



Mapping social prescribing in London briefing

Lessons learned from LVSC's social prescribing project 2015-17

1. Background and introduction

What is social prescribing?

Social prescribing is often described as “a means of enabling primary care services to refer patients with **social, emotional or practical needs** to a range of local, non-clinical services, often provided by the voluntary and community sector.” ([OPM](#))

LVSC is a member of Regional Voices, one of the strategic partners of the Department of Health, NHS England and Public Health England. You can find out more about the strategic partner programme on the [Regional Voices' website](#). Regional Voices has been working with NHS England to support the voluntary, community and social enterprise sector (VCSE) understand and engage with NHS commissioners around the [NHS Five Year Forward](#). As part of this work, LVSC has been mapping [social prescribing initiatives in London](#) since 2015. In the last year, LVSC has continued to build links with existing, new & emerging social prescribers in London as well as with the [Healthy London Partnership](#) (HLP), [National Social Prescribing Network](#) and others. LVSC has also fed into HLP's [new commissioners' resource](#) to support the local implementation of social prescribing (see also resources section below).

2. Aims

The briefing aims to:

- Raise awareness of the importance of regional mapping of social prescribing initiatives.
- Consider the lessons from mapping social prescribing activities across London
- Discuss & describe the results of LVSC's short social prescribing survey.
- Outline some key resources and websites.

3. Rationale and lessons learned

LVSC started mapping social prescribing activities in London as part of its Regional Voices work around the Five Year Forward View.

LVSC wanted to gauge different prescribing models. The intention was for policy makers, commissioners, VCSE organisations, GP services and academia to:

- Find out what projects currently exist and where.
- Discover how initiatives operate and if and how projects measure the impact of their work
- Determine how projects are funded.
- Signpost primary care services to social prescribers.
- Identify potential gaps in social prescribing activities in some sub regions and / or boroughs.
- Provide information to enable organisations to share knowledge and expertise.
- Enable new, developing and emerging projects to find out about current projects and how they were set up, refer and work in partnership.

Process: LVSC contacted its 1000+ health contacts and members in London through its regular health e-bulletins to explain its intentions and ask organisations to contact LVSC if they knew of any social prescribers in London. LVSC also carried out desk research. The first map was produced early 2015 and has been regularly updated ever since. LVSC continued to regularly publish the map through its

members and contacts as well share it with HLP, NHS England and Regional Voices. LVSC has held regular meetings with HLP exploring options for rolling out social prescribing in London and sharing good practice.

What has been useful / good about this project?

- The mapping process has led to the development of consistent and concise information about each project mapped regarding its referral mechanisms, partnerships, funding positions, sustainability and evaluation.
- The project has yielded useful information about the number of social prescribing projects in London, how they are funded and if and how they are evaluated.
- The map has been widely publicised and gained a reputation as a useful resource over the last 2 years. LVSC is frequently contacted by new and emerging social prescribers as well as by organisations such as the National Social Prescribing Network, local authorities etc.
- A number of social prescribers said that being on the map made them feel they are part of something bigger, like a movement.
- The project has enabled LVSC to develop and strengthen its relationships with London's diverse social prescribing projects. It has contributed to LVSC's ability to share good practice and show added value across the sectors.
- The project has helped to increase opportunities for social prescribing to be rolled out throughout London.
- It has enabled LVSC and social prescribers to inform the strategic agenda – e.g. by inputting at policy level at recent HLP events, roundtable meetings and recently developed resources by HLP.
- The project has enabled host organisations to share experiences, resources and good practice.
- The project has enabled LVSC to support organisations exploring social prescribing initiatives in London. An example of this is the London Borough of Harrow that looked to LVSC for support in exploring a social prescribing project in Harrow. LVSC liaised with a number of social prescribers and other contacts and helped facilitate attendance of a couple of social prescribers to share good practice at a recent workshop in Harrow.
- The project has contributed to an increased awareness of the benefits of social prescribing in London which will ultimately provide better outcomes for patients and service users in London. The map now contains 27 different projects, an increase of 16 since the map was first produced.

Lessons learned / barriers to success

- The elephant in the room remains the lack of acceptance that the funding should follow the patient. Even though commissioners and policy makers are now more willing to commission / pilot social prescribing host organisations (i.e. those who signpost / navigate /support patients and service users to organisations that provide the direct activity /intervention), many don't fully grasp the need to fund direct service provision. There appears to be a belief that the VCSE sector can carry on supplying these services free of charge. [Evaluation of the Rotherham Social Prescribing Project](#) shows that not only do VCSE organisations need to be funded to provide these services, there should also be a small amount of funding built into the contract to build the capacity of these organisations.
- The major setback has been a lack of adequate resources. With more resources LVSC could have:
 - Developed greater relationships with clinical commissioning groups to ensure a better understanding of the importance of social prescribing, its added value and why social prescribing should be adequately resourced at a sustainable level.
 - Produced good practice case studies from existing and emerging social prescribing projects and showcase a diverse range of social prescribing models.
 - Coordinated a number of learning and networking events and masterclasses for CCGs, policy makers and VCSE organisations.

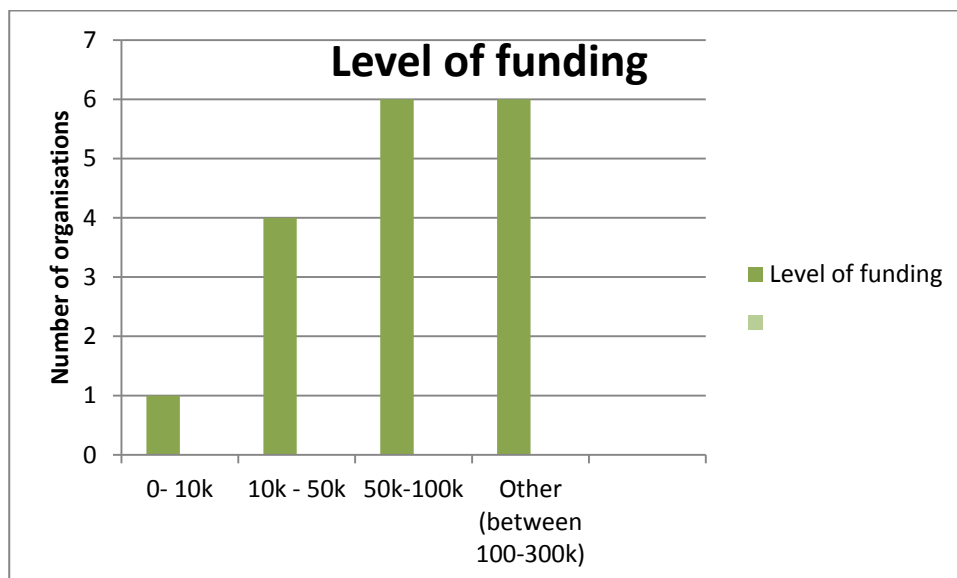
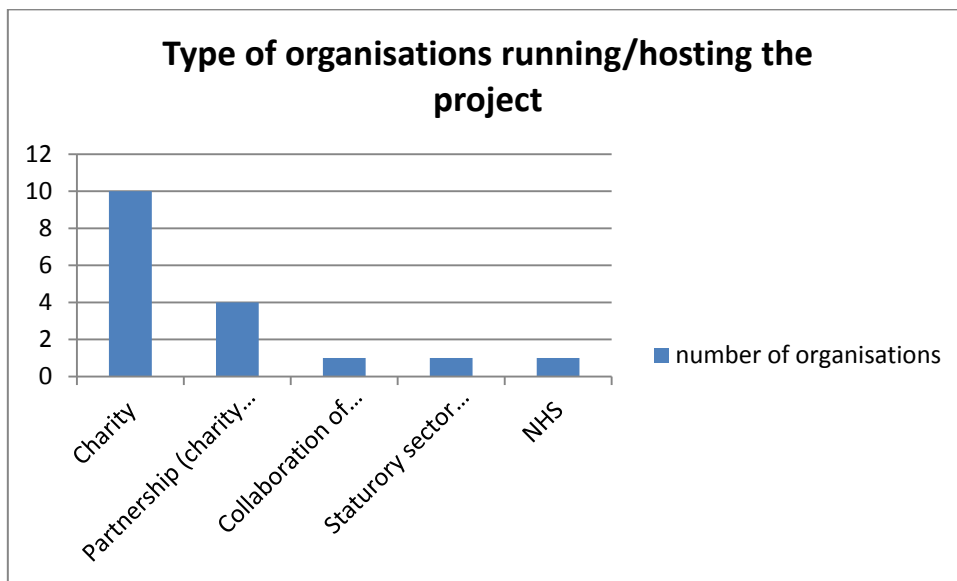
4. Survey results

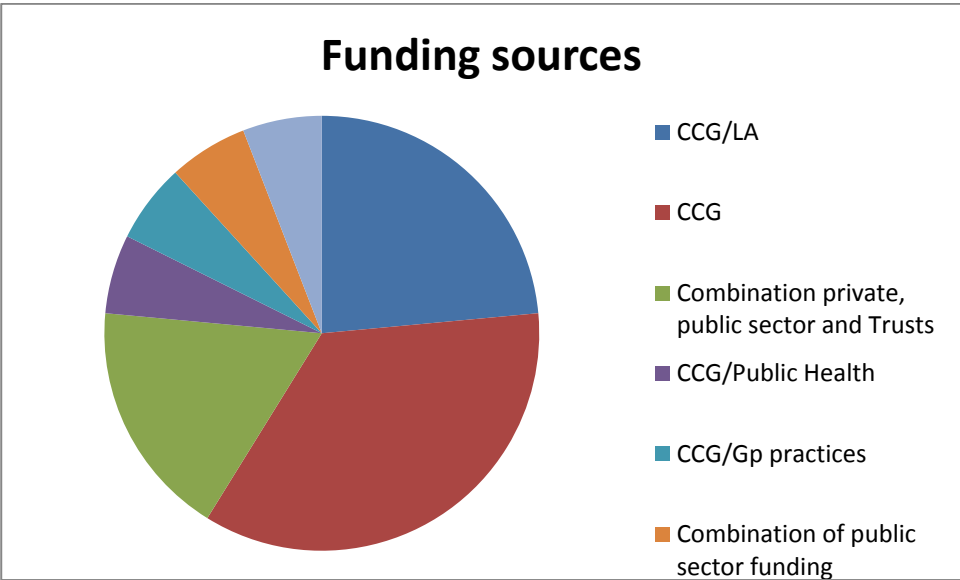
LVSC asked social prescribers the following questions:

- Who runs the social prescribing project
- Annual funding
- Funding source
- Staffing
- Sustainability of the project

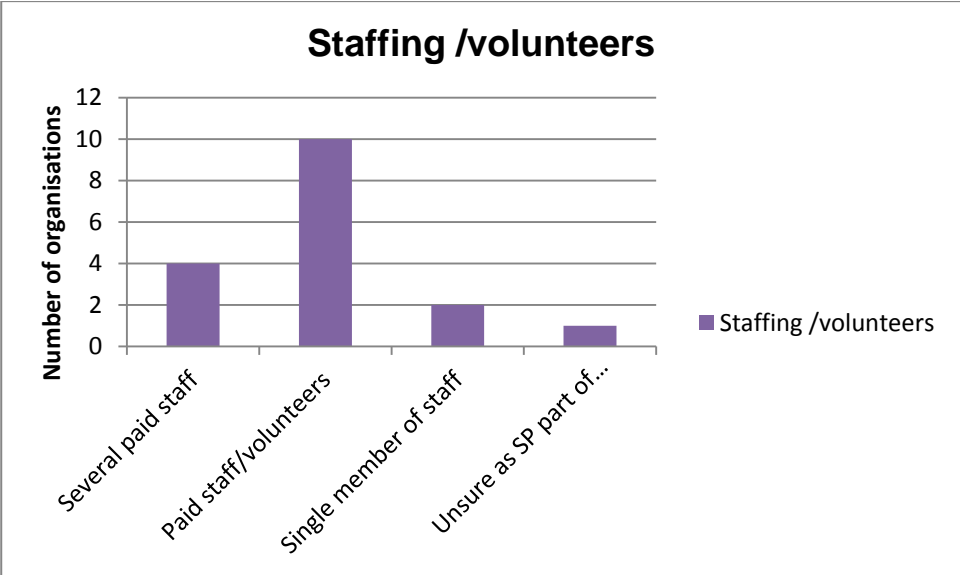
17 out of 27 social prescribers responded to the questionnaire.

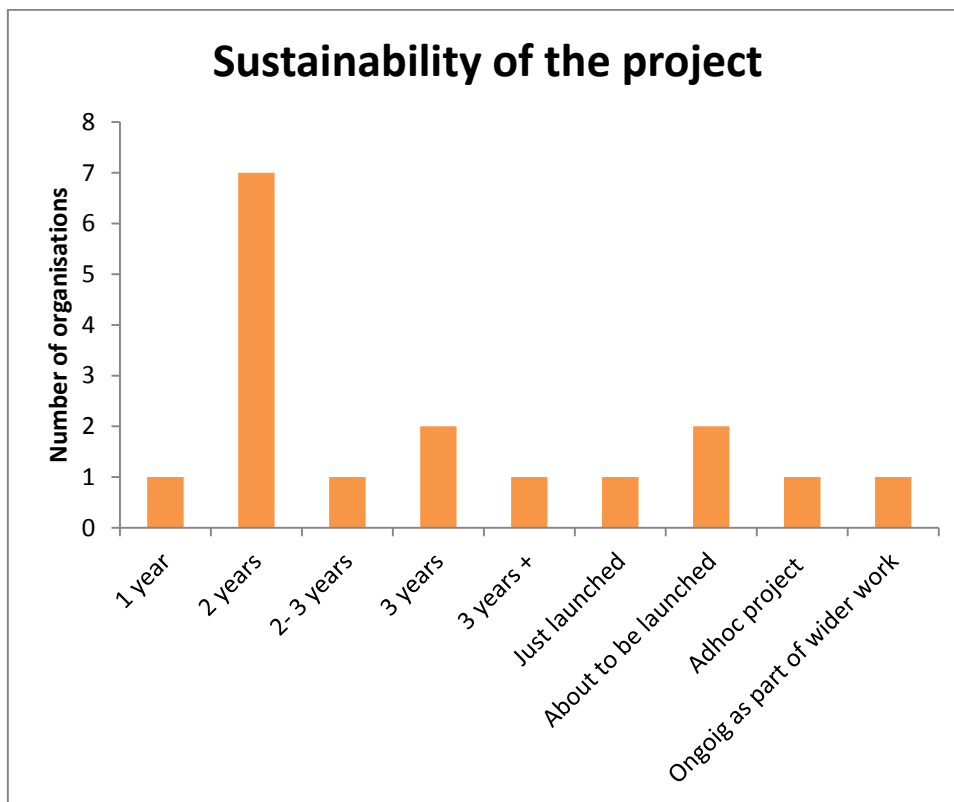
Chart overview:





The majority of organisations are funded by their CCG or combination of CCG/LA and CCG/Public Health (LA)





Since the mapping project started two social prescribing organisations have closed down due to lack of funding. In this survey, one organisation reported that their project was a pilot but was extended. However, their project is unsustainable due to the financial uncertainty of their CCG.

The full smart survey report is available [here](#).

5. Way forward

Funding for this project has been discontinued. Despite reduced capacity LVSC will endeavour to continue its work with HLP and other organisations to help ensure that this project can be continued. However, in the short term it will be a challenge to sustain this work and update the map at its present level.

This briefing will be shared with all our partners across London. It will also be shared by [Regional Voices](#) and LVSC with NHS England and HLP with the view to explore future options regarding funding for rolling out social prescribing and looking to how social prescribing can become more sustainable in the future.

6. Useful resources

- National Social Prescribing Network.** The University of Westminster and the College of Medicine have launched the Social Prescribing Network, a forum which brings together for the first time healthcare professionals, voluntary and community sector professionals, commissioners, policy makers and patients.
 The Network will be creating a directory of social prescribing schemes nationally as part of a project that NHS England have asked them to carry out. They will initially map schemes that have referral from healthcare provider to link worker to local community and voluntary resources.
- Healthy London Partnership has [published a resource for CCGs](#) to support the local implementation of social prescribing. It provides practical assistance on what has been learned so far from the best available evidence. HLP are now looking at options of providing this document in open source format so that it continues to be a repository of the latest evidence, learning and keeps up-to-date.
- [Social Prescribing - A Review of Community Referral Schemes - UCL](#)
- [More than Medicine - new services for people powered health - Nesta](#)
- [Social Prescribing & Supported Self Management: A toolkit to build capacity in local communities & service system](#)
- [Evidence to inform the commissioning of social prescribing - University of York](#)
- [Analysis: What does social prescribing mean for GPs - GPonline](#)

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March 2017***