



the care forum

# Information Sheet

April 2009

## Social Prescribing

Social prescribing is a formal way of enabling primary care services to refer patients with social, emotional or practical needs to a range of local non-clinical services. Various projects have used this approach nationally. Outcomes for people referred through these projects include enhanced self-esteem; opportunities for social contact; transferable skills; greater confidence.

Social prescribing provides a structured way of finding alternative ways to meet people's needs. Patients who are referred could include those who frequently attend primary care services, as well as those who are isolated, lack confidence and who might feel a lack of control in regard to their own circumstances. It is a way of identifying where getting involved in voluntary, community and social enterprise sector (VCSES) organisations could benefit the patient, the organisation and statutory services. It can also create links with social support mechanisms that could increase the take up of prescribed health related activities, such as weight loss and exercise programmes.

### Why VCSES Services?

The VCSES often fills a gap in services provided by the statutory sector, providing experience, skill sharing and social networks that can help those who are not satisfied by mainstream channels. In addition community groups add value for communities and help address local need.

Levels of voluntary participation are thought to be related to levels of social capital. This refers to the value and cooperation (also referred to as social cohesion) created through social human relationships or networks. People who are willing to access activities like social support also rate their own health status as better. Social participation is also related to lower psychological distress and depression, and a sense of community belonging can also be related to a sense of wellbeing.

The use of volunteers to meet need is also an important aspect of VCSES service provision. This engagement can be beneficial to both volunteers and those using services. Benefits to the volunteer might include an improved sense of wellbeing including happiness, self esteem and satisfaction and also counters depression, particularly in older adults.

Previous projects that were set up to direct patients to alternative services in health and the VCSES, while being shown to fill a need and well received, have not been able to provide substantial evidence of the impact this makes on health service resources. So although projects did have an impact upon anxiety, general health and quality of life, they did not reduce cost in the short term.

Social prescribing fits well with national and local agendas to improve health and reduce inequalities because it is:

- patient-centred
- not just about what the NHS can do
- a way to involve patients in their community and open channels between sectors.

In 'Our health our care our say: a new direction for community services' (January 2006) the government says: "We would like to see increasing uptake of well-being prescriptions by PCTs and their local partners, aimed at promoting good health and independence and ensuring people have easy access to a wide range of services, facilities and activities."

### Social Prescribing Locally

In Bath and North East Somerset, a social prescribing project has been developed following a research project carried out through Bath University Mental Health Research and Development Unit (MHRDU).

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This research set out to look at the feasibility of developing a social prescribing service and to achieve a number of things including to:

1. Determine the prevalence of high resource users in three general practices serving Keynsham.
2. Explore the role of a social prescribing facilitator based in primary care, how the post-holder will integrate into existing structures including the general practices and the community and voluntary groups to which referral will be made.
3. Investigate other primary care trusts where social prescribing schemes are in operation.

B&NES council, through its social care transformation project, has agreed to fund a pilot social prescribing project for two years. The service will focus on the Keynsham area. Two part-time social facilitators will be based at The Care Forum but working closely with the three surgeries in Keynsham.

The social facilitators' role aims to:

1. improve access to, and sustain people's engagement with, services for people referred through GP practices. That includes VCSES and statutory sector services.
2. evaluate the benefits in relation to health and well being of individuals referred to services.
3. evidence the impact on VCSES groups involved with the project of providing preventative health and wellbeing services.
4. promote effective working relationships between primary care, VCSES groups, statutory services and service commissioners.

To achieve this the social facilitators will want to work closely with local groups, to develop their understanding of local services, and with local GP practices. They will also be working one-to-one with people who are referred to them through GP practices, to identify the types of service the individuals referred are interested in, and accompanying them in going to services. The social facilitators will be assessing the difference the service makes to each individual. The Social Facilitators will also work with groups to evaluate the impact that being involved with the project has had on their service. They will

also be making close links with primary care and statutory sector services.

The outcomes that the project wants to achieve include: increased involvement with and awareness of VCSES services relevant to people's needs and interests; improved sense of social inclusion and mental wellbeing for people referred through the project; improved understanding of the support needs of VCSES groups in providing effective preventative health and wellbeing services; improved joint working and contact between primary care/VCSES/statutory services. Much of this information will be evidenced through the evaluation process that is being carried out by Bath University MHRDU as part of this project.

What is different about this project, in relation to other social prescribing projects, is the focus on the impact on local VCSES groups in providing these services, and how groups can be supported in providing their services. This arose from a number of issues that had been recognised. Groups, both through The Care Forum network meetings and individually, highlighted their wish to work more closely with primary care providers in supporting people. In some cases this seemed to prove challenging. Groups can sometimes find it difficult to present evidence of the impact and benefits that their services provide, and to make the case for their services within the commissioning process. The idea of looking at how people's involvement with VCSES services is sustained (rather than simply being about assessing the referral to a service) is also quite different.

The original feasibility study was overseen by a Steering Group. This has now developed into the Social Prescribing Partnership, chaired by Sarah Shatwell, Commissioning Manager for Social Care Transformation. The Social Prescribing Partnership includes representatives from The Care Forum and the Volunteer Centre, primary care, libraries, the MHRDU, and community development in the council. Contact Ronnie Wright, ☎ 0117 958 9333, for details.

### Further information

The Feasibility Report and Executive Summary is available at <http://www.bath.ac.uk/health/mhrdu/>

The Care Forum website [www.thecareforum.org](http://www.thecareforum.org)

**The Care Forum, The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ**

☎0117 965 4444 Fax: 0117 965 0200 [www.thecareforum.org](http://www.thecareforum.org)

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