GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
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Social Prescribing Interfaces

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STRATEGIC PROGRAMME FOR PRIMARY CARE

RHAGLEN STRATEGOL AR GYFER GOFAL SYLFAENOL

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Background and Context

The Current Strategic Context

Wellbeing is at the forefront of several national health policies and strategies, playing an essential role in defining the vision and direction for ensuring good health for all, as well as, enabling individuals and communities to thrive and prosper, for both current and future generations. These key strategic and policy drivers include, the Wellbeing of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and A Healthier Wales (2019) which seek to support the development of a whole system approach to enhancing wellbeing and preventing illness across Wales.

Social prescribing, a non-clinical intervention, defined in Wales as **'connecting citizens to community support to better manage their health and wellbeing'** has received support and recognition, as an important approach to improving health and wellbeing. The social prescribing model in Wales offers a holistic approach that is person-centred and integrates with statutory services across sectors (Rees et al., 2019; Wallace et al., 2021). A number of actions to embed social prescribing feature within the Together for Mental Health Delivery Plan 2019-2022 and Connected Communities: a strategy for tackling loneliness and social isolation for building connections. More recently, Welsh Government have committed within the Programme for Government 2021-2026 to introduce an all-Wales framework to further support the roll-out of social prescribing, as a key mechanism to further the wellbeing agenda in Wales.

To support and inform the all-Wales framework, Public Health Wales have developed a logic model (PHW, 2022), which identifies the long-term outcomes that social prescribing aims to influence. These long-term outcomes, displayed in table 1, are holistic, demonstrate the potential for benefit at a population level, including impact on wider determinants of health.

Social Prescribing Long-term Outcomes	
1	Improved population mental wellbeing and reduction in overall prevalence and inequalities within mental ill health
2	Improved population physical wellbeing and reduction in overall prevalence and inequalities within physical ill health
3	Improved population social wellbeing and reduction in overall prevalence and inequalities within poor social wellbeing, loneliness and isolation
4	A system impact on the wider determinants of health
5	Improved community wellbeing

Table 1: The long-term outcomes that social prescribing aims to influence

By understanding the long-term outcomes that social prescribing aims to influence, it is recognised that social prescribing interfaces with mental, physical and social health and wellbeing agendas. Subsequently there are operational interfaces between multiple agencies and professions, which support these agendas.

Scope and Purpose

Social prescribing is a relatively new concept (Morse et al., 2022). There is a high level of interest in social prescribing in Wales with it being recognised as a growth activity (Wallace et al., 2021) and as described above, Welsh Government have committed to developing an all-Wales framework for social prescribing (Welsh Government, 2021b).

However, there is the potential for confusion in understanding where social prescribing fits into the system. In particular, in understanding the synergies and the distinctions between statutory health and social care services focused on physical and mental health; wellbeing activities and community assets; and social prescribing.

Whilst the social prescribing model in Wales integrates across sectors, this paper focuses on the interfaces between health and care services, rather than the full breadth of statutory services. Through understanding the specific interfaces between social prescribing, health and care services, and wellbeing activities and community assets, this paper aims to inform

strategic direction and policy development, to support and improve the wellbeing of both current and future generations in Wales.

Detailed discussion on terms related to social prescribing and wellbeing are out of scope of this paper.

Social Prescribing Interface Model

In Wales, a wide-range of services, activities and assets exist to support and improve individual and community health and wellbeing needs. The routes by which people can access health and wellbeing support varies from statutory services, through to voluntary activities and assets in the community. The methods by which people can access support also varies from signposting, self-referral through to a facilitated referral. Whilst signposting directs individuals to appropriate sources of support, this may be insufficient for those most in need and could risk exacerbating inequalities as illustrated by the well-recognised inverse care law principle (Hart, 1971).

It is possible to view social prescribing, statutory health and social care services focused on physical and mental health, and wellbeing activities and community assets in three distinct, but overlapping components (Figure 1: Social Prescribing Interface Model).

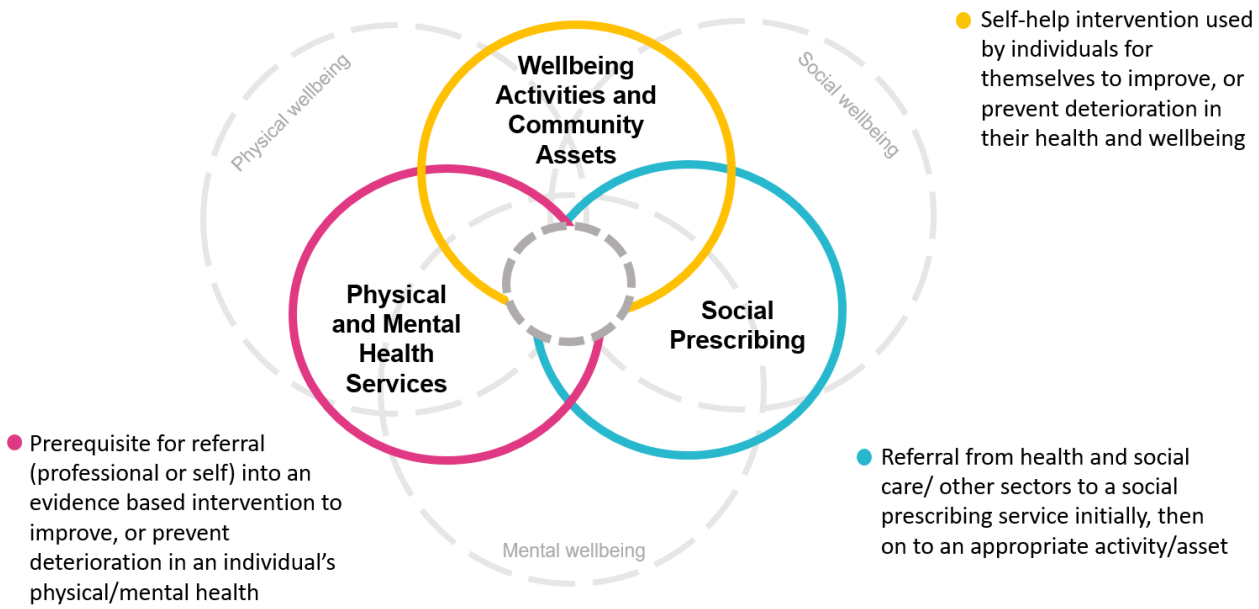

Figure 1: Social Prescribing Interface Model

Components of the Model

In this section, each of the components of the Social Prescribing Interface Model will be summarised, including their referral route:

Social Prescribing

Social prescribing is recognised as a growth activity in Wales. Expectations of social prescribing are high with it being considered as one of the solutions to improving health and wellbeing of individuals, reducing inequalities, mitigating the impact of social determinants on health and supporting recovery from covid-19 (Elliot et al., 2022). Though the benefits of social prescribing are wide-ranging, **improved physical, mental and social wellbeing** are most commonly reported. **This encompasses aspects of psychosocial health, healthy lifestyles and behaviours, social engagement, and self-management of long term conditions** (Rempel et al., 2017).

A core principle of social prescribing is that it utilises and interacts with statutory services across sectors, requiring multiple organisations to work collaboratively (Rempel et al., 2017; Morse et al., 2022). In Wales, the majority of social prescribing services have developed organically and established themselves through grassroots initiatives, with the dominant model being holistic and person-centred. The key stages in the social prescribing role (sometimes referred to as the social prescriber, link worker, or community connector) include: **referral or signposting, relationship building and maximising the agency of the pathway user through reconnecting them to their own community, and improving their health and wellbeing** (Wallace et al., 2021). It involves the use of a strength-based approach often including a 'what matters conversation', co-producing an action plan, engaging with local services, activities and assets, and managing feedback loops (Rees et al., 2019).

There are numerous potential referral pathways into a social prescribing service, for example these include: self-referral, statutory services across sectors (including health and social care) and third sector. Individuals who use social prescribing services may require community support for a broad range of health and wellbeing concerns e.g. anxiety and/or depression, long term conditions, cardiovascular risk factors, financial, relationship, or housing difficulties. The social prescribing service spends time building relationships with referrers, individuals using the service, and the local community to ensure pathways are streamlined and that there are identified wellbeing activities or community assets to meet the needs of individuals (Wallace et al., 2021).

Physical and Mental Health Services

Health and social care services in Wales are delivered through a number of statutory organisations and some independent providers, ranging from local health boards and NHS Trusts to local authorities (NHS Wales, 2022). Through the NHS in Wales, healthcare services aim to improve the prevention, diagnosis, and treatment of illness, as well as, improve physical and mental health of people in Wales (National Assembly for Wales, 2006).

Physical Health Services

One third of adults (an estimated 800,000) report having at least one long term condition in Wales (Wales Audit Office, 2014). **Long term conditions (LTCs) are conditions that cannot, at present, be cured but are controlled by medication and/or other treatment,** for example: asthma, diabetes and coronary heart disease. Living with a LTC can have an impact on an individual's ability to work and live a full life; affecting all aspects of physical and mental wellbeing (Department of Health, 2012). Inequalities in LTC prevalence exist with differences observed by socio-economic factors and age. People in lower socio-economic groups are more likely to have a LTC, and these conditions tend to be more severe compared to those experienced by people in higher socio-economic groups (Kings Fund, 2012). LTC prevalence increases with age, with two-thirds of people aged over 65 in Wales report having at least one chronic condition, while one-third have multiple chronic conditions (Wales Audit Office, 2014).

Physical health services encompass a broad range of services, and therefore no single model can describe this. However, using the example of the Healthy Weight: Healthy Wales Strategy (2019), **a healthy weight is recognised as one of the most effective ways to reduce the risk of LTCs.** As a vehicle to improving outcomes for individuals, the adult All Wales Weight Management Pathway (2021) ensures that each level of service reflects the complexity of factors, which lead to overweight and obesity.

The different levels of weight management services are:

- **Level 1** encompasses brief advice and self-directed evidence based support for individuals to achieve or maintain a healthy weight. Opportunities for support are often community-based, either in person or virtual. Whilst there is no prerequisite for referral, an individual may be signposted from a professional (registered or non-registered).
- **Level 2** is a multi-component weight management service addressing diet, physical activity and behaviour change skills, either together or separately. These services can include evidence based NHS services, commercial provision, the National Exercise Referral Scheme or digital services. Services often require a referral, including self-referral or a facilitated health and social care referral.

- **Level 3 and 4** are specialist weight management services involving a multidisciplinary team i.e. medical staff, dietetics and psychologists. Access to these services are by clinical referral.

From this example, we can see that a spectrum of support in physical health services is needed, ranging from specialised clinical interventions to more holistic upstream interventions, which address wellbeing (physical, mental and social).

Mental Health Services

1 in 4 adults experience mental ill-health at some point during their lifetime, and 1 in 6 experience symptoms at any one time (Welsh Government, 2012). **Improved mental health is associated with a range of benefits**, which include a reduction in the prevalence of mental disorders and suicides in adults, improved recovery from physical illness, reduced mortality and increased life expectancy. Wider benefits of improved mental health and wellbeing are also recognised, impacting on broad areas which include improved educational outcomes, increased productivity at work and increased community participation (Campion, 2019).

Aimed at improving access to mental health support and improving outcomes for individuals, **a five-tiered care model for mental health services** has been adopted in Wales. The model allows flow and linkages between tiers ensuring that expertise and interventions match individual needs (Welsh Government, 2011).

The tiered-based approach to mental health services include:

- **Tier 0** provides open access to approved self-help resources for individuals to support their own health and wellbeing i.e. information and education which promotes and supports mental wellbeing. Whilst there is no prerequisite for referral, Tier 0 services may be used as a resource which individuals are signposted to by wider health and social care professionals, mental health services themselves, and voluntary and community organisations.

- **Tier 1** intended for individuals with low support needs, aims to help improve or prevent a deterioration in mental health. Services often provide assessment, treatment (interventions), monitoring and signposting to other services, such as, housing or wellbeing. These services include, the primary health care team, local primary mental health support services and related services, third sector services, low support and mainstream accommodation services, mainstream leisure, education and recreational services.
- **Tier 2 and beyond** provides specialist support for individuals with high and complex needs. Access is by referral only (excluding self-referral), and can be made from an appropriate health or social care professional.

As described for physical health services, there is similarly a spectrum of support needed in mental health services, ranging from specialised clinical interventions to more holistic upstream interventions, which address wellbeing (physical, mental and social).

Wellbeing Activities and Community Assets

Wellbeing Activities & Community Assets

The third sector comprises a diverse range of organisations including community associations, self-help groups, voluntary organisations, social enterprises and charities. **Sharing a common values-based approach, the third sector has a long-standing role in offering an extensive range of activities and assets that both involve and support individuals and communities** e.g. housing vulnerabilities or particular health conditions (Welsh Government, 2014).

Representing a range of voices within the third sector, the Wales Council for Voluntary Action is the national infrastructure body aiming to make a greater impact on current and future wellbeing (WCVA, 2017). There are more than 43,000 voluntary organisations registered in the third sector in Wales, with **community, sport & recreation and children & families** being the main types of activities delivered. Additional activities include

arts/culture/heritage, religion, environment, mental health and housing (Data Cymru, 2021; sourced from Third Sector Support Wales).

The covid-19 pandemic has had a profound impact on people's health and wellbeing, both directly and indirectly. Response to the health and wellbeing consequences of the virus and emergent needs brought an upsurge in community-led action across Wales. This community driven support consisted of a much wider offer than addressing practical needs alone, as it extended to support mental health and mitigate social isolation and loneliness. It also contributed towards wider community benefits, such as strengthening community cohesion and sense of belonging to one's community (Grey et al., 2022).

In addition to third sector services, there is a set of five evidence based practical actions that individuals can build into their day-to-day lives to enhance wellbeing. Collectively known as the Five Ways to Wellbeing, these actions are: **connect, be active, take notice, keep learning and give.** The 'Five Ways' is a practical approach for individuals when considering actions to boost their wellbeing, be it through individual or collective action, or planned/organised or spontaneous activities e.g. visiting a friend, going for a walk or learning a new skill (Aked et al., 2008). Whilst the 'Five Ways' can be used as a helpful communication tool for considering wellbeing, it's useful to be aware that they do not provide a comprehensive list of factors that affect individual or community wellbeing or ways to improve it. The inter-relationship between both individual and community wellbeing has been recognised within the Public Health Wales conceptual framework for mental wellbeing (PHW, 2022), and should be considered when promoting wellbeing.

Engagement with wellbeing activities and community assets can be considered as self-help interventions used by individuals to improve their own health and wellbeing (physical, mental and social).

Social Prescribing Interfaces

Whilst each of the three components of the Social Prescribing Interface Model reflects the distinctive ways that people engage with social prescribing, physical and mental health services, wellbeing activities and community assets, there are clear meeting points when these are viewed together. Interfaces include:

Social Prescribing with Wellbeing Activities & Community Assets

- Social prescribing relies on new or existing, sustainable wellbeing activities and community assets to connect individuals to health and wellbeing support.
- Social prescribing services may collaborate with voluntary organisations to develop and strengthen wellbeing activities and assets within the community.
- Whilst a social prescribing service involves connecting people to activities and assets, there is not necessarily a prerequisite for referral to many wellbeing activities and community assets, as individuals can directly engage with these. Therefore, it may be unclear whether an individual has accessed an activity or asset via social prescribing.

Social Prescribing with Physical & Mental Health Services

- Social prescribing can be used to help individuals to manage long term conditions.
- Preventative activities and early interventions for physical and mental health conditions (e.g. weight management levels 1 and 2; mental health Tier 0), may also be considered as wellbeing activities and community assets. Therefore, a social prescribing service may refer individuals to these services.
- Social prescribing, used alongside prescribed treatment, can act as additional support. For example, an individual receiving a clinical intervention for anxiety may also be signposted or referred to social prescribing for a range of community or non-clinical support i.e. mental health Tier 0.
- Following an assessment, a health and social care professional may decide that an individual would benefit from alternative support only, rather than a healthcare

intervention. Subsequently, the individual would be signposted or referred to social prescribing for a range of community or non-clinical support. For example, an individual experiencing social isolation.

Social Prescribing with both Physical & Mental Health Services and Wellbeing Activities & Community Assets

- Social prescribing services, physical & mental health services, and wellbeing activities & community assets, may all signpost or refer individuals to alternative support if a health and wellbeing need is unmet i.e. requiring alternative intervention or support that is more intensive.
- An individual may have numerous health and wellbeing needs, requiring access to multiple services, activities and assets.
- Social prescribing plays a role in determining factors that contribute to an individual's social, physical and mental health and wellbeing concerns, including their social, economic and environmental conditions. Depending on who can access and take up the service, social prescribing therefore has the potential to reduce health inequalities by mitigating the impact of wider determinants on health, as demonstrated by the Determinants of Health Model (Dahlgren and Whitehead, 1991).

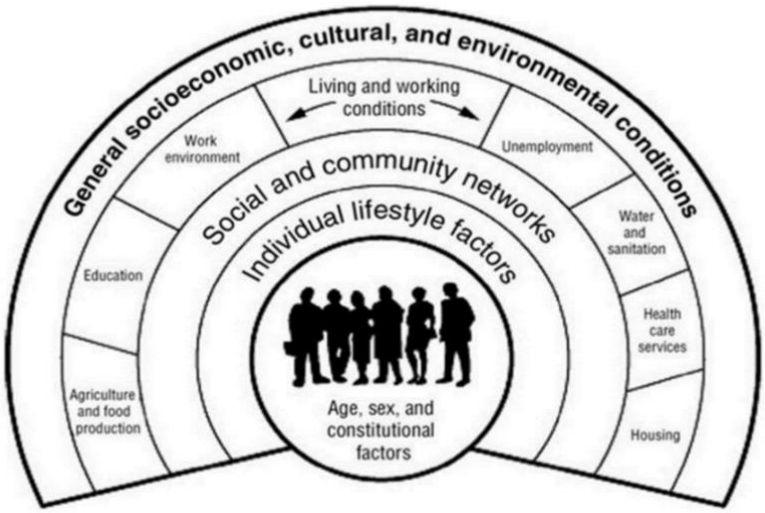

Figure 2: Determinants of Health Model

Recommendations

This paper demonstrates the interfaces between social prescribing with physical and mental health services, as well as wellbeing activities and community assets. Through exploring these interfaces, five key recommendations have been identified and these are as follows:

1. **To recognise and address the interface between social, physical and mental health and wellbeing in all polices.**

- There is a need to ensure that people's holistic needs are at the heart of society's effort to increase quality of life, for both current and future generations. Integrating social, physical and mental health and wellbeing in all polices will enable different sectors (at local, regional and national levels) to consider all three components in decision making, which in turn could improve population health and wellbeing.

2. **To support the interaction and synergy between all components in the social prescribing interface model, by making equitable population health and wellbeing central to the planning of services.**

- There is a need to ensure that strategic, policy and delivery leads work proactively, and collaboratively, sharing best practice and learning across Wales. Synergy between all sectors involved in the components of the social prescribing interface model has the potential to maximise resources, avoid duplication of efforts and increase productivity.
- Given the identified risk of widening inequalities with signposting alone, consideration should be given to the workforce capacity and existing skillset to ensure quality social prescribing standards are met for more structured referrals.

- The Wellbeing of Future Generations (Wales) Act 2015 puts a duty on public bodies to assess local wellbeing, as well as, prepare a wellbeing plan. The Social Prescribing Interface Model demonstrates that there is a need to assess social, physical and mental wellbeing of people in Wales and ensure that services, activities and assets are sustainable, and meet the demands for appropriate health and wellbeing support in the population.

3. To embed a person-centred approach to accessing services, activities and assets to support people to better manage their health and wellbeing.

- In understanding the Determinants of Health Model (Dahlgren and Whitehead, 1991), it becomes clear that there are many factors which contribute to poor social, physical and mental health and wellbeing. By adopting a person-centred approach, individuals will be considered as a whole, rather than focusing on a particular condition or symptom. The approach acknowledges the individual as an expert in their own care, and gives people greater choice and control in their lives.
- Achieving a person-centred approach involves quality assuring social prescribing services to minimise the risk of inappropriate referrals and adverse outcomes. This will involve ensuring staff are appropriately trained and have the skillset to deliver co-produced, person-focused action plans to achieve specific health and wellbeing outcomes.

4. To support those referring (including self-referral) with understanding the role and purpose of services, activities and assets to support different needs.

- There are over 43,000 voluntary organisations within the third sector in Wales. Many of these services, activities and assets have developed organically, resulting in a wide-range of support for different health and wellbeing needs. There is an opportunity for sectors involved in each component of the Social Prescribing Interface Model to develop and support common understanding of the role and purpose of available services, activities and assets, for both professionals and the public. This will ensure that individuals' needs are met, as well as, avoid duplication and variation in care.

- Recognising that social prescribing is an important approach to improving health and wellbeing and is not only related to a role or service in isolation, there is a need to maximise the opportunities to support people by embedding understanding of this approach more widely. In particular, across the frontline workforce in statutory services across sectors, including health and social care services that may refer individuals to social prescribing services.

5. To achieve the long-term outcomes of social prescribing, there is a need to increase the scale and sustainability of services, activities and assets that social prescribing relies on.

- Through exploring the relationship between the three components of the Social Prescribing Interface Model, it is clear that new and existing health and wellbeing services, activities and assets in their broadest sense, are the critical foundation for social prescribing.
- The role of services, activities and assets is becoming increasingly recognised in improving population health and wellbeing. This is recognised in part by the development of the all-Wales framework for social prescribing, which raises the need for consideration of both the scale and sustainability of investment needed.

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