

## Introduction

The Health Committee is planning to investigate social prescribing in London. The aim of this investigation is to examine how the Mayor intends to achieve the ambition set out in his Health Inequalities Strategy to make social prescribing a more routine part of health and care in London. This paper sets out background and options for the investigation to be agreed by the Committee.

The proposed terms of reference for this investigation are:

- To examine the current landscape for social prescribing in London; and
- To examine the Mayor's proposals for increasing access to, and uptake of, social prescribing in London, particularly for the most disadvantaged Londoners.

## What is social prescribing?

Traditionally healthcare has been provided by health professionals, such as doctors, nurses, and occupational therapists based in a range of NHS settings, including primary care. But people's health and their ability to manage it are influenced by a wide range of factors beyond the scope of these professionals' practice. Such factors include employment, housing, debt, social networks and culture, which have been estimated to account for 57-85 per cent of the determinants of an individual's health status.<sup>1</sup>

Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing. Social prescribing enables a GP or other healthcare professional to refer the patient to an organised scheme which usually involves link workers or navigators taking time to understand what the patients' needs and goals are, helping them to access appropriate services. Those services are most commonly provided by local voluntary organisations. Example of social prescriptions could include physical activity or exercise classes, gardening, arts on prescription, educational classes, debt advice, volunteering or peer support.

## The case for social prescribing

National research suggests that around 20 per cent of GP appointments are for 'non-medical' needs.<sup>2</sup> This causes a number of challenges:

- **For the patient:** a GP may be able to treat some of the symptoms, but not the underlying root causes, of their problem.
- **For the GP:** Time spent dealing with issues best handled by other services detracts from patients with clinical needs and creates significant additional workload.
- **For the wider healthcare system:** Congestion in the system means that people find it increasingly difficult to get a GP appointment. This has a knock-on effect for other services such as ambulance services and A&E departments. GP workload increases,

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<sup>1</sup> <https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

<sup>2</sup> <http://www.mertonccg.nhs.uk/News-Publications/News/Pages/East-Merton%E2%80%99s-pilot-social-prescribing-programme-improves-patient-wellbeing.aspx>

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contributing to burn-out and difficulty in retaining workforce. Increased competition for limited GP appointment slots means that continuity of contact between patient and GP is limited. Timely access to GP services becomes more difficult.

There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes. Studies have pointed to improvements to quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety.<sup>3</sup> In general, social prescribing schemes appear to result in high levels of satisfaction from participants, primary care professionals and commissioners.<sup>4</sup>

Social prescribing schemes may also lead to a reduction in the use of NHS services. According to NHS England, social prescribing can impact on GP consultation rates, A&E attendance, hospital stays, medication use, and social care. The University of Westminster led an evidence review, looking at the impact of social prescribing on demand for NHS healthcare. They found an average of 28 per cent fewer GP consultations and 24 per cent fewer A&E attendances, where social prescribing 'connector' services are working well.<sup>5</sup>

### Challenges for boosting social prescribing in London

According to a King's Fund analysis in 2017, 23 of London's 32 Clinical Commissioning Groups (CCGs) had invested in social prescribing programmes; nine had not. Effective social prescribing is dependent on the robustness of local voluntary and community services to refer into. There is considerable local variation in terms of available services in London. There are also differing levels of engagement with the concept from different CCGs. Early adopters include Tower Hamlets and Hackney, which have both had well established social prescribing programmes for over a decade.

There are a number of potential challenges to making social prescribing a routine and systematically embedded part of health and care in London. These include (but are not limited to):

- **The sustainability of the community and voluntary sector (CVS).** Social prescribing is heavily dependent on having a diverse and healthy CVS to refer into. However, the sector has been under sustained pressure, with many smaller organisations struggling financially. Funding for social prescribing schemes is often non-recurrent, risking effective schemes ending suddenly. This means that the range of social prescribing on offer shows considerable variation across London.
- **Patient acceptability.** 'Social prescribing' covers a huge range of potential activities, programmes and models, and it is not always clear to the public what is meant by the term. There are questions around the extent to which prospective users 'trust'

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<sup>3</sup> [Kimberlee, R. \(2013\) Developing a social prescribing approach for Bristol. Project Report. Bristol Health & Wellbeing Board, UK](http://eprints.uwe.ac.uk/23221/)

<sup>4</sup> <https://www.kingsfund.org.uk/publications/social-prescribing>

<sup>5</sup> <https://www.england.nhs.uk/personalised-health-and-care/social-prescribing/>

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the social prescription. A recent study found that people who had built up a relationship of continuity and trust with their GP were more likely to take up social prescriptions when offered. However, a separate study has also shown that the number of people who are able to see their preferred GP is in decline, falling by 27.5 per cent between 2012 and 2017.<sup>6</sup>

- **Clinical workforce acceptability.** Nationally, around one in five GPs regularly refer patients to social prescribing. Forty per cent say they would refer if they had more information about available services.<sup>7</sup> Ensuring that primary care professionals are informed and confident in what social prescribing is available to their patients, and the potential benefits to both patient and GP, is therefore critical.
- **Developing the evidence base.** Robust and systematic evidence on the effectiveness of social prescribing is very limited. Much of the evidence available is qualitative and relies on self-reported outcomes. Researchers have also highlighted the challenges of measuring the outcomes of complex interventions or making meaningful comparisons between very different schemes. This can make it difficult to set out the economic case for action to persuade commissioners to invest in these services.
- **Engagement with under-served groups.** There are a number of different social prescribing models available, including some opportunities for self-referral. However, for many, the main route into these services remains through a GP. This may present additional challenges for marginalised groups where GP registration is low: this includes homeless people, migrant populations, and people being released from prison. Social prescribing schemes normally involve several sessions of intervention; this can cause issues for people living chaotic lifestyles, and for those with limited time resources.

### The role of the Mayor

The Mayor has made increasing access to social prescribing a key component of his statutory Health Inequalities Strategy. One of the five key ambitions in the strategy is, by 2028, 'to support more Londoners in vulnerable or deprived communities to benefit from social prescribing.'<sup>8</sup> As a step towards recognising this ambition, the Mayor is currently developing a social prescribing vision for London which is due to be released in the Autumn.

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<sup>6</sup> <http://www.pulsetoday.co.uk/news/commissioning/commissioning-topics/prescribing/gp-patient-relationship-is-crucial-for-social-prescribing-uptake-study-finds/20037208.article>

<sup>7</sup> <https://www.england.nhs.uk/personalised-health-and-care/social-prescribing/>

<sup>8</sup> [https://www.london.gov.uk/sites/default/files/health\\_strategy\\_2018\\_low\\_res\\_fa1.pdf](https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf)

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### Suggested approach

The Committee will issue a call for evidence and use one committee session to discuss this topic. The Committee will also consider site visits to established and new social prescribing programmes and will gather case studies of best practice locally. Depending on when the Mayor's social prescribing vision is released, the session will either provide a critique of the Mayor's initial plans or set out areas for inclusion when the vision document is released. The Committee could also consider commissioning survey work to establish public perceptions on social prescribing.

### Key questions

- What types of issues/conditions can be more effectively tackled through social prescribing?
- Can the community and voluntary sector cope with increased social prescribing?
- Do people understand and have confidence in social prescribing?
- What benefits would increasing social prescribing have for London?
- How acceptable is social prescribing to patients and clinicians?
- What are the barriers to increasing social prescribing uptake across London?
- Which particular groups could benefit most from social prescribing?
- What examples of innovative social prescribing are there in London?
- Are there any downsides to boosting social prescribing in London?
- What role can the Mayor play? Does his social prescribing vision have the right aims and focus?

### Possible guests

Tom Coffey, Mayor's Health Advisor

Social prescribing service users

Healthy London Partnership/ Social Prescribing Network London leads

Michelle Drage Londonwide LMCs (GPs)

Michael Dixon- national clinical champion

### Output

The Committee will produce a letter or short report summarising our findings to feed into the development of the Mayor's social prescribing vision