Social Prescribing
Making sense of
Making Sense of Social Prescribing

Contributors

Dr Marie Polley, Co-Chair Social Prescribing Network, Senior Lecturer in Health Sciences and Research, University of Westminster (Project Lead).

Dr James Fleming, GP Padiham Medical Centre, East Lancs CCG, CEO Green Dreams project CIC

Tim Anfilogoff, Head of Community Resilience, Herts Valley CCG

Andrew Carpenter, London Coordinator, National Brokerage Network

Dr Michael Dixon, Co-Chair Social Prescribing Network

Dr David Cowan, Care Navigation Programme Manager, West Bromwich, Challenger Health and Wellbeing Limited

Dr Karen Pilkington, Senior Lecturer, School of Health Sciences and Social Work, University of Portsmouth

Dr Alyson McGregor, Director, Altogether Better

Dr Karen Kimberlee, Senior Research Fellow, Faculty of Health and Life Sciences, University of the West of England

Dr Rachel Knipe, Senior Research Fellow, Faculty of Health and Science, University of East London

We are extremely grateful to the many wise and helpful contributions from the following people (listed in alphabetical order):

Dr Marcello Bertotti, Senior Research Fellow, Institute for Health and Human Development, University of East London

Dr Michael Dixon, Co-Chair Social Prescribing Network

Dr Richard Kimberlee, Senior Research Fellow, Faculty of Health and Life Sciences, University of the West of England

Dr Karen Pilkington, Senior Lecturer, School of Health Sciences and Social Work, University of Portsmouth

Janet Whealey, Chief Executive, Voluntary Action Rotherham

This guide was written by the following people:

Health Network

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Making Sense of Social Prescribing

Glossary

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Community care coordinator: In this report it refers to a non-clinically trained person who works in a community care coordination service, and receives the individual who has been referred to them. Briefly, the link worker is responsible for enabling and supporting a patient to assess their needs, co-produce solutions for them making use of appropriate local resources.

Long term conditions: A Long Term Condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease and chronic obstructive pulmonary disease.

Meta analyses: The systematic appraisal of data from randomised controlled trials to determine the overall likelihood of the effect of an intervention.

Personalisation: “The way in which services are tailored to meet the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive.”

Practice Health Champion: Someone who gifts their time to work alongside their GP practice to support the social prescribing work by offering groups and activities and helping patients access the social support they need.

Psychosocial: This relates to the interrelation of social factors and individual thought and behaviour. The psychosocial approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function.

Socioeconomic: The combination of both social and economic factors.

Self-care: Self-care is all about individuals taking responsibility for their own health and well-being. This includes: staying fit and healthy, both physically and mentally; taking action to prevent illness and accidents; the better use of medicines; treatment and monitoring; taking action to prevent illnesses and accidents; the better use of medicines; treatment and monitoring.

Social prescribing service: Refers to the link worker(s) and the groups and services that a person accesses to support and empower them to manage their needs.

Social prescribing scheme: In this document refers to the three components that make a scheme (i) referral from a healthcare professional, (ii) consultation with a link worker, and (iii) use of a local voluntary sector service or local authority service. The social prescribing scheme is a local authority service that makes a scheme that can be accessed by patients who have been referred to them by their GP or a link worker.

Services they receive:

Contributor

Dr Mark Hopwood

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Support Brokerage: Support Brokers help people to choose, plan and lead the lives of their choice. Ideally, they are independent of statutory services. Recently in the UK, brokers have often been limited to working with disabled people in receipt of a personal budget and helping them write a support plan. However, internationally and historically, the role has rightly extended well beyond this. Support Brokerage: Support Brokers help people to choose, plan and lead the lives of their choice.

Wellbeing: The state of being comfortable, healthy, or happy.

Third Sector: The part of an economy or society comprising non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives and mutuals.

Systematic Review: A systematic review summarises the results of available research, carefully designed health care interventions. Judgments may be made about the evidence and inform recommendations about the effectiveness of health care interventions. Systematic reviews involve searching for and collecting all relevant research, critically appraising the achievements of health care studies (controlled trials) and providing summaries of the results of available research, carefully designed healthcare interventions. Judgments may be made about the evidence and inform recommendations about the effectiveness of healthcare interventions.

1. Introduction
Making Sense of Social Prescribing

1. Introduction

Many inspirational and hard working professionals have all come to the same conclusion – that we can do better for the person who stands before us. Since the inaugural conference of the Social Prescribing Network in January 2016, we have identified far more social prescribing related projects than we ever expected. Bringing people together with a common purpose is always an exciting and powerful venture. We have seen a steady increase in the interest in developing and commissioning social prescribing schemes. Social prescribing was highlighted in the General Practice Forward View as a mechanism to support more integration of primary care with wider health and care systems to reduce demand on stretched primary care services. Social prescribing schemes also help to integrate services and make improvements in the social and economic determinants of health.

As with many ventures, it started in a beautifully organic way, with local solutions to suit local need and aspirations to develop health creating communities. Some structured sharing of knowledge and best practice is now essential to support people to develop new social prescribing ventures and to make the best use of the resources that are available.

This guide has been coproduced by people with practical experiences of designing, delivering and evaluating social prescribing schemes. We want to support commissioners to understand what a good social prescribing scheme looks like. We also want new schemes to put the key ingredients into place – ones that we know will give them the best chance of success.

We hope you find this resource beneficial. If you have suggestions for new sections, please email the Social Prescribing Network.

This guide reflects the latest information we have about social prescribing. You can access this resource in several ways. Each section is designed to be a standalone summary of a key aspect of social prescribing. There may be cross-references to other sections. If you are completely new to social prescribing, you may want to read all of this guide.

Social prescribing has been in place for a good number of years now, albeit on a relatively small scale. Brandling and House (2009) for example, cite the Bromley-By-Bow scheme which was developed in the 1990s. Friedli and Watson reported on a social prescribing scheme for mental health in 2004.

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2. What is social prescribing?
Making Sense of Social Prescribing

2. What is social prescribing?

The terms ‘social prescribing’, ‘community referral’ and ‘non-traditional providers’ have all been used to describe a way of expanding the range of non-medical options that can be available to healthcare professionals when a person has needs that are related to socioeconomic and psychosocial issues. whilst the concept of social prescribing is relatively recent, the term is now more frequently used.


What is social prescribing?

Social prescribing shares the values that underpin the wider Personalisation movement in health and social care. The Personalisation movement has paved the way for social prescribing as we see it today.

Social prescribing is an opportunity to implement a sustained structural change to how a person moves between professional sectors and into their community. It leads to NHS health care professionals developing wider relationships with the community and the third sector and allows professionals to support people who have social problems, in addition to addressing health inequalities. The system needs to be able to see beyond the professional sector and work in a more holistic way. Social prescribing is an opportunity to implement a sustained structural change to how a person moves between professional sectors and into their community. It allows professionals to support people who have social problems, in addition to addressing health inequalities.

For social welfare advice,轉化 and support, a social worker or social prescriber works with the community to fully address the social determinants of health. Social prescribing schemes require a person not to be a condition, or disability, but also to be a person not a condition.

Almost without exception, people want to improve their situation, particularly those with complex health problems. Without support, negative consequences can seem impossible to navigate or achieve without sustained support and motivation. Social prescribing as we see it today

What is the reason for developing social prescribing schemes?

The reason for developing social prescribing schemes is that social prescribing is an opportunity to implement a sustained structural change to how a person moves between professional sectors and into their community. It allows professionals to support people who have social problems, in addition to addressing health inequalities.

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Many people in the UK are in situations that have negative consequences for their health. Social prescribing as we see it today, which can be addressed by a clinical consultation, can help ease isolation, responsibility, and emotional strain and provision of social care. Social prescribing can help address the social determinants of health. Social prescribing is an opportunity to implement a sustained structural change to how a person moves between professional sectors and into their community. It allows professionals to support people who have social problems, in addition to addressing health inequalities.

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2. What is social prescribing?

Social prescribing supports the individual, families, local and national government, and the private, voluntary and community sectors to work in collaboration. When done well it allows people to self-manage their personal situation whilst experiencing physical, emotional and social challenges.

Social prescribing can offer many people a personalised and flexible offer of support back to health at a pace that is appropriate to the person. There are many models of how social prescribing schemes have been organised (see section 3.0).

In 2016, the Social Prescribing Network asked social prescribing stakeholders to list the outcomes achieved by social prescribing, that they are aware of. 180 people responded and Figure 1 summarises the categories of outcomes that were developed.

In referrals to hospital attendance at age and statistically significant drops in prescribing schemes of 28% in GP services. 24% in emergency admissions following referral to social prescribing schemes. The showed impact of social prescribing on healthcare demand.

More recently a review of the evidence was conducted which summarises the categories of outcomes that were achieved by social prescribing schemes. The showed impact of social prescribing on healthcare demand.

In 2016 the Social Prescribing Network asked stakeholders to list the outcomes that were achieved by social prescribing schemes. The showed impact of social prescribing on healthcare demand.

Figure 1. Outcomes described from social prescribing stakeholders (Social Prescribing Conference Report 2016)”
What is the definition of social prescribing?

Several different definitions of social prescribing are already in use, but so far there is no universally agreed definition. At the first Social Prescribing Network conference in 2016, participants were surveyed in advance of the meeting and asked to define social prescribing. Based on this information, the definition below was constructed:

"A means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own social prescription. This prescription is co-provided by the voluntary, community and social enterprise sector. It contains solutions which will improve their health and wellbeing using services provided by the voluntary, community and social enterprise sector, and enables people with social, emotional or practical needs to find solutions which will improve their health and wellbeing, often using services provided by the voluntary, community and social enterprise sector."

A shorter, elevator pitch was also produced:

"Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing."

Making Sense of Social Prescribing
What comprises a social prescribing scheme?

Based on the original descriptions of social prescribing, a social prescribing scheme can have three key components:

1. A person can be referred to a local voluntary, community and social enterprise organisation.
2. A link worker; who makes an initial consultation with a healthcare professional or allied health professional and social enterprise organisation.
3. A referral to a healthcare professional or allied health professional (i.e., a referral from a healthcare professional to a local voluntary, community and social enterprise organisation).

What is social prescribing?


Making Sense of Social Prescribing

2. What is social prescribing?

A healthcare professional or allied health professional who makes an initial referral; • Most often GPs are involved in making referrals.

GP referral is underpinned by evaluation reports of social prescribing also focussing on the role of social prescribing in primary care. • Referrals could be made by a practice nurse, or nurse specialist, or a consultant – particularly for people with cancer - or an allied health professional such as a physiotherapist. • Macmillan Cancer Support also have social prescribing referral schemes. • Some schemes that are described as social prescribing directly refer patients to local groups. It is as yet unknown whether there are specific schemes to which a person can be referred. • More active referrers who work for local authorities may become used to this route as a key component of referral. • As more social prescribing schemes develop, the role of social prescribing in primary care is increasingly being recognised by evaluation reports. • Most often GPs are involved in making referrals.


Macmillan Cancer Support provide a social prescribing scheme at the Bromley-by-Bow Centre.
2. What is social prescribing?

A link worker:

- Link workers may have a variety of names including health advisor, health trainer, care navigator, community connector, community care co-ordinator, and community prescribing co-ordinator. These roles aim to understand what matters to the person and to link them with appropriate support. Some link workers may act as a signposting service, as opposed to spending consultation time with a person.

- A link worker refers to a non-clinically trained person who works in a social prescribing service and receives the person who has been referred to them. It offers a service that is based on an equal relationship between the person receiving support and the link worker.

- A link worker may be situated within a GP surgery, in the local community, or a mix of these depending on how the social prescribing scheme has been developed.

- A link worker spends time with a person working out together needs and goals. They can accompany the person on their journey through different organisations, both within and outside the NHS. The link worker can motivate and support individuals to achieve the change(s) that they want to achieve.

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- Further information on the role of a link worker can be in section 5.0

- A range of local voluntary community groups to which a person can be referred.

- Healthcare professional or allied health professional who makes an initial referral.
Making Sense of Social Prescribing

2. What is social prescribing?

A range of local voluntary, community and social enterprise groups to which a person can be referred;

A link worker; who makes an initial referral.

Referred; by a healthcare professional or allied health professional.

The person is referred by a healthcare professional (e.g. GP) or counsellor.

Physical activity classes (e.g. yoga), or counselling.

A link worker.

Based activities, arts and museum visits.

Consistently refer a person who can be referred.

Essentially, people may wish to

Know about local groups.

A range of local groups is different in every locality and

There are a range of groups and organisations that receive referrals as part of a social prescribing scheme.
What is social prescribing?

Resources

- These are just a selection of policies, papers and reports that relate to social prescribing.

- There is a growing number of resources on the social prescribing network website and will be updated at regular intervals.

- Academic papers:


- Policies and reports:

Making Sense of Social Prescribing

2. What is social prescribing?

Reports published from different sectors

Kimberlee R (2016). Gloucestershire Clinical Commissioning Groups’ Social Prescribing Service: 

Local Government Authority (2016).


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Reports published from different sectors
3. What do different models of social prescribing schemes look like?

Who can refer the person?

Who employs the link worker and where are they situated?
Making Sense of Social Prescribing

3. What do different models of social prescribing schemes look like?

Social prescribing has been categorized by Kimberlee (2015) as ranging from basic signposting through to what he describes as ‘light’, ‘medium’ and ‘holistic’. These classifications refer to the level of engagement that a link worker has with a person. For example, a holistic social prescribing scheme is where a link worker spends as much time as is necessary with a patient to assess their needs, support them to co-produce solutions and see an improvement in wellbeing.

Many established social prescribing schemes have evolved to meet increasing demand, serve a larger geographical area or extend the range of people who can be referred for support. These are an increasing number of pilot schemes that have a person as a ‘light’, ‘medium’ or ‘holistic’ approach. The difference is in the level of engagement that a link worker has with a person. For example, a holistic social prescribing scheme is where a link worker spends as much time as is necessary with a patient to assess their needs, support them to co-produce solutions and see an improvement in wellbeing.

Social prescribing shares the values that underpin the wider ‘personalisation’ movement in health and social care (DH, 2008). It is an exciting opportunity for commissioners to be innovative in commissioning, to be prescriptive but not at the same time. Social prescribing enables people to co-produce the best possible fit in their thinking and draw upon local expertise in each area.

Social prescribing schemes are managed by different stakeholders, and so there is no one-size-fits-all approach. The diversity of social prescribing schemes makes them different in different areas. Despite the differences, we do know that there are essential ingredients that successful social prescribing schemes have in common. These essential ingredients include:

- Who refers the patient to the link worker?
- Who employs the link worker and where they are located?
- How are the schemes managed?
- What are the outcomes?
- How do the schemes support people to co-produce solutions?

For more information on these themes, section 4.0 shares the values that underpin the wider ‘personalisation’ movement in health and social care (DH, 2008). This means that schemes will be and should be different in different areas.
3. What do different models of social prescribing schemes look like?

Who can refer the person?

Some social prescribing schemes refer people via practice staff such as GPs and practice nurses. Practice nurses who see people with specific conditions, such as diabetes, are well placed to identify suitable people for referral.

Example
In Cullumpton, Devon, GPs and practice nurses from three GP surgeries make referrals to a link worker, who has an office in one of those surgeries. The link worker offers appointments to support and motivate people in order to make changes to their health. They do this by accessing support available both in the local community and at the GP surgery. They work with a person on an agreed action plan to help them to better manage their long-term condition. The link worker will work with a person on a different appointment to support and motivate people who have been referred from primary care, such as GP surgeries, or community health services. The link worker is jointly commissioned by Wigan Borough CCG and Wigan Council. Professionals from primary care, the hospital and social care can refer people to the link worker.

Example
In Newcastle West, Ways to Wellness provides GP practices with a dedicated link worker who has an office in one of those surgeries. The link worker works with practice nurses and community health professionals to support and motivate people who have been referred from primary care, such as GPs and practice nurses.

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3. What do different models of social prescribing schemes look like?

Who employs the link worker and where are they situated?

Example: Gloucestershire Clinical Commissioning Group has commissioned social prescribing across the county of Gloucestershire. Link workers predominantly meet the people they serve in GP practices. However, they also make some home visits and phone appointments. This approach allows the link worker to build trust and confidence with patients. The link worker service is delivered by a partnership between Gloucestershire Clinical Commissioning Group and Gloucestershire County Council. The service is led by Crossroads Care Gloucestershire and delivered by a network of volunteers who are recruited and supported by the service.

Example: Brighton and Hove Community Navigator Social Service uses well-trained link worker volunteers (called navigator community workers) in sixteen GP practices. The link worker service is delivered by a partnership between Brighton and Hove Impetus, Age UK Brighton and Hove, and Brighton Integrated Care Service. Link workers refer people to relevant services within the community.

Example: City and Hackney Clinical Commissioning Group has commissioned a social prescribing service in twenty-three GP practices. Three social prescribing co-ordinators were employed by Family Action to meet people, assess their needs, and support them to access further services. Where necessary, the link worker service was extended to include visits to patients at home.

Example: Rotherham Carers’ Resilience project is commissioned by Rotherham Clinical Commissioning Group. Link workers in GP practices are employed by Crossroads Care Rotherham, who receive referrals from all GP practices in Rotherham. Link workers can determine which service is most appropriate for the person, whether it be a home visit or a visit to the GP practice. The service is led by Crossroads Care Rotherham and delivered in partnership with Rotherham and Doncaster Alzheimer’s Society and the local authority.

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Making Sense of Social Prescribing

3. What do different models of social prescribing schemes look like?

Some schemes are joint ventures between third sector organisations and local GP practices.

Example:

Voluntary Action Rotherham

Rotherham’s social prescribing service uses link workers (called Voluntary and Community Sector Advisors) who are employed by Voluntary Action Rotherham. These link workers receive referrals from GP practices in Rotherham. The link workers then assess people according to agreed criteria to discuss their needs and non-medical ways to help them live well.

Link workers meet with people who are referred by GP practices in Rotherham, and assess their needs. They then refer them to the appropriate voluntary and community service. The link workers also attend integrated care management team meetings at the GP practice when appropriate.

The link workers also attend voluntary and community service team meetings to keep them informed about what is available locally.

Two organisations are well-known for acting as co-ordinating organisations:

Example;

Bromley-by-Bow Macmillan social prescribing service is funded by Macmillan. People living with cancer can be referred by practice GPs or nurses, and hospital organisations by self-referral. They are supported by practice GPs. The social prescribing service is funded by Macmillan. Local voluntary organisations also work in partnership with the Rotherham social prescribing service.

Wellbeing Enterprises working alongside Halton CCG

Community Wellbeing Practices were commissioned by NHS Halton CCG. Link workers in the form of Community Wellbeing Officers are employed by Wellbeing Enterprises CIC and are based in GP practices. The Community Wellbeing Officers work with practice teams, clinicians, patients, and other stakeholders to develop action plans that are responsive to local needs and support services from the voluntary and community sector. These services have a voluntary community ownership, person-centred local offer and enhance community cohesion.

Wellbeing Enterprises, working alongside Halton CCG, are at the forefront of provision. The organization co-ordinates the menu of social prescribing services that are available to patients. This creates flexibility by providing a truly sector fit, where gaps in provision are identified. The Community Wellbeing Officers work in the GP practice, and are a single point of contact. They identify the specific needs of the patient and make referrals to the appropriate support service. NB for mental health schemes, the designate mental health worker may also meet with the link worker and patient. The designate mental health worker supports the Community Wellbeing Officer in ensuring the patient has access to the appropriate services.

The Community Wellbeing Officers are able to identify the specific needs of the patient and make referrals to the appropriate support services. This leads to a smoother transition and ensures that the patient has access to the services they need. The Community Wellbeing Officers are also able to identify any gaps in provision and work with the voluntary and community sector to fill these gaps. This creates a truly personalized local offer and enhances community cohesion.

The lead agency approach also allows the money to follow the patient, in that the Community Wellbeing Officers are able to identify any gaps in provision and work with the voluntary and community sector to fill these gaps. This leads to a smoother transition and ensures that the patient has access to the services they need. The Community Wellbeing Officers are also able to identify any gaps in provision and work with the voluntary and community sector to fill these gaps. This creates a truly personalized local offer and enhances community cohesion.

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The Community Wellbeing Officers are able to identify the specific needs of the patient and make referrals to the appropriate support service. This leads to a smoother transition and ensures that the patient has access to the services they need. The Community Wellbeing Officers are also able to identify any gaps in provision and work with the voluntary and community sector to fill these gaps. This creates a truly personalized local offer and enhances community cohesion.

The lead agency approach also allows the money to follow the patient, in that the Community Wellbeing Officers are able to identify any gaps in provision and work with the voluntary and community sector to fill these gaps. This leads to a smoother transition and ensures that the patient has access to the services they need. The Community Wellbeing Officers are also able to identify any gaps in provision and work with the voluntary and community sector to fill these gaps. This creates a truly personalized local offer and enhances community cohesion.

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3. What do different models of social prescribing schemes look like?

Mobilising citizens

Altogether Better promote a model of Collaborative Practice to engage and support enthusiastic citizens to work alongside GP practice (which could be provided by the third sector) to find offers, services and activities either in the GP practice or community (often provided by the third sector) by offering a menu of options that a paid link worker might refer to.

Practice Health Champions help people to find offers, services and activities either in the GP practice (which could be provided by the champions) or in the community (often provided by the third sector) by offering a menu of options that the practice cannot solve.

People who attend frequently for problems that the practice is insufficiently resourced and able to meet properly supported, reconfigured and able to meet their needs. This means ensuring that they are ready for the likely increase in the take-up of their services. This means ensuring that they are.

Experience suggests that social prescribing schemes would be in any other area of work. People can access the benefits of the scheme who might not have.

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4. The essential ingredients of social prescribing schemes

- Funding commitment
- Collaborative working between sectors
- Communication between sectors
- Buy-in of referring healthcare professionals
- Using skilled link workers within the social prescribing schemes
- Person-centred service
Many social prescribing schemes have been designed and reviewed the essential ingredients for successful schemes.

This section will review the different ways that social prescribing schemes were designed to be responsive to the local needs of people and to use local resources as opposed to an enforced one-size-fits-all approach. Social prescribing schemes tend to view a person, not a person’s condition or disability, but rather simply as a person. By understanding the essential ingredients that give social prescribing schemes the best chance for success, it is possible to ensure these aspects are present when commissioning or reviewing schemes.

![Figure 2: Essential ingredients of social prescribing schemes.](image-url)
Funding commitment

The essential ingredients of social prescribing schemes

Making Sense of Social Prescribing

4. The essential ingredients of social prescribing schemes

Funding commitment

Not all groups need large sums of money to support them. Some local community groups may only need small grants of £2000.

Funding commitment

Previously established social prescribing schemes have been funded in a variety of ways. Some have been via Clinical Commissioning Group and/or local authority funding. Others used funding with public health money. Some have been funded in a variety of ways. Funding to support and maintain their position.

By increasing the number of people that are using local community and voluntary/community and social enterprises organisations, it is particularly important that money follows the patient and that the organisations receiving referrals can sustain their income and service provision.

Social prescribing facilitates relationships between the link worker and the local community. The relationship and trust between a person and a link worker can empower a person to take action to change their circumstances. These relationships take time to develop therefore continuity of funding is very important. To ensure relationships can continue.

The link worker may be employed by a third sector organisation and the relationship and trust developed especially between the link worker and the local community.

Not all groups need large sums of money to support them. Some local community groups may only need small grants of £2000.
Collaborative working between sectors

- Ensuring a local champion in each stakeholder group is vital.
- The process these partners meet to discuss their plans and the better the earlier on designing the scheme as possible.
- It's important to involve as many volunteers from the local voluntary and community sector.
- Workers practice manager and representatives represent the local authority, a public health representative, a link worker, and representatives of a Clinical Commissioning Group, made up of a Clinical Commissioning Group or steering group meetings quarterly.
- Social prescribing is about aligning the services and identifying the need for new services that are available to a person in different sectors.
- Social prescribing is about aligning the services.
4. The essential ingredients of social prescribing schemes

• Referrals of patients to link workers are important, however, not all healthcare professionals have the time to get up-to-date with recent developments in social prescribing. For many, this is still a new concept that raises a lot of questions. Making time to educate healthcare professionals have the time to get up-to-date with recent developments in social prescribing is therefore very important.

• This helps to manage demand and regulate the flow of referrals to community groups.

• Buy-in of referring healthcare professionals is important, however, not all healthcare professionals have the time to get up-to-date with recent developments in social prescribing. For many, this is still a new concept that raises a lot of questions.

• Transparency: Out with all partners in the scheme to ensure that referral criteria for the social prescribing scheme are designed to fit the target people for the scheme and that all partners are working on local need.

• Referral criteria need to be designed to fit the target people for the social prescribing scheme – different schemes have different targets based on local need – the referral criteria need working out with all partners in the scheme to ensure transparency.

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4. The essential ingredients of social prescribing schemes

Making Sense of Social Prescribing

Communication between sectors

Without the need for additional investment, enterprises groups can allow value to be released between voluntary, community and social care and local voluntary community sector. It is important to review what exists within your area, what’s new, what’s old and what’s been closed down. It is necessary to build up local knowledge of the groups and services in the community with health care workers. The link worker becomes the communication hub, communicating with healthcare referrers and building relationships with local voluntary and community enterprises. The approach without compromising data protection.

Communication and feedback loops between all stakeholders in the scheme allow for transparency. Commissioners need to be clear about outcomes for the service they are commissioning. For instance, schemes may fail to get off the ground very quickly if the target person group is too narrow. On the other hand, a social prescribing scheme wide range of referrals in a stretched third sector can be victims of their own success if open to a

Clear information, advice and referral pathways

Communication and feedback loops between all stakeholders in the scheme allow for transparency.
Using skilled link workers within the social prescribing scheme

As previously mentioned, the qualities and skills of a link worker are very important in supporting a person to make a change in their circumstances. More detail about link workers can be found in section 5.0.
4. The essential ingredients of social prescribing schemes

Person-centred service

Many social prescribing schemes value the

People may need a number of visits with a link worker before they are confident to act on their own. The link worker may also want to accompany a person to a group for the first time to support them make this first step – this is particularly important where people have confidence issues and visiting an unfamiliar group will be a barrier to progress. Much has been written about the level of engagement of link workers with people who use the service, and visiting an unfamiliar group can be a barrier to progress. Much has been written about the level of engagement of link workers with people who use the service, and visiting an unfamiliar group can be a barrier to progress.

Person-centred service

• Many social prescribing schemes value the

Getting along with a variety of reasons.

• Many social prescribing schemes value the

Many social prescribing schemes value the

5. What makes a good link worker?

- Engaging with referring professionals
- Other skills, competencies and qualities of link workers
- Engaging with people
- Engaging with the local voluntary, community and social enterprise sector
- Role of the link worker

What makes a good link worker?

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- Role of the link worker
What makes a good link worker?

Titles for people who have a linking role (that we refer to as link workers) continue to grow, and include: health advisor, health coordinator, health facilitator, health trainer, community connector, community navigator, social prescribing coordinator, support broker, health broker, community broker; wellbeing coordinator, voluntary, community and social enterprise sector advisor.

Whatever the job titles, the link worker has arguably the most important role in a social prescribing scheme, as this section will explain. Link workers are people who really care and go the extra mile. They are people who understand what it means to support people, some of whom may be experiencing acute crisis. To this end, clinical supervision for a link worker to allow them to debrief on their caseload is important for their wellbeing as well as for safeguarding.

Link workers support people who have a range of needs. They are people who really care and go the extra mile. They are people who understand what it means to support people, some of whom may be experiencing acute crisis. To this end, clinical supervision for a link worker to allow them to debrief on their caseload is important for their wellbeing as well as for safeguarding.

Engaging with the local voluntary community and social enterprise sector

Link workers need to have a broad range of skills and be able to work independently and proactively with people. They need to be able to work with a wide range of referrals from different sectors (such as other people) or in an egocentric way, depending on whether the role is in areas of specialism (such as older people) or more general.

In practice, commissioners may wish to consider whether it’s better to work in areas of specialism or geographical communities, perhaps based around GP surgeries.

Creating connections between link workers in different sectors could be very productive to share learning and local intelligence to increase the efficiency and cost-effectiveness for all parties.

Since the advent of ‘personalisation’, there has been a range of job titles that describe very similar roles. This is reflected in different social prescribing schemes who have named the role of a link worker in many different ways.

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5. What makes a good link worker?

Engaging with referring professionals

- Link workers need to establish and maintain relationships with referring professionals.
- Period of time should be dedicated to this before referring to each other.
- Wrongly, a link worker may refer people to anywhere between 30 and 120 different groups and services.

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What makes a good link worker?

- Engaging with people
  - Link workers need to be able to engage, empathise, listen, empower and motivate individuals. Solutions must be co-produced and tailored to a person's individual needs in line with what is available within a neighbourhood.
  - Different levels of engagement and crisis may vary from those who may be socially isolated to those who may be lonely or socially disadvantaged, with a high risk of mental health crisis.
  - The type of people that meet with a link worker may vary from those who need support to manage long-term conditions or a mixture of needs at different levels, to those who have a mixture of needs at different levels, with a high risk of mental health crisis.
  - Those who may be vulnerable, socially disadvantaged or have a mixture of needs at different levels, with a high risk of mental health crisis.
  - Long-term conditions.

- Empathise, listen, empower and motivate individuals who have a mixture of needs at different levels, with a high risk of mental health crisis.
Making Sense of Social Prescribing

5. What makes a good link worker?

Engaging with the local voluntary, community and social enterprise sector

- Encouraging people to get something up in their community. In this situation, the link worker may need to identify and engage in discussions with relevant local organisations. To get started, the link worker may need to set up new groups to fill gaps in local services or activities. For example, if a link worker has identified that the link worker will identify gaps in services and activities. When the social prescribing scheme is being set up, it is essential that the link worker has an enhanced knowledge of governance and safety.

- Some link workers have a more complex role that involves setting up new organisations or programmes. The link worker should have an intimate knowledge of the social prescribing scheme's performance and be involved in developing relationships between link workers and between third sector organisations. If the third sector is not on board, more time needs to be spent on developing relationships with local voluntary sector organisations to refer people to third sector organisations.

- In some schemes, link workers have a more complex role that involves some design of the social prescribing scheme. They need to be realistic about the size of the third sector and what it can achieve. Setting such limits may reduce the level of person-centred practice by reducing the range of available options for people.

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- In some schemes, link workers can only make referrals to specific pre-agreed organisations. The link worker should have an intimate knowledge of these organisations and their programmes. The link worker may need to identify gaps in local services or activities and encourage new groups to get started, including looking for suitable grants and funding and discussing governance and safety.

- As the social prescribing scheme develops, it is inevitable that the link worker will identify gaps in services and activities. When the social prescribing scheme is being set up, it is essential that the link worker has an enhanced knowledge of governance and safety.

- For cross-referral, link workers can undertake a community mapping exercise. This involves identifying which local voluntary, community and social enterprise groups already exist, what amenities are available, what they offer, and establishing relationships with those groups.
What makes a good link worker?

Other skills, competencies and qualities of link workers:

- To be honest and to have integrity.
- To be non-judgmental and to take a positive approach to all people.
- To be sensitive to the needs of individuals and communities that are perceived as hard-to-reach.
- To have training on how to recognize and deal with safeguarding issues, including being able to refer back to NHS services for further support.
- To have basic life support skills.
- To have motivational interviewing training independently.
- The ability to work both as part of a team and independently.
- Interaction and listening skills.
- The ability to effectively communicate with a wide range of stakeholders, including good social interaction and listening skills.
- The ability to speak fluent English. Depending on the local area, the ability to speak other languages can be advantageous.
- Good knowledge of information governance and ability to maintain confidentiality at all times.
- Good organizational written and IT skills, such as word processing and maintaining databases.
- To have motivational interviewing training independently.
- The ability to maintain an active caseload and keep accurate records.
- The ability to collect primary data for monitoring purposes.
Making Sense of Social Prescribing

5. What makes a good link worker?

Role of a link worker

There is a wide variation in how link workers have been used in different social prescribing schemes. This may reflect the amount of time a link worker has been allocated to work with a person within any given scheme. The level of engagement that a link worker has with a patient has been categorised by Kimberlee (2015) as social prescribing ‘light’, ‘medium’ and ‘holistic’.

A holistic social prescribing scheme is where a link worker spends as much time as necessary with a patient in order to make the scheme as effective and empowering as possible and not impose arbitrary cut-off points.

In practice, the level of engagement with people will depend on their individual support needs when referred to the scheme. Commissioners may wish to consider the best way to deal with this variation in order to make the scheme as effective and empowering as possible.

Some people may already have a good level of ‘activation’, which includes their readiness to make a change. In this instance, the person may only need to see the link worker once or twice, and can be easily referred to a local organisation or other services to make further progress. Other people may already have a good level of ‘activation’, which includes their readiness to make a change. In this instance, the person may only need to see the link worker once or twice, and can be easily referred to a local organisation or other services to make further progress.
What makes a good link worker?

In a holistic social prescribing scheme, a link worker works at the person’s own pace, supporting them to drive much of the journey themselves.

The link worker should refer the person back to the referring doctor if they think they are at imminent risk, e.g. of a mental health crisis, anxiety or depression, low confidence and low self-esteem.

An improvement in quality of life (whether financial, housing, relationships, employment, debt management, new skills, community engagement, etc.) contributes to the alleviation of low-level depressive symptoms and reduced isolation or other contributory factors to the person’s problems.

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For people with anxiety or depression, or who have low confidence or self-esteem, it can feel like an insurmountable challenge to go to a group where they do not know anyone. In the most person-centred schemes, the link worker may accompany a person to a new group to help them overcome this barrier to support.

The link worker should refer the person back to the referring doctor if they think they are at imminent risk, e.g. of a mental health crisis, anxiety or depression, low confidence and low self-esteem.

Identify the barriers to an enhanced quality of life.

In a holistic social prescribing scheme, a link worker engages with each person in longer consultations, lasting between thirty to sixty minutes, together they explore the barriers to an enhanced quality of life.
6. What makes for a good referral?
6. What makes for a good referral?

The referral process is not to be confused with signposting. Signposting is when a person is provided with information about another service and has to initiate contact themselves. A referral is a request from one part of a system to another part of the system, on behalf of the person.

For people who are experiencing challenging life situations such as low confidence or self-esteem, signposting will not be a suitable approach to enabling change. This is evidenced by the increasing number of people who present to primary care with mental or physical health problems associated with their social circumstances. A growing number of people need and seek more support than general practice and this is often initiated through referrals. A referral process is not to be confused with signposting. Signposting is when a person is provided with information about another service.

On the other hand, people who are already confident, ‘activated’ (Hibbard et al. 2004; Blakemore et al. 2016) and ready for change may benefit from supported signposting. Sometimes a link worker may also make a referral back to a health professional if they identify someone who needs crisis support. Sometimes a link worker may also make a referral back to a health professional if they identify someone who needs crisis support.

Referrals mainly take place at two points in a social prescribing scheme:

1. From a health professional to a link worker
2. From a link worker to a local third sector or statutory organisation.

Depending on how the social prescribing scheme has been set up, other referrals to a link worker may come from other providers such as housing, secondary care, or cross referrals from other voluntary organisations. Other referrals to a link worker may come through the contact with a link worker who can offer one way to provide that support is needed and seek more support than general practice or physical health problems associated with their social circumstances. A growing number of people who present to primary care with mental health problems will not be a suitable approach to enabling change.

Referrals mainly take place at two points in a social prescribing scheme:

1. From a health professional to a link worker
2. From a link worker to a local third sector or statutory organisation.

Depending on how the social prescribing scheme has been set up, other referrals to a link worker may come from other providers such as housing, secondary care, or cross referrals from other voluntary organisations.
6. What makes for a good referral?

Many GPs use electronic referrals. However, it is important to understand the local situation before deciding which systems are best. It is likely to become more common over time.

Making Sense of Social Prescribing

Many GPs use electronic referrals. However, it is important to understand the local situation before deciding which systems are best. It is likely to become more common over time.
Referral to a local voluntary, community and social enterprise organisation by a link worker is the link workers responsibility or the local groups and networks, for example, who scheme is replaced by their membership of.

What makes for a good referral?

A successful social prescribing scheme will ensure that there is clarity and transparency between the organisations involved and the local voluntary, community and social enterprise groups. This is best achieved by having multidisciplinary stakeholder meetings several times a year. Arranging these meetings should be part of the initial design of any social prescribing scheme. A significant barrier to achieving the points on this page, is the lack of funding for the community organisations to support people after they have been referred by link workers. It is critical for the organisations involved and the local voluntary, community and social enterprise groups to coordinate their work.

It is important that the link worker, the person and the community groups are clear on the following:

- At what point the person's involvement with the local group is replaced by their membership of local groups.
- Whether the person can return to see the link worker within a certain time frame, and if so, how
- Any communication requirements the person may have.
- Need support with.
- A co-produced view of what the person may clear concern of the person to the referral.

- Clear consent of the person to the referral.
- A co-produced view of what the person may need support with.
- Any communication requirements the person may have.
- Need support with.
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A successful social prescribing scheme will ensure that there is clarity and transparency between the organisations involved and the local voluntary, community and social enterprise groups. This is best achieved by having multidisciplinary stakeholder meetings several times a year. Arranging these meetings should be part of the initial design of any social prescribing scheme.
Managing risk, safeguarding and governance

- Healthcare professionals
- Link workers
- Local voluntary, community and social enterprise sector
- Minimum standards for people
Good quality service provision also requires that every stakeholder be clear on who has duty of care for the person as they move between professional and organisational boundaries. For the person to receive the support that they need, it is important that the rights of people and safeguarding and governance are maintained. It would be wrong to stifle the gifts of time and support that people are willing to give on a voluntary basis in their communities.

It would be wrong to put too many hurdles in the way of people or organisations who want to set up a social prescribing scheme and take on a link worker. It is, however, important to ensure that any social prescribing scheme has appropriate governance. This requires a review of what policies and procedures are in place for each component of the scheme, for example, policies that are specific to:

- the local voluntary, community or social enterprise group that provides the ‘social prescription’;
- the link worker;
- the referring healthcare professional;

...and what is involved in the design process as early as possible.

It is important to ensure that any social prescribing scheme has appropriate governance. This requires a review of what policies and procedures are in place for each component of the scheme, for example, policies that are specific to:

- the referring healthcare professional;
- the link worker;
- the local voluntary, community or social enterprise group that provides the ‘social prescription’.

This section provides points to consider and resources for further reading to foster a sensible and safe environment. The information is provided from different perspectives to try and address some of the questions and concerns that exist from different perspectives to try and address and safe environment. The information is provided to remember that different stakeholders can have differing expectations of the levels of governance required in a social prescribing scheme. It is important to ensure that any social prescribing scheme has appropriate governance.
Managing risk, safeguarding and governance

Healthcare professionals

A common question raised by GPs is: ‘I am a GP – do I retain legal responsibility for the patient once they have moved to using the local voluntary, community and social enterprise services and groups, as I was the person who referred him or her?’

Several points need to be considered. This question, however, raises legal responsibilities. Where there is self-referral, the GP does not retain responsibility for any form of help. In the community, or access any form of help, professionals may be expected to reflect on who has overall responsibility for other people’s actions. One approach is to have meetings between all potential partners involved in the scheme where possible. Where responsibilities are shared, it is important to ensure that the patient’s care is not compromised.

Scenario Two

A person may be more likely to trust a service to which their doctor has referred him or her.

Scenario One

A person is entitled to join any group. Of course, everyone is entitled to join any group.

Responsibility of the provider

Responsibility for ensuring good governance is ultimately the commissioners’ responsibility. However, whilst the social prescribing scheme is a commissioned service, commissioners are expected to maintain and manage risk and ensure governance is in place. Where legal responsibilities are shared, the commissioners will set out some of what will be expected of the providers.

Let’s take some hypothetical scenarios for consideration.

Healthcare professionals

In general, a referrer the GP needs to know:

- If more referrals are going outside the NHS, professionals may be expected to reflect on who has overall responsibility for other people’s actions. One approach is to have meetings between all potential partners involved in the scheme where possible. Where responsibilities are shared, it is important to ensure that the patient’s care is not compromised.

- A person may be more likely to trust a service to which their doctor has referred him or her.
A GP refers a person directly to a local gardening group to help with isolation and confidence. This scenario may be further complicated if the group has inadequate mechanisms for complaint or inadequate liability insurance.

This scenario reminds us that safety is never fully guaranteed under any circumstances. However, mechanisms can be put in place for vetting groups and monitoring activities through using a link worker. It is important not to be overly cautious and create problems where there are none. If a GP recommends that a person goes walking but then trips over the kerb, there is no question of liability and common sense must be used when it comes to due diligence.
Scenario Two

A GP refers a person via the link worker for support with impending homelessness. The link worker refers the person to a housing advice agency. Ultimately the issues cannot be resolved and the person loses their home.

Who is liable? The GP who made the initial referral, the link worker or the housing advice agency?

Ultimately, it is for the service provider (housing advice agency) to ensure that staff and volunteers have adequate training and support, and if everything reasonable was done to prevent the homelessness, then it would be difficult to suggest a breach of organizational liability.
Link workers must have relevant training and appropriate disclosure and barring (DBS) checks in place for working with vulnerable people. The training required may vary according to the breadth of role that the link worker undertakes. We have written a specific section on the role of the link worker that covers this in more detail (section 5).

The social prescribing scheme should have a lone worker policy and sensible precautions must be taken where link workers visit people in their own homes. Link workers should also be trained to recognise and seek appropriate help for those who are at risk of self-harm.

By jointly agreeing an action plan with the person, link workers can help them access community standards and support a person in their own homes. Link workers should also be trained to recognise and seek appropriate help for those who are at risk of self-harm.

Social prescribing supports an asset based approach. The link worker gets to know a person’s needs and interests through an initial assessment. By utilising their knowledge of services they can provide options that the person may find helpful. By jointly agreeing an action plan with the person, link workers can help them access community standards and support a person in their own homes. Link workers should also be trained to recognise and seek appropriate help for those who are at risk of self-harm.

Scenario for consideration:

An 85 year old woman with a hearing impairment and memory problems needed a gardener to replace one she had had for many years, but needed more support than simply using Buy with Confidence. The link worker helped her interview three from their pre-existing list. This both helped the woman think about her choice and made the prospective gardener aware that the woman was not completely isolated, but had access to support.

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The social prescribing scheme should have a lone worker policy and sensible precautions must be taken where link workers visit people in their own homes. Link workers should also be trained to recognise and seek appropriate help for those who are at risk of self-harm.
Appropriate governance should be in place when a link worker refers someone to a community group or organisation. Transparency on these issues is paramount for all stakeholders across the social prescribing scheme. The personal responsible for ensuring this is the case may differ depending on how the scheme is funded or commissioned.

What constitutes necessary and appropriate governance depends on who is providing the social prescription and also how the local voluntary, community or social enterprise group is viewed in the eyes of the law. There are two basic distinctions between groups – unincorporated and incorporated organisations.

Unincorporated organisations
The legal landscape for community or social enterprise groups is relatively straightforward and accessible for organisations, and also how the local voluntary sector is viewed in the eyes of the law. There are two basic distinctions between groups – unincorporated and incorporated organisations.

- Voluntary groups can access support from the National Council for Voluntary Organisations (NCVO) or National Association for Voluntary Action (NAVCA) to ensure basic policies and procedures, and comply with their duties and responsibilities.
- Local infrastructure agencies, such as Councils for Voluntary Service, can support local groups to understand their liabilities, encourage good practice, create basic policies and procedures, and access funding to promote good governance, for example, the creation of a health and safety policy, equal opportunities policy, and a safeguarding policy.

In their pre-planning and design, it is important that organisations reassure themselves that they are happy to undertake social prescribing activity and take referrals from others. With a moderate amount of planning and reflection, this is not onerous.

Grants and service level agreements are the easiest ways to fund small projects and pilots, focusing on the elements of the activities to be supported. Local infrastructure agencies can support local groups to plan and develop their activities.

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Local voluntary, community and social enterprise sector
Incorporated organisations are subject to statutory frameworks, such as company law. Examples include company limited by guarantee, community interest companies, charitable incorporated organisations and limited companies, which are incorporated by guarantee. Where there is a legal dispute, people interested in companies, charitable incorporated organisations and limited companies, which are incorporated by guarantee, can use the company’s register rather than the collection of individuals who run it. This therefore limits the liabilities of trustees and directors.

Where more formal services are prescribed, such as the link worker service, debt advice or counselling, local commissioners may wish to create a legally binding contract, such as the Standard NHS or Shortened Standard Contract. This sets out clear expectations of both parties and gives commissioners confidence about quality and performance standards.
A person should be able to expect minimum standards of governance in any organisation to which they are referred. This is dependent upon the type of social prescribing organisation and the nature of the work being carried out. Minimum standards for people:

- A clear plan in place to take into account a patient’s safety, governance, safeguarding, complaints, and monitoring, which can be justified according to the level of social prescribing and activities being offered.
- Clear lines of accountability are in place.
- Information governance procedures to encompass consent, data sharing, confidentiality and data management. The organisation commits to protecting volunteers and groups from harm, as well as those people who are referred by them or to them.
- The roles of link workers (and their managers) should be paid staff members, receiving appropriate supervision for their complex and often challenging roles. This gives people using the service continuity and confidence that minimum standards are maintained.
- Organisations employing link workers should organise regular reviews to check outcomes and provide clear support to their staff.
- Organisations, voluntary, community and social enterprise organisations, link worker and between link workers and those providing community support should.
- Minimum standards for people who use the service in its design, involving volunteers, staff and where possible, this should be appropriate to the activity.
- Examples of minimum standards for all social prescribing organisations of any type are set out here.

Making sense of social prescribing and governance

7. Managing risk, safeguarding and governance
Managing risk, safeguarding and governance

The following links all provide information on a range of quality standards, quality indicators and regulatory requirements of different groups and organisations.

- The National Council for Voluntary Organisations (NCVO) website outlines a range of 'off the shelf' quality standards and frameworks. The site contains many useful resources on risk and governance, which may be part of a social care commissioning framework. The Commissioning Support: This outlines the differences between unconstituted and constituted organisations.

- A short and helpful document which describes the process of commissioning support information.

- Companies Act 2006: This outlines the Health and Social Care Act regulations and the fundamental standards, below which care must never fall.

- Directgov Charity Commission: This outlines the Health and Social Care Act regulations and the fundamental standards, below which care must never fall.

- Directgov Charity Commission: This outlines the differences between unconstituted and constituted organisations.

- Buy with Confidence: This is a trading standards approved database of tradespeople providing a range of services.
8. Evaluation of social prescribing schemes

Evaluation and evidence mean different things to different people

Discrete evaluation vs monitoring of core outcomes

Preparing for an evaluation

What is being evaluated?

Evaluation checklist
It is critical that a shared understanding is agreed by holding multi-stakeholder meetings at the start of a programme. Stakeholders are likely to have different ideas about what constitutes success and therefore will have different expectations of what data, evidence and evaluation are associated with outcomes of the social prescribing scheme. The aim and importance of the social prescribing scheme should be collected. It is critical that a shared understanding becomes increasingly important as the aims of social prescribing schemes become interdisciplinary. Each stakeholder is also highly likely to have a different perspective on what data they value and therefore should be collected. It is critical that a shared understanding of the aim of any evaluation is agreed by holding multi-stakeholder meetings at the start of a social prescribing scheme. The impact on the community where the social prescribing services are delivered and the impact on the NHS and Adult Social Care Services is agreed by holding multi-stakeholder meetings at the start of a social prescribing scheme. The impact on the person using the service to make the scheme may therefore range from what difference it makes to the person using the service, to what difference it makes to the community where the social prescribing services are delivered and the impact on the NHS and Adult Social Care Services.
Evidence and evidence mean different things to different people.
Discrete Evaluations

- Discrete evaluations by external evaluators collect data for a set period of time, often by an external organisation, such as an academic institute. These evaluations often use a range of research methods (known as mixed methods). These may include questionnaires, interviews, and focus groups to collect data from a sample of people who are using the social prescribing scheme and key stakeholders in the scheme. This may last six weeks to three months and happen between six weeks to three months and happens.

- The evaluators gain ethical approval from their institutions (and NHS if necessary) to collect data, recruit participants, and administer any questionnaires, undertake any interviews, and follow-up focus groups. They collect data from those using the scheme, who have not responded to questionnaires, and ask them to respond by email or phone.

- The evaluators gain ethical approval from their institutions, which is common for organisations to do their own in-house evaluations with limited resources, often to provide data to commissioners. These evaluations can be made to trials and work out how to approach these may include questionnaires, interviews, and focus groups to collect data from a sample of people who are using the social prescribing scheme and key stakeholders in the scheme. This may last six weeks to three months and happen between six weeks to three months and happen. The evaluators gain ethical approval from their institutions (and NHS if necessary) to collect data, recruit participants, and administer any questionnaires, undertake any interviews, and follow-up focus groups. They collect data from those using the scheme, who have not responded to questionnaires, and ask them to respond by email or phone. The data is common for organisations to do their own in-house evaluations with limited resources, often to provide data to commissioners.
Monitoring core outcomes

Determining what to measure as core outcomes requires an in-depth understanding of what impact the social prescribing scheme has and what the overall model of the scheme achieved and what the overall model of the scheme is. There is otherwise a risk that the core outcomes do not properly represent the total impact of the social prescribing scheme. This style of evaluation is when the organisation(s)

planning a social prescribing scheme plan for routine monitoring from the beginning of this style of evaluation. This style of evaluation is when the organisation(s) integrate measurement into the social prescribing scheme. Monitoring core outcomes

This means that every person provides data, which is collected and entered into an internal database. The data is also analysed internally and used ideally. This style of evaluation is when the organisation(s) integrate measurement into the social prescribing scheme. Monitoring core outcomes
Making Sense of Social Prescribing

8. Evaluation of social prescribing schemes

If there is an intention to evaluate a social prescribing scheme, it is likely to be subject to some scrutiny at some point. Social prescribing schemes are expected to be subject to evaluation sooner or later, as quality and outcomes data are collected. There are a variety of ways in which evaluations are funded, and this must be taken into account when planning the evaluation.

Preparing for an evaluation

Here are indicative examples of realistic budgets:
- **Preparing for an evaluation**
  - £5,000-£10,000
    - This is likely to be a single case study or some overall processing of existing data and a small literature review.
  - £30,000-£60,000
    - This is a sizable amount of money that will allow an evaluator to visit the site, meet stakeholders, advise on setting up data collection procedures, and ensure good ethical practices are in place. The data collection period is several times longer than normal, and then analyses can be conducted. This may have been collected as part of routine service provision, and the data can be useful for running an evaluation to assess the impact of a new scheme.
  - £60,000-£140,000
    - For this budget, an external evaluator would be expected to come in and conduct an evaluation. This would definitely accommodate a mixed-methods approach, where qualitative and quantitative data could be collected, and reported to provide an in-depth understanding of the impact the scheme is having. The evaluator would be collecting the vast majority of data themselves. This would definitely point the way towards the development of best practice guidelines that could be replicated.

Some social prescribing schemes are run by voluntary organisations, and this may mean that the evaluation is funded by the Health Foundation or other external sources. In some cases, funding may be obtained through Clinical Commissioning Groups or other grants from external sources. It is advisable to consider these possibilities when planning the evaluation.

Budgeting for an evaluation is essential. The greater the budget, the more in-depth the evaluation can be. The evaluation needs to be subject to some scrutiny at some point, as quality and outcomes data are collected. There are a variety of ways in which evaluations are funded, and this must be taken into account when planning the evaluation. Some are funded via Clinical Commissioning Groups, some are funded by applying for specific research funds, for example, from the Health Foundation. It is recognised that each individual service provider will struggle to fund their own evaluation, however the implementation of any new social prescribing scheme is likely to be subject to some level of scrutiny at some point, and this may mean that the evaluation is funded by the Health Foundation or other external sources. In some cases, funding may be obtained through Clinical Commissioning Groups. Some are funded by applying for specific research funds.

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Making Sense of Social Prescribing

8. Evaluation of social prescribing schemes

What is being evaluated?

When a social prescribing scheme is being evaluated, it is common for different stakeholders to want different data and outcomes. This difference in views can set up unrealistic expectations of what can be achieved, asking how much money economic evaluation seeks to monetize the service.

References

Arts for health and wellbeing: an evaluation framework. Developed by AESOP and Public Health England. It is an example of how to approach evaluation of a specific sector which is an example of how to collect and report the findings from research. The principles of evaluation in this sector methods and the evaluation of the project/intervention being evaluated and the evaluation produced by or for the public health service. This guide sets out the art-based interventions, their effects, and the wider impact on the health service and the local community.

Economic evaluation seeks to monetize the economic outcomes achieved, asking how much money the service is saving by the programme. However, there is no agreed approach to economic evaluation for social prescribing schemes.

Developing and Evaluating Complex Health Interventions. Produced for the Medical Research Council. It describes how to collect data using specific staged research methods, to build a robust evidence base for developing controlled trials.

To what extent do the differences in views set up unrealistic expectations of what can be achieved, asking how much money the service is saving by the programme? However, there is no agreed approach to economic evaluation for social prescribing schemes.

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This evaluation checklist covers much of the information in the Evaluation of Social Prescribing Schemes section, and aims to help you decide how to approach an evaluation.

1. Is there a shared understanding between all stakeholders as to the aim of the evaluation?
   - Yes – go to step 2
   - No – convene a steering group comprising representation from all stakeholders, including people who use the service and external organisations to provide specific advice. Agree the aim of the evaluation then go to step 2.

2. Is evaluation being carried out using internal staff?
   - No – go to step 3
   - Yes – consider the list of points below. Only proceed to collecting data when all of these points have been addressed.

   Points have been addressed.

   Yes – go to step 2
   No – go to step 3

   2. Is evaluation being carried out using internal staff?
Making Sense of Social Prescribing

8. Evaluation of social prescribing schemes

• Have you calculated the time and resource implication of doing the evaluation internally?
  - Yes
  - No

• Have you identified all the data that you would need to collect?
  - Yes
  - No

• Is all the data you need to access readily available without contravening the Data Protection Act 1998?
  - Yes
  - No

• If you are collecting data that is not routinely on the data records:
  - Do you need to use any outcome measurement tools?
    - Yes
    - No
  - What is your rationale for choosing that tool?
  - Is the tool validated?
  - Does the tool allow you to determine what a meaningful score change is?
  - Do you have to register to use the tool?
  - Does the tool have any license costs?
  - Have you checked the instructions to ensure you understand how to use the tool?
8. Evaluation of social prescribing schemes

- How long will it take the slowest person to complete the questions on the tool?
- Have people using the service first collected this data on a small sample of people using the service?
- Have you tested out the feasibility of collecting this data on a small sample of people?
- Have you tested out the feasibility of collecting this data on a small sample of people?
- Is the data you want to collect data that is collected as part of someone's job or is this expected to be an additional part of someone's job?
- Who is going to collect the data?
- Is this expected to be an additional part of someone's job?
- Is this expected to be an additional part of someone's job?
- How long will it take to routinely collect all the data you want?
- Has the person been trained to collect data appropriately? Outcome measures that are validated all have to adhere to certain requirements. Specific IT skills may be necessary.
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- What is the expected to be an additional part of someone's job?
- What is the expected to be an additional part of someone's job?
- At what point is data going to be collected in relation to the existing social prescribing scheme?
- How long are you going to collect the data for?
- Have you tested out the feasibility of collecting this data on a small sample of people using the service first?
- How many weeks or months will it take to achieve the target data collection?
- How many people are a good number to collect the data from? What is your rationale for this choice?
- How many people are a good number to collect the data from? What is your rationale for this choice?
- How will you test your social prescribing scheme and first enterers the social prescribing scheme and where a person enters the data when a person?
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8. Evaluation of social prescribing schemes

- Data analysis.
  - Who will analyse the data?
  - Does he or she have the necessary expertise or do they need some training?
  - Is this an additional part of his or her job?
  - How long will it take to analyse the data?
  - If the data is to be used for purposes other than internal, participants need to be aware of this and therefore need to provide informed consent.

- Who is going to feed back the data analysis to the stakeholders?
  - What format(s) will this feedback be in?

- What is the next step once the data has been reported?
  - Will it be used to inform developments of the social prescribing scheme?
Using external organisations to carry out evaluation

This can add a level of independence to the data that is gained. It also frees up the internal staff from trying to carry out this process when time and expertise may not always be available.

3. Using external organisations to carry out evaluation

- Literature review: or basic analysis of outcomes data and a small case study or some overvalued, observational, or a small number of existing data on who has used the social prescribing scheme and why, and some consideration of external data on who has used the social prescribing scheme.

- £5000-£10,000 - This is likely to be a cursory evaluation of an external evaluator would be expected to come in and do the majority of the work. On top of external evaluation, would be expected to come in and do the majority of the work. On top of £0.00 - £14.00 - For the budget on staff costs.

- £30,000-£60,000 - This is a sizable amount of money that will allow an evaluator to visit the site, meet stakeholders, advise on setting up data collection procedures, ensure good ethical practice are in place, and then analyse data that has been collected. If the data collection will extend for longer than three months, the organisations involved in running the social prescribing scheme will need to be involved.

- £60,000 - £140,000 – For this budget, an external evaluator would be expected to be responsible for collectinginformation listed above. The evaluators would also be expected to be responsible for collecting information listed above. The evaluators would also

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4. Evaluation of social prescribing schemes

- The majority of budget is spent on staff costs.

- The data collection is over a long period of time.

- So if there are multiple schemes to evaluate, or if the majority of your work is spent on staff costs.

- In-depth understanding of the social prescribing scheme.

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- This would ensure that the vast majority of data is collected, and reported to provide an accurate and meaningful data set.

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- These points are considered to be crucial for evaluating social prescribing schemes.
Preparing the tender and selecting the external evaluator

Once the steering group has decided on the aims of an evaluation, this needs to be communicated to interested external organisations. Organisations interested in tendering an evaluation contract can take up to a month to prepare the paperwork to complete a tender process. Depending on the value of the contract, there is usually internal paperwork to complete. Once the tendering organisations have been selected, there are usually contract agreements to complete which can also take one to two weeks.
9. A checklist of considerations for setting up a social prescribing scheme

A checklist of considerations for setting up a social prescribing scheme

- Are you clear about the aim of the social prescribing project?
- Effective partnerships
- Strategic fit
- Appropriate and reliable resourcing
- Infrastructure and capacity of the local voluntary, community and social enterprise sector
- Non-financial contributions from commissioners
- Non-financial contributions from commissioners
- Non-financial contributions from commissioners
Common to all social prescribing schemes are three components - referral from primary care and increasingly adult social care, a link worker who meets with people to discuss their situation and increases in adult social care, a link worker who meets with people to discuss their situation. This section highlights points to consider when setting up a social prescribing scheme to give the scheme the best chance of success.

This guide has provided information on the different social prescribing schemes that exist (see section 3.0), including essential ingredients, governance (section 7.0), and evaluation (section 8.0). Further details on specific sections of the guide have been discussed elsewhere. However, this section highlights points to consider when setting up a social prescribing scheme.
Are you clear about the aim of the social prescribing project?

- Are there simple and clear referral criteria in place agreed by all stakeholders?
- How can referring people to the link worker?
- Who is eligible for referral to social prescribing scheme?
- Eligibility of the target population identified.
- Social situation, physical health problems associated with the target group, and those who attend primary care with mental or physical health issues or who may gain from social prescribing scheme.
- How are you identifying the people that the social prescribing scheme is aimed at, for example, targeting of specific conditions or populations.

A checklist of considerations for setting up a social prescribing scheme.
Making Sense of Social Prescribing

9. A checklist of considerations for setting up a social prescribing scheme

- Have you agreed with all stakeholders who will be responsible for the clarity of pathways?
- Have you identified all new partnerships and identified who will develop these?
- Will existing partnerships with agencies need to be developed to set up the social prescribing scheme?
- Are there existing partnerships with interested agencies willing to take referrals in your area?
- Have you tested the broad outline of your model with these stakeholders and ensured a good fit?
- Have you factored in time to develop new partnerships and identified who will develop these?
- Are GP Champions part of the commissioning process?
- Are citizens and members of community groups able to take part in the commissioning process?
- Are social care partners, Public Health, Local Authorities, Housing Associations, The Fire and Rescue Service, The Police and Crime Commissioner aware and engaged with your plans as well as the voluntary sector?

When a steering group or working group is in place:

Effective partnerships

- Have you tested the broad outline of your model with these stakeholders and ensured a good fit?
- Have you agreed with all stakeholders who will be responsible for the clarity of pathways?
A checklist of considerations for setting up a social prescribing scheme

- Strategic fit
  - There are many initiatives to improve how services in different sectors can be more effectively integrated. How are you ensuring this social prescribing scheme links into the local integration agenda?
  - National Carers’ Strategy being published during 2017
  - Joint Strategic Needs Assessments
  - Health and Wellbeing Strategies
  - Sustainability Transformation Plans
  - Prevention Strategies
  - Multi-specialty teams in local areas
  - Partnership with social care and if so how?
  - How will the social prescribing scheme work with multi-specialty teams in local areas?
  - How will the social prescribing scheme work with social care and if so how?
  - How will the social prescribing scheme work?
  - How will the commissioning or development of the social prescribing scheme link into any Asset Based Community Development locally?

Furthermore:
- How will the commissioning or development of the social prescribing scheme link into any Asset Based Community Development locally?
- Strategic fit
  - National Carers’ Strategy being published during 2017
  - Joint Strategic Needs Assessments
  - Health and Wellbeing Strategies
  - Sustainability Transformation Plans
  - Prevention Strategies
Appropriate and reliable resourcing

A checklist of considerations for setting up a social prescribing scheme:

- Are you intending to evaluate the social prescribing scheme? Have you got realistic expectations around this? (See Section 8.0)
- What is a reasonable level of volunteer activity?
- Is there/should there be an explicit exit strategy?
- Do you have a long-term vision for funding the social prescribing scheme?
- When can extensions of successful pilots be built and a very short time to destroy?
- When can additional provision of services, if more needs are identified than were initially anticipated at the mapping stage?
- Can you commission additional provision of services, if more needs are identified than were initially anticipated at the mapping stage?
- If your social prescribing scheme has a broad aim, to address issues around prevention, wellbeing, social care, and housing, is it possible to lever resources from other partners looking to address issues around prevention, wellbeing, social care, and housing?
- If you are piloting a scheme, how will you know when it is reaching capacity and what will the solution be if a pilot exceeds capacity?
- When it is reaching capacity, what will be the solution be if a pilot exceeds capacity?
- Is the threshold for funding no longer exible enough so that some element of community led SP would survive?
- How will quality volunteer management be maintained at the national level of responsibility for volunteers?
- How will quality volunteer management be delivered?
- What is a reasonable level of volunteer activity?
- How will your social prescribing scheme be a part of a multi-agency vision?
- Are you intending to evaluate the social prescribing scheme?

Here are some considerations to support resourcing for the social prescribing scheme:

- All social prescribing schemes are different which is why they offer a truly local and personalised support offer.
- Budget cuts to all sectors mean that many third sector organisations do not have enough resource to continue offering services. If more needs are identified than were initially anticipated at the mapping stage, can you commission additional provision of services, if more needs are identified than were initially anticipated at the mapping stage?
- If your social prescribing scheme has a broad aim, to address issues around prevention, wellbeing, social care, and housing, is it possible to lever resources from other partners looking to address issues around prevention, wellbeing, social care, and housing?
- If you are piloting a scheme, how will you know when it is reaching capacity and what will the solution be if a pilot exceeds capacity?
- When can extensions of successful pilots be built and a very short time to destroy?
- When can additional provision of services, if more needs are identified than were initially anticipated at the mapping stage?
- Can you commission additional provision of services, if more needs are identified than were initially anticipated at the mapping stage?
A checklist of considerations for setting up a social prescribing scheme:

1. If there is a single point of access to the voluntary, community and social enterprise sector, will you reassure them that this will not occur?
2. If cuts are being made, will sensitive handling of new initiatives be required to gain local buy-in?
3. If cuts are being made, will sensitive handling of new initiatives be required to gain local buy-in?
4. Where assessment have you done that raise the sector – and the social prescribing scheme – to support the sector’s existing voluntary, community and social enterprise sector?
5. Can you reassure existing voluntary and community sector providers that the social prescribing scheme will ensure work flows to them?
6. Can you reassure existing voluntary and community sector providers that the social prescribing scheme will ensure work flows to them?
7. Do all stakeholders understand that link workers will refer to local voluntary, community and social enterprise groups?
8. Are you expecting local voluntary, community and social enterprise groups to do significantly more work without additional funding?
9. If cuts are being made, will sensitive handling of new initiatives be required to gain local buy-in?
10. If cuts are being made, will sensitive handling of new initiatives be required to gain local buy-in?
11. If there is no single point of access to the voluntary, community and social enterprise sector, how will you minimise duplication?
12. If cuts are being made, will sensitive handling of new initiatives be required to gain local buy-in?
13. What is the real world state of the local voluntary, community and social enterprise organisations?
14. If there is a single point of access to the voluntary, community and social enterprise sector, will you reassure them that this will not occur?
15. If cuts are being made, will sensitive handling of new initiatives be required to gain local buy-in?
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A checklist of considerations for setting up a social prescribing scheme

- Non-financial contributions from commissioners

- Can you analyse need, practice by practice, to support identifying the target population for a social prescribing scheme?

- Can you suggest strategies to reach out to vulnerable groups?

- Can you access data on outcomes in primary care to help promote the social prescribing scheme?

- Can you access communications support to help promote the social prescribing scheme?

- Can you access data on outcomes in primary care?

- Can you assist stakeholders in social prescribing projects to access key people in social care?

- Can you assist stakeholders in social prescribing schemes to access key people in primary care?

- Can you assist stakeholders in social prescribing schemes to access key people in primary care?

- Can you access communications support to help promote the social prescribing scheme?

- Can you access data on outcomes in primary care?

- Can you support the gathering of appropriate data on the outcomes of people who have

- How might you be able to support social prescribing schemes?