

Interim Insights

The Institute for Social Prescribing

July 2020



South West
Academic Health
Science Network

About the Institute for Social Prescribing

Social prescribing enables healthcare professionals to introduce people to a range of non-medical support in communities to boost health and wellbeing.

The [Institute for Social Prescribing](#) was launched in September 2019 by the [South West Academic Health Science Network \(SW AHSN\)](#) to inform the innovation and spread of social prescribing across the South West region and beyond.

Supporting the Institute falls within the SW AHSN's remit to spread innovative practice by supporting its partners to evaluate impact and apply learning, and

share knowledge across healthcare, industry, academic and voluntary sectors networks and collaborations. The Institute is chaired by Dr Michael Dixon, NHS England's Clinical Champion for Social Prescribing and a long-time advocate and practitioner of social prescribing from his own practice in Devon. Sir Muir Gray provides oversight as President of the Institute along with advisors from around the UK as Visiting Fellows. The Institute recruited five local social prescribing sites to join the Institute as 'test beds'.

In March 2020, the Institute commissioned Raisin Consulting to work alongside it to gather insight over its second six months of operation.

Test Beds

- 1 [Ilfracombe](#)
- 2 [St Austell](#)
- 3 [Frome](#)
- 4 [Cullompton](#)
- 5 [Kingsbridge](#)

President

Sir Muir Gray, *previously Director of Knowledge (NHS) and a pioneer of the National Library for Health and Cochrane Centre*

Chair

Dr Michael Dixon, *Chair of College of Medicine, Co-Chair of National Social Prescribing Network and Clinical Champion for Social Prescription NHS England*

Visiting Fellows

Sir Sam Everington, *London*
Dr James Fleming, *Lancashire*
Dr Richard Kimberlee, *Gloucestershire*
Dr Ulrike Harrower, *Public Health England*
Marie Polley, *Social Prescribing Network*
Dr Catherine Calderwood, *Scotland*
Sir Mansel Aylward, *Wales*
Tony Doherty, *N. Ireland*
Dr David Robinson, *Eire*



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About this report

This interim report sets out insights gathered with the Institute of Social Prescribing from the end of March 2020 until the end of June 2020. In doing so the Institute hopes to help others to learn from its work and that of its test beds. It also offers an opportunity for others to input into the second stage of the project.

The report sets out:

- How the Institute works
- What the Institute hopes to achieve
- An overview of each test bed
- Insights from the test beds
- Next steps and themes to explore

A final report will be published in Autumn 2020.

Impact of COVID-19

Local social prescribing teams have been front and centre of the community response to COVID-19 in many places. Whilst this caused some disruption to the original plans for the project it was agreed the work should continue, not least because there was demand for practical information about how different areas were overcoming the challenges posed.

Scope of the insights project

Working with the Institute, its test beds and other research teams, this six-month project aims to capture insights on social prescribing and the development and spread of learning, good practice and overcoming challenges.

There are four avenues of enquiry:

- The Institute – how it works and what it has achieved. Could it be a model that is expanded?
- Social prescribing practice – how the test beds deliver social prescribing and what they are learning. What innovation is there that could be spread to other areas?
- Social prescribing policy – how the practical learning can inform us about the future of social prescribing. Are there particular policy themes this learning can help inform?
- SW AHSN – how can it build on this work in other areas. Can the community learning model be replicated in other areas in health and care?

A flexible action learning approach is being taken, coordinating across other regional research projects, and being responsive to developments in the external environment related to COVID-19.

Definitions

There are debates about definitions and language in the field of social prescribing. For the Institute, social prescribing means a process that enables healthcare professionals to introduce people to a range of community support and services to boost their health and wellbeing.

The Institute sees social prescribing as contributing to personalised care – a tailored way of providing care for individuals, rather than a ‘one-size-fits-all’ approach. Personalised care is a central plank of the NHS Long Term Plan.

Who this report is for

The primary audiences of this report are social prescribing practitioners, GPs, other healthcare professionals, researchers, Primary Care Networks and commissioners – both in the South West and further afield. The wider learning about the approach of the Institute may be of interest to policy professionals, national bodies and others.





The Institute



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How the Institute works

Dynamic...

The Institute is hosted by the South West Academic Health Science Network (SW AHSN). It provides funding and a secretariat function, as well as other in-kind support that enables the Institute to connect with the wider work of the SW AHSN and benefit from its data analytics, patient engagement, communications, website and other functions.

Explorative...

The Institute launched with four test beds initially, providing them with capacity to work with the Institute and with each other. Between them the four test beds represent the region geographically. A further fifth test bed, in Kingsbridge, Devon, subsequently joined the Institute in January 2020 with a different support offer.

Practical...

Given one of the core aims of the Institute is to spread social prescribing, all test beds were given a place on the 2020 [Spread Academy](#) – an immersive training programme focused on designing and leading large-scale change - run by the SW AHSN in collaboration with the Billions Institute. The aim is to provide the Institute test beds with additional tools and capacity to spread change.

In May 2020, test beds volunteered to explore partnerships with another social prescribing site to share their learning directly. If this is successful then it will increase the social prescribing teams involved to ten.

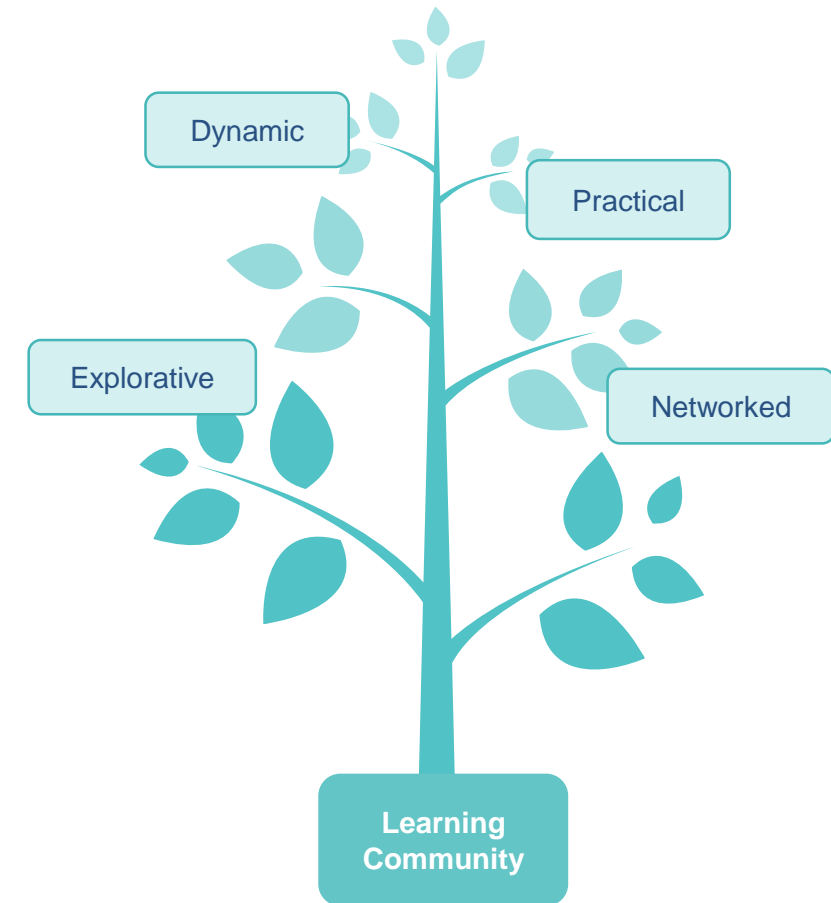
Networked...

As well as individual engagement, the Institute brings the test beds – the **practitioners** - together for monthly meetings. The agenda is guided by latest events and the learning that test beds want to share. This enables them to learn from each other.

Research teams in the region – the **thinkers** - are also brought together monthly by the Institute. This enables the sharing of insights and research activity, helping to ensure the Institute complements rather than duplicates existing research efforts.

In early 2020 the test beds were invited to identify people – the **users** - who had benefitted from social prescribing to join the Institute as Resident Fellows. The Institute plans to grow a network of around 20 Resident Fellows and support them through media and other training to work alongside the Institute's Chair and test beds. COVID-19 put these plans on hold but the Institute is now exploring how co-production can be made to work successfully online.

A further nine experts from across the UK are Visiting Fellows to the Institute. These advisors, along with wider networks of policy leaders – the **guardians** - are involved at ad-hoc points to share findings from the work of test beds on the ground with wider networks and to seek input on policy developments or practice in other areas where relevant.



By creating a dynamic, practical and explorative 'network of networks', the Institute hopes to create a learning community that enables users, practitioners, thinkers and guardians to enhance each others' work, spread change, and inform local and national policies.

What the Institute hopes to achieve

By testing and exploring different models for supporting test beds

the Institute hopes to find the most empowering and sustainable model for spreading good practice and learning.

By involving real people that have benefitted from social prescribing

the Institute hopes to ensure that innovation is grounded in reality, that professionals elsewhere understand benefits for patients, and that the public can more easily learn about social prescribing.

By bringing together research, evidence and insight

the Institute hopes to prevent duplication and build a whole greater than the sum of its parts to inform change and policy.

By building on structures and systems of the South West Academic Health Science Network

the Institute hopes to keep its administrative and office requirements low, enabling it to be more sustainable while dynamic and responsive to internal developments and external events.

By creating a safe space to test ideas and highlighting multiple routes to success

the Institute hopes to empower practitioners to learn from each other and lead the spread of learning.





The test beds



Ilfracombe

One Ilfracombe has been working to improve the health and wellbeing of residents since 2014 through its social prescribing scheme. It is a voluntary and community sector-based team and part of One Northern Devon, which works to support multiple community partnerships to improve quality of life in the area. In Ilfracombe, the social prescribing team is part of a coordinated town 'ecosystem' that tackles local issues.

Link workers, now attached to GP practices, offer personalised support to individuals and work in partnership with community builders. It is an approach that is community driven with all residents knowing where they can go for help and support should they need it.

In the past five years, One Ilfracombe social prescribers have supported over 1,500 local residents.

COVID-19

In March 2020, as the COVID-19 crisis hit the UK, the social prescribing team in Ilfracombe reacted quickly given the substantial number of older people and significant hidden deprivation in the town. The team organised the delivery of volunteer support, through a sustainable and self-organising structure based on individual sections and streets of Ilfracombe and a work plan to coordinate logistics overall. This meant that assistance from One Ilfracombe effectively existed alongside informal structures and networks of community volunteers.

A case study detailing the One Ilfracombe response in the early days of the COVID-19 crisis is available [here](#).

Find out more

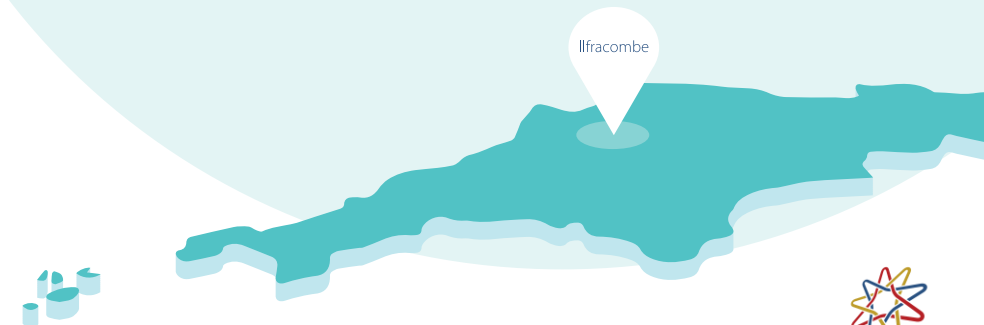
You can learn more about social prescribing in One Ilfracombe [here](#) or by contacting Hannah McDonald, Partnership Development Manager at One Northern Devon (Hannah.McDonald@northdevon.gov.uk)

A full case study will be developed for the final report in Autumn 2020.

If there are particular questions or areas of work in Ilfracombe that interest you we'd like to hear about them. Please let us know on Twitter ([@sw_ahsn](https://twitter.com/sw_ahsn)) or by emailing info@swahsn.com

Introducing Ilfracombe

- Ilfracombe is a coastal town in North Devon with a population of around 17,000 people.
- It is a largely rural area famous for its holiday appeal, sandy beaches and surf.
- There is an ageing population in North Devon and nearly 23% of residents are over 65, compared to 18% nationally.
- Ilfracombe is in the most deprived 10% of all areas in England.
- Life expectancy in Ilfracombe is the lowest in Devon, with people dying an average seven years earlier than the national average.



St Austell

Driven by the challenge of recruiting GPs, the St Austell Healthcare social prescribing team has been working to improve health and wellbeing since 2016. A team of surgery-based link workers and volunteers enable easier access to community-based support to help people address a range of non-medical issues that affect their health and wellbeing.

Over time other organisations have started working in partnership with the team and share a physical base in the surgery. This includes staff from Volunteer Cornwall and two lifestyle support workers from Healthy Cornwall. Since 2018 the team has been working with developers on a mobile app, Help at Hand, so that link workers and people in the town have an up-to-date directory of services in the community.

COVID-19

As COVID-19 put a stop to face-to-face activities and support, the St Austell social prescribing team realised it was leaving thousands of people that relied on this type of support for their health and wellbeing in danger of being isolated at home.

By rapidly repurposing Help at Hand, systematically prioritising need, making personal approaches to people deemed at risk from COVID-19, and working in partnership, the St Austell social prescribing team were able to create an effective and rapid response to the crisis and meet the needs of vulnerable people in the community.

A case study detailing the St Austell response in the early days of the COVID-19 crisis is available [here](#).

Find out more

You can learn more about social prescribing in St Austell [here](#) or by contacting St Austell Healthcare's Head of Social Prescribing, Hayley Burgoyne (hayleyburgoyne@nhs.net).

A full case study will be developed for the final report in Autumn 2020.

If there are particular questions or areas of work in Ilfracombe that interest you we would like to hear them. Please let us know on Twitter ([@sw_ahsn](https://twitter.com/sw_ahsn)) or by emailing info@swahsn.com.

Introducing St Austell

- St Austell is a market town in south Cornwall. It is close to the coast and local attractions like the Eden Project.
- St Austell Healthcare provides primary care services to the 30,000 residents of the town.
- There are currently around 3,200 patients per GP, double the England average.
- Parts of St Austell are in the most deprived 10% of all areas in England. In these areas, life expectancy is lower with people dying up to nine years earlier than elsewhere.
- 23% of people in St Austell have a life-limiting long-term health condition, compared to 18% nationally.



Frome

In Frome the GP surgery regularly saw the health implications of social isolation and loneliness. In 2013 they developed Health Connections Mendip (HCM) to link people into social networks and community-based support.

Health Connectors work with people one-on-one and in groups to identify what is important to them and the changes they want to make in their lives. HCM also trains local citizens as Community Connectors and

Digital Connectors to link people into the support they want. There is a dedicated HCM website, with an up-to-date directory of activities that is linked to the GP IT system.

Since it began, HCM has supported an average of 200 people a year per Health Connector as well hundreds of people in groups. The team has trained over 1,500 Digital and Community Connectors who have, on average, 30,000 signposting conversations a year.

COVID-19

When the COVID-19 crisis hit, the Health Connections team felt confident the community would lead the response locally. This confidence had built over time, from years of relationship building and investment in community building.

The HCM team focused their time on building practical capacity and tools to support the community response when gaps were identified. This included publicising support on offer through their website, making wellbeing calls to the most vulnerable, delivering a booklet on maintaining wellbeing, creating a letter about community support that the GP practice sent to all vulnerable patients and training people so they can support others to get online or signpost others to support.

Find out more

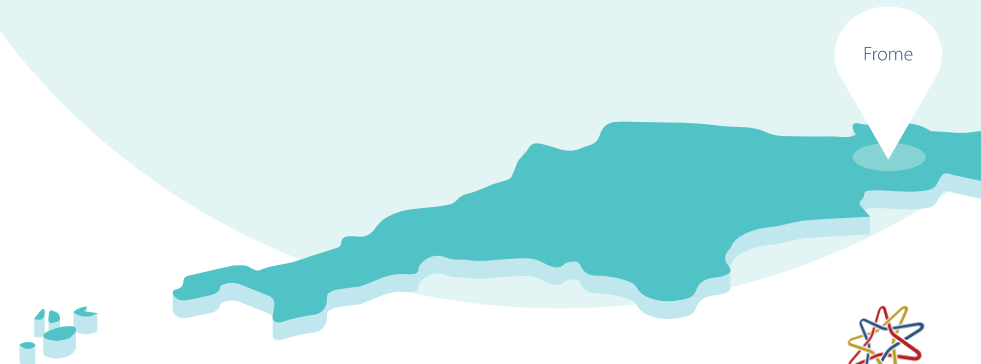
You can learn more about social prescribing in Frome [here](#) or contact mendip.healthconnections@nhs.net.

A full case study will be developed for the final report in Autumn 2020.

If there are particular questions or areas of work in Frome that interest you we would like to hear them. Please let us know on Twitter (@sw_ahsn) or by emailing info@swahsn.com.

Introducing Frome

- Frome is a town in the Mendip area of Somerset with 30,000 residents and one GP surgery, the Frome Medical Practice.
- While still older than average, Frome has one of the younger populations in Somerset with more people aged under 16 than over 65.
- Life expectancy in Frome is above the national average.
- However, there is inequality and pockets of deprivation. One in 20 residents live in parts of Frome that are amongst the 20% most deprived areas in the country.
- People in the area are considered to be at increased risk of social isolation and loneliness.



Cullompton

In Cullompton, College Surgery has sat within an integrated health centre offering complementary therapies, gardens, a café and a range of groups and activities on social prescription since 2007. This helped a lot of older isolated people feel more socially connected and able to improve their health and wellbeing.

More recently, given the relatively high proportion of young people in the town, the surgery decided to expand its social prescribing to focus on children and

young people. Taking a bottom-up approach, the surgery worked with young people and other agencies in the town – including education and the police – to develop a youth forum.

The aim is that the Cullompton Youth Forum will enable the building of a new community approach for all children and young people in the town, supported by a joined up system, that current and future link workers can connect with.

COVID-19

COVID-19 meant that all the existing complementary and volunteer-led activity at the surgery had to stop. The local social prescribing link worker worked with the voluntary sector to support the local response.

At the same time the youth forum enabled the involvement of young volunteers to be part of the effort. Further development of the youth forum has also taken place with a charter being put together and activities bringing together health and education being organised for the autumn. These include yoga ambassadors and a parent cafe, suggested by parents and young people.

Find out more

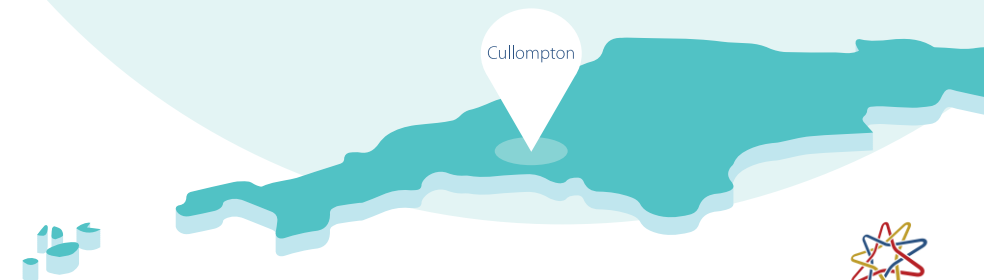
You can learn more about the Cullompton Youth Forum by contacting Dr Daisy Robinson, College Surgery (daisy.robinson@nhs.net).

A full case study will be developed for the final report in Autumn 2020.

If there are particular questions or areas of work in Cullompton that interest you we would like to hear them. Please let us know on Twitter (@sw_ahsn) or by emailing info@swahsn.com.

Introducing Cullompton

- Cullompton is a market town in mid-Devon, 13 miles north of Exeter.
- It has a population of around 20,000 people and the surrounding area is relatively rural.
- Over 19% of residents are under the age of 16 and the birth rate is one of the highest in Devon.
- 19% of Cullompton residents commute to Exeter for work.
- The development of a new village bordering Cullompton, the Culm Garden Village, is currently underway.



Kingsbridge

South Hams Area Wellbeing (SHAW) was set up in 2018 to improve wellbeing in the local community. With an initial focus on implementing a social prescribing service, they employed two link workers to introduce people to local social interventions that might help improve their wellbeing.

Now their work follows an asset-based community development approach, to help build strong and

trusting relationships between healthcare professionals and the community. A community builder supports link workers across the Kingsbridge district who are now employed directly by South Hams Community and Voluntary Services (CVS).

SHAW aims to ensure the most is made of existing assets in the community and new groups created where there is unmet need.

Introducing Kingsbridge

- Kingsbridge is a small town situated on an estuary in the South Hams area of Devon.
- It has around 6,000 residents, with nearly 30% over the age of 65.
- It is popular area for visitors and second home owners.

COVID-19

When COVID-19 hit, GPs and social prescribers rapidly contacted all patients they felt were vulnerable. At the same time they thought about how best to work with the workforce in the community.

A lot of effort was placed on developing relationships between link workers and the community through the SHAW community builder. This included with Kingsbridge Town Council, food banks and local pharmacies

Find out more

You can learn more about social prescribing in Kingsbridge [here](#) or by contacting Dr James Mottram, South Hams Area Wellbeing (jmottram@southhamsareawellbeing.co.uk).

A full case study will be developed for the final report in Autumn 2020.

If there are particular questions or areas of work in Frome that interest you then we would like to hear them. Please let us know on Twitter (@sw_ahsn) or by emailing info@swahsn.com.



Insights from the test beds

The five social prescribing test beds were recruited by the Institute for Social Prescribing. They represent the region geographically.

All are different but many share commonalities.

Understanding and combining these differences and commonalities can help spread practice and learning.

It is clear there is no 'one-size-fits-all'. But this does not mean going it alone.

Through the test beds, the Institute hopes to demonstrate that there are multiple routes to success.

Differences...

The test beds are different in terms of:

- Starting point – *some came out of necessity or from GPs that wanted change, others started in the community.*
- Stage in the journey – *some are amongst the most developed social prescribing projects in the country, others are just starting out on their journey.*
- Local context – *some are in bigger working towns with big single GP surgeries, whilst others are more rural or in coastal tourist hotspots.*
- Population – *some are focused on the lonely and isolated, others on children and young people. Some are more universal.*
- Level of system development and social infrastructure – *some are embedded within well developed systems. Other systems are still developing to meet the new ways of working in health and care.*

Commonalities...

But many share commonalities:

- Inspirational and committed **individuals** involved.
- A **collaborative** approach to build relationships and partnerships across other services and into the community.
- A proactive focus on **community building** – it is not just a transactional service. COVID-19 has seen social prescribing harness community action and the rise in volunteering even more.
- **Personalised** and supporting people to identify and achieve their goals.
- Often involves **segmentation** and a focus on particular groups. COVID-19 has seen the risk assessment of entire populations.
- Enables **culture change** in the health service through transformation of general practice and primary care.
- **Digital** solutions play a role to aid signposting.





Next steps



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Insights report

Over the next three months the insights team will continue to sit alongside the Institute and work with its test beds to understand and capture further learning.

We will publish our final report in Autumn 2020.

Themes we'll be exploring

We will continue to explore the response of the different social prescribing sites in the next phase of COVID-19. In particular we want to understand what impact the crisis has had on **sustainability and funding in the community**, especially with the projected loss of charities and incomes.

The Institute and the SW AHSN is also interested in exploring issues around health inequalities. Some of the test beds are in places that suffer from the highest health inequalities in the region and nationally. What can the experiences of these test beds tell us about the role social prescribing can play in **reducing health inequalities?**

More generally we are interested to learn more about how social prescribing **impacts on primary care and general practice** in the test beds. We will be working with the test beds to better understand this.

Finally we will be exploring **measurement** with a view to understanding how the experience of the test beds can help to ensure that policy makers get this right.

Opportunity to input

There is an opportunity to explore other areas too. So if you are working in social prescribing and would like to learn from the test beds please do tell us what you would find helpful to know. We can't promise we will be able to look at everything but we can try.

If you are working on social prescribing issues or to spread change in health and care, we would be delighted to hear from you. If there are burning issues you'd like us to explore then let us know. Again, we can't promise but we're always interested to hear what others think.



Tell us
the questions
you have

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Annex: Methodology & activities to date

