



National Association of Link Workers
CONNECT LINK

**Shaping & Informing the National
Social Prescribing Academy
(NASP) Business Plan
Summary Report**

12th March 2020

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1.0 Introduction

1.1 Background

National Association of Link Workers (NALW) are working with The Coalition for Collaborative Care Partnership (C4CC) and have been commissioned by the National Academy for Social Prescribing (NASP) to consult with their members in order to inform the NASP business plan.

The Secretary of State for Health, Matt Hancock announced the launch of the National Academy for Social Prescribing (NASP) on the 23rd October 2019. NASP will act as a catalyst to bring together excellent work already being done across the NHS and building on NHS England's Long-Term Plan's ambition to get over 2.5 million more people benefiting from universal personalised care¹ within the next 5 years by recruiting 1,000 social prescribing link workers². The NASP board together with partners and people with lived experience have created five aims and have started to think about how NASP will achieve them.

1.2 Methodology and analysis

All NALW members were emailed a link to an on-line survey on the 21st February, only those based in England were asked to take part. Email reminders were sent on the 26th and 28th February. The survey link was also promoted on social media. A total of 111 interviews were completed, circa 17% of NALW members in England.

As nearly all the questions were open ended, thematic analysis³ was conducted in order to analyse the responses received.

¹ <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>

² <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

³ [Braun, V. & Clarke, V. \(2006\). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.](#)

2.0 Results

2.1 MAKE SOME NOISE!

How can you and/ or the National Association of Link Workers (NALW) help to create 'the noise' to increase awareness and public demand for social prescribing?

The key themes from question one were: -

- Increase awareness of Link Workers with GPs, health and social care professionals, third sector and community – *'Voluntary and community sector and stakeholders still need to be kept informed of services. For example, some GPs are still unsure about the role.'*
- Regular networking with GPs, health and social care professionals, third sector and community - *'I have found that being based in key locations in the community and attending regular networking meetings has been an asset.'*
- Deliver events nationally, regionally and locally – *'I think things are already going in the right direction but more of it is needed to create 'the noise'. I think by having more regional and local events to build stronger relationships is needed as I still think we are working in isolation in relation to other services in the next towns/cities.'*
'Also, champion SP on the national agenda - storylines in dramas/ news/ sports matches/ football clubs/ podcasts/ celebrity endorsement etc.. engage with media companies to offer advertising for free... Visibility at large industry events - tech shows/ health fairs/ public services fairs etc.'
- Increase social media, YouTube that informs, highlights, case studies what Link Workers are there for and what they do – *'Social media posts and local media posts'*
- Increase radio, TV, magazines, other traditional media that informs, highlights, case studies what Link Workers are there for and what they do – *'Put a storyline in one of the TV soaps? Or in The Archers for the rural aspect? Or local radio?'*
'Articles in local press, on social media, maybe even a slot on a TV programme a bit like Trust me I'm a Doctor.'
- Get the terminology and definition of Link Worker/ Social Prescribers correct – *'... a lot of GP's and patients still struggle to understand the concept of social prescribing.'*

'There is a heavy use of social media by the National Association of Link Workers and Regional Champions. I tweet about social prescribing at least x3 a week. I tend to document any new projects such a facilitation of group consultations, setting up activity groups for patients and interventions for patients who benefit from the Social Prescribing Programme directly. We use Twitter handles such as @NALWUK #socialprescribing

#linkworkernetworks which seemed to have drawn the attention from primary care networks, clinical directors, clinical pharmacists, community programmes.'

'1. We could produce videos for You Tube, social media, GP practice screens, community centres to raise awareness of the benefits of social interaction and the opportunities available to people.

2. We could organise 'flash mobs' in shopping centres, supermarkets and town centres to showcase people 'joining in' (maybe with a gentle exercise activity, for example) and generate interest and social media chat.

3. We could survey GPs and other HCPs to find out what they would like to achieve through social prescribing: who are their hardest to reach patients? Can they identify cohorts or patients who would benefit most? Which type of patient do they find most challenging to treat?

4. We could partner up with Patient Participation Groups and support them to co-produce in partnership with link workers local events at their surgeries.

5. Which professionals have contact with the most isolated people in our communities? Community Matrons, Health Visitors, home care providers, social care assistants, Housing Association/Council staff, Citizens Advice - target these groups with an education campaign about social prescribing.

6. Partner up with the providers of maternity packs to include a guide to social prescribing for new parents who feel lonely or isolated.

7. To raise awareness of the importance of the social prescribing 'conversation' we could plant sofas in public spaces (shopping centre, supermarkets) to generate a buzz and get people talking about the 'what matters to me' conversation.'

'.....we need to look at prevention rather than cure. It should focus on community building and especially working with families before they hit crisis and not just those who are seen as in need due to socioeconomic or living in areas of high deprivation. More funding required for under 18yrs SP projects is vital to have a long-term impact. People from all walks of life can benefit enormously from SP which in turn will support and bolster the wider community as well as primary and secondary care. Focusing in community assets will increase awareness and build a sustainable model - research has proven it works. It takes time though and cannot be hurried within defined funding windows. We need to invest long term in communities.'

2.2 MAKE SOME NOISE!

How do you think NALW can help NASP?

Key themes from question two were: -

- NALW to lead and inform the way forward for NASP – *‘NALW can help to inform the content of NASP business plan so that relevant content can be included within the programme. NALW could also utilize the help of NASP if they are experiencing difficulties with service delivery.’*
- Working collaboratively to raise the profile/ promoting social prescribing/ link working – *‘Work in collaboration with them and share the knowledge and expertise that NALW has gathered.’*
- Providing support/ training that benefits social prescribers/link workers – *‘Through sharing of good practice. Unpicking any of the information that comes from NHSE so that it is clearly understood ‘on the ground. Training and events.’*
- Joint initiatives – *‘Host events together, look at joint research topics to shape the future of SP.’*

There were some very varied answers to this question but feel that the remit for NASP is still very unclear so this will need to be clarified.

2.3 MAKE SOME NOISE!

What does a dynamic national network of social prescribing partners look like to you?

Key themes include: -

- Being valued, connected, innovative, engaging, supportive and integrated
- Bottom up or community/ needs led not the other way around
- Clear links, networks, databases, signposting in place

‘We need to collectively stand together and make the noise and this needs to include healthcare professional, cross sector VCSE (large and Small) and the local community. We need to reverse traditional thinking and work from the bottom up, really listening to what people have to say. Without this communities are continuing to be done too and become reliant on support but are still not motivated to help themselves. This take time and cannot be solved with short term initiative no matter how well intended. We need to get the private sector on board - Corporate social responsibility. In work support is most definitely required so any network needs to include everyone from health, creative and heritage sector, federation of small business, chamber of commerce, town council, school and colleges, emergency service - police/fire/ambulance, and of course the VCSE who at the moment are often left to carry this alone. This is the responsibility for everyone in society.’

‘Innovative network, working together. Using the skills already available in the network (NALW are on this with national/regional champions) to help new organisations to link in and feel supported.’

'A national network of social prescribing should be multi-disciplinary and cross-sector partnership. It should include practicing link workers from a range of social prescribing schemes - recognising that each scheme is local and contextualised by local needs and priorities. It should recognise that social prescribing comes in many forms. Alongside partners from statutory, health and community sectors, the network should include academics with an interest in evaluating social prescribing. It should link with the existing 'Social Prescribing Network'. The partnership should also include people who have experience of social prescribing: clients, volunteers, community groups, faith groups. The network should recognise cultural diversity and be sensitive to issues around personal and cultural identity.'

2.4 FIND RESOURCES!

What do you think are the key challenges faced in resourcing the activities required to support people through Social Prescribing?

Key challenges include: -

- A lack of funding and capacity – *'The funding provides hours for the employees but there is little for resources such as marketing and advertising (getting the word out there), leaflets, training, management time, Annual Leave cover, IT hardware and software, travel including attending events and networking, office on costs.'*
- Lack of volunteers and/ or staff – *'Lack of funding, lack of volunteers, lack of facilities.'*
- Time – *'I think time and workload can be key challenges. The catch 22 of raking time away to re-focus and upskill or 'getting ahead' when really it's so much more important to reset and take time to work on the objective.'*
- Problems in rural areas including transport, infrastructure, local support available – *'Insufficient funding, lack of supply in rural areas, quality of activities is sometimes patchy, not all age groups are well catered for, over 50's have more activities than under, not much for men, demand outstrips supply.'*
- Mental health support – *'Lack of mental health training, lack of guidance and procedures, gaps in services such as mental health.'*

'The funding of social prescribing activities will be challenging but it's about thinking outside of the box and working closely with our VSO partners who have the expertise in bid writing and obtaining grants to support such activities. Sustainability is also important and should be an integral part of social prescribing support, we have successfully put on short term social prescribing interventions funded by local VSOs that have become sustainable as the patients attending realised the benefit and are now self-funding.'

2.5 FIND RESOURCES!

How do you think these can best be tackled?

Key themes include: -

- More funding
- More joined up work, sharing costs, working together
- Working with the community and services being community led
- Increase the volunteer base – *‘Utilise secondary schools and universities so students as part of the curriculum give an hour of their time once a month/term to volunteer. Family orientated volunteering so that someone who wants to volunteer doesn't have to find a babysitter or miss time with their children, again if it is only for a short time there is more likely to be engagement and becomes ingrained in younger.’*

‘More funding for social prescribing and support with admin tasks. Funding for community development. More joined up work with CCG, Councils and social prescribers to look at needs in the area and funding (social prescribers not often involved in these meetings currently). Need services that can support people into volunteering.’

‘Build activities around what people want, what matters to them. Make it sustainable. Involve the entire community. Keep it open to everyone. Funding to start it off but give it value and a sustainability plan for going forward.’

‘Mainly by making sure that you are consistently communicating with people who are actually doing the work on the ground, both within social prescribing and within community groups, and not presuming what we might want or need.’

2.6 BUILD RELATIONSHIPS

What can NASP do to help different parts of the system at a national and local level work together better?

Key themes emerging: -

- Working together both nationally and locally - *‘At the national level - be the instrument for disseminating information and for some guidance on ways to better meet people's needs through a range of means - including digital options. Local level - support the local SPLW's to network and share information’*

‘At a local level by doing what we're doing now, engaging in whatever we can, sharing case studies with our managers. At a national level, attempting to do the same thing. Trying to

provide the time to compare statistics and demographics in areas so that we can better place our main focus for social prescribing.'

- Provide long term funding, longer contracts etc – *'The funding and awarding of longer contracts will assist prescribers to put that extra effort into the role and deliver the service required.'*
- Communication and network – *'The use of networking across the levels that organisations work is one way of doing this. Communicating and making know outcomes of these avenues of networking can be another.'*
- Have a regional, county level working – *'Centralise the head, and then radiate outwards via regional networks, i.e. South East, South Centre, South West etc. Information can be fed up and down via this structure.'*

2.7 IMPROVE THE EVIDENCE

There are plans for an independent evaluation of the roll out of social prescribing in primary care. What do you think the most important questions are for an evaluation to answer?

Key messages from any evaluation include: -

- What is working and what can be improved
- Feedback from GPs to show that it is cost effective and less appointments being made by those referred to a social prescriber/ link worker
- Client/ patient wellbeing, long term benefits,
- Community group being accessed, providing services etc
- Cost benefits across all areas

'What's going well, what isn't, how is each service working, what outcome measures are being used, what quantitative and qualitative data is there, is there any consistency in outcome measures, what difficulties does this bring, what's not going so well, why, what are the solutions.'

'How many positive outcomes for patients? How many services accessed in the community? Has there been signs of regular attenders to see the GP reduced? Ask patients involved with SP for their views?'

'Are we delivering what is important for people whether that's GP practices, young people individuals or communities? Are we seeing a change in individual and community's health and wellbeing - this may not reflect economic growth - the two do not necessarily go together in my opinion. You can be poor and happy/rich and unhappy. Are people attending SP referrals?. Is the primary sector seeing a cost benefit from SP - ROI? What's the impact on VCSE from taking SP referrals?'

'Does social prescribing reduce loneliness and isolation? Does social prescribing improve people's wellbeing? Does it have any impact on people's economic wellbeing? Does it reduce the demand on mental health services? Does it reduce demands on the social care system or increase demand as link workers refer people into the system? Do people feel that they are receiving more personalised care? Do people feel that their care is more joined up and that professionals involved in their care are more likely to be communicating? Is it easier for people to access the information and advice they need?'

2.8 IMPROVE THE EVIDENCE

What evidence do you think is still needed to persuade the following stakeholders of the benefits of social prescribing?

Commissioners would value evidence of cost savings, value for money, less GP appointments, fewer A&E attendees, evidence and statistics and case studies. *'Value for money (link workers are cheaper than GPs and can be more wide reaching within a surgery). Return on investment, i.e. fewer A&E visits or hospital admissions.'*

The general public would prefer to see case studies, real life people's stories, use media etc. to ensure that they understand what social prescribers/ link workers do and how they work and show them that a holistic approach to wellbeing works. *'Encouragement that social prescribing is a holistic approach to better wellbeing and case studies proving this.'*

Clinicians would like to see evidence of a time and cost saving for them and their departments, GP practices etc, reduction in appointments, joined up working, case studies and ensuring that they are aware of what social prescribers/ linkers do and how they work. *'Time and Cost saving for them. How it helps patients.'*

To provide evidence generally that through social prescribing there is time saving, client benefit, reduction in social isolation and/ or loneliness which can lead to resilient communities. *'How this can reduce isolation, illness within the community and improve society.'* *'All evidence both qualitative and quantitative. With specific examples from different areas across the country. Do not hold up one area as a shining example. Everywhere is different.'*

2.9 SPREAD WHAT WORKS

How do you think NASP could empower link workers better to be able to do their job?

Key themes that are coming through include: -

- Training and support – *'Pay for training and personal development'*

- Pay equity- *I think the wages should be capped as there is such a difference in wages. Our role is very much of a Adult health case worker.*
- Information and education – *‘Information and education and working with others in the same roles together.’*
- Support with networking – *‘...work with NALW to build local and national networks that meet regularly.’*
- Value the service that social prescribers/ link workers provide - *‘Just listen and support. Make them feel valued and respected.’*
- Listen to what we are saying and support and act on this

‘Listen. Be receptive. Recognise the value of the role and the difficulties within the role. Look at the job description and model. Help to ensure some consistency across services, so to enable better collection of data for evidence.’

‘By listening to the areas of the problems which the Link Workers are trying to address for their clients and matching up training sessions and support from their Managers. For example some clients are distressed, victims of crime, abuse and some are very difficult to engage in anything as they are afraid to go out and so their whole life is dictated by being indoors without access to a fresh food supply, company, a wage or physical activity.’

‘Fund clinical supervision. Pluss SP team get two hours face to face and one-hour Skype each month. Don't introduce arduous targets these are often demoralizing and not attainable adding to pressure for link workers. Sing their praises regularly offer social event so they can share best practice or just hang and chat with no agenda. Listen to what they have to say, they often know their locality needs and resource available really well and will know what the gaps are.’

2.10 SPREAD WHAT WORKS

What role do you think you could play in helping NASP deliver on its aims and objectives?

Thoughts on how to help NASP deliver its aims and objectives include: -

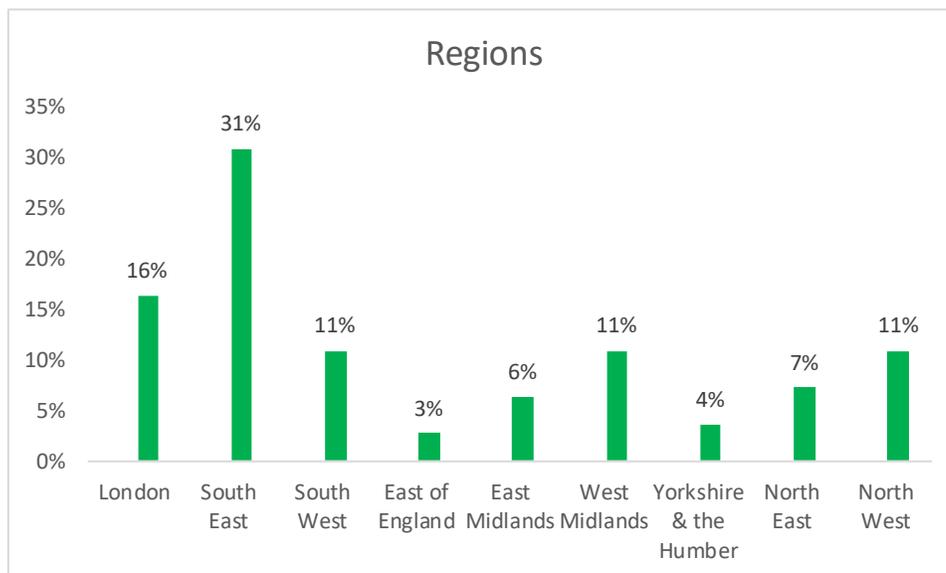
- Provide support through research and consultation – *‘Evidence based support and stories.’*
- Becoming a social prescriber/ link worker/ NASP champion – *‘support to NALW link worker champions.’*
- Sharing experiences of different models and what works – *‘Sharing experiences of our model and what has worked.’*
- Sharing best practice – *‘Sharing experiences and impacts. Sharing different ways of working.’*

‘Continuing CPD. Sharing best practice. Giving feedback. Being involved in events and workshops.’

2.11 Role and Region

Most of the respondents who completed the questionnaire were social prescribers/ link workers (62%) while 13% were Social Prescriber Managers. The remainder were made up of GPs, some commissioners, third sector employees or partners (25%).

Regionally the respondents came from all regions of England with the greatest number coming from London and the South East (47%).



3.0 Summary of Findings

The objectives are 'make some noise', 'find some money', 'relationships', 'evidence' and 'spread what works.'

The needs of social prescribers/ link workers are key to NASP being able to support them and enable them to continue what they are doing. Some key thoughts are: -

- Work with NALW as they have the contacts and understanding of the service
- Normalising social prescribing/ link workers so that everyone – patients, GPs, health and social care professionals, third sector and private sector know what it means and how important it is
- Ensure long term core funding is in place for all plus extra support for training and other key areas e.g. community engagement, spreading the word, building relationships etc

- Acknowledge that social prescribing/ link working has many different models, depending on the part of the country, how it is funded e.g. third sector or GP led, how people are referred, how many sessions they are allowed, what support or services are available for them to access and what level or tier of support they have
- Sharing best practice and understanding through networks etc
- Research and evaluation should be key to show case the importance of the service

'We need more sustainable funding, for core funding also. We also need to ensure that existing contracts will be renewed/funded with these monies rather than losing these great services and experienced staff.'

'Take us seriously. Recognise good practice. Find a useful outcome measure and tool for evaluation that can be used nationally. More money. Acknowledgement of the work involved in social prescribing, especially for lone workers.'

'We need to make social prescribing as normal a term as seeing the GP, we desperately need to educate the whole country on what social prescribing is, the support available and the aims and objectives of it. People need to understand its value and that it is available to them.'

'People who have more complex social needs need to be supported long term and this can be the first step to encouraging the engagement with other services on a longer basis. We need properly funded services to ensure a fair roll out across the country. Standard evaluation tools need to be implemented so we can all capture the same information and evaluate the service properly.'

- There is some evidence that having an accredited education path for social prescribing/ link working would be beneficial.

'...Accredit link workers with a nationally recognised qualifications whilst recognising that social prescribing is best delivered locally and is not a one size fits all profession.'

'They are already skilled as often come after a career working in the sector, this needs to be evidenced with some form of accreditation at a masters level, salary/ band above band 5 or it will lower skills and a variety of career progression and opportunities -project development etc'

'NASP could help to accredit some training programmes for social prescribers so that we can gain nationally recognised qualifications.'

'I think it would be great if the Academy be set up as the National Industry Body of Social Prescribing, and as such, it would need regulate the training and development of its workers by producing a list of accredited training providers and accredited courses deciding upon which level qualifications could start from, or taking the training in-house. As many people migrate into this profession from different occupations, I think a decent suite of postgraduate courses would be useful from Postgraduate Certificate to master's and even PhD. Also, the role of Social Prescribing

Link Worker should be written to conform to the National Occupational Standards and be listed on the NOS site.'

- There must be a clear understanding and/ or definition of the differences in terms of social prescribing and sign posting and ensure that the salary or paygrade reflects this

'Separate type of social prescribing service e.g. those offered in GP practices from other places. Distinguish between the Levels e.g. Level 3 social prescribing and other lower levels. What is the case load of different levels e.g. Level 3 social prescriber versus a sign poster at level 1 (actually shouldn't be called social prescribing really).'

'Stop the lack of offering pay scales and constantly de-professionalizing a role/service that is only as good as the staff you can recruit to it. It should be, at the very least, an NHS Band 5 job country wide. there is a problem if GP practices and voluntary sector providers are not offering this level.'

Appendix One

Aim	What might this involve?
1. Raise the profile of social prescribing - make some noise	<ul style="list-style-type: none"> • National network of social prescribing partners – citizens, community groups, organisations committed to connecting people for wellbeing • Social media campaign • Showcase how community activities improve wellbeing – events across England?
2. Develop innovative funding partnerships - find some money	<ul style="list-style-type: none"> • Broker new funding partnerships – for the VCSE sector • Invest directly in scaling up local VCSE/ community initiatives • Explore establishment of shared investment funds for scaling community activities
3. Broker relationships across all sectors	<ul style="list-style-type: none"> • Influence senior leaders across government • Develop a network of NASP Ambassadors • Create joint initiatives with national bodies
4. Shape and share the Evidence base	<ul style="list-style-type: none"> • Create easy-to-use evidence summaries • Develop a collaborative of academics to build the evidence base • Identify evidence gaps and encourage new research
5. Spread what works – share learning on social	<ul style="list-style-type: none"> • Develop an international collaborative to share learning • Create a library of resources on website – what works

Appendix Two

Final Questionnaire

On the 23rd October 2019, the Secretary of State for Health, Matt Hancock announced the launch of the National Academy for Social Prescribing (NASP).

NASP will act as a catalyst to bring together excellent work already being done across the NHS and

building on NHS England's Long Term Plan's ambition to get over 2.5 million more people benefiting from personalised care within the next 5 years.

The NASP board together with partners and people with lived experience have created five aims and have started to think about how NASP will achieve them.

NHS England and NASP need your help and would like to hear your thoughts on how to further shape what NASP might do.

NALW working with The Coalition for Collaborative Care Partnership (C4CC) would like to take this opportunity to ask members to help inform the NASP strategy.

**1. MAKE SOME NOISE! How can you and/ or the National Association of Link Workers (NALW) help to create 'the noise' to increase awareness and public demand for social prescribing?
PLEASE WRITE IN FULL**

**2. MAKE SOME NOISE! How do you think NALW can help NASP?
PLEASE WRITE IN FULL**

**3. MAKE SOME NOISE! What does a dynamic national network of social prescribing partners look like to you?
PLEASE WRITE IN FULL**

4. FIND RESOURCES! What do you think are the key challenges faced in resourcing the activities required to support people through Social Prescribing?

PLEASE WRITE IN FULL

5. FIND RESOURCES How do you think these can best be tackled?

PLEASE WRITE IN FULL

6. BUILD RELATIONSHIPS What can NASP do to help different parts of the system at a national and local level work together better?

PLEASE ANSWER IN FULL

7. IMPROVE THE EVIDENCE There are plans for an independent evaluation of the roll out of social prescribing in primary care. What do you think the most important questions are for an evaluation to answer?

PLEASE ANSWER IN FULL

8. IMPROVE THE EVIDENCE What evidence do you think is still needed to persuade the following stakeholders of the benefits of social prescribing?

PLEASE ANSWER IN FULL

Commissioners

General Public

Clinicians

Wider system

Anyone

else.....?

9. SPREAD WHAT WORKS How do you think NASP could empower link workers better to be able to do their job?

PLEASE ANSWER IN FULL

10. SPREAD WHAT WORKS What role do you think you could play in helping NASP deliver on its aims and objectives?

PLEASE ANSWER IN FULL

11. Anything else you would like to tell the NASP board to help support it's objectives? The objectives are 'make some noise', 'find some money', 'relationships', 'evidence' and 'spread what works.'

PLEASE ANSWER IN FULL

12. How would you describe your role?

PLEASE TICK ONLY ONE

Link Worker/ Social Prescriber

Social Prescriber Manager

Other (please specify):

13. What region are you based in?

PLEASE TICK ONE ONLY

- London
- South East
- South West
- East of England
- East Midlands
- West Midlands
- Yorkshire & the Humber
- North East
- North West



National Association of Link Workers
CONNECT LINK

National Association of Link Workers (NALW) is the only UK professional membership network for Link Workers increasing professionalism, reducing isolation and increasing resilience.

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