Public Health England

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RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Project report for: Driving forward social prescribing

A framework for Allied Health Professionals

July 2019

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In conjunction with NHS England and NHS Improvement

Foreword

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In January 2019, the NHS long-term plan was published, focussing on the need to tackle the social determinants of health, and acknowledging that 'prevention is better than cure', not just for the individual themselves but also for NHS sustainability.

Social prescribing is a key component of prevention. It seeks non-clinical solutions for what are, at their root, social rather than clinical problems. By supporting people to build new relationships, enjoy new activities, develop confidence and feel empowered to take control of their lives, health inequalities are addressed. For people living with a health condition, social prescribing can prevent worsening health and reduce costly interventions in specialist care, thereby enabling more efficient and effective provision of care by AHPs. It links patients and their carers with non-medical sources of support within the community.

Social prescribing supports the delivery of many of the commitments and priorities outlined in the national AHP strategy for England: AHPs into Action (NHS England, 2017). Impact 1 describes how AHPs will improve the health and wellbeing of individuals and populations, and engaging with social prescribing is one way to deliver that impact.

Allied Health Professionals (AHPs) work within and without the NHS, in primary and secondary care, in community settings, in private practice, with people of all ages and with people experiencing all types of physical and mental health need. They work with individuals and groups, they are referrers and providers of activities. They are uniquely placed to engage with social prescribing.

The 14 different professions that make up AHPs have a wide range of different job roles that vary in the duration and frequency of their interactions with individuals. Yet all have the opportunity to find out a bit more about what matters to the person they are working with and whether these needs could be met by social prescribing.

The development of this framework for social prescribing was undertaken to increase social prescribing by AHPs, and to create a new social prescribing vision for AHPs so that they feel empowered to take their place at the social prescribing table. Many AHPs will already be involved in social prescribing activities, whether or not they refer to them as such. Other AHPs will know little about social prescribing and the ideas within the framework will be very new to them. The framework will be relevant for both these groups, and to everyone in between. It highlights the different ways that AHPs can engage with social prescribing, from light touch 'active signposting', to referring individuals to link workers and, at the more time intensive end of the scale, taking the role of social prescriber themselves. It describes the ways that AHPs can develop social prescribing in their local areas, from supporting link workers through to being providers of a social prescribing service.

Case studies in the framework showcase the ways that AHPs are already involved in social prescribing and the opportunities for others to join in.

Social prescribing is a key way to address the issues at the source of health inequality. We hope that this framework will leave AHPs motivated to engage with the central role they have to play in social prescribing in the multitude of settings they inhabit.

Project background

In June 2018, NHS Improvement commissioned the Royal Society for Public Health (RSPH) to coproduce a framework with NHS Improvement and Public Health England, to support increased use of social prescribing by allied health professionals (AHPs).

Sometimes called 'community referral', social prescribing is the means and practice of health care professionals referring or signposting people to local non-clinical services. Recognising that people's health is determined by a breadth of social, physical, emotional and environmental factors, social prescribing schemes approach health improvement in a holistic way, helping people improve areas of their lives likely to contribute to their entire health and wellbeing. Services linked with social prescribing schemes might include volunteer groups, befriending, gardening, arts-based activities, healthy eating and cooking schemes, or sports and physical activity.

AHPs are the third largest workforce in the NHS and are uniquely placed across health, social care and voluntary sector organisations. Many AHPs are already engaged in social prescribing and their skills and connections mean that there is great potential for them to take an significant role in increasing the use of social prescribing as a route to prevention, self-care and empowerment.

While social prescribing was, and remains, an important part of AHP practice, it was felt that a shared vision of what it means was lacking, resulting in the full potential of the contribution of AHPs to social prescribing not being fully realised. The aim of the framework is to help build a shared vision and increase social prescribing across the different AHP professions.

Policy background

The extent to which we have control over our lives, have good social connections and live in healthy, safe neighbourhoods are all important influences on health. These community-level determinants are protective of good mental and physical health and can buffer against stressors across the life course.

Community-centred ways of working[1] can be more effective than more traditional services in improving the health and wellbeing of marginalised groups and vulnerable individuals. For this reason, they are an essential way of reducing health inequalities within a local area or community.

In 1999, the white paper 'Saving Lives: Our Healthier Nation' proposed that the NHS should make better use of community support structures and voluntary organisations. This was followed in 2006 by the white paper 'Our Health Our Care' which advocated the introduction of social prescriptions for those with long-term conditions and since then many models of social prescribing and community connector schemes have been developed.

Social prescribing and community-based support is part of the NHS's commitment to personalised care. Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths and needs.[2] Social prescribing is one of the six components of universal personalised care.[3]

The NHS Long Term Plan published in January 2019 has a commitment to personalised care and increasing access to social prescribing for the whole population.[4]

A recent House of Commons Digital, Culture, Media and Sport Committee report highlights the Government's continued emphasis on social prescribing, promoting the need to mainstream the prescription of the arts and sports and to approach sporting organisations to encourage their participation in social prescribing schemes.[5]

AHPs commitment to the health and wellbeing of individuals and populations is well defined in their national strategy AHPs into Action.[6]

NHS England is adopting a social prescribing model that is based on funding link workers through local primary care networks (PCNs). PCNs are being developed across England and are based on groups of GP surgeries. While PCNs will fund link workers, link workers do not need to be based in GP surgeries.

Alongside the NHS England model, there are large numbers of voluntary and community organisations also offering social prescribing services, although they may not be explicitly referred to as such. These are also available for allied health professionals to refer people to.

The emphasis on social prescribing is based on evidence that social prescribing reduces pressure on the NHS by directing people to alternative services and groups. An evidence summary published by the University of Westminster suggests that where an individual has support through social prescribing, their GP consultations reduce by an average of 28% and A&E attendances by 24%.[7]

Stages of the project

Advisory group

In September 2018, an advisory group was formed, made up of representatives from AHP professional bodies and other stakeholders. The full list is below:

Nuzhat Ali	*Public Health England*
Rosie Axon	*Chiltern Music Therapy & British Association for Music Therapy*
Sarah Bodell	*University of Salford*
Paul Cooper	*Royal College of Occupational Therapists*
Lucy Davies	*Heart of England Foundation NHS Trust*
Michael Dixon	*Social Prescribing Clinical Champion (NHSE) and Chair College of Medicine*
Caitlyn Donaldson	*Royal Society for Public Health*
Helen Foster	*Connect Health, WeAHPs & Chartered Society of Physiotherapy*
Linda Hindle (Chair)	*Public Health England*
Nicky Houghton	*NHS England*
Julie Hunter	*Heart of England Foundation NHS Trust*
Katrina Kennedy	*Hampshire Hospital NHS Trust*
Elisabeth Krymalowski	*Royal College of General Practitioners*
Aideen Larmer	*Connect Health & Chartered Society of Physiotherapy*
Craig Lister	*The Conservation Volunteers*
Judith Mansfield	*Heart of England Foundation NHS Trust*
Jignasa Mehta	*British and Irish Orthoptic Society*
Pritesh Mistry	*Royal College of General Practitioners*
Claire Moser	*Royal College of Speech and Language Therapists*
Tracy O'Regan	*Society & College of Radiographers*
Karin Orman	*Royal College of Occupational Therapists*
Caroline Poole	*NHS Improvement*
Kieran Potts	*North West Ambulance Service*
Trudy Reynolds	*NHS England*
Gilli Simmons	*NHS England*
Duncan Stephenson	*Royal Society for Public Health*
Sammer Tang	*College of Paramedics*
Bev Taylor	*NHS England*

The advisory group met three times over the course of the project (September 2018, January 2019 and April 2019). There were also three advisory group teleconferences (November 2018, May and July 2019).

Tweet chat

Our first engagement with AHPs was through a tweet chat hosted by @WeAHPs on 27th September 2018. We asked a series of questions about social prescribing. The first was, 'What does social prescribing mean to you?' which created the following word cloud:

Social prescribing was described as taking a holistic view of the health and wellbeing of an individual and connecting them to services that can help support them. Participants highlighted the importance of social prescribing as a non-medical means of tackling specific health needs alongside the wider determinants of health.

Lots of examples of social prescribing were given, including work with Age UK, Diabetes UK, Leeds Rhinos, local exercise classes and community arts groups.

Participants in the tweet chat identified a number of barriers to social prescribing, including time pressures; capturing what is available locally – something made harder for those working over a large area; lack of community resources and funding; convincing clinicians of the value of social prescribing; and referring seldom-heard groups.

Participants were enthusiastic about the potential for social prescribing to support the needs of the people who use their services, and were building their skills

and knowledge by taking part in twitter discussions, networking and sharing ideas with other AHPs.

There was a call for AHPs to fully engage with the social prescribing agenda as part of the wider public health workforce.

It was felt that a social prescribing toolkit should include an explanation of what social prescribing is, an overview for providers, case studies and stories, guidance on how to find out what is happening in your local area and links to useful resources and training. Several comments suggested the need for a tool to support AHPs to measure the impact of social prescribing in order to make a case for commissioning, and there was a request that the toolkit include the wider policy context around social prescribing and personal care.

Key findings from our survey to AHPs

In November 2018, we disseminated a survey to AHPs, building on the themes of the tweet chat and discussions at the advisory group meeting to better understand AHP experiences of social prescribing and the opportunities and barriers associated with AHP social prescribing.

The survey was shared widely by AHP professional bodies and stakeholder groups. It was open for two months.

We had over 2300 responses to the survey. The majority of respondents worked in England (95%). At the start of the survey we asked respondents to rate their knowledge of social prescribing. Nearly half (44%) said that it 'requires improvement'.

The survey made a few distinctions between different levels of social prescribing activity, based on the discussions at the first advisory group meeting. At the less intensive end of the categories was 'active signposting', with referral to a link worker in the middle and AHPs carrying out social prescribing activities themselves as the most intensive form of social prescribing.

NHS England uses the term 'link worker' to describe the role of individuals who can be referred onto by healthcare professionals and others and spend time with the person assessing their needs and working out which what services or groups they should be socially prescribed.

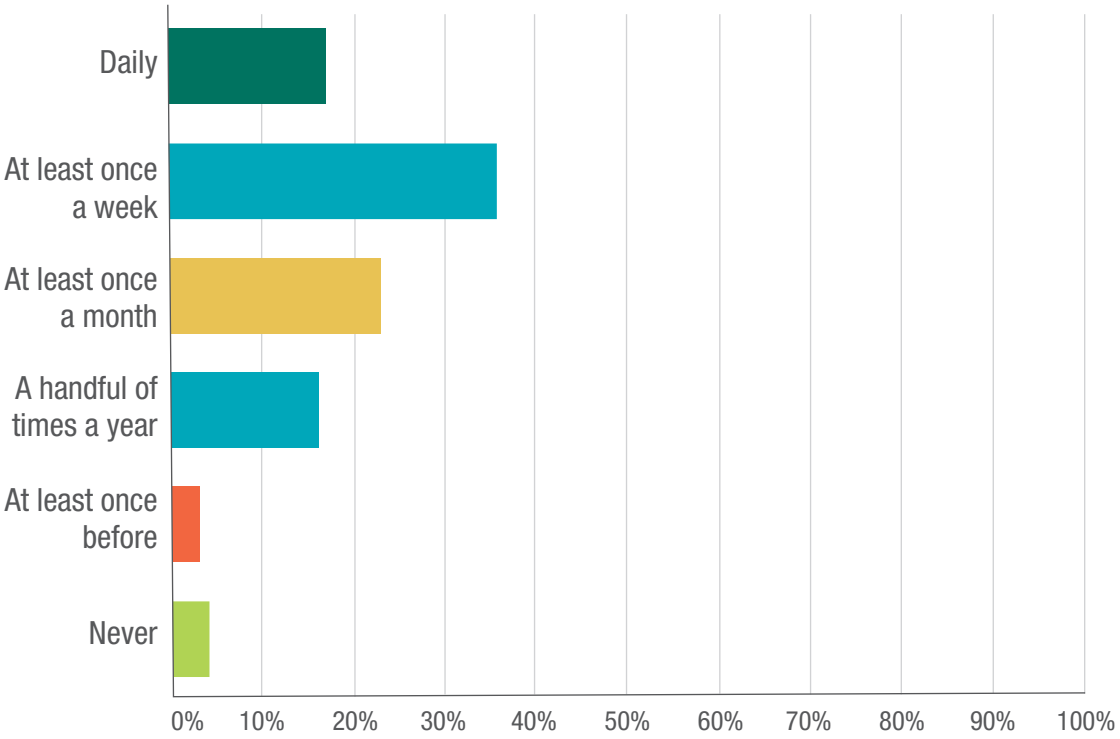
We asked the AHPs what terms were used for 'link workers' in their area. Responses included, 'care navigator', 'health navigator', 'community navigator', 'care worker', 'care co-ordinator', 'key worker', 'peer support worker', 'support worker', 'community development worker', 'health coach', 'health trainer', 'referrer', 'team link', 'liaison officer', 'befriender', 'community connector', 'social connector' and 'village agent'.

It highlights that there are many different terms in use for the link worker role and that many social prescribing services have been embedded within local systems, although they may not be called social prescribing.

In the survey, we distinguished between 'active signposting' when an AHP provides information to signpost people directly to services and 'social prescribing' which is more time intensive and can involve referral to a link worker, or AHPs taking on the role themselves.

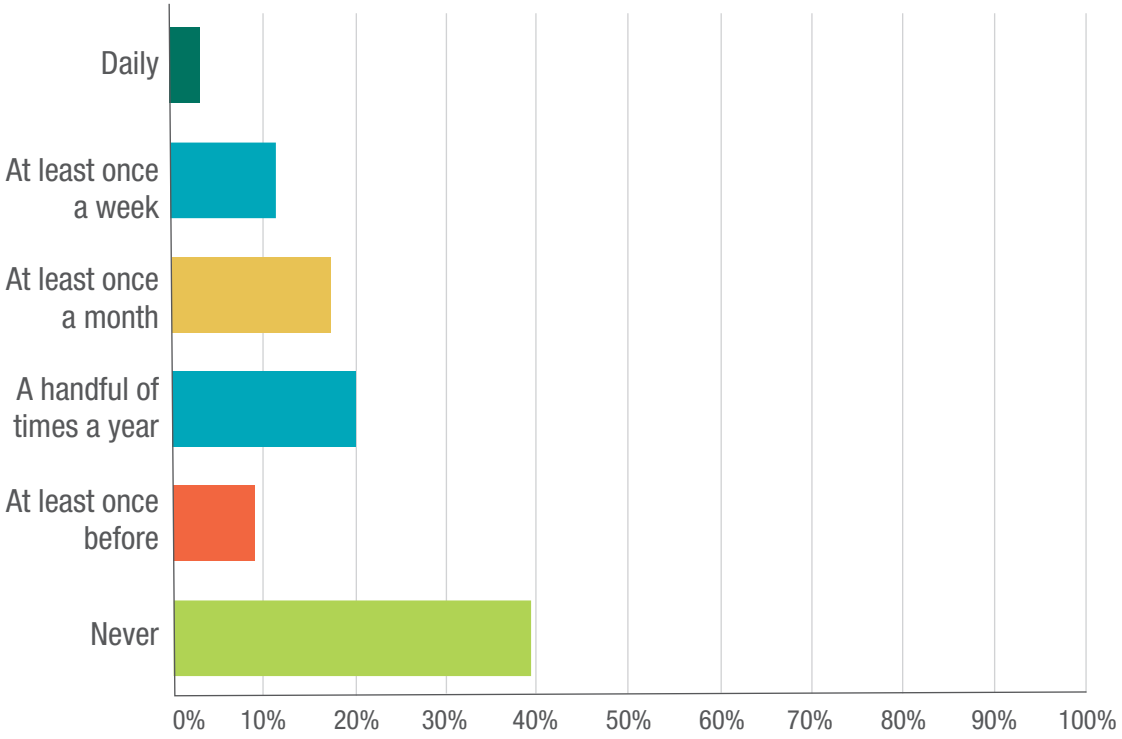
Nine in ten respondents said that active signposting was an important part of their job role (91%), as illustrated by the below graph:

How frequently do you use active signposting to signpost individuals with social, emotional, physical, mental or practical needs to non-clinical services?



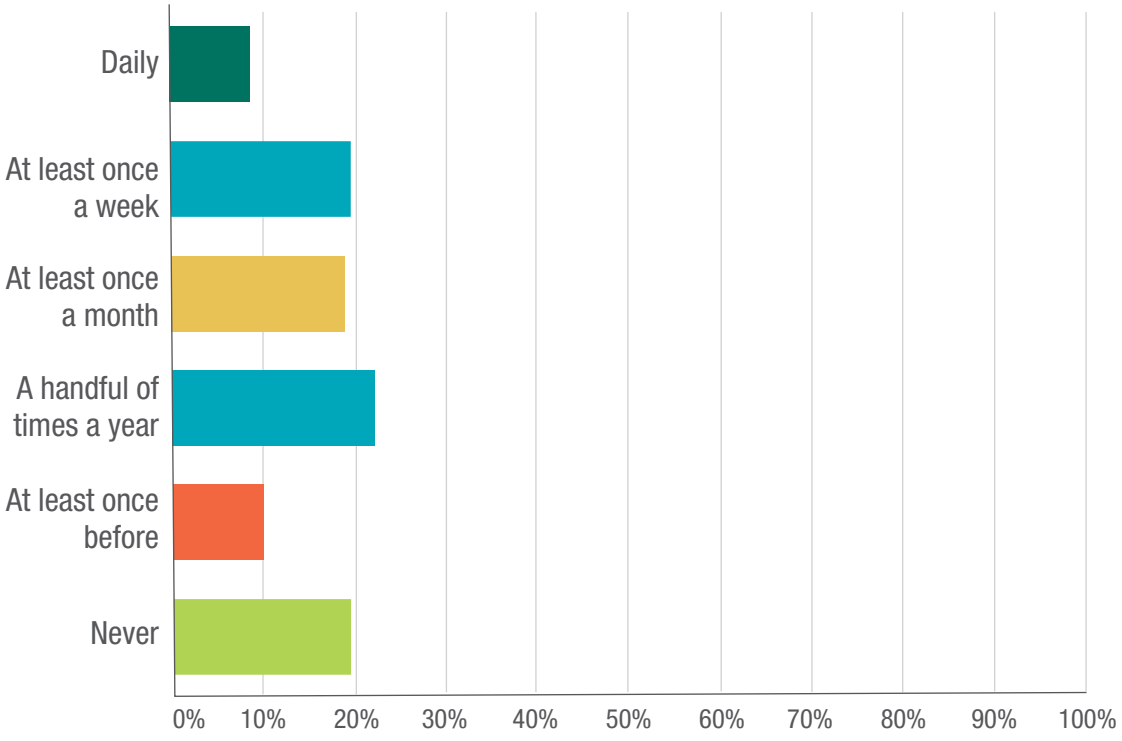
Over half (54%) said that they didn't know how to refer to link workers or similar. Just a quarter (25%) said that they have clear referral criteria for local link workers and fewer AHPs were referring to link workers on a daily or weekly basis than were carrying out active signosting:

How frequently do you refer individuals with social, emotional, physical, mental or practical needs to a local link worker/community navigator or similar to obtain support to access non-clinical services?



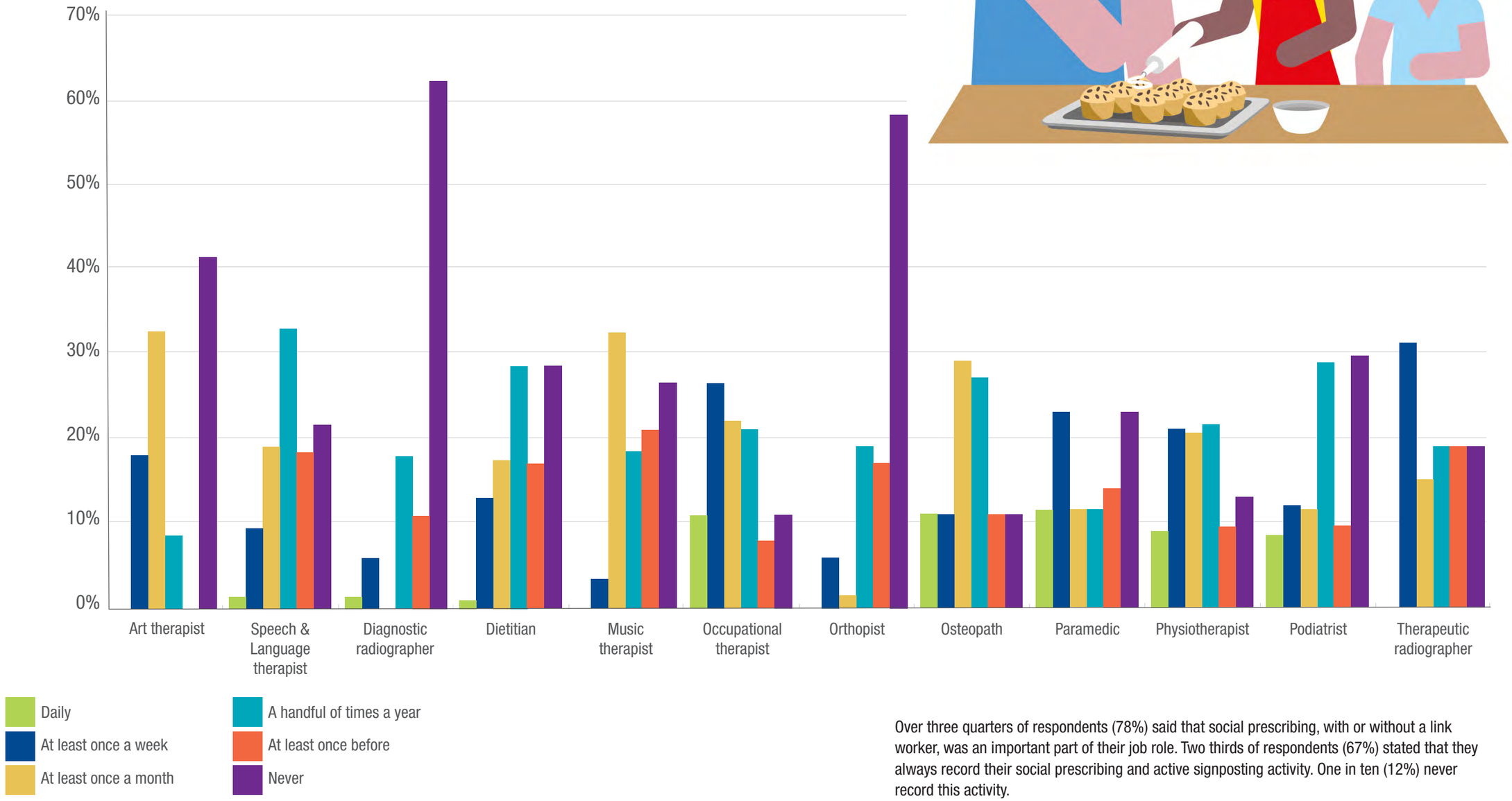
Many AHPs were carrying out social prescribing activities themselves:

How frequently do you carry out social prescribing activities yourself, without a link worker/community navigator, by going beyond active signposting to support people with social, emotional, physical, mental or practical needs to access non-clinical services?



It might be expected that some AHP professions do more social prescribing themselves than others. This is illustrated by the below graph (AHP professions with below 10 responses have been excluded from the graphs):

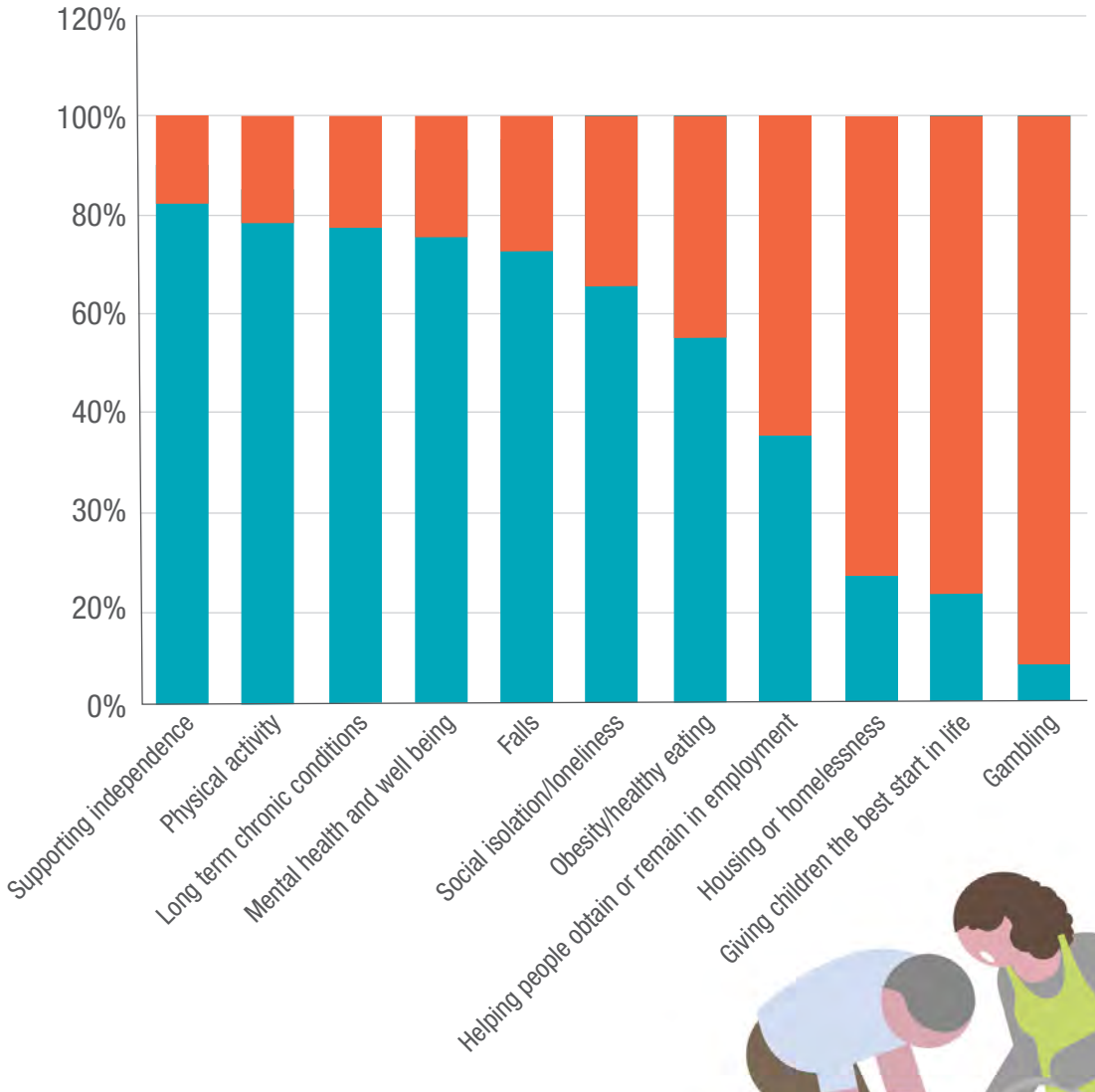
How frequently do you carry out social prescribing activities yourself, without a link worker/community navigator, by going beyond active signposting to support patients with social, emotional, physical, mental or practical needs to access non-clinical services



Over three quarters of respondents (78%) said that social prescribing, with or without a link worker, was an important part of their job role. Two thirds of respondents (67%) stated that they always record their social prescribing and active signposting activity. One in ten (12%) never record this activity.

The below graph highlights the public health priorities that AHPs felt they already contribute to through social prescribing and active signposting, as well as those they feel that could contribute to in the future. All responses added up to 100% highlighting that all AHPs felt that there was great potential to be contributing in these areas even if they do not already.

Which of the following areas of public health would you say you actively engage in supporting through active signposting and/or social prescribing, whether as a prescriber, provider or both, and which do you not currently engage in, but feel you could contribute?



Barriers

We asked AHPs what the barriers were to them doing more social prescribing.

The most common response (54%) was not knowing about which services were available locally. This was followed by not knowing whether there were any link workers locally (49%) and needing more training on social prescribing and active signposting (41%). Two other high scorers were insufficient local groups and services to refer to (40%) and AHPs having insufficient time to do more social prescribing (34%).

AHPs were also given the opportunity to add comments, and issues of funding and lack of transport were frequently cited.

Asked what could help to increase social prescribing in their local area, the most common responses were better collaboration between sectors (73%), AHPs having better knowledge about services available locally (67%), more understanding of social prescribing by AHPs (65%) and simple referral processes (65%).

AHPs providing socially prescribed services

We also asked AHPs whether any were providers of social prescribed services. A fifth (18%) said that they were. They highlighted the barriers they had experienced in ensuring that their service was accessible through both active signposting and social prescribing. The most commonly cited barriers were lack of local awareness about the service (50%) and lack of funding (49%). A third of respondents said they struggled to get people to commit to using the service (33%) and that the location of their service was a barrier to access (33%).

Developing social prescribing knowledge and skills

The most frequent ways of developing knowledge and skills around active signposting and social prescribing involved talking to colleagues and other stakeholders (64%), job training (54%), team discussions (52%), learning from service users (47%) and reading online resources (40%).

We asked what AHPs would like included in the framework. The most important topics for inclusion were: how to find out about local services; community groups and resources (82%); links to organisations that run social prescribing initiatives (82%); how AHPs and their social prescribing activities fit into the local health system (77%); and information about the role of link workers (76%).

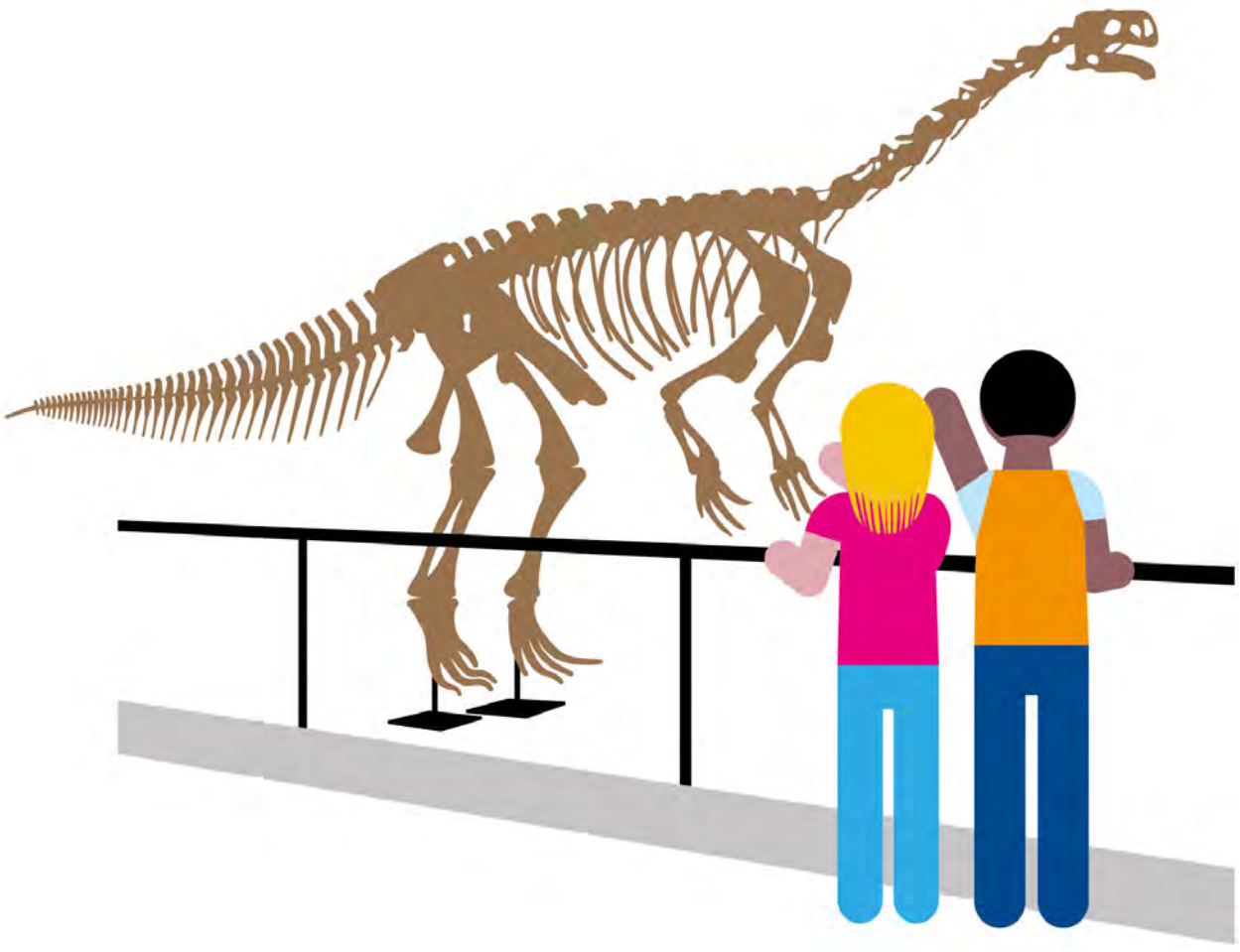
Case studies and telephone discussions

As part of the survey, we asked AHPs whether they would be happy to share their experiences of social prescribing in more detail. Those that provided an email address were contacted asking whether they would be happy to provide a case study of their work.

Many of those who responded requested a phone call to discuss their role and what should be included in the case studies. These calls (n=13) were used to discuss the aims of the framework and obtain feedback on what was being proposed.

Two key themes came out of this feedback, firstly that it wasn't always clear which of the three categories (active signposting/referral to a link worker/AHP as social prescriber) their work fit into and that it was more of a spectrum with activities often overlapping with the different categories. The second was that while the NHS England model of social prescribing involves funding NHS link workers, the voluntary sector is already heavily involved in this area and their link workers (even if referred to by a different name) will continue to be an important resource for AHP social prescribing.

Case studies were sourced from as many different AHP professions as possible highlighting a range of activities and incorporated into the framework.



Review of draft framework

Based on advisory group discussions, the tweet chat, survey findings and telephone discussions with AHPs, a draft framework was produced and added to hidden pages on the RSPH website. In the first survey, 587 AHPs had agreed to be contacted to review a draft framework. All were emailed a link to the framework and a link to a short second survey to collect their views.

The survey was open for two weeks in May 2019 and there were 60 responses – a very positive response given the requirement to review the framework before responding. Of the 60, 25 were occupational therapists, 13 were physiotherapists and six were speech and language therapists.

Nearly two thirds of respondents (63%) rated their knowledge of social prescribing as good or very good; just 7% said they had no previous experience of social prescribing.

Over two thirds (68%) rated the framework as good or excellent in its draft form. The remaining third rated it as 'ok'; no one said it was poor.

Nine in ten respondents (88%) said the framework was easy to navigate and the majority (82%) felt that it was the right length, with a small number saying it was too long and a similar number that it was too short.

While over half (55%) felt the framework had the right content, a significant proportion of respondents (42%) identified gaps in content.

Gaps included needing more emphasis on how the role of link workers and AHPs differs in social prescribing, specifically that AHPs can take on the specialist interventions that are beyond the competency of link workers. It was also felt that the role of the voluntary sector needed to be highlighted in more detail and that information should be provided about the positions of different AHP professional bodies on social prescribing.

There were a few comments that were beyond the scope of this framework to address, but which should be noted by decision-makers going forward. Firstly, the need for local databases of services and community groups to be available to AHPs was mentioned by multiple respondents. Secondly, the need for more information about how to find their local primary care networks and link workers – again a local database was suggested by AHPs, with up to date local information. There was also broader discussion about how the voluntary sector will be supported to deal with the increased referrals likely to occur as a result of increased social prescribing by AHPs.

Final framework produced

Based on the feedback from the second survey, the framework was amended, case studies were added in and design elements produced. The framework was reviewed by the advisory group and any additional amends made.

The final framework is available on the RSPH website here.

Recommendations

The 'Driving forward social prescribing framework' is just one step towards increasing AHP social prescribing. To continue to further the work of AHPs in this area, we have made the following recommendations.

We call on all AHPs:

- To continue to embed holistic care into their roles and to use social prescribing as part of this.
- To connect with their local link workers to build a picture of social prescribing opportunities applicable for their users.
- To champion social prescribing and share good practice examples.

We call on AHP leaders and managers:

- To connect with their local system to articulate how AHPs can support social prescribing whether that is through provision of services, pathways development, training, supervision or advice.
- To champion social prescribing as part of effective service delivery.

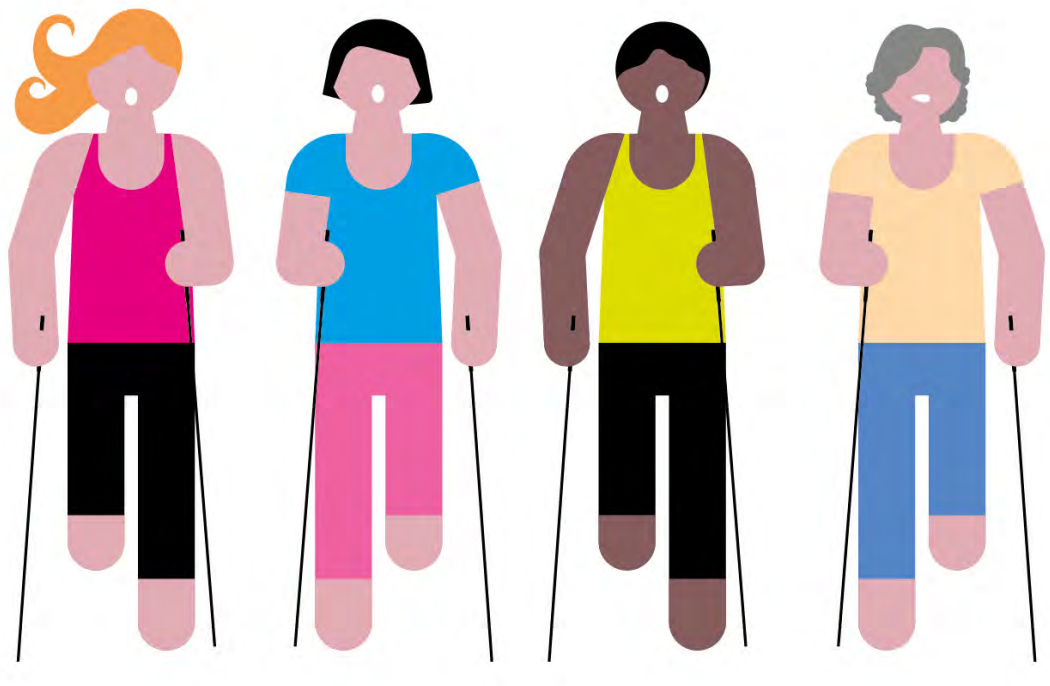
We call on system leaders:

- To draw on the skills and expertise of AHPs as they develop pathways, support and quality assurance frameworks around social prescribing.
- To explore opportunities to develop directories of services, through applications such as MECC link,[8] to support active signposting by a range of professionals.

List of useful resources

Below are a number of resources that will provide more details about different aspects of social prescribing:

- Public Health England's All Our Health resources (https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health) include social prescribing guidance https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health
- The King's Fund's overview of social prescribing https://www.kingsfund.org.uk/publications/social-prescribing
- The social prescribing network www.socialprescribingnetwork.com
- NHS England's pages on social prescribing https://www.england.nhs.uk/personalisedcare/social-prescribing/ in particular the summary guide https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/
- Richmond group of charities' report based on their experiences of social prescribing https://richmondgroupofcharities.org.uk/sites/default/files/field/image/final_for_website_-_dtrt_-_summary_of_learning_about_social_prescribing.pdf
- University of Westminster's explanation of social prescribing https://westminsterresearch.westminster.ac.uk/download/f3cf4b949511304f762bdec13784425103107269 7ae511a462eac9150d6ba8e0/1340196/Making-sense-of-social-prescribing%202017.pdf
- The RSPH's reports Healthy Conversations and the Allied Health Professionals and Everyday Interactions which highlight the important role of AHPs in supporting the public's health
- Follow #SocialPresHour on twitter for more discussions on social prescribing



Acknowledgements

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