

Social Prescribing

*Strengthening social value through health services
commissioning*

Presentation to:

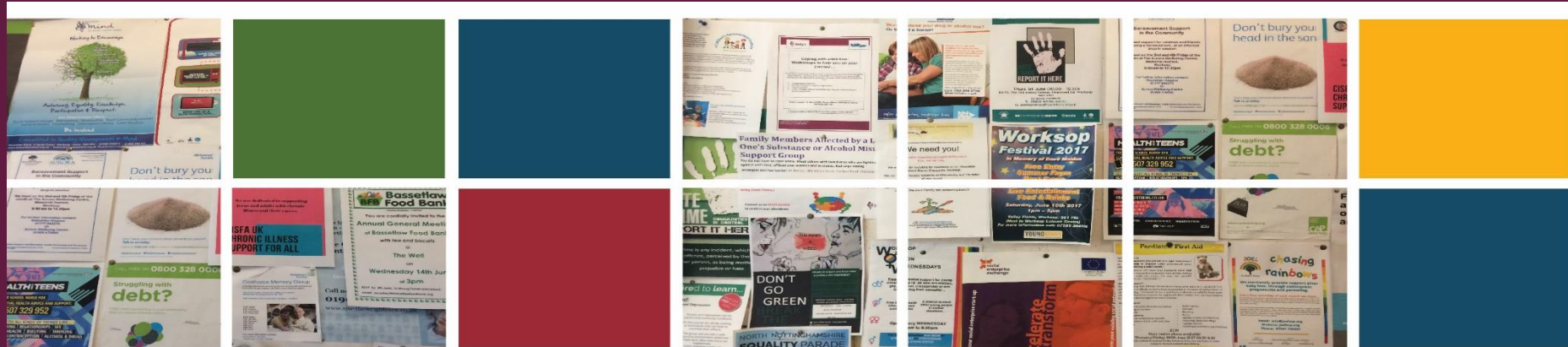
*A Connected Society - Social Solutions for healthier people and places
Portsmouth, 25th January 2019*



Introduction

- Presentation in two parts:
 - Part 1: Reflections on the policy and practice of social prescribing
 - Part 2: Evidence on the social value of social prescribing
- Based on more than 5 years of *experience of and engagement with the social prescribing agenda from a voluntary sector perspective*:
 - Evaluation of four local social prescribing initiatives (ongoing)
 - Comparative research into different ways of funding social prescribing
 - Providing policy advice and support nationally and locally
 - Involvement with National and Regional Social Prescribing Networks

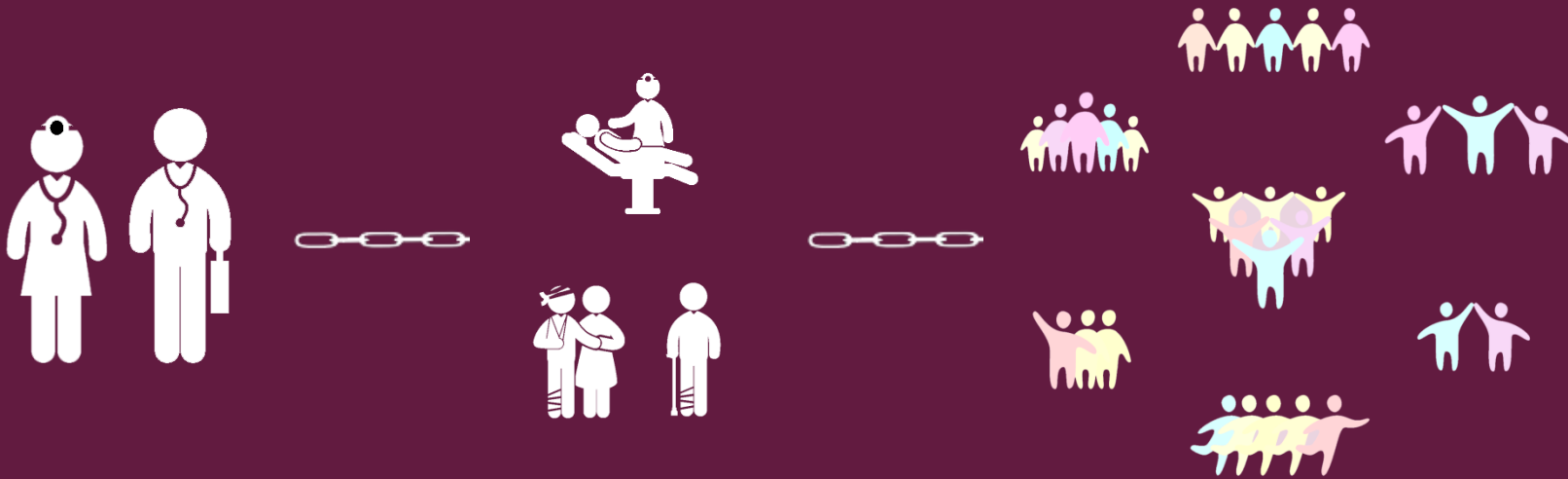
Reflections on the Policy and Practice of Social Prescribing



What is Social Prescribing?

A simple idea...

Enabling health service patients to access support and activities in their community



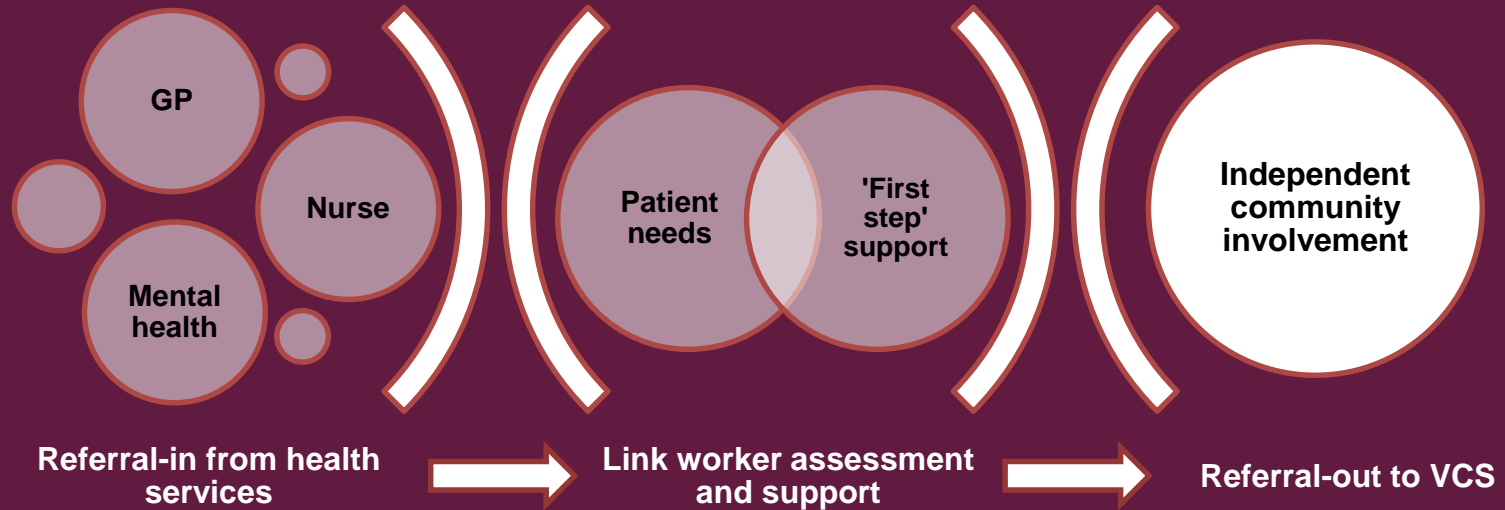
What is Social Prescribing?

- Can be 'fuzzy' in practice...
 - Describes...services and activities in the voluntary and community sector for people with health conditions
 - But also...referral process and pathways into the voluntary and community sector available to GPs and other health practitioners
- However...some core components have emerged

The 'Three Pillars of Social Prescribing'



A 'Typical' Social Prescribing Pathway



The National Picture

- From bottom-up to top-down in 5 years?
- SP a key component of government strategies:
 - NHS 10 year Plan
 - Prevention strategy
 - Isolation strategy
- Civil Society Strategy aims to create thriving communities by strengthening social value



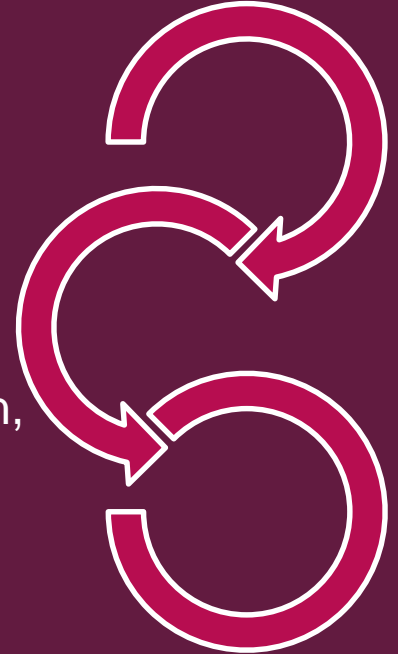
The Local Picture(s)

- Social prescribing is commissioned at the local (CCG or LA) level: no one area is exactly the same
- Variations by:
 - Funding: source, amount and purpose
 - Delivery model: who does what?
 - Target group: from need focussed to universal access
 - Geography: from neighbourhood to borough wide
 - Referral sources: combination of GPs, pharmacists, Practice Staff, social workers, mental health services
 - What people are prescribed: social activities, exercise, arts etc



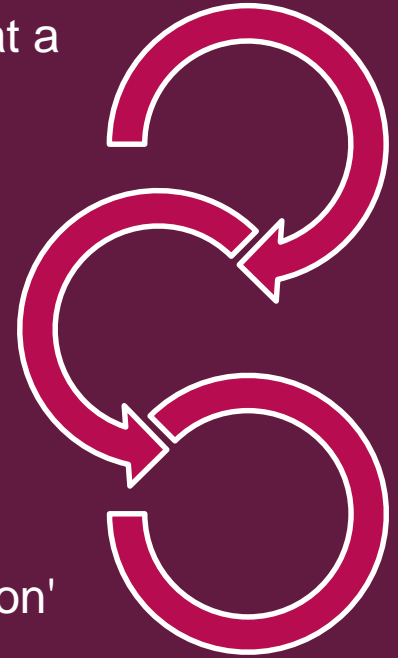
Social Prescribing can be challenging for commissioners

- **Making social prescribing bespoke:**
how develop a model that works for your area?
- **Navigating the local voluntary sector politics:**
involving and engaging with key actors
- **(Proper) social prescribing is expensive:**
how much to invest, which parts of the process to invest in,
and what to disinvest in at the same time?
- **How will you know if it has worked?**
Understanding the possibilities and limits of evaluation
in a complex and messy system



Some characteristics of effective social prescribing commissioning

- **Builds on but invests in** the existing service ecosystem at a community level
- Is **genuinely collaborative** with key stakeholders: co-produced with clinicians, local VCS infrastructure, frontline VCS providers (large and small), service users
- **Accountability based on trust**, not meaningless output targets
- Evaluation provides the basis for **learning and critical reflection**: beware to much focus on 'impact' and 'attribution'



The Social Prescribing 'Social Value Proposition'

Patients

- Improvements in outcomes..
- Well-being and mental health
- Physical health
- Social capital

Public services

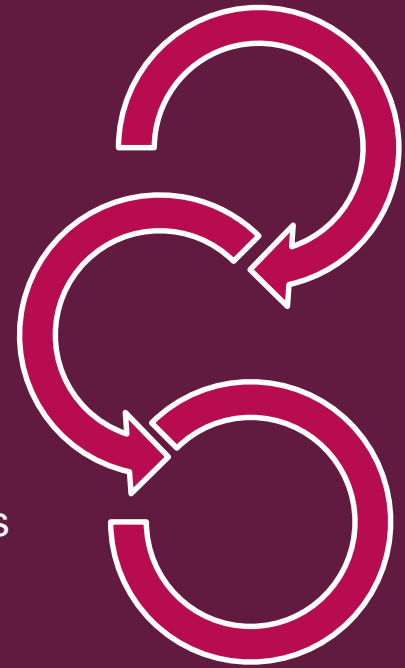
- Reduced demand from 'frequent fliers'
- An alternative/addition to medical prescribing
- Model of Prevention

Civil society

- Embedding VCOs in health services
- Additional resources for community services
- Stronger, thriving communities

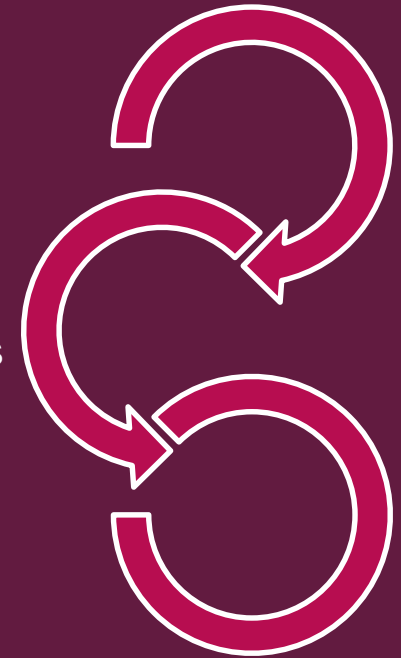
Reflections on the social prescribing evidence base

- The evidence base on social prescribing is growing, but it's already better than we think!
- SP is probably one of the most evaluated VCS 'policy things' of the 21st Century!
- Local evaluations provide some consistent and universally positive messages:
 - Positive impact on wellbeing and the salutogenic factors associated with good health
 - Primary care (GPs) is a clear winner - considerable time savings
 - Secondary and social care benefits less clear cut and harder to measure



Reflections on the social prescribing evidence base

- Good evidence about the enabling factors of social prescribing (how and why it works):
 - Gives time to people in ways that mainstream services cannot
 - Gives hope to people for whom hope has been lost
 - Provides pathways to existing voluntary and community assets
 - Builds (new) and strengthens (existing) community assets
 - Enables cross-sector multi-disciplinary working: bridging professional boundaries and implied hierarchies (relationships = vital)



Reflections on the social prescribing evidence base

These factors combine to provide the 'scaffolding' people need to live life independently and healthily



Reflections on the social prescribing evidence base

- So, the evidence base is good, isn't it? Some people are less sure...

*"Social prescribing is being widely advocated and implemented but **current evidence fails to provide sufficient detail** to judge either success or value for money."*

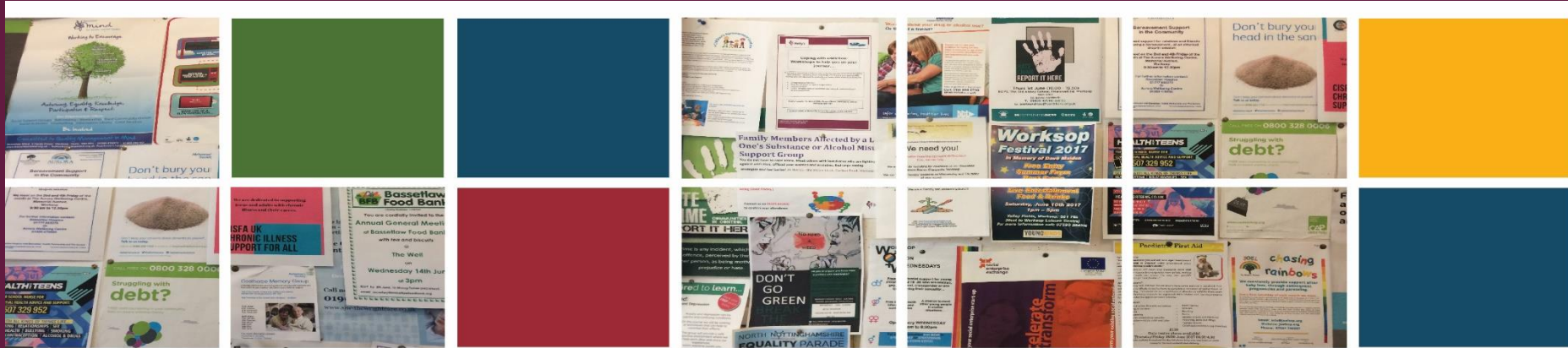
(Bickerdike et al, 2017)

- These views are often mirrored in policy and practice, but why?
 - Only 50-60% of medical care is delivered in line with level 1 evidence (i.e. RCTs) or consensus based guidelines (Braithwaite, 2018)
 - Current/existing care and practice isn't held to such a high evidential standard
 - A level 1-2 evidence base will be very hard to achieve in practice given extensive implementation of social prescribing and NHS ambitions to grow it further

Reflections on the social prescribing evidence base

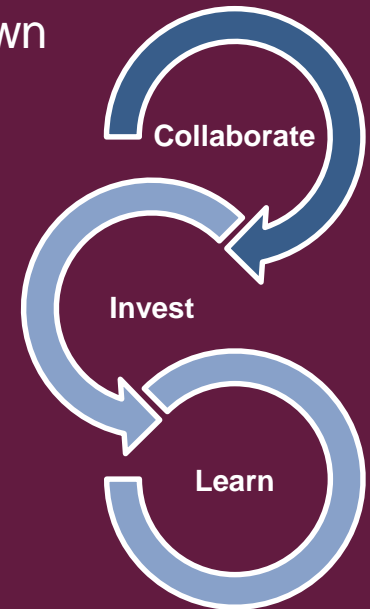
- Is it time to 'emancipate' social prescribing from the 'tyranny of proof' (?)
- But that doesn't mean the evidence base can't be improved
- To do this, we need to shift the debate:
 - Move away from a narrow focus on cause and effect
 - Recognise that social prescribing is the product of complex systems
 - The factors affecting the outcomes of SP inevitably reflect that complexity
 - Focus on evidence as a tool for learning and improvement

Conclusion: Realising the potential of Social Prescribing



What next for social prescribing policy and practice?

- Social prescribing is an important 'moment' for local voluntary-public sector relationships
- A rare alignment of bottom-up frontline practice and top-down policy priorities
- Three steps needed to ensure this moment is seized and the potential of social prescribing realised



Collaborate...

...between and across the public and voluntary sectors

...*build* and *build on* trust based relationships

Invest...

...in a model of SP that works for your area

...in sustaining healthy local ecosystems of groups and organisations

Learn...

...about what works, for whom and in what circumstances

... focus on social value, not cost savings

Underpinning Research

Dayson, C et al (2018) [*The value of small: In-depth research into the distinctive contribution, value and experiences of small and medium-sized charities in England and Wales.*](#) Sheffield: CRESR, Sheffield Hallam University

Dayson, C. and Leather, D (2018) [*Evaluation of HALE Community Connectors Social Prescribing Service 2017.*](#) Sheffield: CRESR, Sheffield Hallam University.

Dayson, C (2017) [*Social prescribing 'plus': a new model of asset-based collaborative innovation?*](#) *People, Place and Policy*, 11 (2), pp 90-104

Dayson, C (2017) [*Evaluating social innovations and their contribution to social value: the benefits of a 'blended value' approach.*](#) *Policy and Politics*, 45 (3), pp 395-411

Dayson, C. and Bennett, E. (2017) [*Evaluation of the Rotherham Mental Health Social Prescribing Service 2015/16-2016/17.*](#) Sheffield: CRESR, Sheffield Hallam University.

Dayson, C. and Damm, C. (2017) [*The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update.*](#) Sheffield: CRESR, Sheffield Hallam University.

Underpinning Research

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Bashir, N., Dayson, C., McCarthy, L. with Chowbey, P. and Ismail, M. (2016) [*Making the most of primary and community services: what works for BAME people with long-term conditions?*](#) Sheffield: CRESR, Sheffield Hallam University.

Dayson, C., Bashir, N., Bennett, E. and Sanderson, E. (2016) [*The Rotherham Social Prescribing Service for People with Long-Term Health Conditions: Annual Report*](#). Sheffield: CRESR, Sheffield Hallam University.

Dayson, C. and Bennett, E. (2016) [*Evaluation of the Rotherham Carers Resilience Service: Final Report*](#). Sheffield: CRESR, Sheffield Hallam University.

Dayson, C. and Bennett, E. (2016) [*Evaluation of the Rotherham Mental Health Social Prescribing Pilot*](#). Sheffield: CRESR, Sheffield Hallam University

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