



*Social prescribing:  
what can it contribute to health & wellbeing?*

*“woven round the lives of people, where they live, responding to determinants of health, committed to social justice”*

**Dr Lynne Friedli**

Improving health & wellbeing  
through social prescribing



**Waterford, Friday 31<sup>st</sup> March 2017**

# Summary



*“Because social prescribing didn’t sit well at all with the bio-medical model of the patient. So I had to change my consultation style to enable me to open up a discussion about social prescribing and if the patient was interested.”*

- What is social prescribing?
- Evidence and Influences
- Does it work?
- Reflections

# What is social prescribing?



*I did not hear the bird sounds*

*They had left*

*I did not see the speechless clouds*

*I saw only the little white dish of my  
faith, breaking in the crater.*

*I kept saying: I've got to have something  
to hold on to.*

Anne Sexton

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# Social prescribing/Community referral



*Essentially it's about wellbeing:  
people's capacity & opportunities for health*

- Linking people with non-clinical sources of support within the community - usually via primary care
- Recognising context of people's lives and problems
- Wider range of responses to illness and distress
- Signposting/supported access

# Network of partner organisations

Health & Wellbeing

Social value

Age Friendly

Self Care

Wild swimming club

Food Train



Healthy Waterford

Primary Care

Time bank

Link workers

Community Referral Hub

Community Gardens

Walking group

Debt advice/credit union

Art Alley

Midnight football

Language and literacy

- Referral criteria
- Feedback loops
- Extended consultation



Reduce health inequalities and improve health and well-being for all.

Create an enabling society that maximises individual and community potential.

Ensure social justice, health and sustainability are at heart of policies.

Policy objectives

A.  
Give every child the best start in life.

C.  
Create fair employment and good work for all.

E.  
Create and develop healthy and sustainable places and communities.

**Best start**

**Quality work**

**Healthy places**

B.  
Enable all children, young people and adults to maximise their capabilities and have control over their lives.

D.  
Ensure healthy standard of living for all.

F.  
Strengthen the role and impact of ill health prevention.

**Income**

**Prevention**

**Education & skills**

Policy mechanisms

Equality and health equity in all policies.

# Who is it for?



*“She’d never had a proper formal education. She started going to these classes, learned about art, history, things she’d never studied before. It gave some focus to her life and perhaps it kind of stabilised her mentally ... The mental illness problems went away. She attributed it to having these educational opportunities later in life.”*

- Vulnerable and at risk groups
- People with mild to moderate depression/anxiety
- Frequent attenders (attend GP > 12 times per year)
- People with long term conditions
- General population

# Social prescribing



## Approach

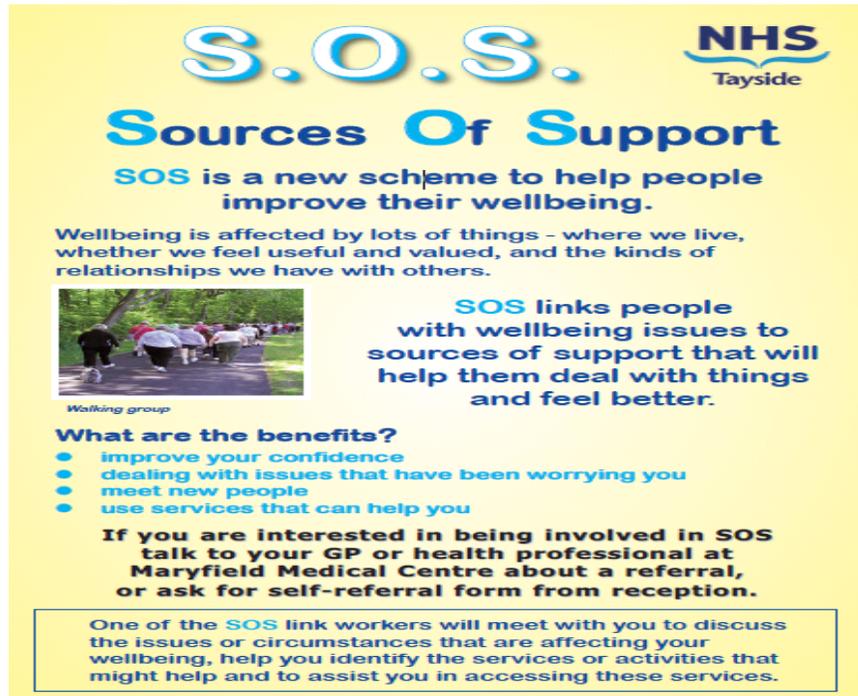
Non medical response  
Behaviour change  
Access to/use of services  
Social determinants  
Community development  
Capacity building  
Partnerships for health

## Activities

Self help groups  
Bibliotherapy  
Exercise  
Art/culture  
Green activity/ecotherapy  
Learning/education  
Volunteering  
Supported employment  
Timebanks  
Advocacy  
Welfare advice

# Dundee Sources of Support

*“When some of the most excluded and vulnerable people, with great courage, often overcoming huge barriers and obstacles, are able to participate in a walking group, go along to a relaxation or cookery class or become more aware of their rights - **the whole community benefits.**”*



**S.O.S.** NHS Tayside  
**Sources Of Support**

**SOS is a new scheme to help people improve their wellbeing.**

Wellbeing is affected by lots of things - where we live, whether we feel useful and valued, and the kinds of relationships we have with others.



**SOS links people with wellbeing issues to sources of support that will help them deal with things and feel better.**

**What are the benefits?**

- improve your confidence
- dealing with issues that have been worrying you
- meet new people
- use services that can help you

**If you are interested in being involved in SOS talk to your GP or health professional at Maryfield Medical Centre about a referral, or ask for self-referral form from reception.**

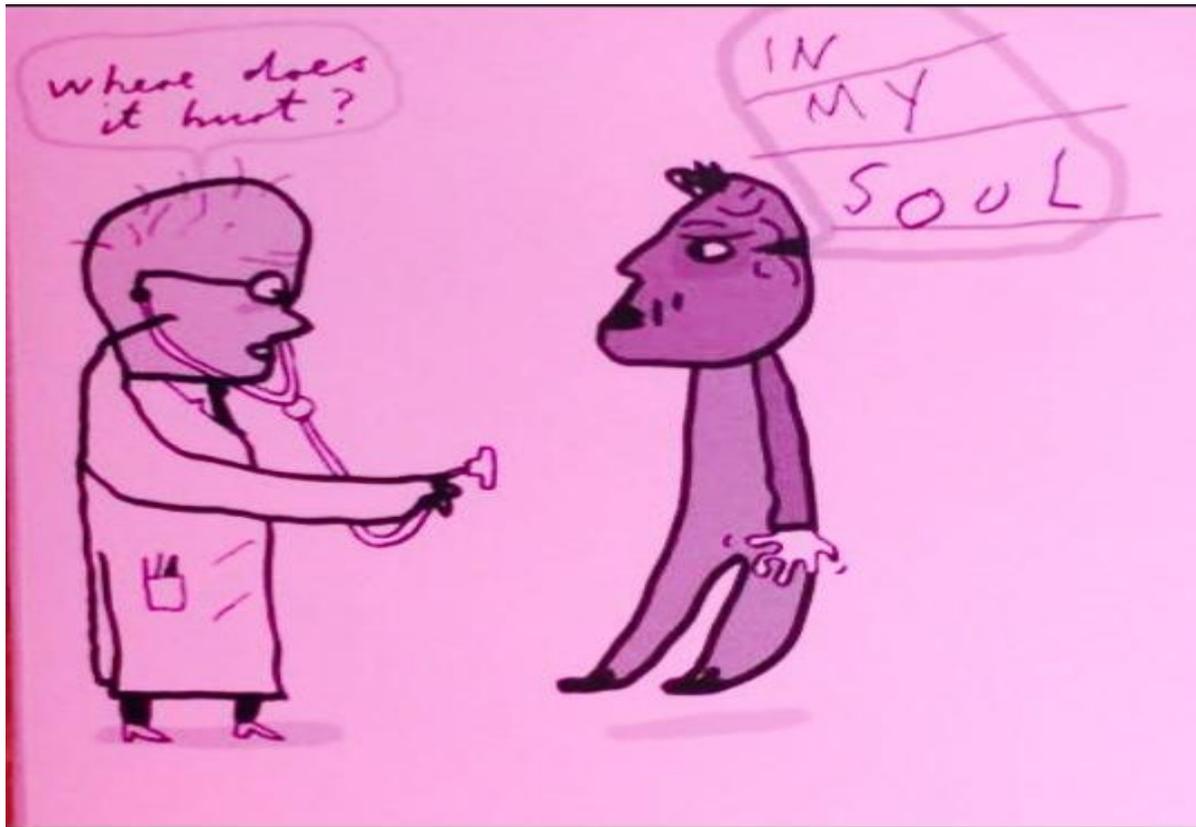
One of the SOS link workers will meet with you to discuss the issues or circumstances that are affecting your wellbeing, help you identify the services or activities that might help and to assist you in accessing these services.

- Improved wellbeing
- Met complex needs
- New partnerships, new cultures of joint working
- Built community/ VCS capacity/assets
- Tackled wider influences

# Evidence and influences

“GPs were already aware that patients had needs that were not being met in primary care & that there was ‘lots going on in Dundee’ that might help. But they faced considerable barriers to signposting patients...”

Dundee SOS



the importance of *social indicators*: someone to turn to, feeling respected, being treated fairly

# What we all need....



To be:

- Heard
- Believed
- Understood
- Respected



Picture Source: <http://sarahdrummond.wordpress.com/2010/12/13/an-assets-alliance-scotland/>

# Commission on the Social Determinants of Health



*The empowerment of individuals and communities should be at the centre of actions to reduce health inequalities.*

Marmot Review

- material requisites
- psycho-social (control over lives)
- political voice (participation in decision making)

Status ↔ Control ↔ Relatedness



# Deepening the relationships...

*'too often the price of receiving support is exclusion from the life of citizenship'*

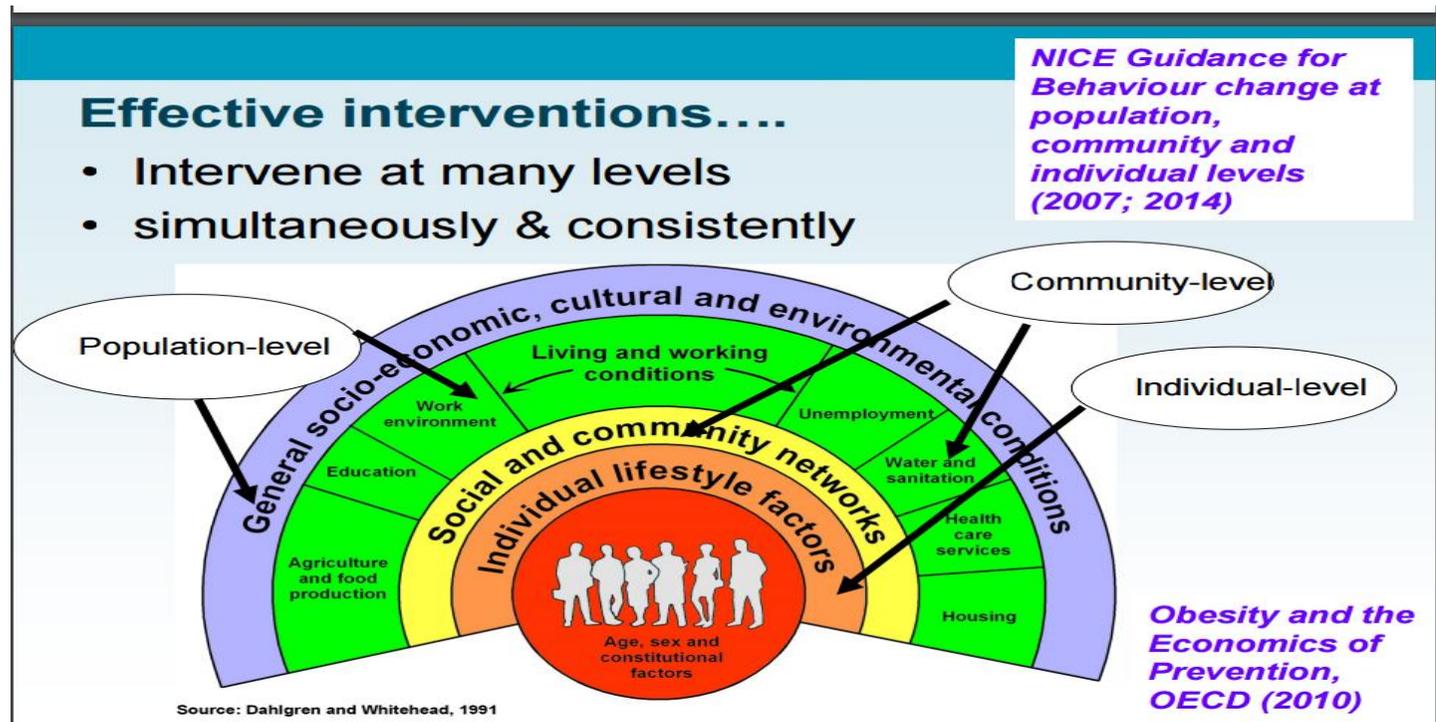
Simon Duffy

- within communities
- between communities
- between professionals and communities



# Does social prescribing work?

‘It’s better to be roughly right than precisely wrong’



Source: Susan Michie UCL Behaviour change beyond nudge



# Social prescribing: potential outcomes

- Mental wellbeing (e.g. WEMWBS)
- Reduced GP referrals
- Frequent attendance
- Unplanned admissions
- Uptake of health promoting activities
- Social contact
- Self-care
- Quality of life
- Social inclusion
- Use of A&E
- Health inequalities
- Wider determinants
- Patient satisfaction
- Increased income

# Benefits of Social Prescribing: GP Perspectives



*We can't cure people because a lot of their ills aren't illnesses: they are dis-ease rather than disease."*

GP interviews

- Managing Complex Consultations  
(GP “Heartsink”)
- Quick Response Time
- Support for the Patient whilst waiting
- Reduced frequent attendance
- Hope

*Dr Frank Weber, Maryfield Practice, Dundee*

# Building community capacity

*Economic modelling supports the conviction that when community engagement is done well, it can be extremely good value for money.*

NICE 2009

Supporting individuals

Involving communities

Local economy  
Neighbourhood resources

Supporting community initiatives

Community empowerment

*Means that communities:*

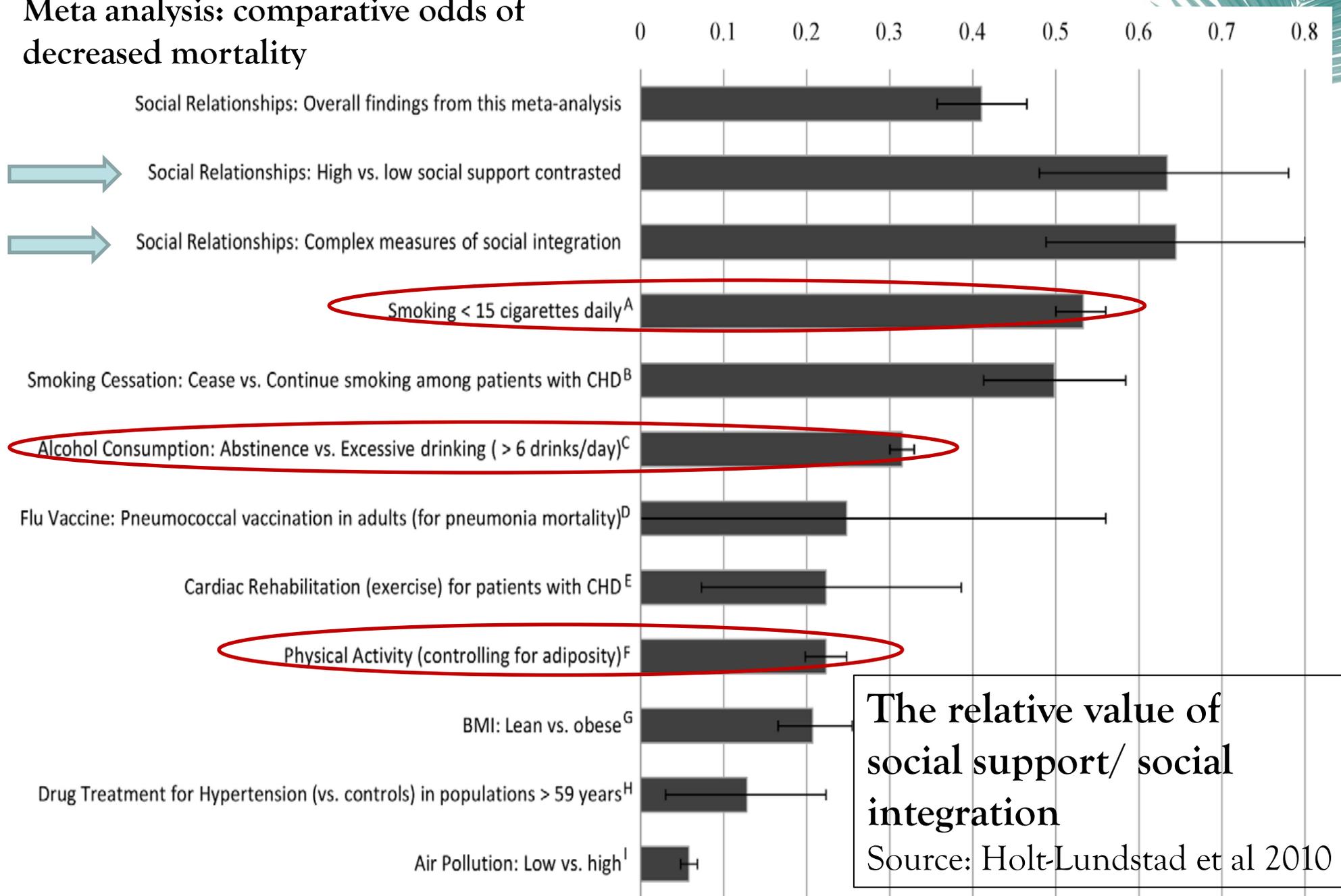
- Take control
- Define issues
- Leverage resources
- Negotiate with services

Adapted from: Stuteley and Parrish (2010) *The Emergence of the HELP Fieldwork*

Social prescribing in Waterford  
Method [www.healthempowermentgroup.org.uk](http://www.healthempowermentgroup.org.uk)

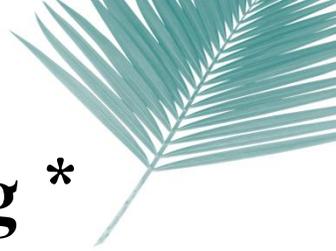
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# Meta analysis: comparative odds of decreased mortality



The relative value of social support/ social integration  
Source: Holt-Lundstad et al 2010

# Social Epigenesis: biological embedding \*



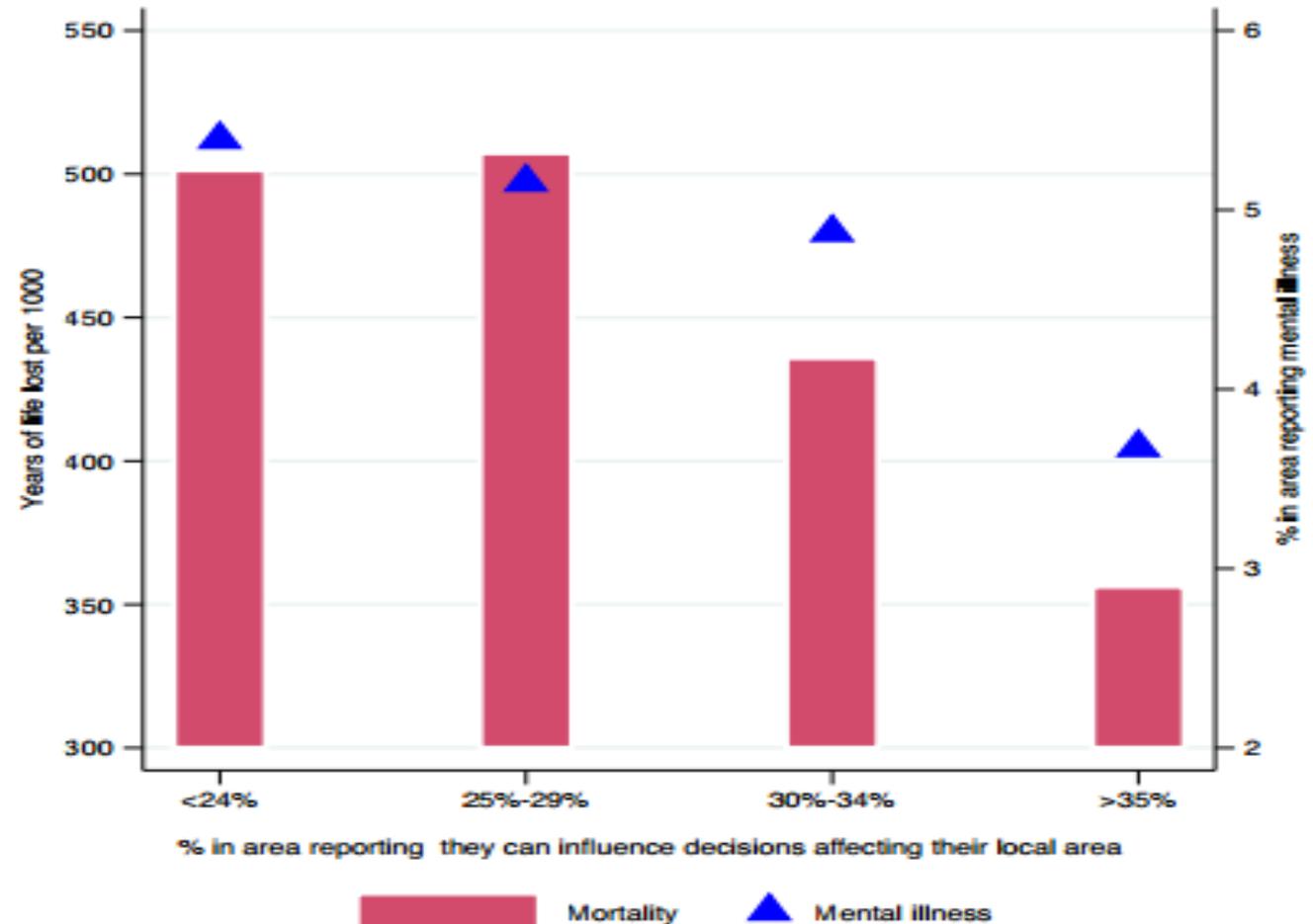
*“The most effective interventions will require a deeper understanding of how common social risks “get under the skin” to affect human biology and influence the causal pathways to disease”*

\* Clyde Hertzman 2012

## Figure 24: Average levels of mortality and mental illness split amongst four graded groups of deprived local authority areas

Graph shows that health is better in poor areas where people have more control.

*'evidence presented supports the conclusion of the Marmot Review that empowerment of individuals and communities should be at the centre of actions to reduce health inequalities.'* *Due North (2014) p.61*



*Multi-  
morbidity*

## Written on the body...

*Somatised  
pain*

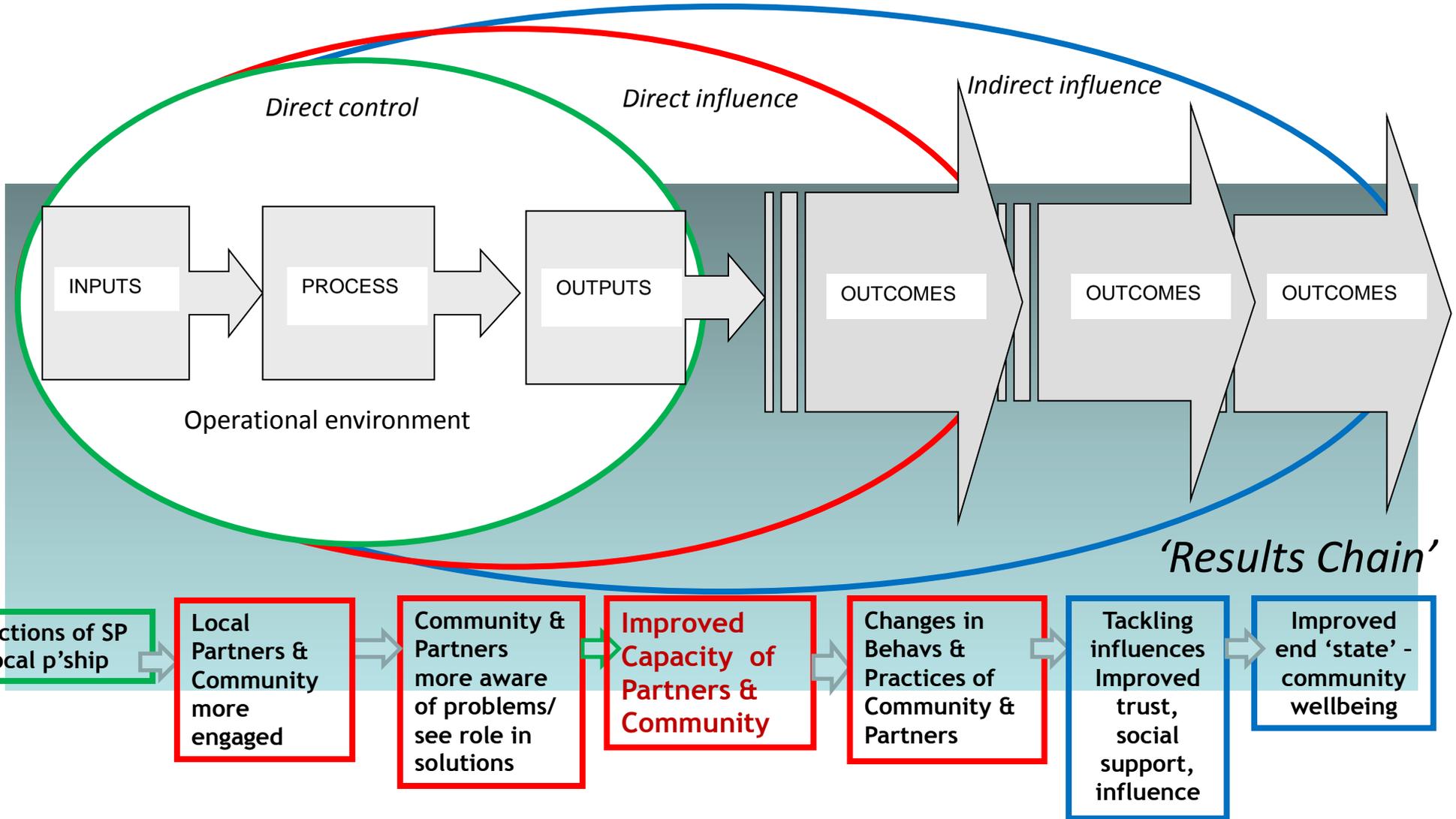
- neuro-endocrine, cardiovascular & immune systems,
- mortality rates, life expectancy & healthy life expectancy
- experience of chronic disease/long term conditions

*Social  
complexity*

*Frequent  
attendance*

*Medically  
unexplained  
symptoms*

# Dundee Evaluation: contribution analysis



WORK MUST PAY  
end JobBridge



YOUTH  
GUARANTEE  
=  
GUARANTEED  
PRECARITY

PRECARIOUS  
WORK  
=  
zero hours contract  
no sick pay  
no security



Disabled People  
Against Cuts  
DPAC

HEARING VOICES NETWORK  
www.hearing-voices.org



So many times will you be killed  
so many will you revive  
so many years will you spend  
despairing.

And at that moment of shipwreck  
and of darkness  
***someone will rescue you  
to go on singing.***

Singing in the sun  
like the Cicada....

<https://www.youtube.com/watch?v=wv - kUkP998>



*That's it folks!*

*“How do you shift money from services to life?”*

PFG Doncaster