



Exploring opportunities to improve VCSE involvement in local social prescribing

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Context

In 2021, the National Academy of Social Prescribing (NASP), Spirit of 2012 and the National Association of Voluntary and Community Action (NAVCA)¹ formed a partnership aimed at increasing the impact of social prescribing through:

- increased co-design/production of the social prescribing infrastructure, and;
- by creating stronger connections between local VCSE infrastructure organisations (LIOs) and stakeholders involved in social prescribing at a national, regional, system and place level.

This report brings together the findings of our research into two key models of employing Link Workers (directly within Primary Care Networks or hosted within Voluntary, Community and Social Enterprise organisations), and factors which impact the quality of local social prescribing delivery. The report then makes recommendations aimed at enhancing local delivery by responding to these findings.

About Social Prescribing

Social prescribing is part of the NHS Long Term Plan, with 900,000 people expected to have benefitted from the model by 2023/24. It recognises that people's health is determined primarily by a range of social, economic and environmental factors, and seeks to address needs in a holistic way, support individuals to take greater control of their own health and reduce health inequalities. Social Prescribing utilises the professional Link Worker role, to enable health professionals to refer people to a non-medical activity. Link Workers support those referred to them by helping them identify their goals and access practical, emotional and social support available in their community, delivered by local health and care agencies, other statutory agencies and VCSE organisations.

Whilst there are many models of social prescribing funded by various agencies across England, this research focuses on those funded by NHS England through the Network Contract Directed Enhanced Service Contract Specification (DES) and Addition Roles Reimbursement Scheme (ARRS)². Under these arrangements, groups of GP surgeries, working together as Primary Care Networks (PCNs), are funded to employ Link Workers who receive referrals from within primary care. This report does not cover social prescribing programmes delivered outside the DES/ARRS arrangement by, for example, NHS trusts or local government.

Methodology

Between January and May 2022, we have gathered information through:

Desk research - We have reviewed over 40 documents, reports, toolkits and other materials produced by national bodies, and more localised resources. Given the timescales for this report, this represents only a relatively small sample of the vast body of guidance and learning developed over recent years.

See Appendix 3 for a list of resources.

Survey – We carried out a short online survey of all NAVCA members involvement and experience in social prescribing which yielded a low response rate, leading to a focus on more qualitative methods. We further surveyed 92 members who had not yet engaged in the discussions, achieving a response rate of 50%.

¹ For more information on the three organisations see Appendix 1.

² <https://www.england.nhs.uk/primary-care/primary-care-networks/network-contract-des/> and <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/>

Interviews - We have conducted in-depth semi-structured interviews with 28 NAVCA members, collecting experiences of engagement in social prescribing.

Stakeholder meetings – We conducted meetings with national and regional partners involved in the strategic development of social prescribing to understand the current landscape and involvement of various organisations and future opportunities for collaboration.

Engagement Events – In conjunction with NASP’s Thriving Communities Regional Leads we hosted seven regional roundtable events attended by over 70 VCSEs involved in local strategic development and delivery of social prescribing.

See Appendix 2 for further details of the organisations and individuals engaged.

Section 1 – Mapping Social Prescribing Link Worker Hosting Models

Mapping SPLW host organisations

The first aspect of our research focused on mapping the prevalence of two key approaches to employing, or “hosting”, Link Workers under the Directed Enhanced Service /Additional Roles Reimbursement Scheme arrangements:

1. **PCN-Hosted** – a Primary Care Network (PCN) directly employs and manages the Link Workers within its own organisational structures, linked to designated GP practices in a given area and are usually based within practices. There may or may not be strong links and partnership working with the local VCSE organisations.
2. **VCSE-Hosted** – a Primary Care Network contracts out the employment and line management of Link Workers to a local Voluntary Community Social Enterprise (VCSE) organisation who then work with designated GP practices in a given area. Often the GP practices still offer space for the SPLW to work and have a clinical supervision role.

We found there is no single point of information on the levels of PCN, VCSE or other hosted Link Workers. The range and breadth of organisations contributing to the agenda is significant and there are no central points of information. We therefore relied heavily on the intelligence of Local Infrastructure Organisations (LIOs), National Academy of Social Prescribing (NASPs) Thriving Communities Regional Leads and other partners to map VCSE hosts and have made some progress in identifying and engaging appropriate regional NHS contacts to collect data on PCN-hosted Link Workers. Regional Personalised Care teams have shared intelligence in two regions and Thriving Communities Regional Leads have added additional intelligence in others, we have only been able to obtain information on less than 14% (175 of 1250) of PCNs. An initial meeting with colleagues in Regional Personalised Care teams indicates a desire to continue this mapping and sharing of information.

It is also interesting to note that a significant proportion of VCSE host organisations are LIOs. In four regions, we found over 50% of VCSE hosts are LIOs and in three regions the figure is over 70%. LIOs are often well placed with their existing relationships to health systems and their familiarity with more complex commissioning arrangements, to take on this role and to support smaller VCSE organisations through sub-contracting. The vast majority, over 83%, of LIOs who are VCSE hosts are also NAVCA members. This is a key group therefore for future consideration of dissemination of information.

Further data collection and analysis, and discussion on the classification of some ‘hosts’ is required to confirm the accuracy of these interpretations. For instance, we are aware some PCNs have established new not-for-profit organisations to employ Link Workers and deliver their social prescribing services. Further scoping and working with all partners who hold information on Link Worker hosts will be crucial moving forward, as the roles increase, to best target information and support. This is important for the wider sector to know where the Social Prescribing Link Workers sit and how to make contact, both for promotion of the Social Prescribing

activity available but also for colleagues in the wider health systems, who may not know who offers Social Prescribing services in their area. We had several examples of how this knowledge would be helpful in developing relationships, in our Roundtable discussions.

Recommendations:

NAVCA will use the contact details of over 300 VCSEs active in hosting and supporting social prescribing identified through this research to develop a communications conduit to support the dissemination of information and guidance and to act as a consultation/coproduction mechanism for future developments.

NHSE should work with partners to scope out the sources of information on Link Worker host/Social Prescribing organisations and take a coordinated approach to bringing this information together in a publicly accessible format.

Section 2: Factors affecting quality of local social prescribing

In our conversations with stakeholders, we asked respondents which key aspects of the model at a local level most impacted the overall quality of social prescribing provision. Whilst the responses were varied and often included circumstances unique to a particular area, some key themes emerged, including: the impact of the type of Link Worker host organisation; access to support, training and guidance for Link Worker hosts; data collection and impact monitoring; accessing information about community assets; and, supporting VCSE capacity and quality assuring provision.

Impact of the Link Worker host organisation type

We explored whether the organisation in which Link Workers were employed or “hosted” had a significant impact on quality. We heard that **in PCN-hosted Link Worker models the VCSE sector is often less engaged in the wider planning and delivery of local social prescribing**, with a VCSE organisation we spoke with that is not involved in Social Prescribing delivery noting that, *“we often don’t have a seat at the table and don’t know a way in”*. This, we found, is often as a result of a less developed relationship between the PCN and VCSE sector, leading to a reduced understanding of opportunities and constraints acting on each. We also heard Link Workers were less likely to be engaged in existing structures and mechanisms for working with and supporting the VCSE and were operating more independently from the engagement structures that existed before their social prescribing scheme commenced. A manager within an LIO who host Link Workers in an area with a range of separate social prescribing programmes commented that *“In our area, the Link Workers hosted in the PCN do not engage with us and have only a small, set number of VCSE activity providers to refer into”*. The range of activity providers available in an area is often not reflected in this limited approach to referrals and it is important to educate the PCNs on the full range of VCSE activity available to clients. Understanding how they chose the ‘referral receivers’ in a limited model would be important to encourage a wider breadth of services available to Social Prescribing.

In VCSE-hosted Link Worker models we heard that social prescribing schemes are, in general, better linked to the breadth of the local VCSE sector offer and the relationship between the PCN and VCSE sector is usually stronger, with a shared understanding of the benefits of social prescribing as a holistic, person-centred approach. All VCSE Regional Roundtable participants clearly understood and valued this approach and where the relationship was strong with the PCN they felt they positively influenced PCN staff understanding of social prescribing.

An important finding in the research was that **VCSE hosting of Link Workers did not guarantee the strength of the PCN/VCSE sector relationship**. In some areas where Link Workers are hosted within a VCSE organisation there can still be a distant relationship with their PCN, which were seen in some cases as having little interest

in the potential outcomes social prescribing can bring. We heard from some VCSEs that they felt their PCN viewed social prescribing as just an additional task that *has* to be delivered under contractual arrangements, rather than something that is likely to bring real benefits. The majority of VCSE colleagues in attendance at the regional roundtable events, for example, felt PCNs focussed on the importance of outputs (i.e., increasing referral numbers) rather than outcomes (i.e., evidenced improvements in the wellbeing of the client).

In addition, **concerns were raised that capturing clinical coding (SNOMED)**, a structured clinical vocabulary for use in an electronic health record was **given far greater importance than reporting on wider outcomes and impact for clients**. VCSE hosts organisations reported capture of evidence of impact through, for example, feedback forms, client surveys, and evidence-based wellbeing scales³ often was not fed into PCNs or used effectively in the strategic development of services. There is an opportunity to educate PCN colleagues of the value of Social Prescribing not only for their patients and community but in terms of their workload and resource, through targeted case studies and good news stories from the VCSE sector.

In both models of hosting we found LIOs were often pivotal to developing a strong PCN/VCSE sector relationship. Whether directly involved as host organisations or engaged in the wider social prescribing infrastructure, our conversations across the interviews, stakeholder events and roundtable meetings strongly indicated that the involvement of the LIO led to: PCNs maintaining a better understanding of, and connections to, their local VCSE sector; Link Workers benefiting from better connections to local activities within their community, and from links to services, networks and intelligence that support the VCSE sector to engage with and support people referred to them. In one area an LIO which was not hosting, was contracted by the PCN to deliver specific elements such as Link Worker supervision and network meetings for all involved in the Social Prescribing landscape, regardless of employer or sector. This arrangement acknowledged and used the strengths of the VCSE and helped to embed relationships between the VCSE and the wider health system.

In conclusion, with regard to the impact of the Link Worker host organisation type, we found:

- Regardless of whether a PCN chooses to host Link Workers directly or contracts a VCSE to host, the critical success factor is the strength of relationship between the two. A strong relationship and active engagement between the PCN and wider local VCSE sector is more influential on the success of a local social prescribing programme than where Link Workers are hosted.
- LIOs offer a key role in supporting the PCN/VCSE sector relationship by virtue of their core service delivery including: intelligence and insight on the local sector needs and opportunities; supporting coordination of, and connections within, the local sector; and by offering services to build VCSE capacity in response to needs arising from social prescribing referrals.⁴
- Reasons behind the variability of the relationship between PCNs and local VCSE sectors included:
 - leadership, culture and local buy-in to the personalised care agenda (e.g., a *social model* rather than a *medical model*);
 - understanding of the key components of social prescribing models and the benefits they bring;
 - nature of pre-existing relationships between the VCSE sector and PCN, particularly through a LIO or other VCSE coordinating/representing body;
 - existing level of VCSE sector engagement in local health and wellbeing activity, namely through the local Health and Wellbeing Board; and,
 - engagement with existing social prescribing support mechanisms, tools and materials.

³ Examples include the Warwick Edinburgh Model Mental Wellbeing Scale and ONS4

⁴ More detail on the roles and experiences of local voluntary sector infrastructure organisations in delivery of social prescribing - <https://files.constantcontact.com/ca3da02a001/4689f903-0cd4-4f45-b336-3bd3ae5ac12a.pdf>

Case Study: Lincolnshire's partnerships through Local Infrastructure hosted Link Workers

In Lincolnshire the 2 CVSs are hosting Social Prescribing Link Workers, who help people to become more involved in community life through the strong network of groups and organisations the CVSs are already linked to. Referrals are made into the service via GPs, health professionals, groups and organisations, or by the individuals themselves. The Link Workers provide guidance, a listening ear and signposting for anyone who needs extra help in changing their lifestyle and staying well or to be better connected to community. This can involve volunteering, which is also at the heart of our organisations. Link Workers will also signpost to public and statutory agencies and the CVSs promote the work through regular newsletters, forums and attendance at events. The CVSs are well connected regionally, especially through the National Academy of Social Prescribing (NASP), NAVCA and the National Association of Link Worker (NALW).

Lincolnshire now hosts a team of 40 link workers across the county, some within Primary Care Networks (PCNs) and others within Integrated Place-Based Teams (IPBTs), with a focus on mental health. Social prescribing is now a key part of the future of healthcare here, as it gives people a proactive choice in managing their own wellbeing. It is also viewed as a natural link to their work in the communities and volunteering, which is also all about choice. We have built up strong community links over time and have provided support to the emerging Community Connector roles as they are developed across the county, hosted by a different organisation. Their remit is to work to develop new social prescribing opportunities within communities and their work dovetails with ours as CVSs. We also have a strong partnership approach between our respective CVSs, which is developing a 'community of learning' to share and inform best practice for the county.

Well placed in the community to trial new initiatives and most recently, have run outreach sessions in Gainsborough. The partnership with the Gainsborough Everyone Active Leisure Centre allows clients referred through social prescribing to access a PAYG gym membership at £2 per activity (as opposed to a normal Direct Debit at £24.99 per month). This continues for the duration of the client's relationship with social prescribing + 6 months and makes the gym accessible to those wanting to get into a small amount of activity and build up their confidence or who do not have the financial means to commit to a contract situation. In addition our teams have been able to use the building free of charge for client meetings, small community sessions and staff are offered an incentivised rate to use the gym themselves. Everyone Active are so pleased with the success of the partnership that they are considering trialling it in other areas

To find out more about the social prescribing service in Lincolnshire, visit www.lpft.nhs.uk/community-support-in-Lincolnshire to find contact details.

Recommendations:

NAVCA will develop guidance materials that supports increased understanding and relationship between PCNs and the local VCSE, with a specific focus on the role Local VCSE Infrastructure Organisations play in supporting relationships and developing the VCSE, supported by a programme of engagement, offering opportunities to bring PCN Clinical Directors and Local Infrastructure Organisations together to build relationships and learn from one another.

NHSE and Regional Personalised Care Teams to support PCN's engagement in these opportunities and guidance materials.

Access to support, training and guidance for Link Workers and hosts

Our desk research identified a **huge body of research, reports, tools, guidance and support resources** for social prescribing. Appendix 3 lists the 40 resources reviewed for this research, which represents an extremely small proportion of those available. This body of support has been developed by national partners, regional bodies and locally based organisations and sits alongside many opportunities for those involved in delivery to join networks and discussion groups. As well as a plethora of resources on the main models of social prescribing, large quantities of resources focus on specific types of social prescribing, from particular cohorts of clients to specific types of activity as “prescriptions”.

The majority of those we spoke to at regional roundtable events reported that **the breadth and depth of support and advice often makes it difficult to navigate the support offer**, and it is difficult to understand which stakeholders specific resources are aimed at. We also heard that **opportunities for Link Worker training and professional development are inconsistent, and access can depend on what type of organisation they are hosted within** and other factors such as capacity, whether additional funding was available for training, and the difference in localised opportunities. We found evidence that while direct salary costs are met, the wider organisational costs of hosting link workers are often not adequately covered (e.g., recruitment, management, training, sufficient SPLW expenses). This means that organisations are cross-subsidising support from charitable resources. It was felt this inconsistency creates unfair and unequal employment experiences, with one PCN-based Link Worker commenting, *“I have no capacity to attend training or webinars as my schedule is filled weeks in advance for me by the GP surgery”*.

A key finding from our research is that **clinical supervision, whilst a requirement of the DES contract, is not routinely provided to Link Workers**. This raised as an issue by the majority of regional roundtable attendees and in one-to-one interviewees, and some VCSE hosts were not even aware of the requirement. VCSE host organisations reported feeling powerless to change this and cited sourcing additional supervision support for their Link Workers through free, short-term coaching at a cost not funded through the DES/ARRS. Alongside the clear unsustainability of this approach, there were concerns about how this impacted not only the quality of delivery for clients, but also the morale and ultimately retention of experienced staff. The Covid-19 pandemic has also had an impact on Link Worker’s feeling supported and their enjoyment of the job, while working in isolation, often at home or just conducting phone appointments with less opportunity to meet supervisors. A Link Worker employed directly by a PCN commented that, *“the pandemic has changed the role and I don’t know if we will ever get back to true social prescribing; this is not what I signed up to”*.

An example of innovation in addressing the need for ongoing and consistent clinical supervision and line management support is seen in PCNs using their Retention Fund Scheme to fund “Workforce Support Leads” whose role is to support all of the additional roles, including Link Workers. This role sits outside the PCN, with VCSE partners and ensures consistency and a well supported workforce. This approach is being delivered in three Integrated Care Systems (Hampshire and Isle of Wight, Surrey Heartlands and Buckinghamshire, Oxfordshire and Berkshire West.)

At the time of writing, NHS England is currently consulting on a new Workforce Development Framework and Social Prescribing Maturity Framework which may help to address some of these challenges. However, the Maturity Matrix is aimed at System-level considerations of social prescribing and may not be effectively utilised by Link Worker host organisations operating at a place and/or neighbourhood level.

Recommendations:

All Partners should work to make existing and future resources (e.g., training, guidance, toolkits, case studies) available in a more coherent and user-friendly way and provide regular updates to ensure resources are disseminated to the appropriate target audiences at the appropriate times.

NAVCA should utilise and build upon the contact list developed through this research to provide a communications mechanism to support this.

NHS England should review the social prescribing funding model to reflect the full costs of hosting a link worker within the VCSE, including recognising the organisation burden which results.

NHS England should explore the use of system-level Retention Fund Schemes to support Link Worker supervision through 'Workforce Support Lead' roles and work with NAVCA, NASP and other partners to spread learning and evidence of impact.

Accessing information about community assets

It was widely agreed in regional roundtable discussions that **access to detailed up-to-date information about local community activities and assets was critical to the delivery of effective social prescribing** and that host organisations and Link Workers access such information in a range of ways including:

- Conversations with LIOs and other VCSE support agencies, volunteer centres and community development workers
- Attending forums and networks for VCSEs and community provision, and receiving newsletters and other publications delivered by LIOs and other local support agencies
- Their own community outreach and engagement within the local area.
- Local community services directories hosted by local authorities and VCSE support agencies.

We heard that Link Workers most effectively **develop knowledge of local community assets through developing links with local VCSE sector support and community development agencies and their own community engagement**. Many still valued formal sources of information, such as local services directories, but felt local relationships and connections within the community, including through VCSE support agencies, were more effective in developing and maintaining a current understanding. It was unanimously agreed that the creation of a national directory of VCSE services was unlikely to assist. It was felt this would be too large and distant to be effective, and would quickly become outdated due to the dynamic nature of grassroots community activity on which social prescribing relies. Those we spoke with told us **it is critical for Link Workers to have ongoing conversations with those working and volunteering in the local VCSE sector, and particularly in community development roles within their local area**. We heard that gaining an understanding of the local community offer, and the latest developments, opportunities and challenges in the sector, was particularly important for Link Workers starting out in a new role or operating in a new area and **securing links into local community networks and forums was an especially effective approach** to building and maintaining this intelligence.

We heard that **when Link Workers are provided the time and resource to engage with their community, the quality of the experience for activity provider and client is improved**. The research found that identifying a named contact in an activity provider and building a relationship with them was important and ensures good communication and the opportunity to spot gaps or issues early and to feed this into the broader support systems more effectively. We heard that PCN-hosted Link Workers are less likely to take this approach and tend to operate a more clinical model, with time spent in appointments at GP surgeries seen as the only option. A VCSE host organisation noted *"referrals need to be considered a matching process for both the activity provider and the client.... not just passing on"*.

Many we spoke to indicated that it may be beneficial to consider the issue of developing and sustaining links between Link Workers and the local community offer in reverse. That is, many felt that providing increased opportunities for **local VCSE organisations to be aware of local Link Workers, i.e., through a local Link Worker directory, this was likely to be a more effective approach to building and sustaining Link Workers' connections with the local community offer**. This has already commenced in some areas where the social

prescribing support infrastructure is stronger, for instance through the Healthy London Partnership's interactive Social Prescribing map⁵.

Recommendations:

NAVCA will develop joint guidance on developing sustainable local directories of VCSE activity with LIOs and share best practice through links with Thriving Communities Regional Leads.

NAVCA will develop clear guidance for communication mechanisms between Social Prescribers, Social Prescribing host organisations, activity providers and PCNs.

Supporting VCSE capacity and quality assuring provision

We explored the role of quality assurance of VCSE activity providers in supporting social prescribing in the interviews, stakeholder meetings and regional roundtables. We found that approaches differed considerably across areas and were based on whether Link Workers were hosted within PCNs or in VCSE organisations.

It was consistently reported that **where Link Workers had good access to community development and/or VCSE capacity building expertise it created a better overall infrastructure for local social prescribing** which enabled gaps in provision to be addressed based on needs identified by Link Workers, and issues relating to quality of service (for instance, accessibility, safeguarding, service sustainability) to be addressed. **A key driver of quality was reported to be the knowledge and experience of community development and VCSE capacity building teams in LIOs and other VCSE support agencies**, and the relationship they have with VCSE organisations and Link Workers. The case study below illustrates the value of this joined up support.

Case Study: Redbridge CVS Social Prescribing Service

A small voluntary sector organisation contacted the Social Prescribing lead within the supporting LIO with concerns regarding the increased rates of referrals from SPLWs and the capability of their team of volunteers to manage the cases. The management team met with the organisation lead and co-produced an action plan to approach this. This involved:

- Streamlining the referral pathway including creating a tailored referral form
- Joint assessment of client as part of referral pathway
- Fundraising support from Redbridge CVS Fundraising Officer which allowed the service to expand
- Volunteer recruitment support from Volunteer Centre Redbridge
- Redbridge CVS training officer supported the upskilling of current team to support the new cohort of clients they are seeing, this included adult safeguarding and understanding mental health.
- Redbridge CVS Information Officer supported the service with website development

To date, this service has remained a key referral partner providing essential health and wellbeing support to Social Prescribing clients. The support offered by the community development team, in conjunction with the Social Prescribing team within the CVS was vital in terms of the positive outcome for both the activity provider and the clients the SPLW referred in.

Our research also found that providing opportunities to share information and good practice between VCSE activity providers, Link Workers and PCNs is crucial to supporting and sustaining high quality delivery and client outcomes; and there was appetite for developing new and improved routes for greater sharing of best practice

⁵ https://www.healthy london.org/our-work/personalised_care/support-for-workforce/london-social-prescribing-map/

in delivery. A PCN manager told us *“My GP’s love a good case study; it brings the work alive and clearly explains the benefits to them and the patient”*.

There was **little interest from VCSE hosts in a more formalised/standardised approach to quality assurance of VCSE activity**. It was felt that there was an adequate existing offer for VCSE sector quality marks such as Trusted Charity⁶ and any further formal quality standards were likely to be overly bureaucratic, costly and burdensome particularly for grassroots community organisations. One VCSE activity provider stated this point clearly: *“Don’t quality assure us, give us resource so we can provide a quality service”*. Local VCSE organisations were interested in being able to evidence the quality and effectiveness of their activity provision and have a forum for promoting their work and outcomes to the wider health system.

However, we heard that **further support for Link Worker host organisations to self-assess and benchmark their own quality would be welcomed**, and opportunities to demonstrate quality in hosting Link Workers would be beneficial in building relationships between stakeholders involved in local delivery. This would support local partners, commissioners, VCSEs providing social prescribing and social prescribing clients to have confidence that the services being delivered are high quality and effective, and therefore ultimately improve outcomes for clients.

Our engagement around quality found a consensus that **three key elements make up an effective local social prescribing ecosystem**, and each has its own needs:

- **An effective Link Worker Host** organisation with the resource and connections to make effective referrals
- **A thriving VCSE sector/community offer** with the resource and support to deliver safe, high-quality and sustainable activities/services that respond to the needs of the community
- **An effective VCSE support offer** that can ensure Link Workers have the knowledge and links they need, and the sector has the support and information it needs.

Discussions around quality assurance focused in on making sure these three ingredients were present and, importantly for Link Worker host organisations, that their needs are met and the links between them were strong and sustained. It highlights the need for coherence to be brought to the system through a **local implementation plan for social prescribing**, and that responsibility for developing and overseeing this plan could sit within the remit of Place-Based partnerships, (Place-based partnerships are collaborative arrangements that have been formed across the country by the organisations responsible for arranging and delivering health and care services in a locality or community) thereby providing the link up to the place-level planning of social prescribing.

⁶ <https://www.ncvo.org.uk/practical-support/trusted-suppliers/supplier-list/trusted-charity>

Case Study: More Music, Morecambe Seagull Cafe

More Music is a music and education charity based in the West End of Morecambe, with over 25 years of experience delivering workshops, training, performances and festivals across the district, region and beyond. More Music seeks to build confidence and spirit in individuals and communities through the arts, especially music. As part of their pilot year (2019 – 2020) they worked with one of our partners – Head of Development for Morecambe Bay ICC - to try informal ways for the work to reach wider NHS staff, so they became advocates, having experienced a session for themselves.

A couple of things worked well, including a rota for each weekly session, that was filled at the monthly ICC meetings with a range of wider NHS and health agency staff. Kind of ‘pop along for a cuppa’, add your name to the slot for that week. This meant that a wide range of staff dropped in, including GPs, ward matrons, clinical care staff, Age UK, Dementia support, adult mental health services, trainee nurses, trainee clinical psychologists.

It was a no pressure environment, with opportunity to chat or just sit with a cuppa and stay for as long or as short as you like. Most of these members of staff, worked with, for or connected with people like those in the room and were able to see how they might benefit. Interestingly, some noticed previous patients or people they had supported, in the room.

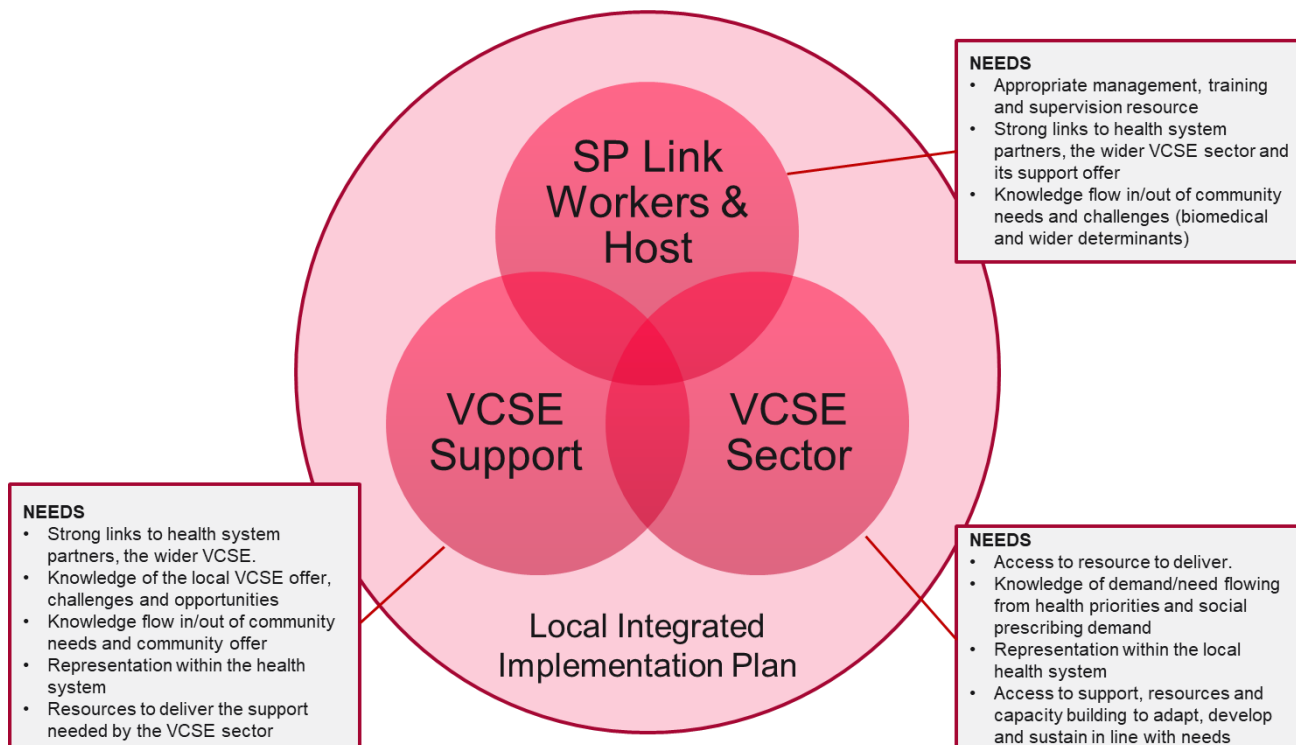
‘Here we can see them as “People not patients”, it’s great to see them enjoying the music and having a really positive time.’

This worked well for one GP who had the quality assurance of knowing exactly what the community group would be like and referred them directly from personal appointments. Small postcards were created with the session information, so that GPs could write this new social ‘prescription’ and hand it to the patient themselves.

As a way of reaching more senior NHS staff, More Music sent along one of their musicians to large meetings and a regional conference to offer a 10 min ice breaker / interlude as part of the proceedings. This was in the style of Seagull Café, to relax, engage and encourage people to sing and laugh together and again, which meant the staff felt a sense of what the group would be like if they referred someone. The ripples of positive participation from one to another.

More Music created an MOU (Memorandum of Understanding) that secured time from the SPLW contracted hours to support the session in person and enable the co-delivery.

The local ICC explored holding ‘Blood pressure clinics’ in community venues, including ours. NHS staff attended and ran the clinics in a side room and people went voluntarily for this check-up in good numbers. One woman’s irregular heart beat was picked up at this clinic and immediately connected with a specialist appointment.



Recommendations:

NAVCA will work together with partners to develop, test and disseminate a simple quality assurance framework for Link Worker host organisations based on existing documents.

SPIRIT of 2012 will facilitate co-production of elements of the quality assurance framework with grantees. This will include consideration of how evidence of best practice in delivering “prescriptions”, and the wealth of information and case studies from successful approaches is shared with other local organisations.

NHS England should consider these three key elements in all future guidance and provide support to system, place and neighbourhood to ensure the needs of all three are effectively met through effective joined-up implementation planning.

Summary of recommendations

	NAVCA	Other Partners
Mapping and connecting Link Worker Hosting	NAVCA will use the contact details of over 300 VCSEs active in hosting and supporting social prescribing identified through this research to develop a communications conduit to support the dissemination of information and guidance and to act as a consultation/coproduction mechanism for future developments.	NHSE should work with partners to scope out the sources of information on Link Worker host/Social Prescribing organisations and take a coordinated approach to bringing this information together in a publicly accessible format. NASP will use its existing regional intelligence to curate distribution lists and convene discussions as necessary.
Enhancing Models of Link Worker Hosting	NAVCA will develop and publicise guidance materials to increase understanding and enhance relationship between PCNs and the local VCSE. They will have a specific focus on the role Local VCSE Infrastructure Organisations in supporting relationships and developing the VCSE. They will be supported by a programme of engagement to bring PCN Clinical Directors and Local Infrastructure Organisations together to build relationships and enhance peer learning.	NHSE and Regional Personalised Care Teams to promote and support PCN's engagement in these opportunities and guidance materials.
Guidance and Support	NAVCA will work with partners to develop joint guidance on developing sustainable local directories of VCSE activity with LIOs and share best practice through links with Thriving Communities Regional Leads. NAVCA will make existing and future resources (e.g., training, guidance, toolkits, case studies) more accessible to their members. Regular updates will ensure resources have greatest impact and land well. NAVCA will develop communication mechanisms between Social Prescribers, Social Prescribing host organisations, activity providers and PCNs. By linking key contacts in PCNs with LIOs and other significant partners in Social Prescribing delivery enhanced relationships will increase impact. NAVCA will create a library of case studies of good practice across several themes, to be disseminated through its network and partners to improve social prescribing working at a local level.	NHS England should review the social prescribing funding model to ensure it reflects the full costs of hosting a link worker within the VCSE, including recognising the organisation impact which is key to success. NHS England should explore the use of system-level Retention Fund Schemes to support Link Worker supervision through 'Workforce Support Lead' roles and work with NAVCA, NASP and other partners to spread learning and evidence of impact. NASP will use its network of Regional Leads and their wider teams across the sectors to help understand the current situation regarding sustainable local directories, input on any guidance and disseminate information through the Learning Together platform. NASP will continue to develop regional communities of practice to strengthen communication between different stakeholders in social prescribing delivery.

		<p>NASP will use its platforms to share the developing NAVCA library of case studies and good practice.</p>
<p>Quality Assurance</p>	<p>NAVCA will work together with partners to develop, test and disseminate a simple quality assurance framework for Link Worker host organisations based on existing best practice. This will include consideration of how evidence of best practice in delivering “prescriptions”, and the wealth of information and case studies from successful approaches is shared with other local organisations.</p>	<p>SPIRIT of 2012 will facilitate co-production of elements of the quality assurance framework with grantees. This will include consideration of how evidence of best practice in delivering “prescriptions”, and the wealth of information and case studies from successful approaches is shared with other local organisations.</p> <p>NHS England should consider these three key elements in all future guidance and provide support to system, place and neighbourhood to ensure the needs of all three are effectively met through effective joined-up implementation planning.</p> <p>NASP will use its national and regional connections, as well as its role in the NHS Link Worker commission to shape and distribute any quality assurance framework and guidance.</p> <p>NASP will use its events platform to share learning and offer workshops, webinars, etc.</p>

Appendix 1 – Partner organisations



NAVCA is the national membership body for local Voluntary, Community and Social Enterprise (VCSE) sector infrastructure organisations in England. Local Infrastructure Organisations (LIOs) provide support and development for voluntary and community action across England; NAVCA members support hundreds of thousands of local charities, voluntary groups and social enterprises at a community level, helping them to thrive and deliver essential services.

<https://navca.org.uk/what-we-do>



Spirit of 2012 was established as an independent Trust by the National Lottery Community Fund in 2013 to build on the legacy of the London 2012 Games. They do this by funding projects and research that enable people to participate in a wide variety of activities from physical activity to the arts and volunteering and focus on evaluation to fully understand why and how taking part can make people feel better and more connected to their communities. The purpose of this is to unlock a future where events and volunteering are a pathway to wellbeing for all people and their communities. Spirit of 2012 believe that events and volunteering have a crucial role to play in improving wellbeing for everyone.

<https://spiritof2012.org.uk/about-us/>



National Academy of Social Prescribing was launched in October 2019. NASP works to create partnerships, across the arts, health, sports, leisure, and the natural environment, alongside other aspects of our lives, to promote health and wellbeing at a national and local level. As champions of social prescribing and the work of local communities NASP works on the following 5 objectives: making some noise, finding resources, building relationships across all sectors, shaping and sharing the evidence base and spreading what works.

<https://socialprescribingacademy.org.uk/about-us/>

Appendix 2 – Organisations engaged

Regional Roundtable attendees

Midlands

- Voluntary Action Leicestershire
- Voluntary Action Stoke on Trent
- Voluntary Centre Services Lincoln
- Warwickshire and Solihull Community Action
- Wolverhampton CVS
- Worcester Community Action

South East

- Basingstoke Voluntary Action
- Communities First Wessex
- Community Impact Bucks
- CVS Uttlesford
- Imago Community
- One Westminster
- Reading Voluntary Action
- Red Zebra Community Solutions
- Rother Voluntary Action
- Slough Council for Voluntary Service
- Social Enterprise Kent
- Together Collective

North East and Yorkshire

- Adapt-North East
- Age UK Scarborough & District
- Community First Yorkshire
- Connected Voice
- Durham Community Action
- Durham Wildlife Trust
- Easington Lane Community Access Point
- East Durham Trust
- Hartlepower
- Knaresborough Connectors
- Middlesbrough and Stockton Mind
- Middlesbrough Voluntary Development Agency
- North Tyneside VODA
- Nova
- Voluntary Action Sheffield
- York CVS

East of England

- Cambridge CVS
- Community Action Dacorum
- Community Action Suffolk
- CVS for Broxbourne and East Herts
- Hunts Forum
- Ipswich CAB
- North Herts and Stevenage CVS
- Peterborough CVS
- Raleigh, Rochford and District Assoc. for Voluntary Service

South West

- BS3 Community
- Devon Voluntary Action
- Gloucestershire Rural Community Council
- South Hams CVS
- Sport England/Exeter City Council
- Volunteer Cornwall

Wilts Centre for Independent Living

North West

- Blackpool Volunteers
- Bolton CVS
- Brighter Living Partnership
- Citizens Advice Blackpool
- Lancaster District Community & Voluntary Solutions
- Liverpool Philharmonic
- One Wirral
- Salford CVS
- Sefton CVS

London

- AGE UK Barnet
- AGE UK Camden
- Community Connect Bexley
- Healthy London Partnership
- Live Well Greenwich
- London Plus
- Staywell Kingston
- Voluntary Action Camden

One to One interviews

- Bright Life, Cheshire
- Burnley Pendle Rossendale CVS
- Communities 1st Herts
- Communities First Wessex
- Community Action Derby
- Creative Arts East
- darts, Doncaster
- Durham Community Action
- Health Box CIC
- Kirklees Council
- Locality
- More Music
- Nottingham CVS
- Nova, Wakefield
- One Westminster
- Redbridge CVS
- Salford CVS
- Salford University Social Prescribing Unit
- Sefton CVS / Living Well Sefton`
- SPARK Somerset
- Support Staffordshire
- Torbay Community Development Trust
- UCLAN Social Prescribing Unit
- West Lancs CVS

Regional and National Partner Meetings

Regional

- London Plus
- North West Personalised Care team
- Sports Partnership North West
- VONNE
- Thriving Community Regional Leads in all Regions

National

- Barnardos
- Culture, Health and Wellbeing Alliance
- English Football League Trust
- Faith Network
- Locality
- NASP Accelerating Innovation
- NHSE Senior Manager – Social Prescribing
- National Voices
- Thriving Communities Programme Manager
- TNL Community Fund

NAVCA Social Prescribing Steering Group members

- Alex Fordham, Bexley Voluntary Service Council
- Amanda Chambers, Nottingham CVS
- Angela White, Sefton CVS
- Bruce Poole, Salford CVS
- Christine Blythe, Burnley Pendle Rossendale CVS
- Dianne Slapp, Voluntary Centre Services, Lincoln
- Esther Watts, Crawley Community Action
- Garry Jones, Support Staffordshire
- Gemma Boardman, Sefton CVS
- Jane Hartley, VONNE
- Jules Sebelin, Nottingham CVS
- Kim Harper, Community Action Derby
- Sarah Maxfield, Support Staffordshire
- Sarah Paine, Community Action Derby
- Simon Sherbersky, Torbay Community Development Trust
- Susan Garrett, Durham Community Action
- Stephanie McKinley, London Plus
- Tom Watkins, Communities 1st

Appendix 3 – Resources compiled, sample

Title	Organisation	Summary of content	intended audience	Access Cost?	Date
e learning for Healthcare; Social Prescribing	Health Education England	This eLearning resource has been developed for social prescribing link workers and includes the core elements and skills required to do the job and deliver social prescribing as part of a PCN multi-disciplinary team. Please allow 6-8 hours to complete all of the sessions	SPLWs	free to access with relevant role / email	ongoing
National Webinar series	NHS England	Webinars, reports, sharing of information, access to other members	SPLWs and associated staff	Free	ongoing, new guidance added regularly
Level 3 Qualification in Social Prescribing	Social Prescribing Qualification	Level 3 qualification in Social Prescribing with several modules contributed to by a range of partners; also links to information, reports and blogs	SPLWs	£2,324.00	ongoing
Social Prescribing Link Worker Welcome pack	NHS England	SPLW Welcome Pack for PCNs		free	Sept. 2019
Quality Assurance for Social Prescribing	The Conservation Volunteers funded by National Lottery	Quality Assurance framework document to support Social Prescribing programmes	SP Programme Managers; activity providers; infrastructure orgs	available as download	Jul-19
PCN Advisor role	NHS England / Regional Personalised Care teams	A Regional Associate role to support PCNs in their delivery of Social Prescribing	PCN staff	If regionally available, free	ongoing of Nov. 2021
Regional Learning Coordinators for Social Prescribing	NHS England / Personalised Care Teams	A Regional Associate role to support Social Prescribing Link Workers	SPLWs	If regionally available, free	ongoing since Nov. 2019
Social Prescribing Link Workers, a reference guide for PCNs	NHS England	This guide is for practice managers and clinical leads within primary care networks (PCNs), for social prescribing link workers, commissioners and local system partners, including voluntary, community and social enterprise (VCSE) leaders,	PCNs; host organisations	free	updated yearly, last update June 2020

		public health leaders, people with lived experience and patient groups.			
Employers Guide to Supporting Social Prescribing Link Workers	National Association of Link Workers	Social Prescribing Employers' guidance download	Host Employers, any sector	free	Oct-20
Rolling Out Social Prescribing	National Voices	Sets out the findings of research conducted by National Voices for NHS England to explore the perspectives and experiences of the voluntary, community and social enterprise (VCSE) sector in relation to the NHS rollout of social prescribing		free	Sep-20
Supporting Link Workers in Primary Care networks	NHS England	Links to guidance, reference guides, webinars and toolkits	SPLWs, employers and PCNs employing SPLWs	free	ongoing
Driving Forward Social Prescribing, a framework for Allied Health Professionals	Royal Society for Public Health in conjunction with NHSE	A framework in 4 sections for Allied Health Professionals on using Social Prescribing with downloadable resources	Allied Health Professionals	free	
Level 3 certificate for improving health and wellbeing	Royal Society for Public Health	Training for SPLWs and other health roles covering a range of modules including health behaviour change	SPLWs, other health and wellbeing roles	unknown, cost on application	2022
Level 3 certificate in Social Prescribing	Skills and Education Group Awards	Training for SP, level 3, Skills and Education Group	SPLWs	£76.00	Apr-21
Social Prescribing - Applying All Our Health	UK Government Office of Health Improvement	Government guidance on using Social Prescribing	frontline health and care staff	free	Jan-22
Reference Guide for Social Prescribing Technical Annex	NHS England	Reference guides for implementing a Social Prescribing scheme	PCN staff, Social Prescribing leads	free	Jun-20
Guide for New Social Prescribing Link Workers	North East London Health and Care Partnership	North East London Guide for New Social Prescribing Link Workers	SPLWs in North London - with sharing of good practice for others	free	Jun-21

University of Salford Social Prescribing Hub Resource Centre	University Of Salford	A range of resources, training and research to support Social Prescribing; varies by region	Whole SP Community	free	
Regional Training Hubs	Health Education England	A range of training and support resources for Social Prescribing Link Workers; varies by region		free resources, some training with a cost	
Social Prescribing assessment tool	Live Well Wakefield	Bespoke SP client assessment tools	SPLWS	free	
Social Prescribing and Community Based Support	Repository for Arts and Health Resources	Social Prescribing and Community Based Support Summary Guide - the guide provides best practice for using community-based support in Social Prescribing	Whole SP Community	free	2019
DES Guidance for Personalised Care Roles	NHS England	NHSE Personalised Care Guidance DES for the new ARRS roles	PCNS and commissioners of services	free	Mar-22
Developing an Information Standard for Social Prescribing	Professional Record Standards Body	Report on producing a minimum data set for Social Prescribing, including research findings and webinars	System leaders	free	Jan-22
Showcasing Social Prescribing in Staffordshire and Stoke on Trent PCNs	VAST and Support Staffordshire	Social Prescribing Report Staffordshire and Stoke on Trent highlighting positive outcomes of Social Prescribing	Social Prescribing hosts looking for good practice	free	Mar-22
VCSE sector engagement and Social Prescribing in London, report	Healthy London Partnership, Elemental, Greater London Authority, NHSE	Reporting on outcomes and experiences of Social Prescribing in the VCSE in London and area including resources to support Social Prescribing	Whole SP Community	free	Jul-05
Getting it Right, Social Prescribing and Mental Health	Middlesborough and Stockton MIND	A report of the experiences and learning of MIND delivering Social Prescribing in Middlesborough and Stockton	Whole SP Community	free	

Social Prescribing - Top Tips for commissioners and providers of interventions for combatting loneliness for unpaid carers	Carers Trust	A report detailing the experiences of unpaid carers and how social prescribing can be effectively utilised	SP hosts, commissioners	free	
Social Prescribing Link Worker Manifesto	Arts Derbyshire	Details good practice in Social Prescribing, particularly for referring to arts focussed programs	SPLWs	free	
Toolkit on Implementing Social Prescribing	World Health Organisation	This toolkit was created to help introduce social prescribing at the community level. It outlines the steps required to introduce a social prescribing scheme and includes sample materials, which can be adapted to the local context	System leaders	free	2022
Education Standards for Social Prescribing Link Workers	National Association of Link workers	A guide for the workforce development and suggested educational standards for SPLWs	SPLWs and employers	free	2022
Guides for Social Prescribing	Singing for Health Network	website with guidance for SPLWs on referring to community singing groups and other resources such as videos, testimonials	SPLWs	free	May-22
Social Prescribing Manifesto - a video	Arts Derbyshire	Social Prescribing Manifesto - video from Arts Derbyshire	Whole SP community	free	May-22
Salford University	Salford University Social Prescribing Hub Health Inequalities in Social Prescribing Conference	A range of Social Prescribing resources and links to guidance and reports, including findings from Salford SP and Health Inequalities conference	Whole SP community	free	Jun-22
What is Social Prescribing?	Kings Fund	A video explainer of Social Prescribing	Whole SP community	free	Nov-20
Gardens, Libraries and Museums for Wellbeing	Nuffield Health Sciences	A report on the benefits of cultural experiences in Social Prescribing and links to other resources	Whole SP community	free	Apr-19
NASP Resources for Social Prescribing	National Academy of Social Prescribing	A range of resources, videos and reports useful to those delivering Social Prescribing	SPLWs and host organisations	free	ongoing

Understanding Social Prescribing Models	Royal College of Nursing	Social Prescribing and Personalised Care background document for nurses	Primary Care / nursing workforce	free	Apr-19
Making Sense of Social Prescribing	University of Westminster	Background on Social Prescribing and considerations and guidance on setting up a scheme, including template checklists	Whole SP Community		Apr-19
Portfolio of Evidence for SPLWs	NASP / NHS England	Templates, guidance and considerations for supporting SPLW practice; sits alongside Workforce Development framework (currently in draft)	SPLWs and Managers		Jun-22
Grey Literature Database	Social Prescribing Network	Collation of Social Prescribing Reports and Evaluations under topic headings including Arts, Culture Heritage, Green Social Prescribing, Community, Evaluation	Whole SP Community	free	ongoing
Preventing and Tackling Mental Ill Health Through Social Prescribing	Natural England and Lancaster University	Preventing and Tackling Mental Ill Health Through Social Prescribing, PowerPoint presentation	Those interested in Green Social Prescribing		
Social Farms and Gardens Quality Mark	Social Farms and Gardens Alliance	Social Farms and Gardens Quality Mark tool for those delivering activity for community wellbeing, including Social Prescribing referrals	Those delivering social farms and gardens	£60 per annum	ongoing