



Public Health
England



AHPs promoting, growing and developing social prescribing

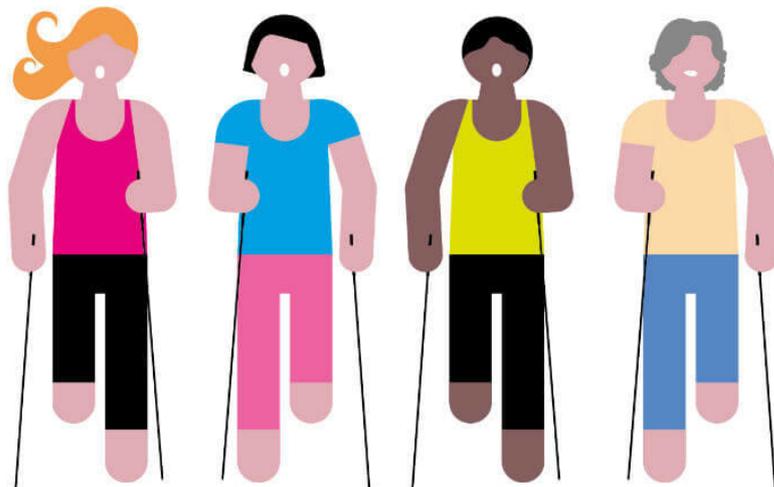
In what ways can AHPs promote, grow and develop social prescribing?

AHPs can, and do, support the development of social prescribing across the health, social care and voluntary systems in a number of ways:

- Providing community groups and services that are socially prescribed by link workers and other healthcare professionals
- Being visionary about how social prescribing can be used and shape how it is introduced and developed locally
- Getting involved in **regional social prescribing networks**, the **national social prescribing network** and the **youth social prescribing network**
- Sharing learning and raise awareness with AHP colleagues and other professionals working in their area about social prescribing
- Supporting the evaluation of social prescribing and can advise on and support data collection, thus contributing to the evidence base of social prescribing
- Providing guidance, advice, supervision and training to link workers. This should also include raising awareness of referral routes to AHP support when a person's needs goes beyond link workers level of competence

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- Working with link workers and local social prescribing services to develop pathways and approaches to better meet the needs of their clients
- Helping support and develop the voluntary sector



Read a blog about the youth social prescribing network and a case study that highlights the work of a regional social prescribing network:

Hants and IOW Social Prescribing Network

The Hants & Isle of Wight Social Prescribing Network was established in 2017. In 2018 funding was secured from Hampshire's CCG's to enable the Community & Voluntary Sector (CVS) co-led by Community First and Gosport Voluntary Action, to plan and co-ordinate, quarterly, interactive and relevant Social Prescribing Network Meetings countywide.

The aims of the Network are to:

- Share best practice and learning across Hampshire and Isle of Wight projects
- Develop effective working relationships and provide mutual support as applicable
- Highlight and find solutions to common issues
- Identify and undertake joint future working opportunities where

appropriate

- Share contact details and develop a platform for sharing information
- Inform and influence commissioners about the value and scale of social prescribing activity across the County and to promote social prescribing
- Develop techniques to provide evidence that demonstrates the cost effectiveness and measures impact and value of social prescribing
- Contribute to the national social prescribing network
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Network members come from a wide range of organisations including:- CVS, CCG's, NHS, HCC, Southern Health, Charities (including health), Housing Associations, District Authorities, Local Providers, Citizens Advice and Universities. As part of the network meetings we have held interactive workshops which have included, 'Delivery Models of Social Prescribing, Avoiding Duplication and Collaborative Working' and 'Evidencing the Preventative and Social Outputs of Social Prescribing Projects'. Regional and National Social Prescribing updates are also provided during the meetings and local/successful social prescribing projects present alongside regional speakers.

To find out more **contact Angela Gill.**

AHPs can provide groups and services that can be socially prescribed to

AHPs provide a wide range of services and groups in communities that can be linked into social prescribing schemes. Examples include cooking groups by Dietitians, music groups by Music Therapists or exercise groups by Physiotherapists. These groups are often aimed at people with specific health conditions or social needs.

View a video about how an Occupational Therapist set up her

own social enterprise, '**Sports for Confidence**'.

If you are providing a service, ensure that your local link workers (both from the NHS and voluntary sector) are aware of it. To find out about your local NHS link worker provision, contact your primary care network via your local GP surgeries. Also ensure that other professionals who may undertake active signposting or social prescribing know about the service you are offering.

Alix Lewer, Speech and Language Therapist, The Include Choir



Include.org is a charity aiming to make the world more welcoming for people with understanding and speaking disabilities (this could be people with learning disabilities, autism, dementia, aphasia and more) and we provide inclusive communication and Mental Capacity Act Training as well as Speech and Language Therapy and Community activities – with a difference.

At our heart is **The Include Choir** - a perfect fit for social prescribing, as it combines the therapeutic and health benefits of singing, with learning / practising inclusive communication techniques, volunteering opportunities, a friendly and supportive environment, with the aim of reducing the isolation of people with (and without) communication needs.

We rehearse weekly and perform locally and nationally in

venues ranging from the local park to **the Barbican!** We also sing at conferences, nursing homes, hospitals – if we can raise awareness and a smile, we'll be there!

The Include Choir uses and teaches the inclusive communication techniques from speech and language therapy research and practice

- Makaton Signing
- Talking Mats
- Visual Supports
- Accessible Information
- Intensive interaction
- Sensory engagement

and reminds people of how to be the best inclusive communication partner by:

- Using simple language
- Taking time
- Sharing a smile

By modelling and practicing these techniques we create more confident inclusive communication partners and break down the barriers between people with communication needs and their communities.

We empower people and give them a voice through:

- Singing and signing
- Writing songs together
- Supported volunteering
- Sharing positive images and stories

All the while, raising awareness of the need for inclusive communication techniques to be used more widely in society to reduce health and social inequalities. By singing about the **Mental Capacity Act** and **Inclusive Communication** in

particular, we have found an alternative way to remind professionals of the importance of making reasonable adjustments to avoid disabling people with communication needs, while empowering people to share their messages. Feedback indicates that The Include Choir:

- Increases confidence
- Makes people feel happy and more included
- Makes people feel empowered
- Increases knowledge of inclusive communication
- Increases knowledge of the mental capacity act
- Increases the number of inclusive communication partners in the community

We look forward to working more closely with social prescribers to help us grow our army of inclusive communication partners and help to put a song in the hearts of people with communication needs.

For more information, please [contact Alix](#).

Catherine Watkins, Neurologic Music Therapist, Silver Singers

Silver Singers is a singing project for dementia patients and their carers, led by a qualified Music Therapist from Chiltern Music Therapy. It is a social prescribing project co-ordinated by the Patient Participation Group (PPG) at Measham Medial Unit with initial local grant funding for one year. General Practitioners refer patients and carers to the group, but we also accept anyone else with dementia who lives within a five mile radius.

The group aims are to:

- Support memory and reminiscence through music

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- To have a positive impact on mood
- Provide opportunities for participation and reduce social isolation
- To provide cognitive stimulation and challenge through musical activities

During the first year of the project we delivered 20 sessions, reaching 60 unique patients/carers, with an average of 13 attendees and five volunteers per session.

Every week the whole group scores were higher post-session than pre-session.

Our participants say:

- “I walk through that door and I’m there” (patient)
- “How are you... (sigh)...we can commiserate together” (carer)
- “I sang that song when I put the kids to bed....” (patient)
- “He’s loving it – it’s a different side of him when he’s here” (carer)

We observe:

- Patients singing to each other
- Patients making connections with the therapist 1:1 – eye contact and positive facial expressions
- Patients sharing memories
- Carers making friends and inviting each other for coffee
- Carers bringing new members along
- Volunteers engaging and wanting to support the group

The main challenge is funding, however, with a lot of time and effort, we have recently secured a Big Lottery grant to continue the project for a further year. Age UK have also funded another Silver Singers group that meets on the alternate fortnights, we notice that participants like the routine of being able to attend every week.

Karen Dawe, Physiotherapist, GL1 Leisure Centre Project

Together NHS Foundation Trust provides care for people suffering from mental illness and learning disabilities. Over many years we have used exercise as a treatment modality for patients, mainly providing sessions within trust sites. As time has gone on it became more apparent that we needed to find places external to the trust where patients could continue to undergo the exercise or activity that they were finding enjoyable and also helping them to cope with the many symptoms of their illness.

With this in mind, approximately three years ago, we approached the local leisure centre, GL1, who were keen to offer us some support (GL1 is an organisation that is one of three community facilities managed by Aspire Sports and Cultural Trust). We were offered a space for free that we could use between the hours of 9am and 4.30pm. The space was large enough to use to provide activity sessions and also had two smaller rooms in which we could provide one to one sessions for patients.

The aim was that we would work with patients and once ready we would support them to move on to groups within GL1, some of these groups being specifically developed for us, e.g. walking football, walking rugby. The patient would be offered support to access and attend the group, but once confidence, etc. had been gained they would attend on their own. Two members of the Physiotherapy Team base themselves at GL1 twice a week and patients are then able to go to them if they are having problems.

The team with GL1 staff have also developed what is called the H card. This is a card that patients are given and enables them to access any activity within GL1 for £2.50. This being much cheaper than the general admission fee, but is more affordable

for many of our patient population. Many patients have reading problems, do not have a bank account or have problems talking to people. This card removes many of these barriers and further enables the patient to access all that is available.

The Chief Executive Officer of GL1, Jacquie Douglas, is particularly keen that this project should continue and is looking at developing the concept, alongside a number of health providers, to include 2gether NHS Foundation Trust, to develop and open a Community Health and Wellbeing Hub at the GL1 facilities by the end of 2019. At our last meeting, Jacquie explained how she has been pleasantly surprised that her staff are now much more confident in dealing with people with a mental health problem and she has seen on many an occasion how staff talk to people helping to reduce their fears and anxieties and being at ease in doing this.

We were also able to share that a patient who had been in mental health services for almost 40 years due to a severe and enduring mental health condition, had been attending a health and wellbeing group within GL1 and had lost 4 stone in weight. She now tells people of the benefits of healthy eating and exercise. This is almost unbelievable as over the time that she had been in the service many attempts had been made to engage her in exercise and healthy eating, but with this joint working a difference has been made to this woman's life. For more information, please [contact Karen](#).

Margot Hodgson, Physiotherapist, Bristol Active Life Project

The Bristol Active Life Project (BALP) promotes recovery through physical activity for people with complex mental health conditions (CMHC), including psychosis. Sedentary lifestyle increases health risks, life expectancy is reduced by 20 years. The project was initiated by the Avon and Wiltshire Mental

Health Partnership NHS Trust (AWP) Physiotherapy and Exercise Service in secondary care, with Bristol City Council. Weekly sessions include football, badminton, boxfit and walking. Exercise leaders deliver sessions and AWP Active Life Trainers provide mental health support.

BALP evaluations have identified benefits for mental health and wellbeing and increased social opportunities. It also has potential to be replicated in other areas, reducing health costs for the NHS.

‘I joined the walking group a year ago while I was struggling with anxiety due to my bipolar. It has helped me find my confidence, make friends and improve my health and I am now looking to become a walk leader’ (BALP walking group 2017). Next steps will be to identify pathways for primary care referrals to access BALP, referrals are currently managed within AWP for secondary care only. We also need to target resources to increase physical activity for people with complex mental health conditions and ensure future sustainability e.g. primary and secondary care commissioners, to include in local health and wellbeing strategies.

Natasha Larkin, Music Therapist, Jamming Group

Mental health issues can act as a barrier to all kinds of interactions and social engagements. Imagine a space where music cuts through those barriers, easing anxieties and inspiring connections.

The jamming group, based in High Wycombe, simply offers a space where people can come together to share a passion for music and explore creating music as a group. Set up in 2013 by Music Therapists, the group is open to people experiencing or recovering from mental health issues, and welcomes any level of musical experience.

Referrals to the group come through Oxford Health NHS Foundation Trust, the charity Buckinghamshire Mind and self-referrals. Referrals can also come from local Music Therapists who may be ending their work with a client, or who are looking to broaden the scope of an individual's support through musical interventions.

The focus of the group is music, be it listening, improvising, jamming, talking or singing. However, the underlying key aims of the group are to reduce social isolation and encourage connections and communication between people, many of whom often have very few other social interactions in their week. Many group members experience extreme social anxiety and often find it much more accessible and easy to engage and explore connections through music. The group offers an open approach, allowing members to join in how and as they feel comfortable to do so.

Robin Lansman, Osteopath, Library Help Desk Project



A Muscle and Joint pain "help desk" manned by professional first contact osteopath practitioners has been made available to local residents of housing associations, library users and exercise and activity groups in West London. We have gathered useful case studies to enhance the development of the help desk as well as small group workshops on a range of

common muscle and joint pain topics.

Developing a working relationship with an organisation like a public library, that offered a “neutral” yet welcoming atmosphere, in a non-clinical setting, was hoped to appeal to local residents of all ages. The staff at Maida Vale Library have also been approachable and ready to help which has been a great asset in developing innovations for Health and Well-being in the community.

We are aiming to work with link workers and local GPs via the local CCG and Health Watch so they can help direct individuals to this informal service as appropriate.

Patient education at the desk includes exploring pain beliefs as well as appreciation and significance of what really entails hurt and harm, within typical daily patterns of activity. Group discussions around individuals "health care journeys" as well as self-care strategies are the approach we are taking to encourage social interaction and sharing. It is hoped by taking this approach, we will help to reduce feelings of isolation and "suffering alone".

We also believe that starting “healthy conversations” about health and wellbeing topics early in life is a proactive approach to exploring young people’s knowledge in a new and practical context. For example, comparing ‘Humans & Robots’ or ‘Astronauts & Earthlings’ and referring to library books supplied by the Schools Library Service has proved a well-received half term event. The sessions are led by Osteopaths assisted by Library Volunteers who direct discussions and open wide ranging health and wellbeing topics using a selection of fun and informative themed library books for reference.

These community engagement projects have been running for only six months. As an evolving process, further potential

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working partnerships with the Westminster Library Service are being explored. We very much appreciate the continuing co-operation of Library management and staff at Maida Vale and the Development Team, who have engaged with our innovations to enhance Health and Wellbeing in the community. #bodybackup

For more information, please [visit the website](#).

Bob Collins, Occupational Therapist, EIP Mental Health Team



Within the Airedale Community Early Intervention Psychosis (EIP) Mental Health Team we run a gym group. This 'Bootcamp' initiative, provides a safe environment for people in recovery from first episode psychosis to improve physical health outcomes.

The aim of this group is to engage service users in a healthy lifestyle and the idea of routine – we call this social prescribing. We also support people to attend groups as some feel anxious and paranoid about going alone and meeting new people. We do this in hope that we can encourage service users to re-engage in community activities to aid their recovery.

After receiving feedback from service users about the group,

most people stated that the gym group only taking place once a week wasn't enough. As a team we discussed running the group twice a week as service users would find this more beneficial. After conferring with the gym owner, we started visiting the gym on a Monday in addition to the original Wednesday trip. I believe it is important to listen and understand people's views so that we can respond to their individual needs.

The EIP service has around 10 support workers and service user development workers delivering social outcomes with individuals across the service (around 400 clients) linking people into vocational, educational, leisure, sports, gym, arts and crafts activities. There are also groups delivered by staff across the service which are overseen by two occupational therapists. These include football, snooker, badminton, women's group, walking and music groups.

Providing guidance, supervision and training to link workers

This may be more relevant for some types of AHP than others, however, AHPs can play a role in supporting link workers through joint visits and mentoring to ensure that social prescribing works in their communities.

Here are two case studies that highlight the role that occupational therapists are playing in supporting and developing the link worker role:

Sarah Bodell, Occupational Therapist, Salford Social Prescribing Hub



The Salford Social Prescribing Hub have developed an assessment tool that is designed to guide link workers through a person-centred approach, to get the most out of the person they are working with, and to identify the best action plan for the person at a particular time.

The tool, as well as its underlying framework and model, is based on Occupational Science, which is the theory underpinning occupational therapy. We believe that occupational science has something to offer social prescribers, as it is about identifying activity that is meaningful for the person.

Informed by the theory, we have developed a model and a tool that can be used by a range of practitioners. It is intended that this tool and the accompanying training will build the skills and enhance the toolkit of social prescribing practitioners, whatever their prior level of experience.

We believe that working collaboratively and sharing our profession specific knowledge is a matter of doing occupational therapy differently.

We also recognize that what the person needs at a given time will depend on the complexity of their lives and needs, and that social prescribing services may not fully provide for all their needs at that time. Our tool and model therefore also assesses whether to refer to more complex services or professionals where appropriate.

There will always be a need for Occupational Therapists in this landscape, and we see them as working to the top of their license with the most complex people. View [our website](#). For more information, please [contact Sarah](#).

Suzanne Simpson, Occupational Therapist, The Walton Centre



I'm an Occupational Therapist working in a unique role funded by the Motor Neurone Disease Association. I am based at The Walton Centre, which is a specialist neuroscience trust in Liverpool. My objectives focus on supporting patients living with motor neurone disease (MND) to improve their mental wellbeing and reduce the risk of social isolation.

I am using the theory and principles of occupational science to support people with MND to access community wellbeing

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services, and I am addressing barriers that may prevent engagement with these services. Although I am not based within primary care my aim is to reduce the need for patients to attend their GP for non-health problems.

At the moment the work I'm doing is at the project stage and I'm building partnerships with link worker services across the catchment area. I'm already working with a new link worker service in Liverpool based in CAB, we completed our first joint visit to a patient last week, which went really well.

Although they would traditionally take referrals from GPs they have agreed to work with me as a project. I have also connected this new service to the work Salford University Occupational Therapist's are doing around developing an occupational science focused tool for link workers.

I believe that with the right support from occupational therapy social prescribing could be offered to those living with a long term neurological condition. I see my role as acting as the bridge between the patient, link worker and the community based activity, helping to problem solve with regards to the environment, the person and the occupation.

For more information, please **contact Suzanne.**

AHPs can also help to develop link worker services. Andrew Walton from Connect Health describes the Ways to Wellness service in Newcastle and how funding challenges were met:

Andrew Walton, Executive Chair and Founder, Connect Health



GPs in the West of Newcastle recognised people with long term conditions e.g. COPD and diabetes, were experiencing poorer health outcomes and reduced quality of life as a result of poor social engagement. These patients are proportionately higher users of health services.

The Ways to Wellness project is the culmination of several years of work by different organisations in the West of Newcastle-upon-Tyne to pilot services to improve peoples' health. The project funds Link Workers to work with patients referred by their GP on a one to one basis in areas of their lives where they need support to lead more socially engaged and consequently healthier lives.

The Link Workers will work with patients to produce an agreed

action plan, which may include a range of activities, such as:

- Getting involved in local groups and activities
- Developing positive relationships
- Accessing specialist services and support
- Healthy eating and cooking
- Getting more active
- Getting support around benefits and welfare rights

The Link Worker is usually from the patient's own community. They are trained in motivational interviewing, armed with information about different social engagement opportunities such as clubs and activities.

They then ask the person "what do you want to do". It may be they want to be more physically active and meet other people, therefore joining the allotment association may be the answer. Patients began to be associated with an increase in confidence in managing their own health condition.

I am the Executive Chair of Connect Health (the largest, independent provider of integrated community musculoskeletal services in the UK) and was approached to become a founding director of Ways to Wellness because I am a local resident and they were aware of the good work Connect had been doing on a longstanding basis in the area.

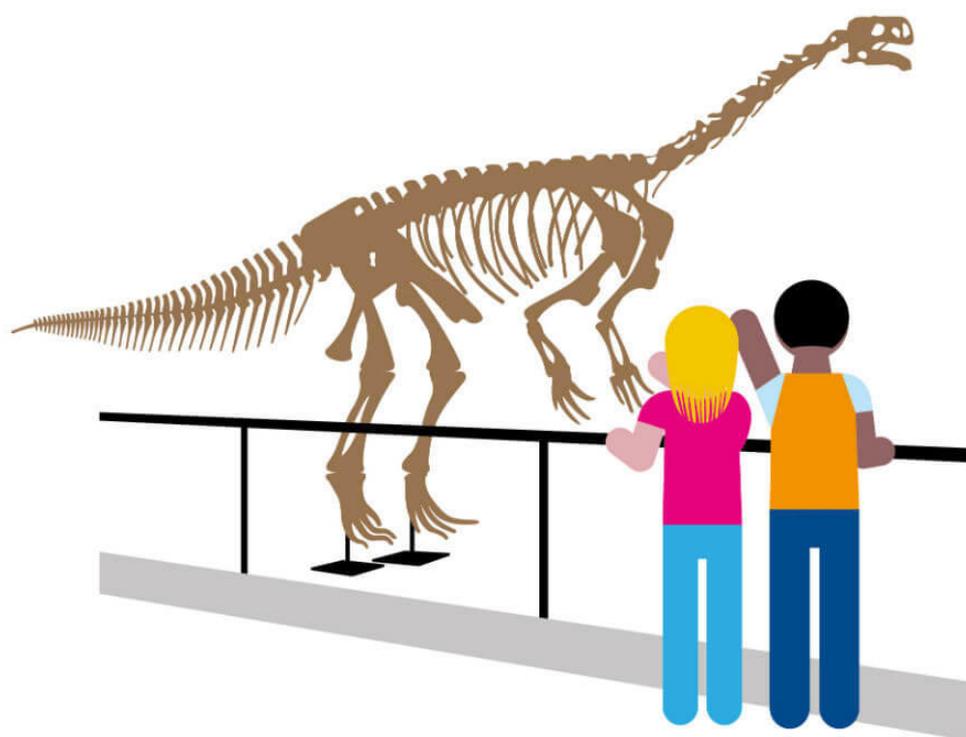
The biggest barrier to the project was funding. Commissioners are spending so much money on the disease when it has become chronic, that they had insufficient funds left over to provide early care.

The founders managed to solve the funding issue through an innovative outcomes based commissioning model and type of Social Impact Bond. A number of organisations from private equity backed / social investors, the Big Lottery and Cabinet

Office agreed to pump prime the social prescribing project.

The service is commissioned by the NHS. Once demonstrable outcomes were achieved over a five year period, such as a reduction in hospital admissions and changed behaviour, savings were released and the funders recouped their investment. View [our website](#).

For more information, please [contact Claire](#).



Supporting evaluation

AHPs can help build the evidence base for social prescribing. The Common Outcomes Framework for social prescribing (see [Annex D of the summary guide](#)) focusses on how social prescribing impacts on:

- The person
- Community groups
- The health and care system

For the person, it suggests using existing wellbeing tools to provide patient-recorded outcomes until a universal measure is agreed. These might include the **Short Warwick-Edinburgh Mental Wellbeing Scale** (SWEMWBS), **WHO-Five Wellbeing Index** (WHO-5) or the **ONS subjective wellbeing tool**.

For the health and care system more broadly, AHPs (if your computer systems allow) would be encouraged to support the NHS to track social prescribing by using three SNOMED codes: 'Social prescribing offered', 'Social prescribing declined', 'Referral to social prescribing service'. Encourage others to use these codes too.

Helping to support and develop the voluntary sector

The voluntary sector is skilled and knowledgeable. Through collaborative working, AHPs should use the expertise already available in the sector to build social prescribing in their local area.

AHPs can support the voluntary sector, for example by helping to identify patient leaders who can take over local groups (where appropriate) to help grow local assets.

AHPs can also work with community groups to build their capacity to include people with particular needs. This might include providing training and working alongside the voluntary sector to set up activities/sessions, then stepping back leaving volunteers to maintain and develop the group whilst ensuring there is a clear pathway for when a person's needs go beyond the volunteer or provider's level of competence and training. AHPs can play a role in ensuring quality assurance in social prescribing. Quality assurance for connecting people through social prescribing needs to be more flexible than the quality assurance that NHS organisations are used to. This is because social prescribing may connect people to small, informal, often volunteer-led community groups, which are creative and

dynamic, but which tend not to have formal policies or procedures.

Voluntary organisations and community groups involved in social prescribing should have appropriate arrangements in place, as explained in the document [Quality Assurance for Social Prescribing](#) for example, to ensure that new people have a safe and positive experience. Quality assurance is a delicate balance, which must be proportionate and take a common-sense approach.

NHS England has developed a [Reference guide for primary care networks](#) to support link workers to make basic quality assurance checks of voluntary organisations. It will also be of use to AHPs who are connecting people to social prescribing schemes.