

Just what the doctor ordered

Social prescribing – a guide
for local authorities

Foreword

The challenge of the ageing population and supporting people with long-term conditions is one of the biggest our society faces. Chronic illnesses consume approximately 70 per cent of the health budget. But as there is no cure for them they require us to look beyond the traditional clinical model the NHS offers. This is where social prescribing comes in. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people.

This was made clear by Professor Sir Michael Marmot's 2010 review, Fair Society, Healthy Lives, which pointed out that the majority of health outcomes are attributable to social-economic factors. In fact, it is estimated about a fifth of visits to GPs are for a social problem rather than medical one.

But the benefits go beyond simply improving the health of individuals. Many of the schemes empower and engage patients, helping to give them independence, while at the same time making the most of our community assets.

Councils – with their responsibility for public health and local leadership – are ideally placed to grasp the nettle.



Councillor Izzie Seccombe
Chair, Community Wellbeing Board

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What is social prescribing?

Social prescribing – sometimes called community referrals – is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of non-clinical services.

Often they are provided by the local voluntary sector, but statutory services provided by councils, housing associations or the NHS can also be involved. The prescriptions can include referrals to everything from arts groups and volunteering to activities that involve physical exercise, such as gardening and dance clubs.

They can also involve simply putting people in contact with services that can provide help and advice with issues such as debt, benefits and housing. Most schemes have a link worker or navigator who GPs refer patients on to and they organise the social prescription, but there are examples of doctors referring patients directly on to an activity.

Commonly prescriptions are for a set length of time, between eight or 12 weeks with a structured follow-up once that is complete. There are, however, examples of schemes that have more open-ended prescriptions and in many cases patients end up keeping up their new activity once the prescription is complete.

Is social prescribing a new idea?

No. There are plenty of examples of arts and exercise-on-prescription services dating back to the 1990s, while London's Bromley-by-Bow Centre – one of the best known social prescribing schemes – was founded back in 1984.

But with growing emphasis on supporting people with long-term conditions to stay well, interest in the concept has increased. Over the past decade or so, more and more schemes have been developed, spurred on by government policy documents Choosing Health (2004), Our health, Our Care and Our Say (2006) and Healthy Lives, Health People (2010) – all of which stressed the importance of prevention, good wellbeing and integration of services.

More recently, in 2014 the same principles were pushed in NHS England's Five-Year Forward View, while the need for integration between the NHS, social care and community services is a central part of the ongoing Better Care Fund. The growing interest has even prompted the creation of a Social Prescribing Network, which in early 2016 held its first annual conference.

Does it work?

Certainly there is good evidence that getting people involved in community life, keeping them active and improving social connections – all of which are hallmarks of social prescribing – is good for both health and wellbeing.

Evaluations of well-established individual schemes have also provided convincing results – as the case studies featured later demonstrate. Comprehensive reviews of social prescribing en masse though are scarcer. A University College London study in 2015 found just over 40 per cent of schemes it looked at had been evaluated. Most relied on qualitative feedback – surveys, focus groups and questionnaires – although there were examples of statistical analysis and even randomised control trials being deployed.

The review said this showed there was a need for more robust evaluation to be done. But it did conclude that from what it could see there were good outcomes, including increases in self-esteem and confidence and improvements in psychological and mental wellbeing.

Social Prescribing Network co-chairs Dr Michael Dixon and Dr Marie Polley believe the potential of the social prescribing is immense, saying it has the power to “nurture local social capital and catalyse health-creating communities”. It is no wonder then that many say social prescribing is an idea whose time has come.

What is the role of councils?

It could be argued councils have three important roles when it comes to social prescribing. Firstly, with their responsibility for public health, they may be running some of the non-clinical services that social prescribing schemes can refer to.

Secondly, through health and wellbeing boards they have a strategic role in getting the NHS to sign up to social prescribing and, finally, there are some councils which have become the social prescribing provider or are funding them.

But when pushing ahead with programmes, there is plenty to think about. Here are five things to consider:

- seek joint ownership / involvement from the NHS, council and voluntary sector
- ensure the voluntary sector is ready for the increase in referrals that is likely
- look to get other professionals such as pharmacists, nurses and social workers involved in referring to schemes, not just GPs
- make sure support is in place to accompany clients to activities to help them settle
- consider how programmes are going to be evaluated and monitored.

Case studies

East Riding of Yorkshire Council: getting GPs to refer directly

East Riding of Yorkshire Council has developed an innovative partnership between local GPs and its leisure centres to make the most of social prescribing. The council has designed an IT system that allows GPs to book patients directly on to the exercise-on-referral scheme and – in the near future – its award-winning Live Well programme to combat obesity.

The system works in a similar way to Choose and Book in that it allows GPs to make direct appointments with the local leisure centre. Patients are then met by a trainer who is able to tailor a programme to suit the individual.

While the exercise-on-referral is normally for a set period of time – normally a few months – Live Well can last up to a year. Over the past year about 900 exercise-on-referrals have been made and 120 Live Well ones.

An evaluation of the latter by the University of Hull has shown impressive results – 79 per cent completed the programme and over half achieved at least a 5 per cent weight loss.

What is more, other data suggests one in three have committed to a long-term change in their lifestyle by taking out leisure centre membership once their programme finished. One 54-year-old woman described the impact it had on her as incredible. She went from not being able to run for five minutes to doing the Race for Life in the space of a year. “I saw my doctor there,” she says. “I’d not seen my doctor for a while

and I don’t think he even recognised me.” Researcher Dr Caroline Douglas says stories like this were commonplace: “What we found stunned us. On the surface, Live Well is a successful weight management programme for clinically obese individuals. However, when we started to explore the programme we realised that this was addressing more than just weight loss for those taking part, it was changing lives on a multitude of levels.”

East Riding’s Public Health Director Dr Tim Allison is delighted with how the project has gone since it was launched five years ago. “Having a system where patients get directly referred makes it seamless and as a result we get really good take up. It has also had the added benefit of helping make our leisure centres sustainable. We don’t have to subsidise them at all – and that is partly thanks to the numbers who take up membership after being referred.”

Dr Allison says the success of this scheme has also encouraged the council to look at other social prescribing models.

Last year East Riding launched a local Reading Well books on prescription for dementia service. The national scheme means GPs can refer patients to the library where there is a list of recommended books for reading, including those that offer information and advice about dementia and ageing, post-diagnosis support, practical advice for carers, personal accounts and suggestions for shared therapeutic activities.

The council is also running a pilot with South Holderness Medical Practice, which serves a deprived coastal community. The scheme involves GPs using social prescriptions for patients with two or more long-term conditions

or those with a diagnosis of type 2 diabetes. They can refer patients on to local authority services with a view to extending this to voluntary sector activities such as walking groups.

“We have one of the lowest public health funding settlements per head so we have to be really careful with how we invest in prevention,” says Dr Allison. “But we’re gradually building the evidence base that this works and that is why we want to do more.”

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Blackburn with Darwen: placing volunteering at the heart of the system

In Blackburn, volunteering has been chosen as the focus for social prescribing in the belief it leads to more long-term benefits than other activities.

Community CVS is in charge of the two borough-wide social prescribing schemes. The longest running is Fast 4wd, which is aimed at people with drug and alcohol problems and first started in 2010.

The second, Volunteering on Prescription, was set up as a pilot in 2014 and has funding until summer 2016. It focuses on people with mental health problems.

Patients referred into the service get to volunteer at a wide variety of projects from community groups and libraries to food banks and charities, such as Age UK. Kate Lee, deputy chief executive of Community CVS, says: “We do offer social and sporting activities, but the focus is very much on volunteering. The huge benefit is that it is more structured and leads to more sustainable outcomes. “When someone volunteers it gets them active and meeting new people. But they also develop their skills and confidence, which in turn increases their employability. We have found it really does work very well.”

Unlike many social prescription schemes, those referred in by GPs, social care or other council teams are not given a set time-dependent prescription. Instead, they are assessed by one of the organisation’s project officers – depending on which scheme they are part of – who then links them in with the most appropriate volunteering opportunity with the help of a community navigator or recovery support volunteer.

Then to help them get involved as a volunteer there is also a network of peer supporters that meet the patient and can accompany them on the “shifts” for as long as is right for the individual. “It really depends on what the individual needs,” says Ms Lee. “Some are worried about even leaving the house so need quite a bit of support. Others may just need to be accompanied for the first few days. But the support is there to help them make this step and then act as a friendly face until they feel settled.”

Last year 92 people ended up volunteering, carrying out nearly £190,000 of work. That alone has a monetary benefit in that the schemes cost £70,000 to run. But, of course, there is also the impact on the individual to consider. A survey in 2015 found over 80 per cent reported an improvement in overall wellbeing and two thirds felt they had improved their chances of finding work.

Marselle Davies, 48, is just one of the people who has been helped. She was struggling with mental health and drug addiction and was living in a women’s refuge when she was referred to Fast 4wd. She says: “Volunteering has given me my life back, made me feel worthwhile. I didn’t feel such a screw up.”

Blackburn with Darwen Public Health Director Dominic Harrison says Community CVS is one of the council’s most valuable partners. “A key challenge to us in the public sector is to learn from this excellent work how to enable the community to help solve its problems with our support – rather than be passive receivers of services provided by others.”

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Halton, St Helens and Knowsley: making the most of the local community

The Merseyside and Cheshire boroughs of Halton, St Helens and Knowsley have commissioned Wellbeing Enterprises CIC to run their social prescription service.

The social enterprise has based its model on an “asset-based” system – that is to say building on the resources that are already available locally. In practice, this means the wellbeing advisers who take referrals from GPs and social care staff work with existing services, clubs and organisations to co-design and deliver the interventions.

This can even involve utilising the skills of patients who get referred to them, as Wellbeing Enterprises chief executive officer Mark Swift explains.

“We had one patient who could play the ukulele so we set up a ukulele class. It really took off and we ran out of the instruments. On another occasion a doctor was referred to us who was a good tango dancer so she helped run a tango club. It helped her and many others. The whole idea is to look at what there is available and work with that. We’ve connected with singing clubs, dance classes, guitar clubs, knitting groups and local leisure centres. In this day and age, with money so tight, it really is the best way to do these things.”

The service – called Ways to Wellbeing – was launched first in St Helens over a decade ago, before being rolled out in Halton (where the social enterprise runs a wider community wellbeing service) and then to Knowsley at the start of this year.

All the schemes are jointly funded by the local council, NHS and lottery money. Last year nearly 2,000 patients were supported with the prescriptions lasting between four and 12 weeks. Each prescription is based on the five ways to wellbeing – connect, be active, take notice, keep learning and giving.

As well as the activity, patients are given support for issues such as stress and confidence building. “You have to work out what is appropriate for each individual,” says Mr Swift. “Quite often they do not have the confidence to join one of the established groups so some of it is about setting up a smaller group or doing some one-on-one work as a stepping stone to joining.

“We had a group who were singing as part of a choir and after a while they told us they no longer need us. It was great to see.” The impact of the support is plain to see. Three-month follow-up with one cohort showed patients benefited from a 70 per cent reduction in depression symptoms, an 80 per cent improvement in wellbeing levels and 53 per cent improvement in self-reported health status.

One patient who was helped said: “I now look at everything in perspective, I don’t dwell on bad thoughts anymore because I’ve gained techniques that will equip me to manage issues better. I’ve become much more relaxed and I appreciate life much more.”

Halton Public Health Director Eileen O’Meara says: “Given many patients attend the GP for a non-medical reason it is now fantastic that we can enable them to access services in the local community, or jointly develop activities with the patient, that really improves their health and wellbeing and frees up GP capacity.”

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Luton Council: running social prescribing in-house

Unemployed, demotivated and weighing more than 15st, 49-year-old Paul Turvey hit rock bottom at the start of 2013. But just over a year later his life had been turned around. How? With help from Luton Borough Council’s volunteering service, where he gained experience working at the local food bank before going on to get a paid job as a warehouse operative and van driver.

His story is important. It is cases like these that convinced Luton to set up its social prescription programme. “It shows how important this sort of help is. It really can support people to turn their lives around and prevent the sort of problems that lead to a health crisis and expensive treatments,” says Marek Lubelski, the council’s community development manager, who has been leading the work on social prescription.

“We knew we had the building blocks in place. We have a well-established exercise-on-referral scheme, the volunteering programme and a close working relationship with local community based services. But what we weren’t doing was linking up with the GPs so they could refer their patients into these when necessary.”

This was rectified at the start of 2016 when the council, in partnership with the local clinical commissioning group (CCG), launched Luton Social Prescription.

Two community navigators have been employed to assess the needs of people referred into the service by GPs. The patients agree their own goals and preferences for activities and support services and the navigators arrange their 12-week prescription.

Patients are given a smart card, which they scan when they attend the activities so their progress can be tracked and measured. Once the 12 weeks are completed the patient returns to the navigator for a follow-up assessment which looks at their health and wellbeing, levels of physical activity, and progress towards self-care.

By March 2016 the programme had 20 accredited providers covering five areas – social activity, volunteering, physical activity, wellbeing and mental health, and information, advice and guidance.

Some are services run by the council and its partners, such as Luton Access, which facilitates the information and advice on debt, welfare, money management and housing, while others, such as befriending schemes, walking groups and karate clubs, are run

by external organisations. The aim now is to extend the list of accredited providers to create a diverse range of options.

The project is currently funded by Luton’s public health department, the Department for Communities and Local Government and the local Better Care Fund, with a view that this will continue if the service proves as successful as the council and the CCG hope.

To keep an eye on the progress it makes, the University of Bedfordshire will be carrying out an evaluation of the service. But Public Health Director Gerry Taylor is already encouraged. “We recognise that to improve the health of Luton residents we need to look holistically at both health and wellbeing and our social prescription programme is an important part of ensuring local people are healthy and well.”

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Rotherham: using the power of the voluntary sector

The power of the voluntary sector that has provided the impetus and know-how to develop Rotherham’s social prescribing service.

In late 2011 Voluntary Action Rotherham (VAR), in partnership with a network of over 20 partnership organisations, were invited by the CCG to put forward a proposal for a service that would help to reduce pressures on health services.

At the time there was a push on integrated case management led by GPs and including social workers and other health professionals to tackle the growing number of patients who were being admitted to hospital with long-term conditions.

The scheme was launched the following year and now – four years on – every GP practice is using it and more than 4,000 patients have benefited.

Members of the case management team, including GPs and social workers, refer those who they believe would benefit to one of VAR's five social prescribing workers.

They visit the patient in their home to carry out a guided conversation with the patient and work out what prescription to offer them.

VAR adult health and social care development officer Linda Jarrold says: "The home visit is important. It is only there that you can get a true idea of what the patient needs. You get a much better insight. "From there, the worker is able to refer them on to one of the activities and services at their disposal for their 'prescription' which can last anything between eight and 16 weeks."

And this is where the power and reach of the voluntary sector comes into its own. The VAR members, which include the likes of Age UK, the Red Cross and Royal Voluntary Service, have access to a network of hundreds of different groups and organisations.

It means as well as accessing the normal range of exercise clubs, advice services and befriending schemes, patients can also be referred to more niche activities such as metalwork clubs for men, an archaeological group and laughter yoga. "It is a real strength of the way we do it," says Ms Jarrold. "There is such a wide range of activities that we can tap into and I think patients appreciate having the choice. It means we can find something for everyone and when the prescription is finished many continue doing the activities."

And it certainly seems to be working. An evaluation by Sheffield Hallam University found a 7 per cent fall in inpatient admissions and a 17 per cent drop in A&E attendances.

When service users aged over 80 were excluded, the reductions were 19 per cent and 23 per cent respectively. One patient who gave evidence to the research team described the impact the scheme has on them and others. "It keeps you going. It gets you out of the house. A lot of us live on our own so it gets us out. Otherwise we'd be stuck at home."

The evaluation also looked at the economic benefit. Between 2012 and 15 it was estimated that the scheme had saved more than £500,000 – a return on investment of 43p for every £1 spent. Of course, if the benefits are sustained for a longer period the return is even greater.

Report author Chris Dayson says: "Rotherham is one of the largest and most well-developed examples of social prescribing in the UK. The findings have been really positive."

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Cotswold District Council: working alongside GPs

It should come as no surprise that Cotswold District Council's social prescribing service enjoys a close working relationship with the area's GPs – its coordinators work alongside them in their surgeries.

For half a day a week the social prescribing team is located in each of the GP practices taking part.

It has ensured the service has become properly embedded within general practice and has helped provide a speedy, face-to-face service to residents.

"We felt it was the best place for the service coordinators to be," says Sarah Clifton-Gould, the social prescription hub coordinator. "The GP practice is somewhere that patients trust and feel comfortable and it means they can provide face-to-face assessment.

"But it has also ensured a good relationship develops with GPs. That is key. They are the ones referring into the service after all. "When a GP or practice nurse sees a patient they think might benefit from the scheme they fill out a social prescription which is then passed to me or one of the others.

"We spend time with the patient, find out what they need and then connect them with the services, support and clubs. We then follow them up afterwards to make sure the prescription is working."

For those who are housebound, the officers will come out to them and they also accompany patients along to their first activity if needed.

The service was launched two years ago, starting in two GP surgeries, before being extended to another two. More than 200 people have been helped during this period for issues ranging from bereavement and caring responsibilities to isolation and loneliness.

They have been referred on to a range of activities and services, including befriending schemes, singing groups, exercise classes and walking groups.

An evaluation last year based on questionnaires found that on average patients reported a 22 per cent increase in wellbeing, while GPs recorded a 9 per cent drop in appointments among those given a social prescription. “The results have been really encouraging,” says Ms Clifton-Gould. “We now want to build on what has been done to help more patients.”

In fact, off the back of this success, the service has been extended.

In February 2016 social prescribing was introduced into another four practices, meaning over half of the southern part of the district is covered. A different scheme operates in the north of the borough.

GPs are full of praise for how the programme is working. Dr Helen Bromwich, one of the doctors who uses the scheme, says it has given her practice a new dimension in terms of what they can do for their patients. “GPs can prescribe medicines or refer patients to specialists, but there are often times when problems go beyond medical issues and there is just not enough time available to delve deeper during routine appointments.

“Social prescribing has given us the option of referring patients to meet those other needs and hopefully improve their health and wellbeing.”

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Doncaster: working with pharmacists

Like many social prescribing programmes, Doncaster’s scheme has worked closely with GPs. More than 1,000 referrals have been made since the service launched in 2014. But to build on that success the service – delivered by voluntary sector umbrella group Doncaster CVS and South Yorkshire Housing – has recently been expanded to pharmacists.

“Pharmacists have regular contact with many patients with long-term conditions,” says Nick Hunter, chief officer for Doncaster’s local pharmaceutical committee. They come in for repeat prescriptions and sometimes just as part of their normal routine. As pharmacists we are increasingly being encouraged to offer them advice and support and we are very good at managing that ourselves.

“But when we were approached about the social prescribing scheme we could immediately see the benefits. It gives us something else we can do to help patients. It’s still early days and we are working to promote the scheme but pharmacists are very positive about it.”

As happens with GPs and also community nurses, pharmacists refer patients on to the service’s social prescribing advisers.

They will then visit the patients in their own home to carry out an assessment before arranging their social prescription. Mandy Willis, who manages the service, which is funded through the Better Care Fund, says: “There are lots of different options. Our advisers support clients to explore community groups and activities and help them access these services. It may be a referral for aids and adaptations, for a benefits check or a group to make friends and new connections.”

Referrals are made to a whole variety of organisations from those dealing with debt advice and providing volunteering opportunities to assertiveness and confidence-building courses. “We really look

at what is most appropriate for the individual,” says Ms Willis. “For example, recently we had a man who was losing his sight. We arranged for him to be given support to play golf. He loved playing and thought he would no longer be able to. The club now provide him with someone to help him round the course. It is making a world of difference to him.”

A full evaluation of the service is currently being carried out by Sheffield Hallam University, but research done last year showed “unanimously positive” feedback from GPs and patients. Those who had taken part reported improvements in wellbeing and reduced use of NHS services.

The experience of Les Huth (not his real name), who was the 500th referral, is typical. He is in his 70s and had become socially isolated.

After being referred to the social prescribing service, he joined a weekly men’s social group at a local church. Adaptations have also been made to his home. He says: “I would recommend the service to anyone. At my age you can lose touch with what’s happening in your local area.

“It’s easy to get morbid when you’re sat in at home all the time, but as I’ve been shown there are always things you can do.”

Doncaster Public Health Director Dr Rupert Suckling says: “Health is about much more than doctors and medicines; helping people overcome loneliness and debt have a huge impact on physical and mental health.”

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Tower Hamlets: how councils can work with NHS schemes

The Bromley by Bow Centre in the East End of London is one of the pioneers of social prescribing. Since the development of the healthy living centre in the 1980s, doctors, nurses and health care assistants have been referring patients to non-clinical projects and programmes.

The centre, which incorporates a GP practice, works with over 2,000 people a month with only about 30 per cent of linked services clinical. Instead, the remaining 70 per cent are focused on wider support ranging from debt issues and making lifestyle changes to finding work and learning new skills.

Funding for the service and social prescribing work comes from the health service. But that does not mean the local authority, the London Borough of Tower Hamlets, does not have a role, as Dan Hopewell, the centre’s director of knowledge and innovation at the centre, explains.

“You cannot have a good, well-functioning social prescribing project without local authority involvement. Tower Hamlets does not fund us, but it provides a number of the services we refer patients to, such as the health trainers scheme and the welfare advice.

“It also supports and funds many of the voluntary sector and community groups that we work closely with. They include befriending schemes, arts groups and cooking programmes.

“Statutory services such as lifelong learning and social care are also important partners as is the library service.”

One of those who has been helped is Mick. He was referred on to the local weight management scheme, My Weigh, a 12-week programme that focuses on healthy eating advice, physical activity and motivational support.

He was obese and drinking heavily following the death of his mother. “I was 111.3kg when I started the programme and in 14 weeks I was 94.9kg. I stopped drinking beer, I have porridge in the morning and I’m always walking everywhere with my dog – she is the boss!

“My Weigh was great. It was convenient, good fun and with good people and my weight is still going down. I feel great, I can walk up the stairs and talk to people more confidently.”

The social prescribing work done by Bromley by Bow is coordinated by the centre's social prescribing link workers who take referrals from GPs and assess and organise the social prescription. In recent years this has been extended to incorporate four other local GP practices.

The link workers act partly as 'motivational coaches' sometimes spending several sessions with patients to help them get involved in activities that will be of most benefit. As well as working with people to improve their lifestyles, supporting people with mental health problems is also a key part of the caseload.

And at the start of the year the project was extended to cover cancer patients through a partnership with Macmillan Cancer Support.

Mr Hopewell says: "I would urge local government to embrace schemes where they are already up-and-running. You don't need to necessarily start from scratch. You can build on what you have locally."

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Forest of Dean District Council: social prescription hub

A successful project to help people in the Forest of Dean access services and activities to improve their health and wellbeing has recently been expanded to benefit even more residents.

The District Council and Gloucestershire CCG have been working together with voluntary sector organisations for almost two years, offering patients at several GP practices a 'social prescription' which allows primary care staff to refer patients with social, emotional or practical needs to the Hub Coordinator who offers one to one support and helps connect people to a range of local, non-clinical services and activities, such as a befriending service or physical activity class.

Thanks to funding from the Prime Minister's Challenge Fund, two additional officers have been recruited and we are now able to extend social prescribing to all GP surgeries across the district. Residents can now access social prescription through their GP, but also through staff in the Integrated Care Teams across the district.

Social Prescription Hub Coordinator, Gary Deighton, from the District Council, explains why the scheme is so effective: "When a GP, Practice Nurse or other members of practice staff in one of the surgeries sees a patient who they think might benefit from the scheme, they fill out a social prescription form, which gets sent electronically to the social referral team who then contact the patient to make an appointment to see a social referral facilitator. Our officer spends one on one time with the patient, to find out about their needs and what might improve their quality of life. With this information they can be connected into services, support clubs and groups and other opportunities."

Cllr Carole Allaway-Martin, Cabinet Member for Housing and Wellbeing said: "The aim of the project is to improve local people's health and wellbeing, whilst reducing pressure on health and social services, and the outcomes have been very positive. The project has enabled the District Council to work with over 235 people who have challenging issues, including bereavement, caring responsibilities, loneliness, isolation, debt and housing concerns. We have been able to match these individuals with local resources, such as volunteer befrienders, community choirs, education and other social groups; from home adaptations, community transport, counselling, peer support groups, specialist exercise classes, walking groups and debt advice. The aim is to empower people to live their lives to the full."

Dr Lench of Severnbank surgery, added: "GPs can prescribe medicines or refer patients to specialists but there are often times when problems go beyond medical issues and there is just not enough time available to delve deeper during routine appointments or to understand what help is available locally.

However, social prescribing has given us the option of referring patients to meet those other needs and, hopefully, improve their health and wellbeing. It's been so helpful to provide this service for carers particularly"

Carers Gloucestershire is equally impressed. Jane Stanfield, Carer Services Manager, comments: "This project has helped us strengthen links with the council and most importantly has made it possible for us to reach out and help people who previously would not have taken advantage of the services that we offer. This has to be a very positive step forward."

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Want to know more?

Personalised care and support planning handbook (NHS England and Coalition for Collaborative Care)

<https://www.england.nhs.uk/wp-content/uploads/2016/04/core-info-care-support-planning-1.pdf>

A guide to community-centred approaches for health and wellbeing (Public Health England and NHS England)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf

More than medicine (Nesta)

https://www.nesta.org.uk/sites/default/files/more_than_medicine.pdf

A review of community referral schemes (University College London)

<https://www.ucl.ac.uk/museums/research/museumsonprescription/Social-Prescribing-Review.pdf>

Evidence to inform the commissioning of social prescribing (York University)

https://www.york.ac.uk/media/crd/Ev%20briefing_social_prescribing.pdf

Report of the inaugural Social Prescribing Network conference (including contacts)

<https://www.westminster.ac.uk/file/52171/download>



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