

Submission to Health and Social Care Committee inquiry into prevention

February 2023

1. About Ways to Wellness

- 1.1 Ways to Wellness was set up to deliver social prescribing for people living with long-term health conditions in the West of Newcastle upon Tyne. We aim to improve the health and wellbeing of approximately 10,000 people living with long term health conditions, and to reduce NHS costs related to those people's care.
- 1.2 Our approach has been successful. Analysis of our first five years showed that 86% of clients improved their wellbeing¹, and we achieved 27% lower secondary care costs per patient².
- 1.3 Today we deliver multiple projects, and bring people together to tackle health inequalities across the North East and North Cumbria. We are committed to developing and testing new ways of tackling health inequalities, and sharing our learning so everyone can benefit.

2. What is social prescribing?

- 2.1 Social prescribing is a means of enabling frontline healthcare professionals to refer patients to a link worker. The link worker supports the patient to set goals and design their own personalised solutions. Social prescribing empowers people with social, emotional or practical needs to find solutions which will improve their health and wellbeing, often using and participating in services provided by the voluntary, community and social enterprise (VCSE) sector.
- 2.2 In the 2019 NHS Long Term Plan, a countrywide programme of social prescribing was introduced, with the ambition of 900,000 referrals by 2023-24.

3. Issues that the committee should explore

- 3.1 As outlined above, the NHS is already investing significantly in the expansion of social prescribing in primary care. However, the potential value of non-medical engagement with people is still not being fully exploited.
- 3.2 Given significant investment in social prescribing, the Health and Social Care Committee should consider it as part of its Prevention inquiry, in particular:
 - The importance of understanding what does and doesn't work in social prescribing
 - Whether social prescribing can have an impact in other parts of the health system, and with targeted cohorts
 - The value of community based initiatives in prevention.

4. Understanding what does and doesn't work in social prescribing

- 4.1 It is widely recognised that the evidence base for social prescribing is still developing.
- 4.2 We are playing an important part in developing this evidence base, through robust data collection, sharing learning and supporting academic research. But our model does not match

¹ Analysis of 2,888 clients who engaged on the service and were subsequently discharged in the first five years.

² Measured by comparing the average hospital cost per person for the Ways to Wellness cohort with a matched group of patients that did not have access to the Ways to Wellness service. Across the full eligible Ways to Wellness cohort (14,652 patients) this equates to an annual secondary care cost reduction of £1.56M in 2019/20.

the approach taken by the NHS, or many other programmes, so it is important we continue learning about what works.

- 4.3 Some steps are being taken to build the evidence base (e.g. the Professional Record Standards Body developing a 'minimum data set' for social prescribing). But there is more to be done to maximise benefits to patients and the NHS. And the evidence base is weaker in other emerging areas, such as social prescribing for children and young people.
- 4.4 We encourage the Committee to consider this further, including adding value to existing research and evidence, such as with targeted cohorts.

5. The potential for social prescribing in different parts of the NHS, and with targeted cohorts

- 5.1 Existing social prescribing work is predominantly focused on primary care. There are some examples of secondary care interventions. For example, a Ways to Wellness pilot is working with children with neurodisabilities and their families, in partnership with the Great North Children's Hospital. We are exploring the potential for social prescribing link workers to work with families (rather than individuals) and creating links between the hospital and local communities.
- 5.2 We encourage the Committee to consider the potential for social prescribing to benefit parts of the NHS beyond primary care, and how Government policies can support this.

6. The Value of Community-based Initiatives

- 6.1 Social prescribing can only be effective where there is a thriving voluntary sector. Activities and services in the communities where people live are cost-effective, locally responsive, and easier for those in greatest need to access.
- 6.2 We encourage the Committee to consider how community-based initiatives (including social prescribing services and delivering the groups to which patients can be signposted) can be more effectively harnessed and supported.