

## Call for evidence: social prescribing

October 2018

The **London Assembly Health Committee** has launched an investigation into social prescribing in London. The committee is looking into the current provision of social prescribing in London, and what can be done to boost access to and uptake of social prescribing across the capital.

This paper invites organisations and individuals to submit views and information to the committee on the investigation, giving you the opportunity to inform our work and influence our recommendations. We pose a number of key questions to be answered.

### Social prescribing

Traditionally healthcare has been provided by health professionals, such as doctors, nurses, and occupational therapists based in a range of NHS settings. 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.

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>2</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 Mayor's proposals

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. As a step towards recognising this ambition, the Mayor is currently developing a social prescribing vision for London.

### Key issues for social prescribing

**The sustainability of the community and voluntary sector (CVS).** Social prescribing is heavily dependent on having a diverse and healthy CVS for health professionals to refer people into. However, the sector has been

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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’ 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>3</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>4</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 key.

**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.

**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.

### Key questions

Questions we are seeking to address in this investigation include:

- 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 clinicians?

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- 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/barriers to boosting social prescribing in London?
- What role can the Mayor play in supporting increased social prescribing in London? Who else needs to be involved?

### How to contribute to the investigation

We welcome submissions from any organisations and individuals with views and information to share on this topic. You do not need to answer all questions; submissions should aim to address any of the questions outlined above, and any other issues that are relevant to the scope of the investigation. We are keen to hear from parents, childcare providers, professional organisations, academics, local authorities, health services and anyone else with an interest in this topic. To contribute, please send submissions to the committee by the deadline of **30 November 2018** using the details below.<sup>5</sup> For more information on the committee's work see <https://www.london.gov.uk/about-us/london-assembly/london-assembly-committees/health-committee>

Email submissions	<a href="mailto:healthcommittee@london.gov.uk">healthcommittee@london.gov.uk</a>
Postal submissions	Lucy Brant, London Assembly, City Hall, The Queen's Walk, London SE1 2AA
Further information	020 7983 5727
Media enquiries	Howard Wheeler 020 7983 4067

### About the Committee

The London Assembly Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing the progress of the Mayor's Health Inequalities Strategy.

#### Committee Members

- Dr Onkar Sahota, Chair (Labour)
- Susan Hall, Deputy Chair (Conservative)
- Andrew Boff (Conservative)
- Unmesh Desai (Labour)
- Joanne McCartney (Labour)

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

<sup>3</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>4</sup> <https://www.england.nhs.uk/personalised-health-and-care/social-prescribing/>

<sup>5</sup> Please note we will publish written submissions online unless they are marked as confidential or there is a legal reason for non-publication. We may be required to release a copy of your submission under the Freedom of Information Act 2000, even if it has been marked as confidential.