

Social Prescribing: Collaboration Amidst A Crisis:

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Introduction

In this paper we explore how nurses and nurse education can promote social prescribing even when a country is in crisis.

Since 2016, social prescribing has been accepted as an innovative, non-medical approach to supporting citizens and communities. The newly launched National Academy for Social Prescribing (NASP 2020) defines social prescribing as a process that *“Supports people, via social prescribing link workers, to make community connections and discover new opportunities, building on individual strengths and preferences, to improve health and wellbeing”*. Social prescribing connects people to community groups and statutory services for practical and emotional support.

There are a number of social prescribing models, and according to Kimberlee (2015) these range from: ‘lite’ which involves ‘signposting’ to a community asset; ‘medium’, which necessitates a conversation between a beneficiary (client) and practitioners to refer to a non-clinical intervention, or ‘holistic’ which involves a wellbeing conversation between a link worker and client to ensure a person centred referral to a community asset. Community asset is often denoted as anything that can be used to improve the quality of community life.

Typical social prescribing interventions include nature-based solutions such as structured therapeutic horticulture, yoga or arts on prescriptions and other community-based groups such as ‘knit & natter’. All social prescribing interventions are services that are provided by the voluntary, community and social enterprise sector (VCSE).

The ‘holistic’ social prescribing model promotes personalized care approaches as it considers the individual and uses salutogenic approaches that focus on the wellbeing and not just the ill-health of an individual (Antonovsky 1979). Thus, social prescribing places a value on *what matters to people, as opposed to what is the matter with them*, which reflects the key aspirations of the National Health Service Executive (NHSE) personalised care model (DH 2019).

The move to consider the needs of the person rather than the needs of the service has been heralded as an effective way to empower people to self-care and self-manage. According to Howarth & Donovan (2019), health and wellbeing of patients have been promoted by non-medical nurse prescribers through the auspices of community referral. Moreover, the Royal College of Nursing (RCN) argue that health promotion that embeds the wider social determinants of health should be central to our practice, ensuring that we promote self-care to those in most need. Asset based community approaches are one way in which we can work with communities to support the community to improve mental and physical wellbeing and provide added value to a salutogenic model for nursing.

Current challenges arising from the Covid-19 pandemic has led to a proliferation of socially distanced people in the community, with central government lockdown strategies shielding those most at risk.

Arguably, Covid-19 presents a significant health risk, but potentially an even greater societal risk through the isolation that lockdown brings. At the University of Salford, our history of working with asset-based community development approaches provides us with some headway in this maelstrom of the Covid-19 crisis, and in doing so, may shed some light on how we can educate our nurses of the future when promoting social prescribing, even at a time of national crisis. For example, prior to the Covid-19 pandemic, the University piloted an innovative VCSE learning experience with a group of second year undergraduate student nurses.

The learning experience provided students with an opportunity to engage with the VCSE sector to learn how personalised care and health promotion is provided through social prescribing, with an outline of the structured learning experience summarized in Box 1. Prior to attending the experience, students completed an e-learning session linked to the All Our Health e-learning framework developed by Public Health England that calls to action all health and care professionals to embed prevention within their day to day practice, thus preventing illness, protecting health and promoting wellbeing: <https://www.e-lfh.org.uk/programmes/all-our-health/>. These e-learning sessions cover diverse topic areas such as: adult obesity, antimicrobial resistance, best start in life, cardiovascular disease, homelessness, physical activity, workplace health, child oral health, childhood obesity, alcohol, mental health and wellbeing, and social prescribing.

The three-week practice learning experience is situated within a six week placement block with weeks one, two and six, students experiencing learning from within the traditional healthcare organisation (NHS hub placement) and weeks three, four and five, students engage with the social prescribing experience from within three VCSE sector organisations in Salford: Inspiring Communities Together (ICT); START in Salford; and Social Adventures.

Box 1 Structure of the social prescribing learning experience

Week	Activity & Learning Outcomes
University induction:	Student finds out about the VCSE organisation purpose, function, approach.
Pre-visit	Student meets with the organisation to determine travel, start times clothing attire and other essential information needed.
Week 1-2	Student starts on NHS 'hub' placement, discusses the project at initial interview with the practice supervisor, and explores what health promotion focused learning opportunities they want to focus on.
Week 3-5	Student attends VCSE Social Prescribing practice placement, gaining an understanding about the work they do, how they support clients and how they can engage with clients to develop this. Activities that students take part in may vary across organisations, depending on organisational client group, philosophy and current projects. General learning outcomes that the student will need to achieve are: <ul style="list-style-type: none"> • Identify and discuss the needs and strengths of the client population in the third sector • Evaluate any existing social prescribing connections between the NHS hub placement and third sector using Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis

	<ul style="list-style-type: none"> • Apply concepts and principles from the All Our Health framework and analyse how community-centred approaches may benefit the current patient/client population within the third sector • Effectively communicate findings considering appropriate and creative methods of dissemination for both client/public/patient (non-health and social care specialist) and practice audiences (specialist)
Week 6	The student will return to the NHS hub placement to disseminate what they have learned about the third sector experience to the mentor and the Practice Education Facilitator

Post completion of the VCSE experience, students articulate the value of the learning for their own professional development and for the community of Salford, for example their increased awareness of the range of community assets available in Salford; understanding how people live in a community and engage in social prescribing programmes such as art and photography classes. Students witnessed, first-hand, the joy when clients engaged in activities that reduced social isolation, and how clients were empowered to make friends and re-connect with their community. The Chief Operating Officers of the three participating VCSE organisations clearly valued the difference that student nurses make when learning, leading and participating within a model of social prescribing.

What students and nurse academics can take forward into a crisis such as Covid-19 is their heightened awareness of the impact that a governments critical requirement for a society in lockdown has on a now socially isolated community. Our student nurses and academics are familiar with the work of Salford community assets and understand how a community can offer the greatest support for those in need. Currently, and because of Covid-19, the VCSE sector are 're-purposing' the models of social prescribing to mobilise the voluntary sector in providing 'resilience teams', food collections and deliveries, and online community support- working collaboratively with for example thousands of NHS volunteers

Concurrently, Healthwatch Salford, an independent consumer champion for health and social care (Leigh et al. 2019), has also created its Spirit of Salford Helpline, whereby all people who live in Salford can request voluntary and professional support through completing an online form. From here, Healthwatch Salford staff can get people the correct level of support, whatever that might be, such as help with shopping, or if in complete crisis, through their one-stop shop. After talking with people during the national lockdown, they concluded that boredom is creeping in with people asking if there is anything that they can do from the comfort of their own homes. One idea is to share tips of how people are keeping themselves occupied at home (links to online games, puzzles, joke pages are provided as examples of things that help others to get through their day- the more interactive the better.

Opening student learning to wider socially prescribed experiences better positions our students to further engage with the VCSE sector and to understand the importance of community engagement and resilience in a time of crisis and stability. The paradox presented here is how nurses, student nurses and academics engaging with social prescribing at a time of crisis can help combat 'social distancing' in a system that relies on social contact. In doing so, the National Academy for Social Prescribing asks 'how can we help to stop 'distance' turning into 'isolation'.

Conclusions

Nurses represent one of the largest workforces in the UK. We have the capability and capacity to consider a range of ways in which our communities can be supported. Through providing students nurses with social prescribing learning opportunities as part of their undergraduate nursing curriculum means that they are in a stronger position to recognize, understand and experience the significance of the third sector in times of normality and crisis. As articulated here, the traditional pathogenic model of promoting health plays a pivotal role in a time of health crisis – but as Covid19 has highlighted, can impact on a wider societal level. Educating our students nurses in strategies that support communities to become resilient is a key part in preventing illness, protecting health and promoting wellbeing, but supporting a wider community resilience that can help guard against the dangers of social distancing and isolation.

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