



Social prescribing and health and well-being

This briefing sets out the important role that social prescribing has on the health and well-being of the population, the social prescribing initiatives already in place across Wales and the evidence that already exists which highlights the effectiveness of social prescribing.

The Welsh NHS Confederation is the only national membership body which represents all the organisations that make up the NHS in Wales: the seven Local Health Boards and three NHS Trusts. Our role is to support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

Key Points

The Welsh NHS Confederation has produced this briefing to provide an overview of social prescribing projects in Wales following the publication of the Programme for Government 'Taking Wales Forward 2016 – 2021'.

The Programme for Government outlines the key priorities that the Welsh Government will take forward, including *"Prioritise mental health treatment, support, prevention and de-escalation, including a pilot Social Prescription scheme"*.

As it stands there is no clear agreement about what is meant by social prescribing but it does include any intervention that promotes well-being and self-care, encourages social inclusion and builds resilience for the individual and the community. Social prescribing is about treating the patient – not the illness.

Social prescribing represents an innovative way to manage the increasing demand

placed on NHS Wales. This is largely because social prescribing models seek to facilitate people and communities to come together for positive change, tapping into their skills, knowledge, lived experiences and interests on the issues they encounter in their everyday lives.

The range of social prescribing projects and initiatives have the potential to make real progress towards improving population health and well-being and reducing demand on NHS Wales.

We call on the Welsh Government, public sector and our third sector partners to broaden the discussion around the potential benefits of social prescribing projects and their potential value to NHS Wales. It is also vital that current social prescribing projects in Wales are evaluated to evidence their effectiveness on how they can improve the health and well-being on the population.

Definition of social prescribing

Social prescribing projects have existed in some form across Wales and the UK since before the 1990s but there is no clear agreement in the literature about what is meant by social prescribing.

The Centre Forum Mental Health Commission for example consider it *"a mechanism for linking patients with non-medical sources of support within the community"*; Lewisham Clinical Commissioning Group referred to social prescribing as *"a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services"*; while the Care Services Improvement Partnership suggested that social prescribing schemes *"represent an innovative approach to engaging with health inequalities" that "use partnership working to address the social causes of mental ill health"*. The Scottish Government say that social prescribing aims to *"strengthen the provision of, and access to, socio-economic solutions to mental health problems linking people (usually, but not exclusively, via primary care) with non-medical sources of support within the community"*.

As highlighted the definitions and literature available tends to be broad and diverse in its scope. However, a few general trends can be noted from the definitions:

- There is much more of a focus on wellness rather than illness;
- There is a strong emphasis on personal choice and control in achieving and maintaining well-being for vulnerable and elderly people;
- Social prescribing is about causes, not symptoms; treatment options starts with the person, not the illness or the condition;
- Social prescribing is based on a clear set of values which are about harnessing existing personal and community assets to achieve well-being;
- Social prescribing changes the relationship between the patient and the practitioner because it requires a collaborative exploration of the options available to improve and maintain well-being; and
- Social prescribing is about *'additionality'*: expanding the range of options available to both patients and professionals, promoting new perspectives and driving innovation.

Social prescribing and the NHS

The Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 provide the legal framework to drive real change in NHS Wales through their emphasis on prevention and the seven well-being goals. Both Acts introduce the development and implementation of policies that help to create the right conditions that support people to make healthier lifestyle choices. The Acts also recognise the need to work collaboratively across sectors, particularly through Public Service Boards, to ensure that a *'health in all policies'* approach is implemented.

With an ever-increasing demand on our public services, there is a greater requirement than ever to seek innovative models of service provision and delivery to improve the health and well-being of the population.

Social prescribing initiatives provide an asset-based approach to addressing these challenges by facilitating people and communities to come together for positive change, tapping into their skills, knowledge, lived experiences and interests on the issues they encounter in their everyday lives.

Social prescribing is part of the shift from traditional top-down models of care delivered in hospitals and GP surgeries to a non-medical, more networked approach by placing the patient at the centre of their care, promoting independence and personal responsibility, and contributing to the common good. It places value on establishing and maintaining personal relationships, helps to de-medicalise health conditions and represents a formal means of making links to locally accessible opportunities for patients.

Social prescribing initiatives also symbolise a systematic shift towards making available new life opportunities for those who need them most, opportunities to form new relationships and be independent while improving both physical and mental health. Examples include voluntary work agencies, exercise classes, self-help groups, book groups, social clubs etc. To put it concisely, social prescribing is about treating the patient – not the illness.

Social prescribing projects in action

Below are some initiatives currently operational in Wales where patients are benefiting from integrated, person-centred and non-medical services tailored to their needs.

The Lindsay Leg Club Foundation

The Foundation was established in 2004 with the primary objective of protecting and preserving the health of those experiencing, or at risk of experiencing, leg-related injuries in community centres. The Foundation implements a model that motivates and empowers people to take greater responsibility for their treatment. The clubs provide a friendly, informal meeting place for elderly people with leg-related conditions outside a traditional GP setting.

Recent surveys conducted by the Foundation revealed that a '*non-threatening*' environment was an important factor and that members who were reluctant to visit a clinical setting to receive their treatment felt that attending the leg clubs gave them a sense of purpose and were not isolated. They formed friendships, acquired an understanding of other people's needs and their medical conditions soon became secondary. There are currently 11 Lindsay leg clubs in Wales, but none of these are situated either in the far North or West Wales.

The Valleys Steps programme, Rhondda Cynon Taf

Cwm Taf University Health Board (UHB) is an area with high levels of deprivation and mental ill-health. The majority of mental health problems are managed in primary care centres across the UHB. However, due to limited alternative provision of treatment for depression and anxiety, levels of antidepressant prescribing in Cwm Taf UHB were in excess of £2 million. In response, the UHB opened discussions in 2013 with third sector partners Interlink, VAMT (Voluntary Action Merthyr Tydfil) and the WCVA (Wales Council for Voluntary Action) to discuss developing a service that delivers a range of preventative, non-stigmatising interventions to improve patients well-being, develop resilience, better manage their emotions and lead to cost savings for the UHB.

The result is the 'Valleys Steps' programme, which is managed by community co-ordinators and considers alternatives for seeking medical treatment for ongoing mental health issues and for those who wish to be more active and engage with more people in their localities to prevent feelings of loneliness and isolation. The project also acts as a 'one stop shop' – GPs simply refer a patient to Valleys Steps (either by providing them with a telephone number to call or the addresses of the community centres across the Health Board), where they can discuss their concerns with a member of the team who can signpost them to the most appropriate service. The advantage of the Valleys Steps project working as a 'one-stop shop' is significant because some people, particularly the elderly and the vulnerable, do not know where to go, where to turn or who to speak to in times of need.

Gofal Community Food Co-ops

Led by Gofal's Pathways to Employment team, the primary purpose of the co-op is to provide opportunities for mental health patients to engage and interact with members of the local community. Members of the public contact the group with a sort of shopping list, where they tell volunteers what foodstuff they'd like to receive the following week, ranging from fresh fruit and vegetables to homemade cakes and biscuits. The volunteers hold a co-operative session the following week where they sell their produce, allowing volunteers to acquire invaluable first-hand experience of human interaction, stock sourcing and money handling.

The benefits of these workshops go beyond offering fresh food. The co-op gives mental health patients a chance to make new friends, engage with others, develop a sense of belonging to the community and manage their own health conditions. A series of interviews were recently conducted with volunteers at the Blackwood co-op. One volunteer in particular remarked that the food co-op had given her "*reason to go out after feeling unwell*"; another said that the food co-op gave her "*the incentive to eat healthily and meet new people*", while another said that he now feels "*a greater sense of purpose and confidence*" in himself.

Social prescribing projects in action (continued)

Torfaen

In North Torfaen, Aneurin Bevan UHB have appointed a social prescriber based in six GP surgeries. The social prescriber's primary objective is to *"to tackle the underlying causes of ill health and to promote self-help by connecting primary care with the range of services that exist across the community and public sector"*. The initiative has been fully operational since January 2016.

151 referrals were made to the social prescriber between January and May 2016. Of these, 90 attended a face-to-face consultation and a further 30 were able to get the help they wanted over the telephone. 80% of GPs interviewed during this period said that they valued the service. They also commented that the impact had resulted in patients making fewer appointments with their GP and felt more in control of their own health and well-being.

Concerns about mental health, housing/financial issues and extended periods of loneliness and anxiety were overwhelmingly cited as the three top priority areas. Many of the patients being referred experience barriers to social engagement and suffer from a complex mental illness and so there is a need to ensure that there is a certain element of support in putting patients in touch with the appropriate service in a timely manner.

Ffrind i mi

Ffrind i mi ('a friend to me') was launched in May 2016 by Aneurin Bevan UHB with a focus on tackling loneliness and social isolation and its detrimental effects on elderly and vulnerable people in Gwent.

"Ffrind i mi" has enabled a 'social movement', encouraging statutory and voluntary partners and wider communities to think about innovative ways to support those at risk of loneliness and social isolation to reconnect with their community. Recognising their rich community assets, "Ffrind i mi" works by partnering volunteers with elderly and lonely people by matching their interests and supporting them in re-connecting with their communities.

Care and Repair Cymru

In December 2016, Care and Repair Cymru, with the support of £250,000 from Welsh Government, launched the Warm Homes Prescription Scheme.

The Warm Homes Prescription scheme allows GPs to 'prescribe' a warm home for patients whose health is affected by poor homes. If the GP, during their consultation, suspects that the patient's home is a contributory factor to their deteriorating health, then a referral is made to Care and Repair Cymru, whereupon a member of the team is sent to the patient's home to repair or replace broken boilers, ensure the property is well-insulated, seal all open drafts and ensure all radiators are working.

This is the first project of its kind to take place in Wales, but results from similar initiatives across the UK. For example a boiler prescription scheme is under way in Sunderland, where a GP 'prescribes' a boiler check, loft insulation and double glazing for vulnerable patient groups. Early indications from a pilot study are showing that GP and outpatient visits within this patient group have dropped by a third and that the average energy bill among the patient group was reduced by as much as £30 per month.

The project is an example of how joined-up working practices across organisations can be used to reduce the burden on NHS services while also supporting vulnerable patient groups to manage their own health and maintain their independence. Furthermore, the project focuses not only on prevention (i.e. improving residents' homes so as to prevent their illnesses deteriorating), but also secondary prevention (i.e. taking action on behalf of patients following their discharge from hospital with a view to reducing the likelihood of readmission).

The Impact of Social Prescribing

While social prescribing schemes have become increasingly commonplace across England and Wales, there is a noticeable gap in the literature focusing on the impact of these schemes and there is mixed evidence about how effective they are. This is largely because it is extremely difficult to measure (and record) the extent to which a person feels they have benefited from the service they have received. The sort of feedback on the service patients tend to provide in these circumstances is often difficult to articulate; for example, *"I've met lots of new friends and feel much more positive, healthier and happier"* cannot be quantified or recorded in a meaningful way despite the fact that the respondent has clearly benefitted from the service in question.

The dependable literature we do have available on the topic does suggest that social prescribing projects have much to offer NHS Wales. However it is key that social prescribing projects that are already established in Wales are evaluated to ensure that there is evidence that the projects support the health and well-being of the population and to ensure that GPs have confidence that the activities that they are prescribing are evidence based initiatives because there are a range of prescribing areas presently available.

One example of a project where such analysis has been carried out however is the social prescribing pilot scheme in Rotherham (Voluntary Action Rotherham). The analysis revealed a 20% reduction in the number of A&E attendees, a 21% reduction in the number of outpatients and a 21% reduction in the number of inpatients when follow-up meetings were conducted three to four months later. The project was funded initially by a budget of £11 million. Sheffield Hallam University have estimated that the costs of delivering the service for a year would be recouped after 18-24 months. The potential cost savings were estimated to be anything between £1.41 for every £1 invested to £3.38 for every £1 invested.

The literature also suggests that the best examples of such projects are those that involve a community co-ordinator to signpost patients to the appropriate service. Emphasis must also be placed on third and voluntary sector involvement to ensure patients feel valued, looked after and encouraged to manage their own treatment and take greater responsibility for their own health and well-being throughout the process.

Conclusion

In conclusion, the very simplicity of a social prescribing approach to treatment belies its challenges. Social prescribing doesn't just happen – it requires an awareness of the value of every contact with other human beings, empathy, skills in finding, understanding and using information, a knowledge of local sources of support, and organisational, digital and technical skills.

How can the Welsh NHS Confederation help you?

Please get in touch if you want further details on any of the issues raised in this briefing.

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