding for link workers
- Funding for communities
- Funding sources

Funding for link workers

We heard concerns that the current level of NHS investment into social prescribing link workers, although welcome, may be insufficient to meet the need. While there was a recognition of the plans to recruit three to four link workers in each PCN over time - creating a ratio of one link worker for every 10 - 12,000 people - established VCSE social prescribing schemes more commonly worked with ratios of one link worker for every 5 - 10,000 people.

⁸Polley M, Seers H, Johnson R and Lister C (2020) How do we sustain Social Prescribing in the wake of Covid-19? National Lotteries Community Fund

Many also expressed concern about the decommissioning of existing social prescribing, connector schemes, and other similar services funded by local government or others. We heard numerous examples of this happening, in response to a perception that the NHS was now taking responsibility for this kind of work. There was concern that without a further increase in funding for link workers, there could end up being fewer link workers overall.

Funding for communities

We heard time and again that to be effective, social prescribing will require funding beyond the salaries of link workers. There was significant concern that the rollout of NHS link workers had led to an increase in referrals, without the investment in sector capacity that had been vital to the success of previous schemes. Respondents agreed that as social prescribing drove up demand, there should be a commensurate transfer of funding to meet this demand.

To date the VCSE sector has worked hard to absorb additional demand within existing capacity, often by drawing on volunteers or cross-subsidising from other funding sources. However, we heard significant concern that this could not be sustained indefinitely. This is borne out by recent research for the National Lottery Community Fund, which found that 62% of organisations surveyed had experienced an increase in NHS referrals even before Covid-19. 35% of service providers reported having no additional capacity to absorb new referrals.⁸

We heard about a need for additional resource to support VCSE sector capacity in three key areas:

- Specialist services that carry a unit cost, like befriending, counselling, and money and debt advice, in a context where funding was already in short supply but there is rising demand from social prescribing. For example, evidence from social prescribing schemes in which

Citizens Advice is involved suggests that 60 - 70% of all social prescribing clients have unmet advice needs, which prevent them from living well. One interviewee told us "it's like the NHS thinks we're sat around waiting for clients. This is not the case. We are already having to turn away far more people in need than we would like to." Identifying new funds to meet the additional needs being identified through social prescribing will be vital;

- Community building to develop new groups and activities in response to local needs, and to support capacity in smaller voluntary organisations. This work is built into many established

social prescribing schemes, but requires resources (for example in providing seed funding), especially in more deprived communities where there is often little existing formal VCSE activity; and

- Local VCSE infrastructure bodies, who play an important role in social prescribing. As well as providing information and insight on sources of support within their communities, and brokering relationships between link workers and the local VCSE sector, they also contribute to community development and building VCSE capacity. Funding for these bodies has been in decline for years, with the poorest areas again hit hardest.



Case study

Voluntary Action Rotherham - community building for population health management

Voluntary Action Rotherham (VAR) has provided a social prescribing service for Rotherham Clinical Commissioning Group for eight years. The scheme is funded through the local Better Care Fund. This is an example of a social prescribing scheme where the money follows the person and covers the costs of activities and support that they are linked into. VAR's experience shows how, with the right funding model, social prescribing can play a role in building community resilience for all, while also providing sustainable support to the individuals directly involved.

The main Rotherham Social Prescribing Service is targeted at the top 5% of people with long-term health conditions at risk of unplanned hospital admissions. The initial aim was for the Social Prescribing Service to receive 1,200 referred people a year, but the figure is regularly over 1,500. Evaluations consistently show over 80% of referred patients show improvements in wellbeing when followed up four to six months after initial assessment.

Individuals eligible for support are linked with one of seven part-time VAR Advisors to discuss the package of support that is right for them. They are then linked with one or more of the 24 organisations commissioned to provide a range of time-limited practical, social and emotional support services. Monthly meetings between VAR and the 31 GP practices in Rotherham are funded, to ensure that care and support is provided in an integrated way for the targeted group.

Back in 2011 the scheme was designed in consultation with the VCSE sector. Many organisations made the case that the sector was not able to offer the level of support needed without additional funding.

Initial funding for VCSE organisations and groups was in the form of a grant pot, but once the pilot period came to an end this changed to a commissioning model. The first two years of grant funding enabled VAR to understand where demand is, what capacity organisations have, and the different costs of a range of support. With this knowledge, and the fixed eligibility criteria, it became possible to predict what additional support would be needed in the community. This meant VAR could develop an annual micro-commissioning model to procure services from the wider sector. The 24 organisations currently commissioned include a range of services, from befriending to complementary group therapies and more. In addition, the scheme also funds four community hubs to develop community provision as well as work with individuals.

If gaps in service provision are identified, then the service can commission additional support in the community. This has the added impact of building community provision. For example, when a specialist befriending service was needed, VAR was able to attract an innovative service from Doncaster called Be:Friend to expand locally into Rotherham. When complementary therapy groups were found to be lacking in the local area, VAR was able to commission the sector to provide them. Social prescribing in Rotherham is therefore beneficial for the VCSE sector.

Organisations that were originally commissioned with a small contract have seen demand for their services grow six-fold over the past five years, further building community provision and resilience. For VAR it is this boost to community provision and resilience that is important, and makes a difference not just to those supported through the social prescribing scheme, but also other people in the area looking for support to address issues affecting their health and wellbeing.

In addition to the locally-funded social prescribing scheme, VAR employed six new PCN link workers in October 2019. These link workers work with any patients referred from their PCNs; they do not work with targeted patients as part of a case management scheme (like the Rotherham Social Prescribing Service). Link workers are based in GP surgeries rather than at VAR and, for the reasons mentioned, have a different role to the VAR Social Prescribing Advisors. The link workers report that local organisations have been more than willing to work with them to link up the people they identify as in need of practical, social and emotional support in the community. VAR is working to encourage collaboration between the two approaches where possible. This has accelerated as teams have worked together to respond to the Covid-19 crisis since March 2020.

Funding sources

Respondents overwhelmingly told us that the NHS should contribute to the costs of the VCSE services into which social prescribing services refer, and many pointed to local examples where the NHS is already a significant funder of VCSE capacity.

Many respondents favoured models of social prescribing in which NHS funding for VCSE sector capacity was an integral part of the scheme. However, there was a recognition that the principle of “money following the patient” was not a perfect fit for social prescribing, not least because many of the services into which link workers need to refer people were the responsibility of other statutory agencies to provide: for example housing, benefits, employment support and social care.

There was agreement that it is not the sole responsibility of the NHS to ensure functioning social infrastructure. However, many highlighted that the NHS is one of the largest funding bodies in most communities. All felt strongly that the welcome shift towards managing people’s health holistically will have implications across the community, and that the shifts in demand need to be met with shifts in funding structures that are planned strategically.

The VCSE sector already receives funding for a wide range of services from the NHS (often via CCGs with whom many organisations have forged relationships over the years), in recognition of the key contribution VCSE organisations can make to health outcomes. VCSE organisations are also funded by local authorities, philanthropy, arts, sports and heritage funders, and national government, as well as public donations and trading income. This funding mix helps to reduce risk and increases sustainability.

Social prescribing is already identifying significant unmet needs for support, and is asking the VCSE sector to meet these needs. Social prescribing uncovers a very wide range of support needs - mental health support, support for carers, and peer support for people with long-term conditions, as well as broader support around emotional, social

and practical needs. Meeting these needs in a timely way, as part of a holistic response, creates broad value in terms of population health. Social prescribing can drive progress against a wide range of health system outcomes, but if we are to maximise this opportunity, we need to allocate resources to meet the costs of the additional demand being driven to the sector.

There needs to be a coordinated approach to channel funding into this vital work from across the NHS. The NHS also needs to work in partnership with other funding bodies, in particular local authorities, to identify how best to marshal resources to support the VCSE sector to play its role in promoting population health.

It will be important to ensure that where social prescribing identifies *additional* demand there needs to be *additional* funding for the sector. There was real concern that talk of pooling budgets across existing funders may simply lead to reallocation of existing resources into new pots more explicitly linked to social prescribing, rather than the true transfer of resources needed to enable the VCSE sector to play its role in protecting more acute NHS services.



Social prescribing in Herts Valley - funding VCSE sector capacity

Social prescribing services in the Herts Valley CCG area are provided by a collaboration of nine VCSE organisations working together under the umbrella of the Herts Help service, which offers a first point of contact across the area.

The majority of new NHS England-funded PCN link workers have been appointed through VCSE sector partners and are working as part of an integrated service, alongside the 20 Community Navigators who have been working in the area since 2014.

Herts Valley CCG see social prescribing in the context of a wider strategic relationship with the VCSE sector, centred around meeting people's needs beyond the medical as a means of promoting health and wellbeing. The total value of the CCG's investment in the local sector is around £1million. The CCG has been instrumental in supporting newly-formed PCNs to tap into existing capacity and expertise in social prescribing within the Herts Valley area.

Through its ongoing dialogue with the sector, the CCG was aware of concerns that the roll out of social prescribing would create additional demand on VCSE providers for activities and support. In recognition of this the CCG has sought to channel additional resource to the VCSE sector to develop sustainable solutions that will meet need in the community.

Using underspend from previous resource allocations, the CCG allocated an overall funding pot of £400,000 to provide grants to smaller VCSE organisations to develop services and activities, in collaboration with PCNs and their link workers to meet identified needs. This process had to be suspended with the onset of the Covid-19 crisis: discussions are now in hand with the sector as to how best to spend this money to help clients and the sector during the recovery phase.

Finding solutions

There is a need to ensure that an already stretched sector is given additional resources to meet the additional demand created by social prescribing referrals. New money is needed for existing activities and to support new activities, especially in the poorest communities.

Specifically, we recommend that **NHS England**:

- Support PCNs and other commissioners to work with the VCSE sector when developing social prescribing schemes - the default position should be that the VCSE sector is best placed to provide social prescribing services
- Work with partners, including national government and other funders, to identify new funding to support VCSE capacity to meet a range of key outcomes in relation population health by:
 - meeting the additional costs imposed by social prescribing referrals to specialist VCSE support and services (e.g. 1:1 advice, mental health services etc.)
 - supporting wider VCSE sector capacity to meet demand identified through social prescribing, including new community groups and activities, and infrastructure for coordination
- Support ICSs and commissioners to establish effective local mechanisms for distributing funding to the VCSE sector to cover the cost of the activities and services it provides in support of health outcomes

We recommend that **Integrated Care Systems leaders**:

- Work collaboratively with commissioners, local authorities and VCSE infrastructure bodies to develop local social prescribing strategies which ensure appropriate funding to the VCSE sector

We recommend that **commissioners** of social prescribing:

- Provide additional funding to the VCSE sector to cover the costs of additional services, activities and capacity to meet the demands of social prescribing, working with local authorities and other funders as appropriate



Inequality

Throughout our discussions we heard significant concerns that the rollout of social prescribing could exacerbate, rather than reduce, health inequalities for both individuals and communities. The need to tackle deep-rooted inequalities has been laid bare by the Covid-19 pandemic, and has been recognised as a key priority for the third phase of the pandemic response.⁹ Ensuring that social prescribing is effectively targeted to address health inequalities will be a vital part of this response.

In some areas, PCNs are choosing to commission specialist social prescribing services to complement the wider offer being made using existing funding streams in their areas. In others, health system partners have come together to provide additional funding to support community building alongside link workers, to meet the needs of more deprived communities and to fill gaps in community provision. However, these approaches are not being used consistently across all areas.

The VCSE experience - what did we hear?

Despite positive moves in a few places, we heard three key areas of concern around the potential impact of social prescribing on inequality:

- A move towards universal, rather than specialist, provision could leave some particularly marginalised groups behind
- Gaps in provision of basic services such as housing support, welfare rights advice, money advice, employment support and mental health mean that people do not have the fundamentals they need for health and wellbeing

- Lack of VCSE capacity in more deprived areas will mean that link workers in poorer communities will have less to offer their clients, in terms of access to support and activities, than those in more affluent areas.

Specialist support for marginalised communities

We heard that there were two key limitations to social prescribing's universal offer:

- The fact that the main route to access support is via primary care may exclude those who do not come into regular contact with primary care services
- The need for specialist understanding of particular groups and communities, and the services and support they need.

We heard from people working with particularly marginalised communities that primary care may not be the best setting to reach groups such as homeless people, travellers, refugees and asylum seekers, who are less likely to have access to GP services. There are models of provision based in acute settings - for example, the Major Trauma Advice service provided by Citizens Advice Wandsworth at St George's Hospital, or Pathway's care coordination offer for homeless people admitted to A&E in London hospitals. In areas with significant populations from one or more of these groups, it may be worth exploring these kinds of alternatives.

We also heard concern that social prescribing support was not well-tailored to meet the needs of young people. Respondents from the youth sector told us that children and young people are

⁹<https://www.england.nhs.uk/coronavirus/publication/third-phase-response/>

often not recognised as a patient group with their own distinct issues, particularly when it comes to a service like social prescribing, which was initially developed for older adults. Children and young people may present their issues differently and we heard concerns that GPs and link workers may not always have the skills to work with them. NHS England has now recognised the particular issues around social prescribing for young people and has commissioned the development of new guidance for youth social prescribing.

We heard concerns that the rollout of social prescribing was leading to the decommissioning of specialist services such as youth work, family support, or low-level support for people with mental health issues or learning disability disabilities, as commissioners assumed one-size-fits-all provision could meet these needs.

We heard that many individuals referred to link workers have complex, deep-rooted needs - one respondent characterised these as people who GP practices consider "too difficult". Some of these people need a significant level of personalised assistance even to engage with activities and sources of support within their communities. Ensuring there is access to specialist social prescribing will be vital for these individuals.

There are also issues around safeguarding, for example for young people, people with learning difficulties or people with cognitive impairment. Link workers need training and support to work safely and effectively with these people, but they should not be the only source of support for these groups, nor can they be expected to provide the kind of long-term, multidisciplinary help that these people need.

We also heard concerns about how small voluntary and community groups can ensure safeguarding and be supported to work with individuals who may be challenging as well as vulnerable. Additional resources are needed, whether to accompany these people rather than simply referring them, to support community groups to involve them, or to provide additional specialist help and support.

With older people and those with long-term conditions more likely to be digitally excluded, a shift to digital-first provision is likely to further exclude those most in need of support.



Total Wellbeing Luton - specialist social prescribing for young people

Luton has a diverse and deprived population. Around 45% of the 220,000 residents are from Black, Asian or Minority Ethnic groups, and Luton ranks 59th worst for deprivation out of 326 local authorities in England.

Luton has had a social prescribing service for adults – Total Wellbeing Luton – for a number of years. It includes ten full-time link workers, four now funded by PCNs. The link workers have access to physical activity support delivered by the lead partner Active Luton, the local Community Wellbeing Trust. The service also includes a network of commissioned VCSE organisations, providing support from emotional health to financial advice and knitting clubs. Luton Airport and the local authority also commission other VCSE support services, which link workers refer into.

In 2018, Active Luton started working with StreetGames, a national sports charity, to explore the development of social prescribing for young people. StreetGames secured funding, matched by Active Luton, to employ a link worker for young people. With years delivering social prescribing for adults, the service hit the ground running. However, they quickly realised that the existing approach would not meet the needs of young people, not least because most commissioned providers only worked with people over the age of 18. It became clear that there was a huge gap in provision for young people in the local area.

To determine what a social prescribing service for young people might need, Active Luton spent time talking to young people locally to co-produce the service. They held workshops run by people aged under 25 in secondary schools, in colleges and publicly. These were not badged as physical or emotional health events but instead focused on trying to understand what life is like for young people in the area, the difficulties they face and what is available for them to do.

Through this engagement, the team learnt about the high levels of dislocation young people experienced between day-to-day life with their families and the lives they lived online and with their friends. They came to understand the very real impact of food poverty on the town's young people, and how things like period poverty can have a significant impact on young people's confidence to join in with activities.

Consequently, the link worker for young people – is given more time for one-to-one conversations to explore questions like “what do you like to do?” and “what have you tried before that you might like to do again?” These conversations have helped Active Luton change some of their existing provision so that it appeals more to all young people. Working with others in the town, Active Luton have brought back a form of youth club – with specific sessions on certain days. There are also dedicated times for young people to use the gym and one-to-one personal training sessions for people coming through social prescribing. Sports coaching staff are given training and wider support to adapt to these youth work roles. Many other local VCSE providers have also adapted their provision to include support for young people.

Active Luton has also noticed differences in where the referrals for young people come from. Rather than GPs, which are the main source of referrals for the adult service, referrals for young people come mainly from Child and Adolescent Mental Health Services, schools, local authority children's services, the police and the Youth Offending service.

Support for basic needs

A strong theme in our discussions with VCSE organisations was that most people who access social prescribing schemes have a range of basic, practical needs, and that many cases are highly complex - despite social prescribing often being talked about in terms of referrals to dance classes or gardening groups.

For example, Citizens Advice analysis of social prescribing referrals shows that these clients are significantly more likely to have multiple mental and physical impairments than people who seek advice directly.¹⁰ While paying attention to people's social and emotional needs is vital, without support for basic needs such as benefits and housing, social prescribing cannot be effective.

Some of these needs arise as a result of gaps in statutory provision - including the provision of adequate housing, mental health support, and social care. Clearly social prescribing cannot replace these services. Indeed, it can only function effectively in the context of a wider statutory system that meets people's essential needs. Yet we heard that in some more deprived communities, social prescribing link workers are holding more and more complex cases.

In other cases, new demand for services is being generated by link workers' efforts to unpick the complex web of issues that undermine individuals' ability to stay well.

There are initiatives to build link workers' skills and knowledge in these areas, such as the Advice First Aid training provided by Citizens Advice.¹¹ However, these can only help link workers identify the right issues and make the right referrals. Without funding for adequate housing, benefits, and information and advice services, social prescribing services will be less able to provide truly person-centered and holistic support to people who need practical support.

The need to support people with these fundamental issues has a significant impact on the caseloads that link workers are able to manage, and the outcomes they achieve. We heard that it was important to ensure that expectations of social prescribing were contextualised in the wider provision available in the community. Again, there is a risk that social prescribing will be overwhelmed by the attempt to tackle these basic needs in the absence of other provision.

Funding for VCSE organisations in deprived communities

While a lack of funding for VCSE sector capacity is a concern across the country, we heard that in deprived communities, without funding to develop sector capacity there would be significant risks to the efficacy of social prescribing.

Deprived communities tend to have less formal VCSE capacity.¹² They have

¹⁰38% of disabled people referred to CAB by social prescribing schemes in 2019/20 reported having multiple impairments, as opposed to 26% of disabled clients who contacted CAB directly

¹¹See e.g. <https://cawandsworth.org/our-projects/crisis/advicefirstaid/>

¹²Corry, D (2020), *Where are England's charities?* <https://www.thinknpc.org/wp-content/uploads/2020/01/Where-are-englands-charities-1.pdf>

fewer existing VCSE organisations and those organisations have fewer resources. Communities themselves have access to fewer assets, from money and physical space to knowledge and contacts. We also know that the parts of the VCSE sector working with communities particularly affected by health inequalities - such as Black, Asian and Minority Ethnic communities - tend to be less well funded.¹³

This does not mean that social prescribing cannot be effective in these communities. It does mean that it is important to invest in community building in deprived communities. Otherwise people in these places will be less well served - lacking services to meet the basic needs that underlie their health conditions, and lacking access to the activities and groups in communities which we know help people to maintain their health and wellbeing.

Unless funding is provided to support sector capacity and to enable community building, people in deprived communities will be likely to receive less benefit from social prescribing than those in more affluent areas and the health inequalities we already see will only worsen. A population health management approach requires injection of new resources into places and communities where the need is greatest.

¹³ <https://charitysofwhite.org/press/open-letter-relief-packages-for-the-charitable-sector>



Wellbeing Matters, Salford - community building in deprived neighbourhoods

Salford CVS lead on the city-wide social prescribing scheme, Wellbeing Matters, in which link workers (community connectors) work closely with volunteer development workers to meet the needs of a diverse population and address gaps in provision in deprived communities.

The city's social prescribing scheme was initially set up using NHS Transformation funding under the Greater Manchester devolution agreement to deliver person- and community-centred approaches to improving health and wellbeing across the city.

The city has a mixed population characterised by pockets of deprivation, alongside more affluent, younger communities attracted by the development of Media City. There are significant health inequalities across the city with wide gaps in life expectancies between different areas.

The success of the city's social prescribing scheme is built on close work between link workers (known as Community Connectors) employed by five community anchor organisations (Start, Unlimited Potential, Inspiring Communities Together, Langworthy Cornerstone and Social Adventures) and Big Life, and a team of Volunteer Development Workers employed by Salford CVS, who work closely with local VCSE sector organisations in a capacity-building role to harness community assets.

Each of Salford's five neighbourhoods has both a Community Connector and a Volunteer Development Worker, who remain in close contact to discuss emerging needs in their community. While connectors focus on one-to-one work with individuals, development workers forge close links with local VCSE sector organisations, to understand what groups and activities are available, and to assess how these groups work and who they might be suitable for. They also work with organisations to help them flex their capacity and offer in order to meet needs, and to develop their systems and processes and tap into sources of funding. This close partnership across the programme means that connectors are able to tap into a wide range of community assets and resources, giving them the ability to meet the individual needs of the people with whom they work.

Initially funded by the City Council, connectors are now largely funded through PCNs, though the CCG tops up funding to cover on-costs. The CCG provides ongoing funding to Salford CVS for its VCSE sector development programme.

Finding solutions

There is a need to target resources, guidance and support so that social prescribing is equipped to address health inequalities, as part of a wider population health management approach.

We recommend that **NHS England**:

- Set out the responsibilities of ICS, commissioners and PCNs to ensure a diversity of social prescribing provision to meet the needs of all local communities, with tailored support for excluded groups
- Maximise resource flows to the most deprived communities by reducing caseloads / increasing Additional Roles Reimbursement Scheme (ARRS) allocation, and/or prioritising additional community building funding for these communities
- Provide or secure additional central funding for community building and other VCSE activity as part of social prescribing, targeted at the most deprived communities
- Emphasise the importance of connecting people to practical support (e.g. benefits, legal and housing advice) and statutory services (e.g. mental health, employment and social care) as well as social and emotional support
- Revise the link worker person specification, and other guidance for PCNs, to ensure that link workers have specialist skills to meet the needs and profile of their local population (e.g. community languages, ability to work across the age spectrum, safeguarding)

We recommend that **Integrated Care System leaders**, in collaboration with **commissioners**:

- Consider how social prescribing schemes can play a role in Covid-19 recovery
- Use insight from local VCSE organisations, alongside population health and anticipatory care data,

to target social prescribing resources and activities at health inequalities and support for populations with the greatest health need

- Fund mental health services and other specialist provision on a population health basis, recognising that social prescribing can only be effective where these specialist services also exist

We recommend that **Primary Care Networks** and other **commissioners** of social prescribing:

- Deploy social prescribing resources, especially additional funding for new link workers or VCSE activity, in pursuit of population health and tackling health inequalities - for example through funding specialist link workers to work with the groups with highest need, or commissioning community building initiatives
- Ensure that funding and resources to support population groups with particular health needs flow to specialist / representative VCSE organisations

We recommend that the **National Academy for Social Prescribing**:

- Explicitly focus on ensuring that social prescribing is effective in tackling health inequalities, first and foremost by channeling support and funding to the most deprived areas and to support for excluded groups

We recommend that **VCSE** organisations:

- Contribute community insights and perspectives to support NHS bodies to understand and respond to health inequalities, amplifying the voices of individuals and organisations from excluded groups and communities
- For organisations delivering social prescribing activities: work with commissioners to channel funding directly to under-represented communities, groups and organisations

Coordination, collaboration and partnership



As has been made clear throughout this report, social prescribing is fundamentally about relationships. Where we see close collaboration, strong communication and positive relationships at all levels, social prescribing works well.

Link workers' relationships with their clients are central to supporting them to make the changes they want in life. Link workers also need to have strong relationships with those they make referrals to: in other parts of the NHS, in communities or the voluntary sector, and in other public services. Relationships are also vital at a strategic level, to support and enable this work.

Coordination and collaboration across and within the statutory and VCSE sectors is one of the key principles of social prescribing set out in NHS England guidance. However, this ambition is not being uniformly translated into practical action on the ground.

The VCSE experience - what did we hear?

We heard some extremely positive stories of new collaborative discussions between primary care and the VCSE sector that had come about as part of work on social prescribing. We heard reports of committed local leaders creating capacity and space for relationships to develop. More recently, we heard that the need for urgent responses in the Covid-19 lockdown has accelerated collaboration in many places.

However, the overall picture remains very mixed. The VCSE sector's experience of social prescribing rollout depended heavily on:

- the existing local track record of partnership and collaboration in each area;

- time and investment put into building new relationships and collaborative working; and
- the ease, or not, of navigating new NHS structures.

VCSE experiences depend on the strength of existing relationships

Where there were strong existing relationships between the local health system and the VCSE sector, PCN link workers and activities have built on and supplemented existing work. For example, in Lambeth, all nine PCNs agreed with the CCG to pool their funding to recruit additional link workers for the existing borough-wide social prescribing scheme run by Age UK.

In areas where relationships were less strong, there have been some positive experiences. For example, funding for NHS link workers has enabled new conversations between the VCSE sector and health leaders in Middlesbrough. However, other areas have not invested in the work to build relationships, sometimes leading to new social prescribing schemes which duplicate or cut across existing activity.

In areas with very limited collaboration between the health system and the VCSE sector, PCNs have tended to go it alone, recruiting their own link workers or commissioning other health providers to deliver social prescribing. Without meaningful upfront engagement with the VCSE sector, it has been harder for these link workers to identify and make referrals to appropriate activities and services in the local community, and many feel unsupported in their roles.

In some areas, where relationships within local health and care systems were weaker, the work to develop relationships with the VCSE sector has yet to begin, with current work focussed on building links between different commissioning and delivery layers.

Partnership working between the health system and the VCSE sector is only part of the picture. For social prescribing to work

best, it needs to involve all those who can influence health and wellbeing including, in particular, local authorities. As one workshop participant said, "social prescribing works best when it has its foot in both camps of the local authority and the NHS." However, in many places, key local partners - in housing, the economy, transport, welfare and more - have yet to be involved.



Case study

Lambeth's social prescribing ecology

In the London Borough of Lambeth, Age UK Lambeth has been providing a social prescribing service with GPs for over five years as part of a collaborative borough-wide network. Their experience shows how building relationships over time is helping healthcare professionals work in partnership with the community through social prescribing.

In Lambeth they refer to their place-based collaborative social prescribing network as an "ecology". This has developed over the past four years from the local care network. It has three distinct elements. The front end includes all the different people who can refer to link workers. As well as GPs, this includes other services like the DWP or housing associations, community spaces like the library, and volunteers, carers, and individuals themselves. In the middle there are the different types of social prescriber: from Age UK but also other organisations like Project Smith. At the end are the many groups, organisations, activities and support services that people get linked into.

The strength of working across the community in this way has been demonstrated during Covid-19. For example, a local Portuguese wellbeing project was concerned about need for a telephone advice line in Portuguese. Age UK Lambeth became aware of this through the network and were able to offer them access to their phone system to make it possible.

Alongside the ecology approach, Age UK Lambeth has also spent time and effort building relationships with GPs over the past five years. Previous public sector training on how commissioning and primary care works helped with this. They then worked with a GP practice that was interested in testing an approach to social prescribing. Through this they learned about the importance of clinical leads for their GP colleagues - so they employed one on a part-time basis. For Age UK Lambeth, it is these practical steps to building relationships and understanding the culture and ways of working in a different sector that makes the difference. Working with a clinical lead, for example, has helped the link worker team to understand how GPs work, including how to make best use of the option to communicate through patient notes on the GP IT system.

Age UK Lambeth's original social prescribing service, my community, has a "gateway team" of five advisors and 60 local partners and sees around 3,600 people a year. Since January 2020, the nine PCNs in Lambeth contracted Age UK to also provide their social prescribing link workers. These 11 part-time PCN link workers are expected to take on more complex cases from GP practices. Both the gateway team and the PCN link workers take a similar person-centred approach with a focus on conversation with individuals.

Age UK Lambeth has found that regular communication with GPs about the people the link workers support is beneficial. With the support of their clinical lead, this has now become a borough-wide regular email newsletter that highlights both the successes of the link workers and the challenges they are facing. There are now representatives from the GP community on the social prescribing network.

Investment in relationship building

Respondents highlighted the need for time and resources to build strong relationships. Areas that already had track records of effective collaboration had invested significant time and effort over long periods. The leadership and commitment needed to sustain this investment could come from within the NHS (often by CCGs, but sometimes from STP / ICS level, or even from individual GPs), the VCSE sector or local authorities, but in all cases collaboration required deliberate and proactive effort.

We heard that the intentions expressed by NHS England in guidance were not always matched by practice on the ground. We heard that guidance needs to be more explicit around the need for PCNs to engage with the VCSE sector in designing and developing their social prescribing work.

The short timelines for the recruitment of link workers created challenges even in areas where there were established relationships between the VCSE sector and parts of the statutory system, such as the CCG or local authorities, as PCNs had had little time to engage before initiating recruitment or funding processes. As one interviewee said, "the fast turnaround for the creation of PCNs

and recruitment of link workers meant PCNs didn't have the time to explore the VCSE or build relationships."

VCSE organisations told us they were now working to engage constructively with new social prescribing link workers, but there was a sense that there had been missed opportunities to build on existing schemes because things had been rushed. Furthermore these timelines had sometimes resulted in a lack of transparency around the process for recruiting new link workers, and we heard significant disquiet around some commissioning choices – especially in areas where contracts were awarded to health system bodies, rather than to existing VCSE social prescribing providers.

There are a number of schemes which aim to support relationships and collaboration across the health and VCSE sectors.¹⁴ However we heard that this support was patchy, providing limited short-term funding which tended to go to organisations with established profile and relationships. Overall, we heard that there is a lack of long-term resourcing to support relationships and collaboration in the system.

¹⁴For example, the *Building Healthy Futures Programme* in partnership with IVAR, the *ICS Leadership Programme* in partnership with NCVO, *Population Health Management* in partnership with the Health and Wellbeing Alliance, the National Lottery Community Fund *Generous Leadership* funding, and the Richmond Group *Doing the Right Thing Programme* in Somerset.



Devon STP - investing in collaboration

In Devon, the NHS, the county council and the VCSE sector have worked together since 2019 to spread social prescribing as part of the process of developing their Sustainability and Transformation Partnership (STP). Their experience shows how a longstanding system-level commitment to working in equal partnership and collaboration with the VCSE sector helps create fertile ground for developing social prescribing on the ground.

STP leadership was clear from the outset that the VCSE sector was an integral part of their strategy for improving health and wellbeing across the county. However, it was recognised early on that support for coordination would be needed in a sector with thousands of different organisations across a large geographical area.

Following initial consultation with VCSE representatives, the STP agreed to provide a small amount of funding to enable VCSE organisations to come together and consider how this could be practically done. Consultation took place in the sector and as a result about 20 organisations agreed to come together to act as a reference panel for the STP. It was initially mostly bigger organisations and local VCSE infrastructure bodies with some smaller community groups. Most community groups had responded that they would prefer their local Council for Voluntary Services (CVS) organisation to act on their behalf and provide the conduit for receiving information from the system.

The role of the reference group has changed over time, but it still provides a key role in informing social prescribing activity in the county. Most recently the STP agreed to the reference panel's proposals on how to strategically develop social prescribing going forward. There are now three working groups – each led jointly by the public sector and a VCSE representative. These include one that is looking at high intensity users, another at frequent users of health and care services, and another at the community response. The reference panel is also involved on wider issues, including those related to the Covid-19 crisis. Regardless of the focus the STP continues to provide funding to ensure the reference group can operate and grow. It now includes 35 VCSE organisations.

In 2019 the STP went further and recruited an independent STP lead for the VCSE on a year's contract. This is a full-time post with a remit to develop relationships between the VCSE and statutory sectors to improve health. The STP VCSE lead reports jointly to the STP and the VCSE reference group, which is chaired by Living Options, a local disability charity. There are monthly meetings with the STP Executive Board to propose practical ways of developing relationships. Locally, it is seen as a very positive development that the VCSE sector hopes will become a permanent post.

The impact of the collaborative approach in Devon is seen across a number of areas, not just in social prescribing. It has been vital for coordination of support during the Covid-19 crisis. And looking longer term, things like collaborative funding bids can now be organised with a single email rather than a series of separate discussions. This is because the relationships are already there, based on trust that has been built over the last few years.

Navigating NHS structures

Some of those we spoke to raised questions about how PCNs fit within existing NHS infrastructure and about their relationships with CCGs and other providers. Overall, there was concern about how the VCSE sector could meaningfully develop relationships with new parts of the health system when its own infrastructure is significantly underfunded.

Many expressed uncertainty about which relationships to focus on: PCNs, CCGs, ICSs etc. As one interviewee said, “we cannot hold all the relationships.” Many charities

felt uncertain as to whether they should organise themselves around new local NHS infrastructure without a guarantee that it will exist beyond the five-year commitment in the Long Term Plan.

The PCN footprint creates challenges for VCSE engagement - they are generally larger than the footprint of the smallest community groups, but smaller than VCSE infrastructure bodies and the mid-sized organisations which often deliver social prescribing schemes. These latter both more often operate at town, borough or county level.



Greater Manchester Social Prescribing Network

Greater Manchester's Social Prescribing Network brings together people working on social prescribing across the city region.

The Network provides opportunities for peer-to-peer support and learning among over 150 link workers, and helps foster collaboration between around 45 social prescribing leads working across Greater Manchester. The group has been meeting regularly since September 2019 (virtually, via webinars and Zoom meetings since lockdown) with link workers staying in touch through a GM Link Worker Facebook group and newsletter between meetings.

The Network brings together Greater Manchester's existing social prescribing schemes (often led by local VCSE organisations) with those newly established by PCNs. These teams are now working together to enable rapid identification of common challenges and opportunities for collaboration and coordination.

The Network is supported by NHS England and the Greater Manchester Health and Social Care Partnership's Person and Community Centred Approaches team. The Network works closely with Salford University's Social Prescribing Hub and benefits from the high degree of VCSE coordination across the city region, including networks and infrastructure bodies for the whole of Greater Manchester.

The combination of a track record of collaboration and established working at city region level helps the Network's effectiveness in coordinating action. The Network has enabled schemes to work together to identify where shared approaches are needed, and to feed learning that emerges from local social prescribing schemes and activity into the wider strategy for Person and Community Centred approaches across the city region. They have explored issues such as how to have challenging conversations, connecting and supporting primary care, and how to communicate the link worker role and benefits of social prescribing.

The Network has also supported the collection of data and metrics across the city region, which shows that more people are benefiting from this "more than medicine" approach. During 2018/19, 8,000 people received social prescriptions arranged by GPs, social workers and other health professionals. In 2019/20 this figure increased to over 20,000 social prescriptions. By February 2020 every borough in Greater Manchester had a social prescribing scheme in operation and 8 out of 10 Greater Manchester GP practices now issue social prescriptions. Approximately 16,000 voluntary community groups and organisations offer a diverse range of activities.

This data is informing wider strategic planning on support for VCSE sector capacity and funding across the city region.

Finding solutions

Effective social prescribing depends on good relationships: between individuals, organisations and sectors. While there is no one-size-fits-all approach to building relationships, we heard a consistent emphasis on the need to invest time and resources in relationships and collaboration at every level.

Specifically, we recommend that **NHS England** put the right infrastructure in place to enable collaboration:

- Support ICS to develop and sustain processes and structures for governance, coordination and collaboration between health and care, local government and the VCSE sector, including funding for VCSE sector capacity to engage
- Recognise the time needed for effective local relationships, and resource ICS to develop these as part of developing further investment in social prescribing

We recommend that **Integrated Care System leaders**:

- Bring VCSE organisations, commissioners, primary care and other stakeholders together to reflect on how social prescribing schemes have supported communities and vulnerable individuals during the Covid-19 crisis, and identify initiatives, relationships and ways of working that should be retained and built on for the future
- Establish effective systems and structures for collaboration and governance, with clear communication channels, dialogue processes and points of contact to enable local VCSE organisations to engage on social prescribing, and help PCNs do the same
- Resource local VCSE leaders and infrastructure bodies to participate in system-level governance of social prescribing and related activities

- We recommend that **Primary Care Networks** and other **commissioners** of social prescribing:
- Build knowledge, understanding and relationships with local VCSE organisations, take the time to listen to and learn from local partners, and establish clear pathways for ongoing dialogue and feedback
- Develop and commission social prescribing in partnership with the VCSE sector, local authority and wider health system, and as part of a wider ICS-wide strategy for social prescribing

We recommend that **VCSE** organisations:

- Proactively engage with link workers and make it as easy as possible for link workers to contact you for information and referrals
- Work collaboratively with link workers, the local health and care system, and each other, to develop effective ways of working and local systems for referral, coordination and reporting
- For infrastructure bodies and larger organisations: use your access to NHS and other statutory decision-making processes to represent the sector as a whole, broker contacts and relationships for smaller organisations, and take a convening and communication role to ensure that the wider VCSE sector is able to participate in social prescribing
- For smaller organisations: commit to contribute to the wider local social prescribing system, using your community relationships and insight to help link workers identify individuals and groups in need of support and local priorities, as well as sources of support

We recommend that bodies such as the **National Academy of Social Prescribing** and the **Social Prescribing Network**:

- Share good practice and encourage and support collaboration, especially at ICS level

Conclusion

National Voices, our members, and the other VCSE organisations who took part in this review welcome NHS England's embrace of social prescribing. We see this as a major opportunity to build partnerships with the formal health system, so that both the NHS and the VCSE sector can maximise our contributions to health and wellbeing.

Social prescribing has its roots in the VCSE sector, and in the insight that most of what matters for our health and wellbeing happens in our daily lives, not in clinical settings. As such, it is a vital element of personalised care, enabling people to take an active role in their own care and helping them to do the things they want and need. The Covid-19 crisis has shown that social prescribing can also play a critical role in population health management, supporting the most vulnerable people (including many not previously known to the health system) coordinating voluntary and community support, and helping to protect the NHS.

Well before Covid-19, the VCSE sector was working constructively and creatively to make social prescribing a success. However, the speed of the NHS link worker rollout, combined with the fact that it has been led by new bodies with broad responsibilities and, sometimes, few connections to the VCSE sector or other local actors, has proved challenging. In some cases, there has been disruption to existing relationships and initiatives.

The most positive experiences have been in places which already had strong relationships between the NHS, the VCSE sector and local authorities, often built around existing social prescribing schemes. Established processes for collaboration, referral and data sharing made it easier for new PCN link workers to get up and running,

and to access support for their clients and themselves. In general, things have worked best where link workers were recruited by VCSE organisations rather than as independent "lone rangers" within a single PCN.

We have found many examples of excellent social prescribing schemes working positively and collaboratively as part of their local health systems. We have showcased some of these in the case studies included in this report. Our recommendations set out the changes that are needed in order to see these successes replicated everywhere.

As the NHS continues to roll out its ambitious plans, it will need to invest time and resources in building strong local relationships and effective structures for collaboration. There is also a need for greater clarity about expectations on PCNs, for example around working through the VCSE by default, as well as the link worker role and measurement approaches.

Funding is the main concern across the VCSE sector. We know that the poorest and most excluded communities with the worst health outcomes also have the lowest levels of formal VCSE activity. For social prescribing to deliver its promise, especially in terms of population health management and tackling health inequality, the NHS needs to ensure that the VCSE sector receives the funding it needs to meet increased demand, coordinate support and build community, especially for those most under-represented and most at risk.

The Long Term Plan and the commitment to Universal Personalised Care represent an enormously welcome and significant shift towards creating a new and more collaborative relationship between the VCSE

sector and the health system. The decision to invest in link workers to support people to access practical, social and emotional support represents a deeply counter-cultural and potentially radical departure for the NHS from a traditional medical model.

The VCSE has demonstrated its commitment to working constructively with the NHS to make this new approach work in communities and for people. The recommendations we set out below suggest a way forward in ensuring this spirit of cooperation and shared endeavour can continue, and the VCSE sector can fulfil its enormous potential to work as a key partner in helping people to live well.

Full list of recommendations

NHS England

Revise the guidance on social prescribing roles:

- Make it explicit that recruitment of link workers via the VCSE sector is the default; if this is not possible it should be clear, that PCNs should collaborate to recruit teams of link workers to enable peer support, absence cover, etc.
- Clarify the duties and expectations of link workers:
 - to meet individuals to discuss their situation, needs and aspirations
 - to develop personalised plans
 - to support people to access wider support and activity in the community, including practical support and statutory services
 - to engage with the local VCSE sector and establish strong relationships and ways of working, referral protocols and other systems to enable effective support
- Make clear that delivery of clinical services is not an appropriate role for link workers
- Revise the link worker person specification, and other guidance to PCNs, to ensure that link workers have specialist skills to meet the needs and profile of their local population (e.g. community languages, ability to work across the age spectrum, safeguarding)
- Emphasise the importance of connecting people to practical support (e.g. benefits, legal and housing advice) and statutory services (e.g. mental health, employment and social care) as well as social and emotional support

Revise the funding arrangements for social prescribing roles to enable greater responsiveness to individual / population health needs:

- Add a distinct community builder role to the DES, being clear that these roles should be embedded in the local VCSE sector rather than primary care settings
- Revise the DES so that funds intended to support the appointment of link workers within PCNs can be used flexibly to cover the costs of the link worker role and management / supervision, and other associated costs, including travel, equipment etc.
- Ensure that payments for social prescribing under the revised DES / IIF arrangements for PCNs are not conditional on firm targets for link worker caseloads / throughput, but focus instead on personalisation and better outcomes

Clarify guidance on measurement:

- Issue guidance on what NHS bodies and VCSE partners should measure in relation to social prescribing and who should do this - VCSE partners should not be required to monitor health and care systems usage
- Confirm that VCSE partners can use existing wellbeing measures to report on social prescribing, and that VCSE partners should not be asked to use the PAM
- Provide additional resources to build local capacity for measurement and evaluation, including to unlock issues around data sharing with VCSE partners

Develop solutions to ensure appropriate funding flows to the VCSE sector:

- Support PCNs and other commissioners to work with the VCSE sector in developing social prescribing schemes - the default position should be that the VCSE sector is best placed to provide social prescribing services
- Work with partners, including national government and other funders, to identify new funding to support VCSE capacity in meeting a range of key outcomes in relation to population health by:
 - meeting the additional costs imposed by social prescribing referrals to specialist VCSE support and services (e.g. 1:1 advice, mental health services, etc.)
 - supporting wider VCSE sector capacity to meet demand identified through social prescribing, including new community groups and activities, and infrastructure for coordination
- Support ICSs and commissioners to establish effective local mechanisms for distributing funding to the VCSE to cover the cost of the activities and services they provide

Provide additional funding and guidance to support social prescribing to address health inequalities:

- Set out the responsibilities of ICS, commissioners and PCNs to ensure a diversity of social prescribing provision to meet the needs of all local communities, with tailored support for excluded groups
- Provide or secure additional central funding for community building and other VCSE activity as part of social prescribing, targeted at the most deprived communities
- Maximise resource flows to the most deprived communities by reducing caseloads / increasing ARRS allocation, and/or prioritising additional community building funding for these communities

Put the right resources and infrastructure in place to enable collaboration:

- Support ICS to develop and sustain processes and structures for governance, coordination and collaboration between health and care, local government and the VCSE sector, including funding for VCSE sector capacity to engage
- Recognise the time needed for effective local relationships, and resource ICS to develop these as part of developing further investment in social prescribing

Integrated Care System leaders

Capture learning from the social prescribing Covid-19 response:

- Bring VCSE organisations, commissioners, primary care and other stakeholders together to reflect on how social prescribing schemes have supported communities and vulnerable individuals during the Covid-19 crisis, and identify initiatives, relationships and ways of working that should be retained and built on for the future
- Consider how social prescribing schemes can play a role in Covid-19 recovery

Develop social prescribing strategies in partnership with the VCSE sector:

- Work collaboratively with commissioners, local authorities and VCSE infrastructure bodies to develop local social prescribing strategies which ensure appropriate funding to the VCSE sector
- Use insight from local VCSE organisations, alongside population health and anticipatory care data, to target social prescribing resources and activities at health inequalities and support for populations with greatest health need

Establish effective local governance for social prescribing in partnership with the VCSE sector:

- Establish effective systems and structures for collaboration and governance, with clear communication channels, dialogue processes and points of contact, to enable local VCSE organisations to engage on social prescribing, and help PCNs do the same
- Resource local VCSE leaders and infrastructure bodies to participate in system-level governance of social prescribing and related activities
- Develop appropriate local measurement solutions for social prescribing, with the local VCSE sector, using NHS administrative data to track health outcomes and service usage

Commissioners of social prescribing services, including PCNs

Commission / fund social prescribing by the VCSE sector as default:

- Develop and commission social prescribing in partnership with the VCSE sector, local authorities and wider health system, and as part of a wider ICS-wide strategy for social prescribing
- Recruit new social prescribing link workers within the local VCSE sector wherever possible
- Provide additional funding to the VCSE sector to cover the costs of additional services, activities and capacity to meet the demands of social prescribing, working with local authorities and other funders as appropriate

Use social prescribing funding to tackle health inequalities and promote population health:

- Fund mental health services and other specialist provision on a population health basis, recognising that social prescribing can only be effective where these specialist services also exist
- Deploy social prescribing resources, especially additional funding for new link workers or to fund VCSE activity, in pursuit of population health and tackling health inequalities - for example through funding specialist link workers to work with the groups with highest need, or commissioning community building initiatives
- Ensure that funding and resources to support population groups with particular health needs flow to specialist / representative VCSE organisations

Build knowledge and understanding of social prescribing and the VCSE sector:

- Build knowledge and understanding of social prescribing by reading the guidance, sharing experiences with primary care colleagues who have adopted social prescribing approaches, and recognising the difference between link workers and more clinical roles
- Build knowledge, understanding and relationships with local VCSE organisations, take the time to listen to and learn from local partners, and establish clear pathways for ongoing dialogue and feedback

Primary Care Networks, in addition to their role as commissioners:

- Work together to ensure that link workers have access to supervision, absence cover, peer support, training and networks, including with the VCSE sector

Bodies such as the National Academy of Social Prescribing and the Social Prescribing Network

- Communicate the vision and purpose of social prescribing in creative and engaging ways, working with GPs, practice managers and link workers to help them make the case for social prescribing as a key component of effective primary care
- Promote the use of appropriate outcomes and measurement tools for social prescribing, and work to support ICS leaders to develop suitable local solutions
- Explicitly focus on ensuring that social prescribing is effective in tackling health inequalities, first and foremost by channeling support and funding to the most deprived areas and to support for excluded groups
- Share good practice and encourage and support collaboration, especially at ICS level

Voluntary, community and social enterprise organisations

Support local health systems to focus on inequalities:

- Contribute community insights and perspectives to support NHS bodies to understand and respond to health inequalities, amplifying the voices of individuals and organisations from excluded groups and communities
- For organisations delivering social prescribing activities: work with commissioners to channel funding directly to under-represented communities, groups and organisations

Work collaboratively to develop effective ways of working for social prescribing:

- Proactively engage with link workers and make it as easy as possible for link workers to contact you for information and referrals
- Work collaboratively with link workers, the local health and care system and each other to develop effective ways of working and local systems for referral, coordination and reporting

Contribute generously to your local social prescribing ecosystem:

- For infrastructure bodies and larger organisations: use your access to NHS and other statutory decision-making processes to represent the sector as a whole, broker contacts and relationships for smaller organisations, and take a convening and communication role to ensure that the wider VCSE sector is able to participate in social prescribing
- For smaller organisations: commit to contribute to the wider local social prescribing system, using your community relationships and insight to help link workers identify individuals and groups in need of support and local priorities, as well as sources of support

Appendix 1: Methodology

National Voices conducted the research for this report in four main phases between December 2019 and June 2020, gathering insight and learning from over 300 respondents. We have developed a list of priority issues that reflect the views of a broad cross-section of the VCSE sector involved in social prescribing, case studies of existing responses, and recommendations for the NHS, the VCSE sector and other stakeholders. Each of the key issues we highlight in this report was raised by large numbers of respondents and validated by hundreds more.

Discovery: Between December 2019 and February 2020 we conducted qualitative interviews and small group discussions with ~50 practitioners, experts and others with direct experience of social prescribing. Interviewees were drawn primarily from the VCSE sector, as well as a small number of commissioners and other NHS and statutory stakeholders.

The key questions in this phase were:

- What is your experience of the current rollout of new social prescribing link workers?
- What is going well? What can the wider sector learn from your experience?
- What are the main issues and challenges that you are experiencing? Where do you see the greatest opportunities for improvement?

The purpose of this phase was to build our understanding of the social prescribing landscape, identify key topics for further exploration, and develop our list of contacts and promising practice for future phases.

Exploration: In February and March 2020, we held three workshops in Newcastle, Exeter and Manchester, with a total of ~150 participants from across the North East, the South West and Greater Manchester. Again, the majority of participants were from the VCSE sector, with some NHS and statutory sector representatives. Most had direct experience of social prescribing: either through link workers or community builders, as providers of services and activities which people were referred to through social prescribing schemes, or as commissioners and providers of referrals.

Participants worked together to identify and prioritise issues based on their experiences of the rollout of link workers and the wider NHS shift to support social prescribing, shared existing good practices and responses, and suggested potential solutions / areas for further work.

The key questions discussed in the workshops were:

- What are the key issues and concerns that need to be addressed to maximise the potential of social prescribing?
- What is currently going well and why? What are the factors that enable successful roll out and implementation?
- What solutions already exist or could be developed in response to these issues?

Through these workshops, we developed a list of priority issues and a wide range of existing and potential solutions.

Validation: In April 2020 we held a series of webinars and conducted a survey of National Voices member organisations to test these issues with the wider VCSE sector. A further ~100 organisations engaged online, responding to the question:

- Which of these issues are most important to resolve in order to maximise the potential of social prescribing?

Respondents were also invited to share examples of good practice or solutions to the issues they had prioritised.

Case studies: We followed up with examples of good practice identified through the earlier phases. Respondents were asked to describe their work, and how it responded to one or more priority issues. These case studies are included throughout the report.

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.



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