

# Social Prescribing for Health and Wellbeing in Haringey

Health and Wellbeing Board

23<sup>rd</sup> February 2016

# National policy drivers behind social prescribing

- Marmot Review (2010) 'Fair Society, Healthy Lives' prioritised the [social determinants of health](#), via correlation between health inequalities and social and economic inequalities;
- Focus on [prevention and health promotion](#) as a form of 'managing' rather than treating poor health;
- Encouraging [asset-based approaches](#) to improving health and wellbeing, utilising a community's individual, organisational, cultural and physical resources;
- [Co-production](#) (service users and professionals jointly design and deliver public services) and [citizen participation and volunteering](#) in public sector.

# Local policy and strategy drivers



## Working Together With Communities

Haringey's Community Strategy, 2015



[haringey.gov.uk](http://haringey.gov.uk)



## Building a Stronger Haringey Together

### CORPORATE PLAN

2015-18

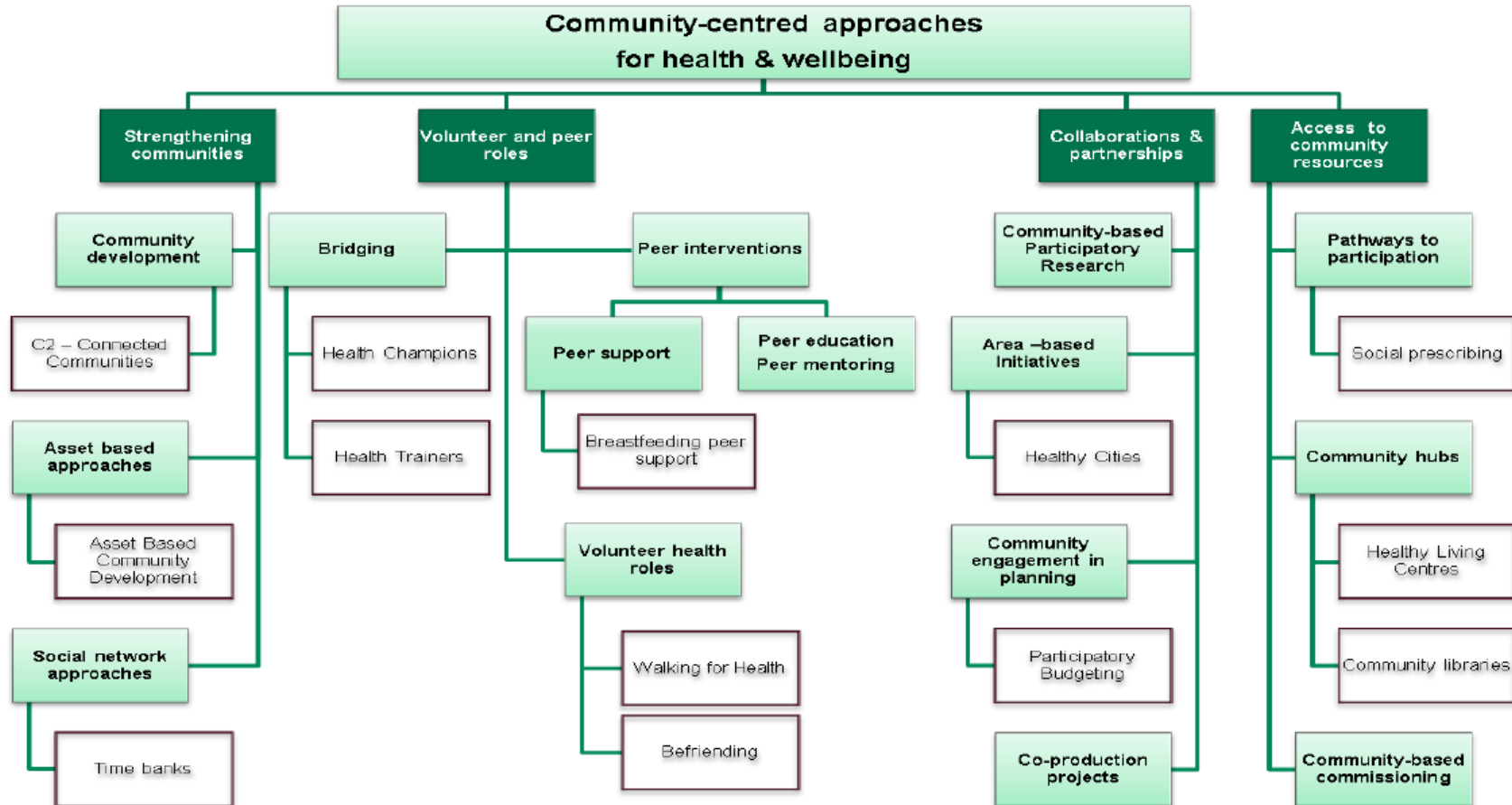


Haringey Health and Wellbeing Board

## Haringey's Health and wellbeing strategy 2015-2018

All children, young people and adults live healthy, fulfilling and long lives

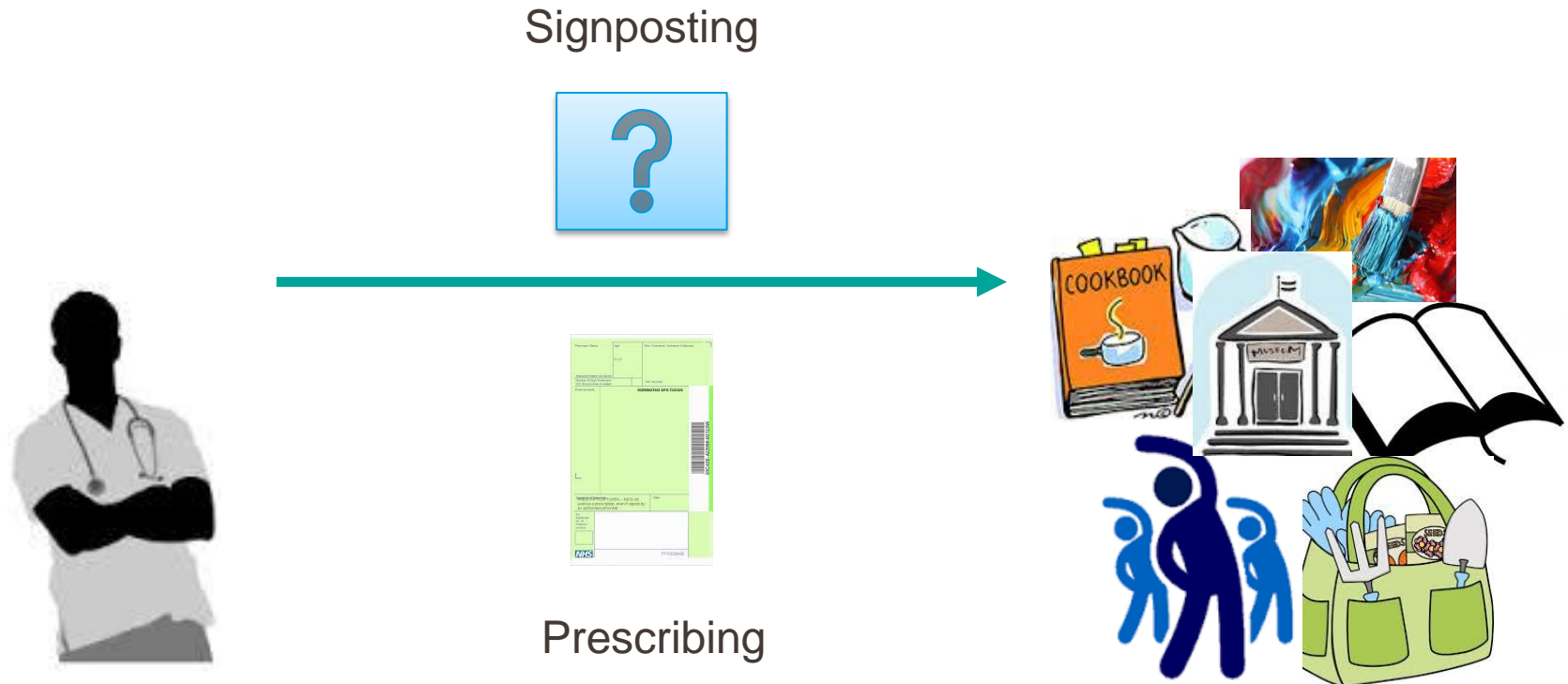
# The family of community-centred approaches linked to health and wellbeing



# Social Prescribing (or ‘community referrals’)

- Linking patients with non-medical support in the community, usually via primary care but there are different models (e.g. community hubs, community navigators)
- Activities include: arts, creativity, physical activity, learning new skills, volunteering, advice on benefits, housing, debts, legal advice, parenting support, etc.

# Models of social prescribing [1]

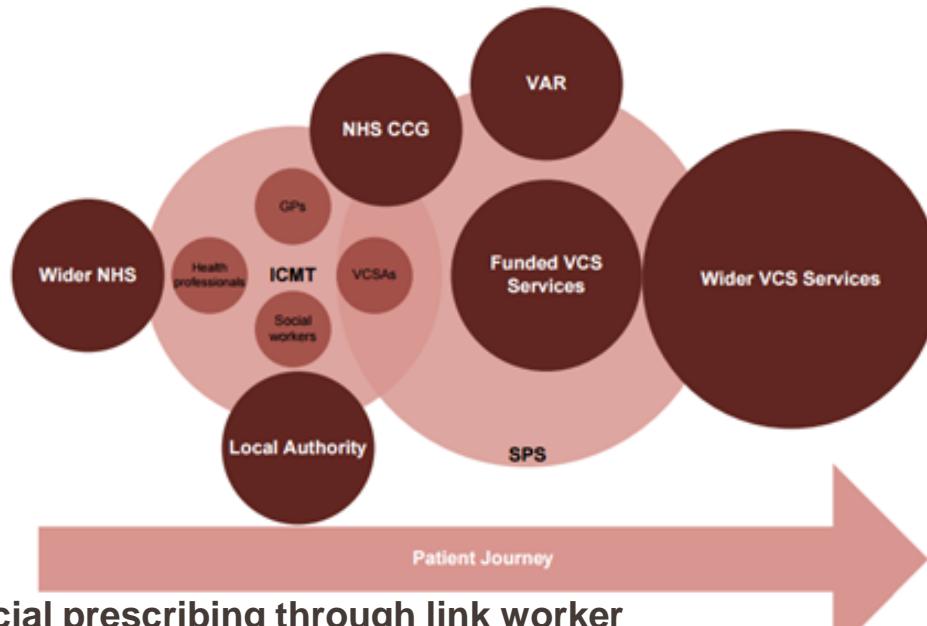


# Models of social prescribing [2]

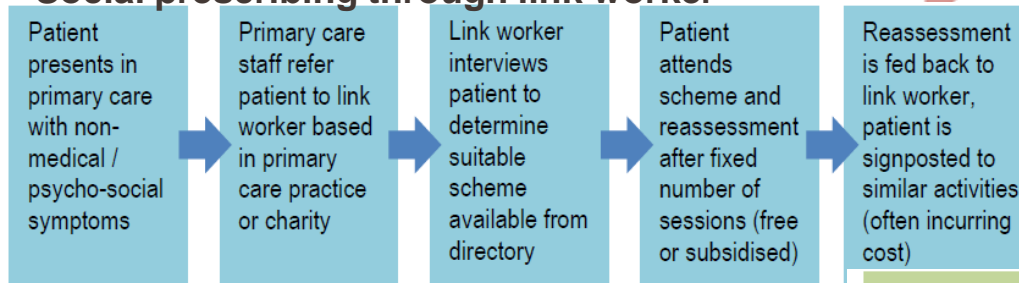


Link worker/co-ordinator/facilitator

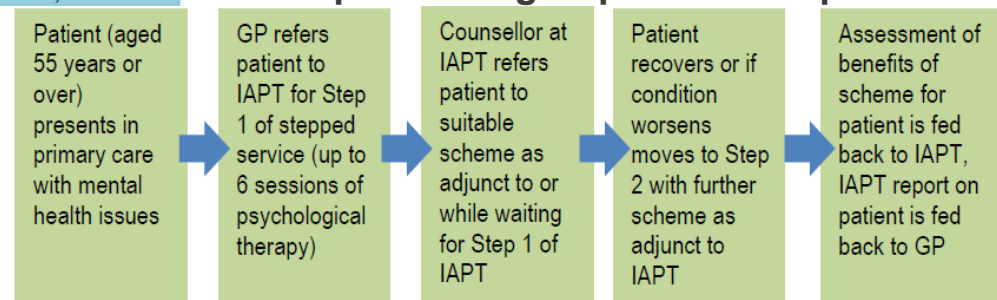
## Examples



### Social prescribing through link worker



### Social prescribing as part of IAPT provision





# Outcomes

- Increased levels of social interaction
- Improved overall wellbeing by improving access to opportunities
- Building confidence, resilience and coping skills
- Reduced levels of service use
- Increased patient satisfaction

## Does it work?

- Some evidence of effectiveness for people with mental health problems and those with long-term conditions;
- Evaluation programmes not yet sufficiently robust (need for controlled comparisons, not just before & after)

# Local initiatives and drivers

