

## **SOCIAL PRESCRIBING AND VCFSE SECTOR PATHWAYS:**

### **A Strategy Paper for Birmingham Health & Wellbeing Board**

#### **1.0 CONTEXT**

On 28/04/21, BVSC organised an online workshop to consider the current situation regarding social prescribing and referral pathways into VCFSE provision. The workshop was hosted by Engage for Good, the recently established civil society forum, and there were over 50 participants. The aim of the workshop was to start a structured conversation with key VCFSE organisations from across the city regarding the strategic challenges that social prescribing presents and to identify how best these can be overcome.

The VCFSE sector in Birmingham is working across communities and systems to help ensure that Birmingham citizens have access to the activities, support and services they need in order to live well, improve their health and wellbeing and to live fulfilling lives. A number of social prescribing initiatives, both formal and informal, already exist to help connect citizens with this provision.

The workshop discussion revealed that participants are committed to making continuing progress in social prescribing, both as part of post-COVID recovery and in the longer-term as a key contribution to the Prevention First agenda, the continuing integration of statutory and community-based health and wellbeing provision, and the support of some of the city's most vulnerable communities and groups. Participants agreed that the following are of particular importance to achieving these goals:

- Ensuring that citizen experience rather than system need is at the heart of social prescribing and should shape its continuing development.
- Enabling VCFSE providers to exercise greater control in developing and managing effective pathways into and across VCFSE provision.
- Ensuring that a strategic overview of social prescribing exists and that this enables a shared understanding of needs and priorities and a planned approach to developing pathways, infrastructure, capacity and investment.

#### **2.0 STRATEGIC CHALLENGES**

Discussion during the workshop identified a number of strategic challenges to social prescribing. Broadly speaking, these can be summarised under the following five headings:

- The need to be able to identify a city-wide offer.
- Providing access for both practitioners and citizens.
- The need for collective planning.

- A single platform/method.
- Resources – how can resources follow the user?

Key points are very briefly summarised below.

## **2.1 The need to be able to identify a city-wide offer**

The current system is fragmented, with no means of presenting an overall, city-wide offer that provides an intelligible picture of *all* of the activities and assets that contribute to Birmingham's health and wellbeing – from complex, critical 'crisis' services through to early prevention and grassroots community provision.

New initiatives to improve social prescribing and/or referral operate in silos, with no single approach/method having critical mass. The various parts of the system are not joined up. Very few of the existing initiatives are citizen-facing.

## **2.2 Providing access for both practitioners and citizens**

The longer-term development of social prescribing and referral pathways has to be intelligible to both practitioners and citizens. Citizens should be at the heart of social prescribing and as a process it should begin from the citizen experience rather than system need.

## **2.3 The need for collective planning**

No one has strategic overview of social prescribing. This militates against a collective ability to plan, forecast and develop capacity to meet specific social prescribing priorities. It is impossible to plan to meet demand, to build up or flex sector capacity, or to meet shifting social prescribing priorities.

Even where robust working relationships exist with Link Workers it has proven difficult to meaningfully extend these relationships to include PCNs and GPs. Lack of co-terminous service boundaries (local authorities, PCNs, GPs etc) adds further difficulties.

## **2.4 Lack of a single platform/method**

No single platform or method has consensus or universal traction. Whatever method is chosen has to be capable of coping with all types of referrals (self-referral, intra-agency and intra-sector referrals, and referrals into VCFSE provision). It has to be amenable not just to guiding citizens through the referral journey, but also to enabling them to track their progress and outcomes. It has to operate in such a way that it will foster and support a culture shift towards 'wellness' and away from avoidable clinical intervention.

Communication is key: VCFSE organisations have activities and services to offer but don't know where to present them or who to tell; citizens are seeking services and support but don't know where to go. Any single platform/method has to be capable not just of ensuring a 'pathway': it has to be able to assess the strength and effectiveness of that pathway, whether the pathway is meeting need and is part of a process that is improving outcomes.

## **2.5 Resources – how can resources follow the user?**

The key challenge is that even if collective planning existed to enable social prescribing need, priorities and demand to be anticipated and sector capacity flexed accordingly, there is currently no mechanism to ensure that ‘resourcing follows need’ – i.e. that referral carries with it a *responsible contribution* in funding that will help meet the cost of support. The VCFSE cannot simply meet demand elastically; there are cost implications and a need for equitable redistribution of resources throughout the ‘supply-chain’.

## **3.0 SOLUTIONS TO THESE STRATEGIC CHALLENGES**

Using the same five headings, the workshop identified a number of possible solutions to these strategic challenges:

### **3.1 The need to be able to identify a city-wide offer**

It is of primary importance that a city-wide overview of available health and wellbeing services is available and is accessible to both practitioners (all sectors) *and* citizens. At the moment, deciding the precise method of presenting the city-wide offer should take second place to establishing its fundamental operating principles. It should:

- Offer a full, detailed overview of provision that explains service networks, thematic provision, routes of access. It should explain service pathways by theme and location.
- Be supported by all partners (statutory and VCFSE) as the primary and only method, rather than continuing investment in separate, stand-alone initiatives.
- Be flexible, amenable to incorporating performance indicators and to enabling pathways to be tested for effectiveness and robustness and in a variety of scenarios.

### **3.2 Providing access for both practitioners and citizens**

Whatever platform or method is eventually adopted to ‘broadcast’ Birmingham’s health and wellbeing offer it should be accessible to practitioners and to citizens. This has implications for the language it adopts and for how activities are constructed and described. At present, virtually all social prescribing initiatives use language that is essentially ‘system facing’ rather than ‘citizen facing’. Citizen accessibility and user experience should guide and shape our chosen solutions at every stage.

### **3.3 The need for collective planning**

A solution that enables a collective, strategic overview of social prescribing needs, priorities and intentions is central to any ability to plan to meet demand. There should be at least a six-month lead-in time involved in any change to social

prescribing priorities in order to allow for planning, pathway development/review, and investment or reallocation of resources.

It must be borne in mind that not all VCFSE delivery consists of commissioned services. The sector's independent, voluntary contribution is of increasing significance, both in financial and social contribution made and by volume. Planning properly has the potential to increase the overall resources available to social prescribing.

### **3.4 A single platform/method**

Whatever platform or method is eventually adopted to 'broadcast' Birmingham's health and wellbeing offer and fully enable social prescribing it must be a solution designed for the *whole system* and not just a part of it. Continued investment in separate, stand-alone initiatives is only serving to further fragment the social prescribing and pathways landscape.

There must be a single, unified platform or method that is supported by all partners (statutory and VCFSE), regarded as the primary and only method and the focus of long-term development and investment. It must be accessible to practitioners and to citizens and citizen accessibility and user experience should guide and shape its development at every stage.

### **3.5 Resources – how can resources follow the user?**

Realistically, there are only two ways in which resources can follow referral: either through an effective, fully functional individual budgets mechanism that enables users to fund the services they require (in those cases where the service is not free at the point of delivery); or through targeted investment that enables the sector to meet increased demand.

A reformed and fully operational individual budgets system still seems distant and for this reason planned and targeted investment that supports specific social prescribing priorities seems a better way forward. Statutory agencies do not need to meet the full costs of service but a responsible contribution does need to be made. Locking this into formalised social prescribing planning processes/structures will also increase the potential for this financial contribution to be leveraged by the sector, unlocking further funding from independent grant-makers and other philanthropic sources.

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17/05/21