

Unleashing Healthy Communities

Building collaborative relationships to create thriving communities and address health inequities



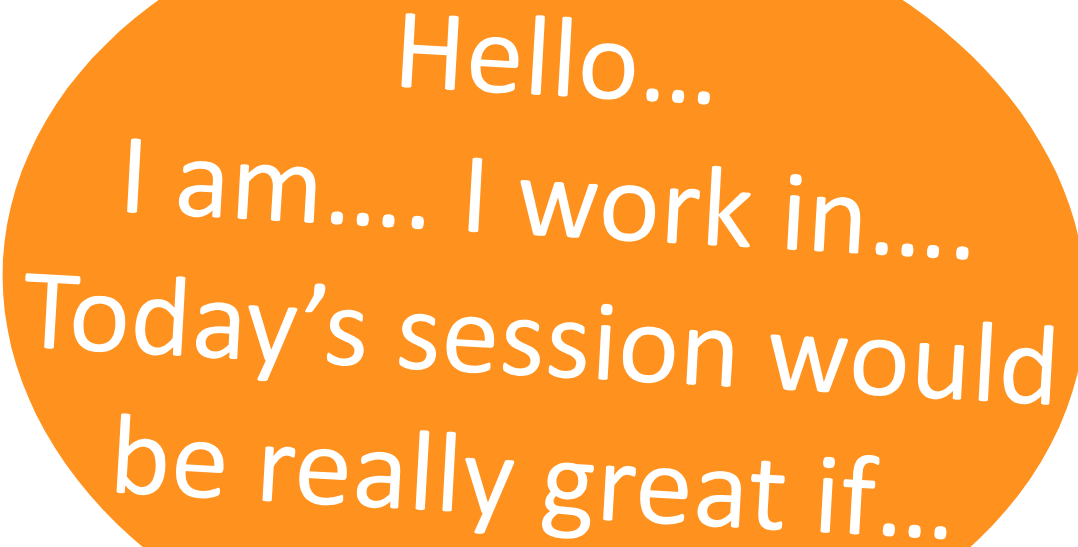
Workshop agenda

1. Introductions
2. What is social prescribing, how does it work, and physical activity and sport organisations' potential relationship to it
3. To explore the possible benefits which could come from closer working and identify what differences could be made to people's health outcomes by doing so
4. Approaches to social prescribing that physical activity and sports groups could adopt
5. Barriers and enablers to greater collaboration between the social prescribing and physical activity and sports sectors
6. Sported member case study of collaboration with social prescribing
7. Next steps
8. Any questions





Introductions!



Hello...
I am.... I work in....
Today's session would
be really great if...



Social prescribing

- What it is, why it was set up, what its purpose is
- How it functions, roles and responsibilities
- How service provider sectors work with it
- Questions and answers

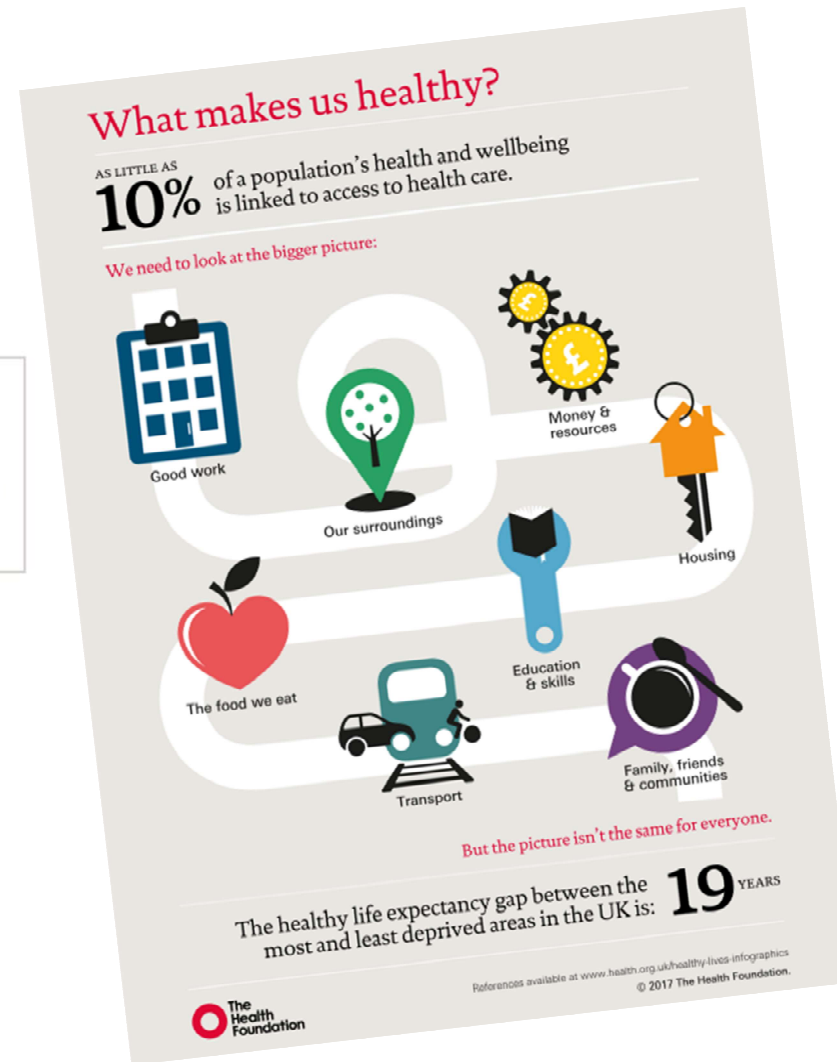
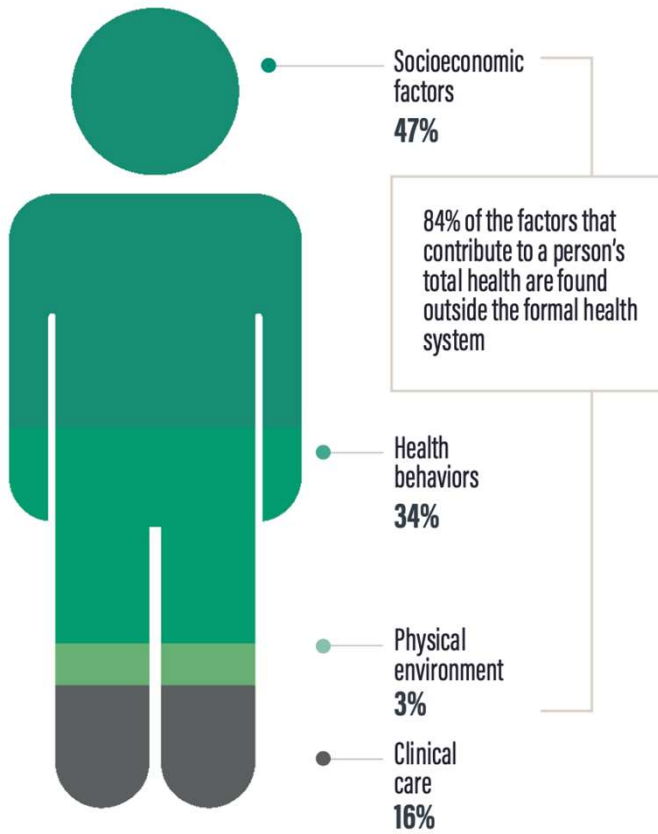
A global conceptual definition of Social Prescribing

“a means for trusted individuals in clinical and community settings to identify that a person has nonmedical, health-related social needs, and to subsequently connect them to non-clinical support and services within the community by co-producing a social prescription: a non-medical prescription to improve health and wellbeing, and to strengthen community connections.”

[what's missing from this definition?]



Social, economic, and physical factors significantly influence behavioral health outcomes.



2010
The Marmot Review, into what really creates health and wellbeing outcomes in our communities.
And how we might apply that understanding.

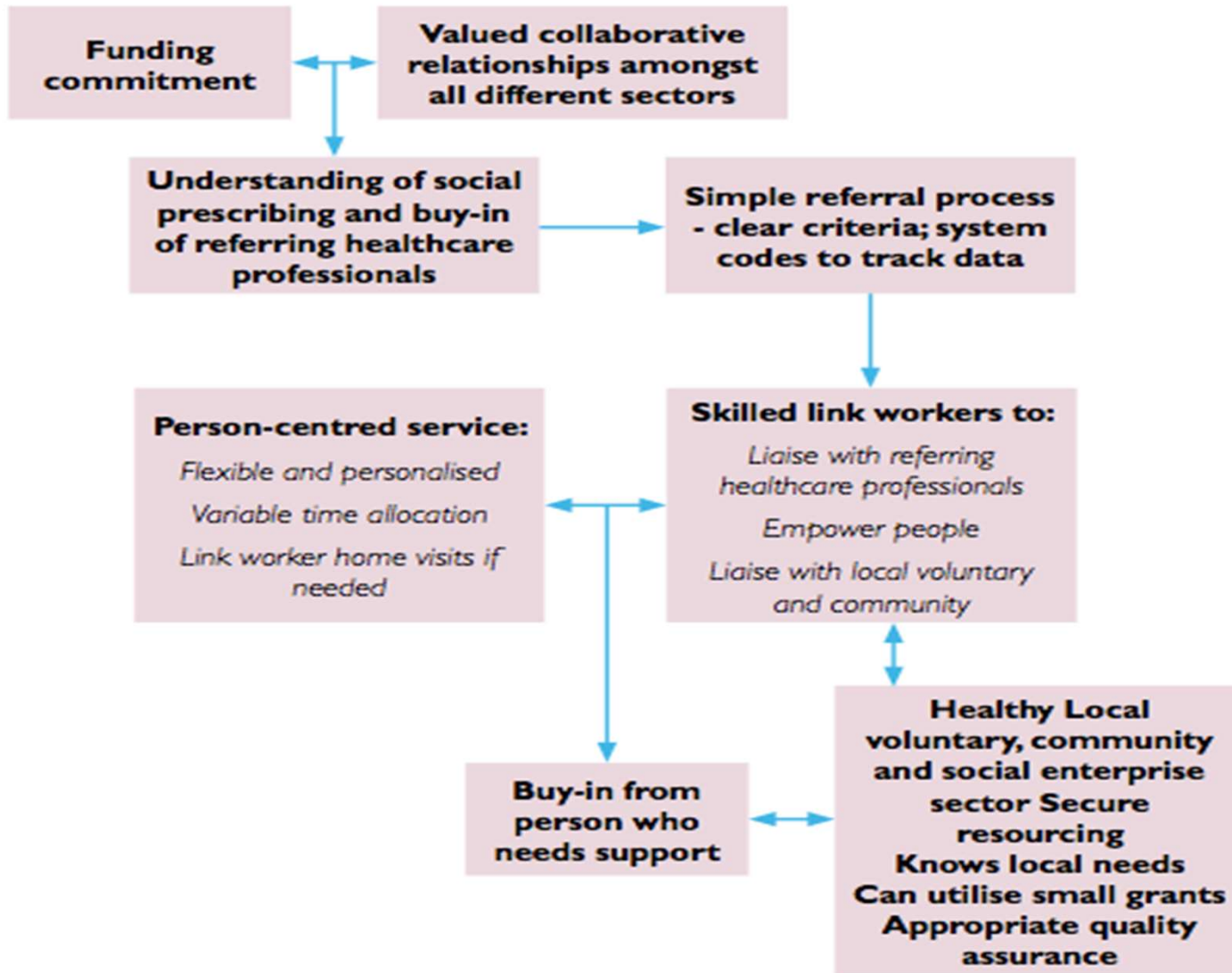
Development of Social Prescribing since 2018

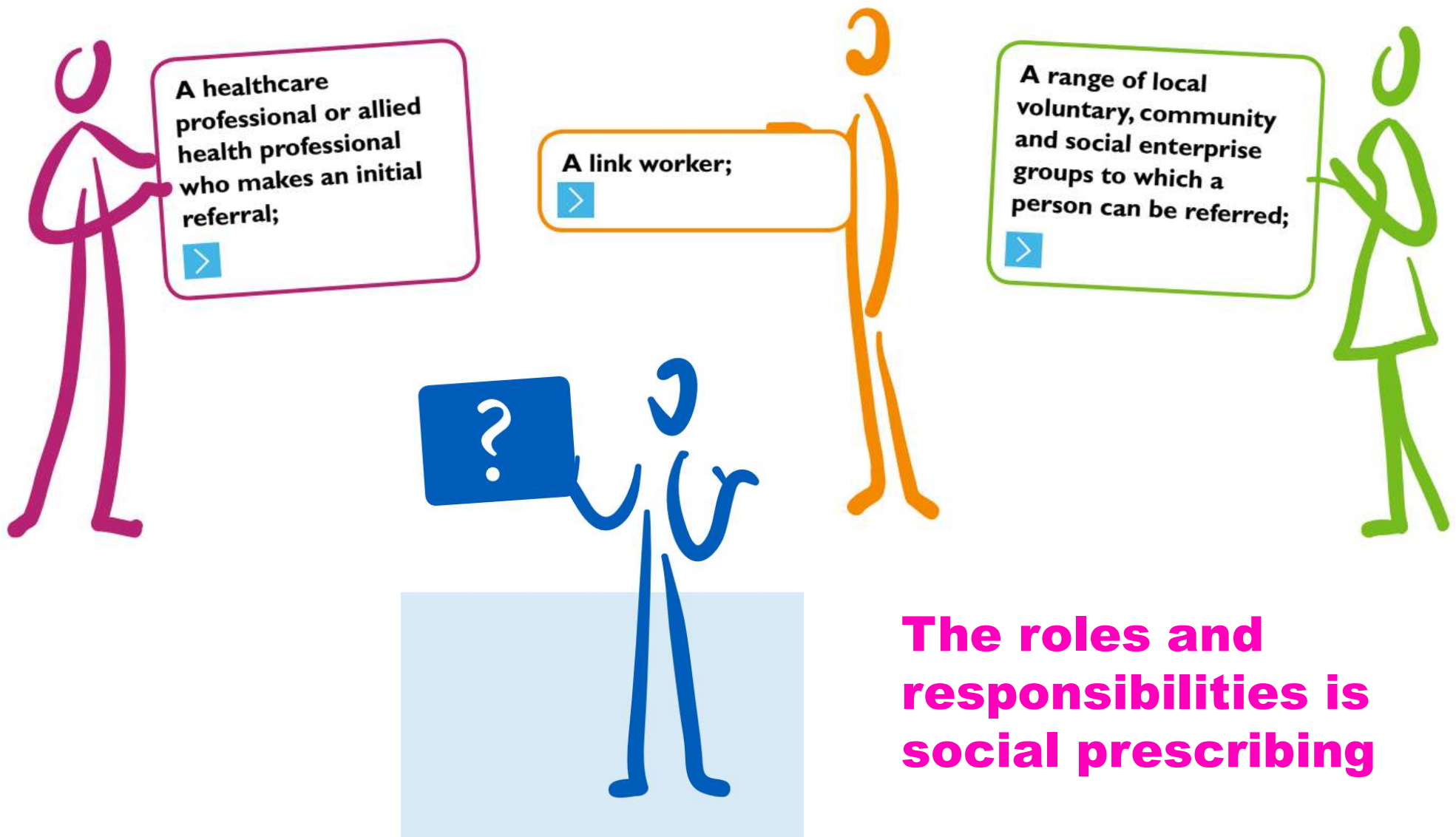
- Social Prescribing adopted by the NHS in 2018.
- 4,500 Link Workers in post by March 2024.
- 1 million patients have now accessed SP
- Development of the link worker role and specialist link worker roles (Children and young people, mental health, older people, AND in secondary care settings)
- Development of shared local plans for the implementation of social prescribing
- Training for clinical staff in understanding social prescribing and its implications
- Using data to understand cohorts of patients that social prescribing might be offered to
- Commissioning of voluntary sector services

Social Prescribing represents to greatest cultural change in the NHS in decades
Prof Martin Marshall Chair RCGP



Social Prescribing as a system





What does a social prescribing link worker do?

Social prescribing in General Practice enables local agencies to refer people to a link worker.

Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They work with them and connect people to community groups and agencies for practical and emotional support.

Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups

Social prescribing is especially helpful for people

- who have complex social and/or economic needs which affect their wellbeing
- with one or more long-term health conditions
- who need support with their mental health
- who are lonely or socially isolated



What are the issues social prescribing clients want and need support with*?

Network 6 - Social Prescribing 2022/23

73% of social prescribing concerns involved basic needs

13% of social prescribing concerns involved exercise and/or weight management

Average change in concern severity before and after engagement with Social Prescribing teams



Area of concern	Number of concerns
Benefits	166
Housing	107
Finances/Debt	78
Exercise/ Weight Management	61
Mental Health	42
Social Connection	26

***in Tower Hamlets, East London**

Models of children and young people's social prescribing

Social Prescribing for CYP can be all age (0 up to 18/25 years) and/or can be targeted at particular cohorts for specific reasons:

- Long term conditions such as asthma, diabetes
- Mental Health e.g waiting CAHMS assessment, social isolation, low level anxiety and depression
- At risk of youth violence, offending, school exclusion/refusal
- Learning disabilities and autism e.g waiting autism assessment
- Transition points (e.g. children to adults services, primary to secondary school, step down from statutory services)
- Whole family approach (e.g. younger children, complex needs)



How might physical activity and sports groups become involved with social prescribing?

1. Receiver of social prescribing referrals to your activities
1. Have a social prescribing function within your team. Either by training a team member or have a social prescribing link worker do in-reach work with your clients
1. Spend some time becoming social prescribing ready



Exploring the possible benefits which could come from closer working between Sported members and social prescribing.

Identify what differences could be made to people's health outcomes through working with social prescribing



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Understanding the barriers and enablers to greater collaboration between the sectors - what have members found thus far?

Small group discussion in breakout rooms and feedback





**Case study
of
collaboration
between a
local Sports
organisation
and social
prescribing**

**What next –
what do you
need from
Sported
moving on in
this area to
help member
groups....**



Questions and answers

