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Social prescribing: what's strong and what's wrong

Lessons from the Wirral

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Social prescribing: what's strong and what's wrong – lessons from the Wirral

Key takeaways

1. Social prescribing of people to community-based activities that strengthen their wellbeing creates an opportunity to address both health inequalities and collaborative relationships.
2. This opportunity will be missed without an asset-based ecosystem of social prescribing that:
   - reinforces 'what's strong': local assets that enable communities to feel well.
   - transforms 'what's wrong': unequal relationships between local authorities, NHS and voluntary, community, faith, and social enterprise organisations.
3. Key elements of an asset-based ecosystem include:
   - continuous building of relationships of mutual understanding, trust, and support;
   - safe spaces for incubating and sustaining grassroots innovations;
   - inclusive and equal decision-making forums;
   - joint inquiry and learning driven by community assets and needs.
4. These lessons are based on the case of the Wirral, which has a burgeoning social prescribing provision grounded in a well-established asset-based approach, but faces structural issues with collaborative relationships.
5. Creating asset-based ecosystems for social prescribing across the UK is a way to realise policy aims for a social model of wellbeing that enables more equal and sustainable health and social care.

1. Social prescribing and asset-based working

Social prescribing is a way to address the wider determinants of health by referring people to social, cultural, environmental, or economic community-based activities that help to address medical and non-medical issues. While there are a wide range of approaches, key elements are a prescription by GPs or other health care professionals to a 'link worker' or other public service professional, who co-designs a personalised care pathway based on a 'what matters' conversation and knowledge of local assets (NHS England, 2019).

Social prescribing is widely promoted as a pathway to move away from a *medical model* – focused on individual health determinants, individual responsibility, medicine, and service-driven care – that is both clinically and financially unsustainable on the long term.

In light of growing concern over the affordability of an over-pressured NHS and our reliance on medicine more generally, the ambition is to move towards a *social model of wellbeing* – focused on the wider determinants of health, place-based working, preventative practice, patient-centred care, increased service integration, and service delivery by Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, in partnership with the public sector.

In the context of policies such as *The NHS Long Term Plan 2019* and the *Health and Social Care Acts* 2012 and 2022, social prescribing offers a unique opportunity to reduce post-pandemic health inequalities within and across communities, while transforming relationships between public health bodies and VCFSE organisations

towards genuine co-production of community wellbeing.

The purpose of this policy briefing is to clarify how creating an asset-based ecosystem can enable all those involved to realise this transformative opportunity. Asset-based working has recently gained popularity across the UK (LGA, 2020). Deriving from Asset-Based Community Development (ABCD), its defining characteristic is to focus on 'what's strong' (assets[1]) rather than 'what's wrong' (deficits) to create well-connected communities and mobilise them to address structural inequalities (Kretzmann & McKnight, 1993).

There is evidence that an asset-based approach to social prescribing has unparalleled potential to enhance access to what communities need for wellbeing and address structural issues that limit the extent to which it is effective and co-produced (Dayson, 2017). Illustrated by a case study of the Wirral, this policy briefing shows the value of developing an asset-based ecosystem in focusing on 'what's strong' and the ongoing challenge to transform 'what's wrong'.

2. An asset-based ecosystem for social prescribing

Social prescribing faces a myriad of structural issues. Historically, place-based partnerships and community engagement in health and wellbeing struggle to translate ambitious targets into meaningful relationships and measurable impacts (Cropper et al., 2007). Despite ambitious plans for cross-sector collaboration, a recent study by the Nuffield Trust identified that Integrated Care Reforms "have so far been insufficient in substantially addressing the culture, norms, systems and processes needed to support integrated ways of working and fundamentally change the way services operate" (Buckingham et al., 2023, p. 1). There have been calls for a rethink of how the VCFSE sector operates in the context of integrated care (Swift and Burbidge, 2022). The perpetuation of these structural issues in the context of social prescribing is perhaps unsurprising. The *Care Act 2014* limits co-production to citizen voice to influence delivery, design, and commissioning, rather than ongoing collaboration that facilitates a range of different roles for communities to distribute power more equally and inclusively (Loeffler, 2021).

Creating an asset-based ecosystem can help overcome current limitations in addressing these structural issues. The main driver of this ecosystem would be the principle that all decisions, support structures, and relationships are *community-driven* rather than institution-led; i.e. "based on the principle that communities have a wealth of knowledge, skills and assets which mean they are well placed to identify and respond to any challenges that they face, and to thrive" (Pollard et al., 2021: 116). While there is a risk of adding to communities' burden of responsibility in a time of unprecedented wellbeing challenges, there is also a risk of adding to feelings of marginalisation when not listening to and collaborating with communities.

The key elements of an asset-based ecosystem are:

1. Continuous building of relationships of mutual understanding, trust, and support between stakeholders. Structural issues can only be addressed if stakeholders have relationships that allow them to

[1] An asset is understood to include anything that can support the wellbeing of individuals and communities, such as talented individuals, personal relationships, social networks, community groups and organisations, buildings and green spaces.

challenge each other to learn and change.
2. Safe spaces to incubate and sustain grassroots innovations through resource sharing, mutual support, and experimentation. Supportive funding and frameworks will allow innovations to develop away from the demands of competitive and hierarchical pressures.
3. Decision-making forums that include diverse VCFSE organisations as 'legitimate stakeholders', facilitators of community-driven action and change and representatives of local communities. Inclusive and equal co-production increases joint capacities for developing innovative ways to address structural inequalities.
4. Joint inquiry and learning about how to develop a 'shared practice' driven by community assets and needs. Critically examining diverse views and experiences builds abilities to adapt and change in the face of emerging challenges.

Creating such an ecosystem across multiple forums and spaces could support social prescribing to become an economically sustainable and collectively supported alternative to an overly individualised approach to health and wellbeing, which is inadequate for addressing alarming levels of inequality and sustaining genuine community-driven co-production of wellbeing.

3. Social prescribing in the Wirral

These lessons are based on the case of social prescribing in the Wirral, a borough in Liverpool City Region including some of the most deprived and most prosperous wards in the UK, with a shocking difference in life expectancy between these wards of up to 20 years. Similar to other places in the UK, it faces serious local authority budget constraints, pressures on NHS services, and a need to better join up services. In this context, social prescribing to community-based initiatives can help to address issues such as a long waiting lists for child and adolescent mental health services (currently standing at around 40 weeks), but also risks being a mere sticking plaster on poor service provision and unequal outcomes.

As reflected by the Healthy Wirral plan (2018), social prescribing is at the heart of place-based collaboration on the Wirral. There are multiple providers socially prescribing people to a burgeoning network of community-based initiatives that support the wellbeing of local people and places. These include Make It Happen Birkenhead (which hosts a community hub and retail shop), Rites for Girls (which supports adolescent girls), and Grow Wellbeing (which organises nature-based activities such as outdoor play and community gardening). The various schemes that socially prescribe people illustrate the diverse approaches available:

- Connect Us (Involve Northwest): Community Connectors facilitate 'positive wellbeing interventions' that support people in developing their potential to achieve their aspirations.
- Wirral Social Prescribing Scheme (Citizens Advice Bureau): Link Workers support people to improve their wellbeing, including social isolation, employment, housing or long term health conditions.
- Care Navigators (Child and Adolescent Mental Health Service): a single point of contact for children, young people, and their families to address mental health and wellbeing issues.

What ties this diverse social prescribing provision together is their origins in an asset-based foundation. In 2014, Wirral Council, Wirral Clinical Commissioning Group (CCG), and Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

supported the development of an ABCD Network. Leading ABCD consultancy Nurture Development was commissioned to help rebuild collaborative relationships and enable asset-based change in disempowered communities. While this contract ended after a few years, health and wellbeing provision across the Wirral continues to be shaped by a commitment to focus on what's strong, co-producing person-centred care, and connecting with others, community and environment around local assets that enable people to feel well.

Monthly *Community of Practice* meetings cultivate mutual understanding, trust, and support around community assets. Participation is voluntary but averages 30-50 representatives from VCFSE, health, and public service organisations, with membership continuing to develop and grow. Meetings have an informal structure, with a facilitator but no minutes, and focus on showcasing each organisation's work and how it links to others. The continued appeal and impact of the *Community of Practice* is threefold:

- Promoting reciprocal rather than transactional relationships by moving the focus from each partner's individual agenda to a joint focus on local assets and needs. For instance, it helps specialist services to understand what activities individuals can access in the community, and recognise that all sectors have something to offer.
- Helping organisations which are part of the large and diverse VCFSE sector to feel connected.
- Addressing the tendency for procurement processes to create competition between organisations by building trust in the value and capacities of the VCFSE sector.

The *Community of Practice* is a vital forum in light of structural issues in the relationships between the VCFSE sector, Wirral Council and NHS, including commissioning, transparency, and power. There is a continued tendency for Primary Care Networks to take an instrumental approach to community-based organisations. It is all too common for preventive healthcare to shift its focus from community advocacy to outcomes-measures suiting funder's priorities. This is partly inherent to the term social prescribing, which reinforces assumptions of medical power and not community control. Another challenge is that the amount of work and time involved in making funding applications favours large organisations over small organisations. The *Community of Practice* helps to highlight processes that create distrust and cultivate an environment of reciprocal relationships.

However, the potential of the *Community of Practice* to overcome small-p politics and engrained power inequalities is limited. The focus is on talking and sharing and not joint learning, advocacy, or action. Decisions are made elsewhere and there is a plethora of other forums, all with different remits and geographical coverage, where the VCFSE sector has little representation or influence. Infrastructure organisations could play a key role in addressing this, but currently do not have a position or resources that would enable them to do so.

The strategic value and benefits of social prescribing are widely recognised across these forums. But holistic approaches to wellbeing and community-driven change tend to dissipate in the face of silo-working, pre-determined policy priorities, performance and evidence expectations, and complex partnership schemes. The Health and Wellbeing Board, Wirral Place Partnership Board, Senior Leader Network of VCFSE organisations, Community, Voluntary and Faith Sector Forum, Wirral Sustainability Board, and CWP Primary Care Network Forum have all recognised

the need to become more inclusive and holistic. While welcome steps are being taken for greater inclusion of a wider diversity of VCFSE organisations, there continues to be a lack of strategic engagement with these organisations and doubts about whether these forums are recognised as legitimate.

This leaves many of the VCFSE organisations on which social prescribing depends under constant pressure to secure project funding while lacking sufficient time or capacity for networking and crafting funding applications. The research conducted for this briefing suggests VCFSE organisations feel overwhelmed with 'scattergun' emails and information coming from the plethora of forums and frustrated with the lack of structural support materialising from these. This precarious situation risks turning social prescribing into a sticking plaster for austerity reforms rather than a vehicle for place-based collaboration.

There have been some developments in the direction of creating an asset-based ecosystem. In 2021, the Wirral Health and Wellbeing Board (HWB) commissioned community broker Community Voice to help establish and facilitate a VCFSE Sector Reference Group. The Reference Group was to advise and inform the HWB from the position and knowledge of the VCFSE sector on the design of integrative systems with the main aim of reducing health and wellbeing inequalities. It has grown to include well known, connected, and respected representatives from across the sector and supported several community-driven initiatives and proposals. However, it has been developed on a voluntary basis, has no resource, and is not yet formally constituted. Its proposals have so far been positively received but not supported with either commitment or resource.

An important step towards creating an asset-based ecosystem on the Wirral would be positioning the Reference Group as a central intermediary. Another would be co-producing a Green Space Infrastructure (one of the proposals supported by the Reference Group) that would support small community-based organisations to develop green social prescribing activities and secure land ownership.

4. Conclusion

The case of the Wirral showcases that an asset-based foundation for social prescribing can cultivate relationships of mutual understanding, trust, and support for sustaining 'what's strong': a rich texture of local assets for community wellbeing. Its *Community of Practice* nurtures a continued focus on community assets across VCFSE, health, and public service organisations. Yet, it also reveals that the sustainability of social prescribing can be threatened by the lingering of 'what's wrong': structural issues with collaborative relationships. Structural inequalities in participation, influence, and funding support make it difficult to sustain the very initiatives on which social prescribing depends.

Creating an asset-based ecosystem extends a strong relational foundation with safe spaces for grassroots innovation, inclusive and equal decision-making forums, and learning how to work and change together in a community-driven way. For social prescribing to transform health inequalities, public health bodies need to recognise the importance of empowering VCSFE organisations and integrating them into policy-making, rather than seeing them as dispersed service providers who are, at best, consulted on the design of new health and social care systems. This is not easy to do. It asks for a community of practice that facilitates public health bodies and VCFSE organisations in learning and changing

together around how to develop and sustain such a social model of wellbeing.

More sustainable and equitable health and social care are of strategic importance to regional and national government agendas. It is at these levels that priorities and budgets for health and social care and levelling up are set and ambitions for a social model of wellbeing have been articulated. Regional and national policy-makers need to be engaged in co-producing the conditions and resources needed to enable social prescribing to realise the wellbeing model and outcomes they aspire. There could not be a better and more pressing time to work out together how we can create asset-based ecosystems for social prescribing across the country.

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