

A new framework for social prescribing for AHPs

Social prescribing, sometimes referred to as community referral, is a means of enabling people to be referred to a range of local, non-medical services.

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support people to take greater control of their own health.

Social prescribing can meet a wide range of needs, with many schemes aiming to improve mental health and physical wellbeing. It can be used to support adults, young people and children as well as people with learning disabilities or mental health problems. It can take place in primary and secondary care. Social prescribing can also help to address social issues such as debt, unemployment, gambling and loneliness.

Social prescribing and community-based support is part of the NHS Long-Term Plan's commitment to make personalised careⁱ business as usual across the health and care system in England. The NHS Long Term Planⁱⁱ published in January 2019 has a commitment to personalised care and increasing access to social prescribing for the whole population.

This approach to holistic care is not new to allied health professionals who frequently have conversations and provide support related to the wider factors influencing the health of the people they work with.

To illustrate the way AHPs already support this agenda and to provide a framework to support them to do more; a new social prescribing framework for AHPsⁱⁱⁱ has been developed by the Royal Society for Public Health, Public Health England, NHS Improvement and NHS England along with AHP professional bodies and voluntary sector partners.

The framework is divided into 4 sections to reflect the varying intensity of AHP interventions, these include:

Active signposting - a light-touch approach where staff provide information and choice to signpost people to services, using local knowledge and resource directories. This works best for clients who are confident and skilled enough to find their own way to services after a brief conversation.

Referral to a link worker - In cases where a person needs more support than active signposting can provide, it may be appropriate to refer them to non-medical link workers who can provide more time to understand what matters to the individual and connect them to relevant community groups and other agencies for practical and emotional support.

Undertaking social prescribing - AHPs are likely to undertake social prescribing themselves when they are already providing long-term intensive support to a person as part of their job role. It will involve supporting people to work out which local groups and services would be beneficial to them and helping them to access them in a variety of ways. You may need to work through multiple options with a client and accompany them on first visits. Some AHPs are likely to do this than others because of the nature of their role.

Supporting the development of social prescribing - for example by providing community groups and services and providing guidance, supervision and training to link workers.

Over 2500 AHPs engaged with the development of this framework by completing a survey, joining a twitter chat, providing feedback on early drafts and submitting case studies. This shows the enthusiasm for this agenda amongst the professions. We hope the framework will support all AHPs to articulate their current role in social prescribing and consider how they could do more.

ⁱ <https://www.england.nhs.uk/personalisedcare/>

ⁱⁱ <https://www.england.nhs.uk/long-term-plan/>

ⁱⁱⁱ <https://www.rsph.org.uk/our-work/resources/ahp-social-prescribing-frameworks/ahps-promoting-growing-and-developing-social-prescribing.html>