Written evidence submitted by The Life Rooms (PHS0332)

The committee should consider the implementation of Social Models of Health, such as The Life Rooms model (https://www.liferooms.org/), across sectors and the impact they have on the populations they serve. It is widely recognised that social factors such as housing, education, employment, and social connection have a significant impact on health and wellbeing. A Social Model of Health offers a holistic definition of health, that moves beyond the limitations and reductionism associated with the solely medical model of health. Social models embrace all aspects of human experience, placing health fully in the dynamic interplay of social structures and landscapes. This approach offers opportunities to address aforementioned factors and prevent further deterioration in health. They promote the role of the wider system, not just clinical services, allowing people to access relevant support and promoting a life outside of services, ultimately reducing the need for clinical intervention further down the line. The NHS should play an anchor role in exploration of this preventative approach to ensure that the NHS creates services that meet people where they are, rather than wait for them to descend into crisis.

NHS services are overburdened and are facing increasing pressure. Populations are living longer and often with complex health needs. The most common reasons for referral into The Life Rooms in the last 6 months were: mental wellbeing support (29%), financial support (26%), housing support (16%) and social isolation (13%).

This is particularly timely for the committee to consider in response to the Covid 19 pandemic, which 'disproportionately impacted upon those already facing hardship and exacerbated the existing trends and challenges around inequalities.'[1] Additionally, the cost-of-living crisis has further perpetuated the health gap as we see visibly rising levels of food insecurity and fuel poverty within our services. Data analysis provides evidence of a rise in social prescriptions being made to Food Banks, fuel poverty organisations and benefit support. The rising cost of living risks many being unable to afford essentials to maintain their health and brings increased stress and anxiety to families.

The Life Rooms data set demonstrates an increase in the amount of people who are presenting with mental health concerns, including suicidal ideation and self harm. Further thematic analysis highlights the majority of these disclosures can be attributed to the following themes: financial insecurity, housing insecurities and bereavement.

Current research on the impact of a Social Model of Health and in particular, social prescribing reinforces the benefits of this approach to address the social determinants of health, allowing people to access support for the social and environmental conditions in which they live, work and age that shape and drive their health outcomes. The committee can build on existing research which demonstrates the benefits of this approach acknowledging that 'health and wellbeing is determined mostly by a range of social, economic and environmental factors' and that 'social prescribing aims to support individuals to take greater control of their own health.'[2]
Current research also points to the idea that those experiencing disconnection, as a result of their social circumstances 'tend to be frequent primary care attenders and may use this care as a source of much-needed social connection.[3] The research, in sum, concludes that there is increasing requirement to 'address the complex interplay between people's health and their social worlds.'[4]

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[1] One Liverpool, 2020
[2] Ewbank, 2020
[3] Cruwys et al, 2018
[4] Wakefield et al, 2022

This area would benefit from scrutiny in that we are seeing increased demand on an already overburdened NHS system, which is exacerbating health inequalities in the most deprived and vulnerable communities. This is leading to an increase in the utilisation of primary and secondary care services, and this increased pressure on clinical services is acutely apparent. Our current research suggests that the implementation of a social model within a clinical setting, wherein clinicians can refer directly to a social prescriber who will support a patient with their practical issues, has reduced the amount of time that a clinician spends meeting social needs of patients by 71%. This implementation therefore frees up the time of a clinician, allowing them to support patients with medical needs, whilst social prescribers respond more appropriately to social needs. This time saving should support clinicians in reducing waiting times, enhancing patient experience, and ultimately, improve health.

The social determinants of health have a marked impact on the health and wellbeing of communities and the wider population. Without action to address these social factors, which can be influenced at policy and governmental level, the health equity gap will continue to widen.

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