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| **Institution:** University of Westminster | | |
| **Unit of Assessment:** 3 Allied Health Professionals | | |
| **Title of case study:** Establishing Social Prescribing as Mainstream NHS Healthcare Provision | | |
| **Period when the underpinning research was undertaken:** 2015 – 2020 | | |
| **Details of staff conducting the underpinning research from the submitting unit:** | | |
| **Name(s):**<br>1. Dr Marie Polley<br>2. Dr Alison Fixsen<br>3. Prof Damien Ridge<br>4. Dr Karen Pilkington<br>5. Visiting Prof Michael Dixon | **Role(s) (e.g. job title):**<br>1. Senior Lecturer<br>2. Senior Lecturer<br>3. Professor of Health Studies<br>4. Senior Research Fellow<br>5. Visiting Professor | **Period(s) employed by submitting HEI:**<br>1. 04/2006 – 2/2020<br>2. 02/2003 ongoing<br>3. 09/2006 ongoing<br>4. 03/2003 – 05/2016<br>5. 01/2006 ongoing |
| **Period when the claimed impact occurred:** June 2015 – Dec 2020 | | |
| **Is this case study continued from a case study submitted in 2014?** ~~Y~~/N | | |

**1. Summary of the impact** (indicative maximum 100 words)

Since June 2015, researchers at the University of Westminster – **Dr Marie Polley, Dr Alison Fixsen, Professor Damien Ridge, Dr Karen Pilkington**, and **Visiting Professor Michael Dixon** – have defined, developed and promoted a practical partnership approach to social prescribing (SP) that has resulted in:

- The strategic development of SP provision across England through the capacity building enabled by their establishment of the Social Prescribing Network.
- The shaping of the Greater London Authority's SP strategy and its implementation.
- Influencing the incorporation of SP within the NHS Long Term Plan, which has enabled almost universal access to SP services in England via long term infrastructure and funding.

**2. Underpinning research** (indicative maximum 500 words)

There is a long history of conducting patient-centred research at the University of Westminster, which has been built upon through the designing of services that successfully place non-medical practitioners (e.g. talking therapy, osteopaths, acupuncturists) into NHS primary care settings in various health areas. A recent example is the Atlas Men's Well-being Programme, designed by **Prof Damien Ridge**, which enhances GPs' ability to identify dis/stressed men and encourages them to refer such patients to counselling and/or acupuncture. The positive improvements in patient well-being resulting from this programme [1] are such that it continues as an effective service in the NHS to this day.

Such research projects elucidated the pressing need of patients to talk to empathic practitioners at length about complex problems that GPs could not address in their 10 minute consultations. Seeking to investigate how such a need could be met, a Make My Day Better (MMDB) funded project undertaken with **Visiting Professor Michael Dixon** explored how the impact of diabetes could be reduced within a primary care setting by providing patients with access to discussions with a 'health facilitator'. This study directed the research team – **Ridge, Dixon, Dr Marie Polley, Dr Karen Pilkington, and Dr Alison Fixsen** – towards social prescribing (SP) as a practical way to expand capacity within primary care settings. SP involves health professionals in primary care referring a patient to a link worker to discuss and work out together a non-medical plan to address complex needs, i.e. to 'co-produce' their 'social prescription'.

As part of the MMDB project, output [2] characterised, collated, and analysed the evaluation evidence of 24 projects in which social prescriptions had been issued for type 2 diabetes in the UK and Ireland. This involved extracting and analysing data from publicly available websites, linked information, and published literature – an approach useful for investigating how specific innovative health concepts, like SP, have been translated, implemented, and evaluated in practice. The study revealed the varied models of SP and non-medical community-based services available to people with type 2 diabetes and, while not proving that SP is an effective measure for such patients, the findings were deemed to be useful for developing both future evaluations of SP and its evidence base.

On the basis of this expertise in patient-centred research, the team won Wellcome Trust seed funding to explore how to better define, understand, and operationalise SP in primary care settings. In implementing this project, the researchers became aware of power imbalances between the multiple stakeholders in the field of SP. Proposing Critical Systems Thinking (CST) as a method for analysis where multiple stakeholders hold diverse interests and unequal power, in output [3] the research team examined a rural SP scheme from multiple stakeholder perspectives. A modified grounded theory approach was used for the analysis of data collected from 24 in-depth interviews, regular planning meetings with key stakeholders, and discussions with those involved with national and international SP landscaping, and to consider the core elements of social prescribing sustainability. Seeking to understand how to ensure "buy-in" to SP, the study identified a number of barriers to its adoption for both staff – e.g. selecting suitable clients, feedback and technological issues, and funding and evaluation pressures – and clients – e.g. health, transport, and expense issues, also a lack of prior information and GP involvement. Based on these findings the researchers proposed a positive relational model going forward – for instance, focusing on shared vision, confidence, and commitment; collaborative relationships, communication, and feedback – with emotional "buy-in" at its heart.

Following the publication of the *NHS Long Term Plan* (Jan 2019), in which personalised care is a prominent component, buy-in has become key to ensuring SP can be fully integrated into GP practices in England. Output [4] provides analysis of data the researchers collected from pre- and post-session surveys around teaching sessions in 27 UK medical schools as part of NHS England's National SP Student Champion Scheme. Pre-session surveys suggested 93% (n = 848) of respondents had not heard of the concept of SP before the session. Post-session surveys highlighted that 98% (n = 895) regarded the concept as useful and relevant to their future careers. Given the value they afforded SP once they had been given exposure to it, the researchers recommended that new strategies regarding formal education and mentoring are introduced to ensure the doctors of tomorrow are equipped with the necessary tools to ensure the NHS plans for personalised care are adequately implemented.

**3. References to the research** (indicative maximum of six references)


1. Cheshire, A., Peters, D. & **Ridge, D**. (2016) How do we improve men's mental health via primary care? An evaluation of the Atlas Men's Well-being Pilot Programme for stressed/distressed men. *BMC Family Practice* 17:13
2. **Pilkington K**, Loef M, **Polley M**. (2017). Searching for Real-World Effectiveness of Health Care Innovations: Scoping Study of Social Prescribing for Diabetes. *Journal of Medical Internet Research* 19(2):e20
3. **Fixsen, A**., Seers, H., **Polley, M**. *et al*. (2020) Applying critical systems thinking to social prescribing: a relational model of stakeholder "buy-in". *BMC Health Services Research* 20:580
4. Santoni, C., Chiva Giurca, B., **Polley, M**., et al. (2019). Evaluating student perceptions and awareness of social prescribing. *Education for Primary Care* 30(6):361-367



**Grants:**

- **Polley M** Rossato C, **Pilkington K**, and **Ridge D: £147,000**; Service Evaluation of the use of a health facilitator to support and advise pre-diabetic and diabetic patients at 3 GP surgeries. July 2013-July 2015. Make My Day Better.
- **Polley M**, Herbert N, **Pilkington K,** and **Ridge D**. **£40,844** Investigating the Provision and Conceptualisation of Social Prescribing Approaches to Health Creation. November 2015-June 2016. The Wellcome Trust.


**4. Details of the impact** (indicative maximum 750 words)

***Capacity building via the Social Prescribing Network***

Along with the studies that resulted in outputs [5] and [6], the £40,844 Wellcome Trust funding was used by the research team to host conferences and network events, and to conduct desk research aimed at bringing all the key stakeholders in social prescribing (SP) in the UK together to develop a shared vision. This capacity building took the form of the Social Prescribing Network

(SPN), hosted by the University of Westminster in partnership with the College of Medicine, co-chaired by **Polley** and **Dixon,** and founded in collaboration with **Pilkington** and **Ridge** [a-i].

The SPN was launched on 9 March 2016 at the House of Commons with the aim of promoting and enabling the take up of SP by the NHS as a pragmatic solution for meeting the growing needs of people living with long term physical and mental health conditions for which medical approaches are not always appropriate, necessary, or available [a-ii]. The success of this capacity building is demonstrated in the following three ways.

***Successfully connecting providers into an expansive network***: With the aid of funding from NHS England (£38,500 for "Development of the Social Prescribing Network across England", Nov 2017 – Mar 2018), seven regional networks were created to provide local level support that would facilitate the further integration of SP in England. These regional networks have since come to encompass Northern Ireland and the Republic of Ireland. The SPN further widened its reach by recruiting targeted groups across these regions that could especially benefit from the SP approach to delivering healthcare, e.g. those with dementia and young people within or beyond the health system. The network of stakeholders eventually expanded to over 2000 individuals/organisations representing health, social care, local authority, public health, academia, and the third sector, enabling the advancement of innovative SP approaches for person-centred care.

***Playing a significant role in establishing social prescribing as a mainstream approach in England*:** The knowledge and practices of the network were documented and disseminated via regular newsletters, resources on the website (including research reports authored by **Polley** and Westminster colleagues), steering group meetings, and conferences, enabling stakeholders to develop their ability to share and encourage good practices and to reach and help disadvantaged patients [a-i, a-iii]. This development of a consensus on SP and good practice through the input of these providers and the leadership of the Westminster researchers fed into the SPN's success in regard to the establishment of SP as a mainstream approach (as described below). As a senior member of the NHS England Personalised Care Group states: 'The Social Prescribing Network was influential, as it contained senior clinical leaders, including CCG [Clinical Commissioning Groups] commissioners, who were able to articulate the benefits of social prescribing. This gave me the confidence and credibility to build a work programme within NHS England' [a-iv].

***Aiding the roll out of social prescribing across England***: As described later in this section, SP would be incorporated into the *NHS Long Term Plan* via its key component of the NHS Comprehensive Model of Personalised Care, with SPN playing a significant role in this achievement. As the Plan came into effect, July 2019 saw 'the biggest investment in social prescribing by any national health system' with funding released to primary care networks for new SP link workers [a-v]. In Sept 2020, National Voices for NHS England published its *Rolling Out Social Prescribing* research report, explaining their findings on 'the perspectives and experiences of the voluntary, community and social enterprise (VCSE) sector in relation to the NHS rollout of social prescribing', with 300 stakeholders consulted [a-vi, p.5]. This NHS Commissioned report stresses the importance of the SPN in aiding the roll out and enactment of the NHS Comprehensive Model of Personalised Care, specifying several concrete ways in which the SPN can be used to aid the practical adoption of the model across the country through its research ('the use of appropriate outcomes and measurement tools') and capacity building skill-base (for instance, '[c]ommunicate the vision and purpose', 'sharing good practice', 'support ICS leaders to develop suitable local solutions', and 'channeling support and funding to the most deprived areas and to support for excluded groups') [a-vi, p.8, 21, 27, 48, 55].

***Shaping the Greater London Authority (GLA) Social Prescribing Strategy***

SPN played a key role in developing 'the GLA's partnership approach' to SP in London [b-i, p.9]. This began with the convening of a Feb 2018 London Social Prescribing Conference 'to help develop a vision of a social prescribing road map for London' [b-i, p.9]. Held in conjunction with the Healthy London Partnership (HLP), the Mayor of London, and the NHS, five key priorities for successful pan-London delivery were identified from the contributions of over 100 stakeholders and formulated via an eleven-member table discussion featuring **Visiting Professor Michael Dixon** and other leaders within the field [b-ii]. In order to enact these priorities, in March 2018 a Social Prescribing Advisory Group was convened 'to develop the actions and commission reports and pilots' [b-i, p.10]. This group consists of senior leaders from HLP, the GLA, and SPN (**Polley**

and **Dixon**), as well as clinicians, local authorities, VCSEs and STP (sustainability and transformation partnership) leads, who went on to 'mee[t] current social prescribing practitioners to understand the challenges, provide practical support and identify ways to support the scale and spread of social prescribing across London' [b-i, p.10].

This work led to **the incorporation of social prescribing into the GLA's London Health Inequalities Strategy** of Sept 2018 as Objective 4.3: 'Social prescribing becomes a routine part of community support across London' [b-iii, p.139-140]. The Strategy specifies that the GLA will: 'Develop a strategy for social prescribing in London, accelerating its adoption with the most deprived communities' by '[w]ork[ing] with partners in the NHS, local authorities and the voluntary and community sectors to expand the reach of social prescribing programmes in London, helping people find solutions to improve their health and wellbeing' [b-iii, p.148].

Further work by Westminster researchers was undertaken across 2019 in order to develop this strategy and enable the widening of SP across London. This included a GLA commissioned report co-authored by **Polley** – *A Guide to Selecting Patient Reported Outcome Measures (PROMs) in Social Prescribing* [b-iv] – which features on the GLA's practice-facing "Social Prescribing Resources" webpage [b-v]. This work fed into the Oct 2019 *Next Steps for Social Prescribing in London* policy document, co-produced by SPN, Mayor of London, and HLP [b-vi]. This document 'sets out the core building blocks that we can develop collectively, at scale, across London to support areas with their local [SP] offer' and specifies 'a partnership approach for growing social prescribing in London' that will meet the SP objective of the London Health Inequalities Strategy [b-vi, p.6]. As such, the Westminster researchers have played a key role in both **prioritising SP within the GLA health strategy and enabling its roll out** via their work leading the SPN.

***Incorporating Social Prescribing into the NHS Long Term Plan***

The activities of the Westminster-led SPN and its researchers fed into **the adoption of social prescribing within the NHS Comprehensive Model of Personalised Care, which constitutes a major component of *The NHS Long Term Plan* (Jan 2019)** and ensures close to universal access to link workers. The UK is now a world leader in this field, with the Republic of Ireland being the only other country to have a national policy on social prescription.

The *Long Term Plan* 'sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting' [c-i, p.7]. SP is explicitly incorporated into this model, which is aimed at both **alleviating pressures on GPs through increased community referrals and boosting the economy by creating new jobs**: 'through social prescribing the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then' [c-i, §1.40]. In addition to helping to improve health care delivery, the scheme has also created a new workforce (i.e. link workers) within the economy.

The remainder of this section outlines how the Westminster team played a significant role in achieving this integration of SP within NHS England strategy through engagement with both clinical leaders and advisors to government.

Within the clinical sector, **Polley provided an evidence-base for the value of SP that enabled the senior member of the NHS England Personalised Care Group to make the case for such an integration**: 'It would be fair to say that without the support of the Social Prescribing Network, I may not have had the courage and confidence to develop social prescribing within NHS England, to articulate the need, benefits and influence policy direction' [a-iii]. In Jan 2017, the senior member of this NHS England group commissioned **Polley** to translate her research knowledge into national guidance for initiating SP schemes (£80,000, 'Development of National Guidance for Social Prescribing' project). The resulting report – *Making Sense of Social Prescribing* (2017) – incorporates output [2], an otherwise unpublished evidence review of SP, and a survey of 180 SPN stakeholders recording the benefits of SP they had observed, which was collected at the 2016 conference [c-ii]. The report features on the NHS Social Prescribing webpage [c-iii], along with another commissioned report (June 2017) in which **Polley** determined the impact on NHS service usage of social prescribing involving UK GP referrals to link workers [c-iv]. **Polley**

and colleagues undertook a survey of existing data and scholarship related to this matter and reported that, on average, a 24% reduction in visits to A & E services and a 28% reduction in visits to GPs occurred where SP schemes had been set-up [c-iv]. Further, the mean Social Return on Investment into such schemes was found to equate to a saving of £2.3 for every £1 invested in the first year [c-iv]. The senior member of the NHS England Personalised Care Group confirms that these **'resources helped to shape thinking' in regard to NHS policy** [a-iii].

This Westminster research also fed into government policy on SP. Described by the Prime Minister as 'a vital first step in a national mission to end loneliness in our lifetimes' [c-v, p.2], the Oct 2018 Department for Digital, Culture, Media and Sport report *A Connected Society: A strategy for tackling loneliness – laying the foundations for change,* **used Polley's findings** [c-iv] **as evidential support for the 'Government's ambition […] to ensure that social prescribing is a core element of local provision**, enabling more agencies and organisations to make referrals to existing social prescribing schemes. This marks a fundamental shift in the role of public services, recognising the importance of wellbeing and people's social connections' [c-v, p.25-6]. The adoption of Polley's evidence-base within government policymaking was aided by **Dixon**. In his capacity as the National Clinical Lead for Social Prescription (appointed by NHS England in June 2016) and co-chair of the 2000-member strong SPN, **Dixon** used **Polley**'s research findings to successfully lobby key figures within Government to adopt SP. As the Director of Primary and Community Health Care within the Cabinet Office writes, **Dixon's 'strategic vision has permeated through both DHSC [Department of Health and Social Care] and NHSE'** and 'was enabled partly through **Prof Dixon** being able to articulate and argue a compelling vision of what might be possible through adopting such an approach' [c-vi].

That the combined activities of **Polley** and **Dixon** played a significant role in the adoption of SP within the NHS Long Term Plan is further evidenced by the Key Note address given at the SPN's second national conference by the Secretary of State for Health and Social Care, Matt Hancock MP. Held at the Kings Fund on Nov 2018, Hancock expressed his full support for social prescribing, thus **firmly embedding the expansion of SP provision within the government's national health agenda**: "I see social prescribing…becoming an indispensable tool for GPs, just like a thermometer or a stethoscope might be today" [c-vii].

**5. Sources to corroborate the impact** (indicative maximum of 10 references)


[a] (i) The Social Prescribing Network, website [link] (ii) SPN. *Report of The Annual Social Prescribing Network Conference 2016* [link] (iii) SPN Newsletters [link] (iv) Testimony: senior member of the NHS England Personalised Care Group (v) National Academy for Social Prescribing "Media Background Brief" Mar 2020 [link] (vi) National Voices. *Rolling Out Social Prescribing.* Sept 2020 [link]

[b] (i) HLP. *Social prescribing: our vision for London 2018-2028: Improving lives, improving health*. Dec 2018 [link] (ii) Social Prescribing Conference: Co-designing a Strategy for London, Conference notes Feb 2018 [link] (iii) GLA, *The London Health Inequalities Strategy*. Sept 2018 [link] (iv) Polley M and Richards R (2019) *A Guide to Selecting Patient Reported Outcome Measures (PROMs) in Social Prescribing*, London, University of Westminster. [link] (v) GLA, "Social Prescribing Resources" [link] (vi) Mayor of London, HLP, and SPN. *Next Steps for Social Prescribing in London.* Oct 2019 [link]

[c] (i) *The NHS Long Term Plan* Jan 2019 [link] (ii) Polley, M.J., et al. 2017. *Making Sense of Social Prescribing* [link] (iii) NHS Social Prescribing [link] (iv) Polley M et al. 2017. *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. [link] (v) DCMS. *A Connected Society: A strategy for tackling loneliness – laying the foundations for change.* Oct 2018 [link] (vi) Testimony: Director of Primary and Community Health Care within the Cabinet Office (vii) Kings Fund. Rt Hon Matt Hancock, Secretary of State for Health and Social Care: Keynote address. 20/11/18 [link]