



navca
local focus national voice

Learning from social prescribing

Ellie Brodie
NAVCA Consultant
October 2023



Contents



Summary	3
Introduction	5
Methodology	6
Role of VCSE organisations in social prescribing ecosystem	6
Role of local VCSE infrastructure in social prescribing	7
Creating sustainable social prescribing	9
Line management, supervision, training and professional development	9
Strategic delivery and engagement	10
Delivering wider community development roles	11
Accommodation and overhead costs	11
Sustainability implications	12
Recommendations	13

About NAVCA:

NAVCA is the national membership body for local VCSE infrastructure organisations (LIOs) in England. LIOs provide support and development for voluntary and community action across England. Our members support hundreds of thousands of local charities, voluntary groups and social enterprises at a community level, helping them to thrive and deliver essential services. Find out more about our social prescribing work on our website.

Summary

The Voluntary, Community and Social Enterprise (VCSE) sector is uniquely placed to bring the health system and communities closer together, creating social value and helping to reduce health inequalities. The distinctive role of the VCSE sector is recognised in the Health and Act 2022, the Fuller Stocktake Report, and in the NHS Core20PLUS5 priorities.

The social prescribing model is based on a Link Worker working with people that are referred to them, usually by a GP, to identify what matters to the individual and connect them to community-based support. The VCSE sector provides a vast amount of this community-based support.

Local relationships and connections within the community, including through VCSE support agencies, enable Link Workers to acquire the depth and breadth of knowledge to be able to intervene 'upstream' to address social risk factors. For effective social prescribing, Link Workers need the time and resource to engage with the community.

Local Infrastructure Organisations (LIOs) support VCSE organisations in the social prescribing ecosystem in a range of ways including through capacity building and community development; building partnerships; commissioning, contracting and providing quality assurance; and hosting Link Workers. LIO involvement in local social prescribing also helps PCNs have a better understanding of, and connections to, their local VCSE sector and Link Workers having better intelligence and relationships with the breadth and depth of the local VCSE sector.

There are currently 3,475 Link Workers employed via the Additional Roles Reimbursement Scheme

(ARRS) and around half of these are hosted within a VCSE sector organisation. A lack of adequate remuneration, especially for hosting Link Workers, is hampering the ability of the sector to deliver an effective and sustainable social prescribing service. Four categories of costs raise the largest concern for VCSE host organisations: line management, supervision, training and professional development; strategic delivery and engagement; delivering wider 'community development' roles; and accommodation and 'overhead' costs.

Due to the unsustainable financial contracting arrangement of VCSE host organisations, growing numbers of VCSE organisations are handing back social prescribing contracts during their delivery, or not agreeing to renew or expand existing contracts when requested to by PCNs. Without further investment, the current social prescribing model is not sustainable. We make five headline recommendations improving the quality and sustainability of a thriving social prescribing ecosystem.

1. Understand and embed community engagement in the social prescribing model

Link Workers need more time freed up to do community engagement work, whilst ensuring it dovetails with and complements the existing work of LIOs and others working in the community development space.

PCNs need to increase their social value responsibilities to the local VCSE sector. They need to increase understanding of the sector's complexities, and of the benefits of engaging with the sector in a systematic and sustainable way through Link Workers and existing infrastructure organisations.

2. Recognise and fund additional VCSE sector capacity building & strategic engagement

The additional work for VCSE organisations through engaging with social prescribing should be recognised and remunerated in contracting and funding arrangements, and in the expectations of the wider health and care system on VCSE organisations.

3. Take a whole-system approach to the local social prescribing plan

Integrated Care Systems (ICSs) need to ensure that contractual obligations are fulfilled within the PCN contract for a shared local plan to draw on and increase the strength and capacity of local communities and enable VCSE organisations to receive social prescribing referrals. This should be by insight from social prescribing referral activity, including data.

ICSs and PCNs need to take more concerted action to meet their public service obligations for social value. This includes sustainable commissioning for the VCSE sector, aligned with national and local priorities including tackling health inequalities and supporting sustainable “place-based” initiatives, aligned with legal responsibilities set out in the Health and Care Act 2022.

Integration of commissioning at system, place and neighbourhood, should be utilised to support full cost recovery and should form an integral part of the local social prescribing plan. This includes making more of local integration and taking a whole system view of the needs and benefits of social prescribing considering the needs of the VCSE providers – as both hosts of Link Workers and providers of ‘prescriptions’.

ICSs and PCNs need to better coordinate approaches to subcontracting employment of Link Workers. This would provide locally driven change through a system wide approach to recruitment, economies of scale,

embedding community approaches that already span health and care providers. If linked to wider activity that is required to deliver an effective social prescribing programme – for instance, the wider community development and VCSE support activity – this would maximise local decision-making and for services to be commissioned in a more sustainable way.

4. Embed Full Cost Recovery as standard in ARRS contracts

ARRS contractual arrangements should be reviewed and consideration given to making contractual arrangements more flexible, to give more discretion to PCNs to work within their system and with partners at all levels to understand the population’s needs and develop a service, and cost model, that can respond more effectively.

5. Undertake further analysis of the impact of VCSE hosted Link Workers

A more detailed and systematic review of the impact of Link Workers’ hosting environment, which considers any possible impact on people who access the services is needed to bring more evidence to question around how to best fund the Link Worker role.

Introduction

The Health and Care Act 2022 outlined a new integrated model for delivering health and social care, replacing clinical commissioning groups with Integrated Care Systems (ICSs). It identified the importance of collaboration between sectors to improve local services with the Voluntary, Community and Social Enterprise Sector (VCSE) embedded in the new structures of leadership, governance and delivery. The VCSE sector has long been recognised as an integral part of local health and care systems. A commitment to working with VCSE organisations is reflected in the NHS Long Term Plan, particularly in relation to providing support for people in their local community and maintaining people's health and wellbeing¹.

The VCSE sector is uniquely placed to bring the health system and communities closer together, building trust and facilitating relationships at neighbourhood level, reaching those most in need who are hard for the health and care sector to reach and creating social value. It can bring innovative and holistic approaches to deliver key services, help to address power imbalances in care and support, provide rich additional data sources, and support cultural translation². More recently, the VCSE sector has been recognised as a key partner for the NHS in support of its aims to tackle health inequalities, improve outcomes in population health and health care, and enhance productivity and value for money.³

Social prescribing recognises that people's health is

determined primarily by a range of social, economic, and environmental factors, and seeks to address needs in a holistic way, support individuals to take greater control of their own health and reduce health inequalities. It is a key commitment in the NHS Long Term Plan, with 900,000 people expected to have benefitted from social prescribing by 2023/24 and utilises the professional Link Worker role to enable health professionals to refer people to a non-medical activity.

NAVCA have been gathering intelligence and insight over the last two years about the VCSE sector's role in social prescribing, and the factors helping and hindering successful, effective and impactful social prescribing locally. This report brings together our learning to date. It explains the role and importance of VCSE organisations in the social prescribing ecosystem, and of Local Infrastructure Organisations (LIOs) within this. It outlines the importance of good working relationships and connections between the Primary Care Network (PCN) and the VCSE sector for successful social prescribing. It highlights challenges with sustaining the social prescribing model which at present does not fully recognise the costs of social prescribing being borne by the VCSE sector and threatens the model's viability. It concludes with recommendations for improving the quality and sustainability of a thriving social prescribing ecosystem.

We are grateful to the National Association of Social Prescribing (NASP), Spirit of 2012 and NHS England for funding and support which contributed to the research from which this report is drawn.

1 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

2 <https://locality.org.uk/assets/images/GoingFurther-Together-Report-final.pdf>

3 <https://www.england.nhs.uk/ourwork/part-rel/voluntary-community-and-social-enterprises-vcse/>

Methodology

A wide range of sources and research methods have contributed to the learning in this report including:

- Engaging and consulting with NAVCA members through online surveys, one-to-one interviews, and meetings of NAVCA's Social Prescribing Working Group.
- Stakeholder engagement through interviews, meetings and regional roundtable events with those involved in the strategic development and delivery of social prescribing, including: NHS England; Sport England; The National Lottery Community Fund; National Academy of Social Prescribing Accelerating Innovation; University of Central Lancashire Social Prescribing Unit; National Voices; Barnardo's; Faith Action, and Locality.
- Reviewing evidence and grey literature.

We would like to thank all those who have generously given their time, experience and expertise to developing this evidence base around social prescribing.

NHS England's Social Prescribing Team estimates that 50% of Social Prescribing Link Workers employed through the Additional Roles Reimbursement Scheme (ARRS) in England, are employed by VCSE host organisations⁴. Link Workers are also hosted in locally commissioned arrangements including in the VCSE, in local authorities and in mental health services.

The VCSE sector is a complex ecosystem made up of large, 'household name' charities and formal organisations, alongside informal groups and associations and grassroots activity. Much activity at a very local level is below-the-radar, for example, NCVO estimates that nationally there are 400,000 civil society organisations; but this excludes an estimated 300,000 – 900,000 informal organisations and groups⁵.

To work effectively Link Workers therefore need to develop extensive knowledge of local community activities and assets, and as the local VCSE sector is a dynamic ecosystem, this knowledge needs to be kept live. The most effective way of doing this is through developing links with local VCSE sector support and community development agencies; as well as through Link Workers' efforts to engage with communities to support prevention.

It is critical for Link Workers to have ongoing conversations with those working and volunteering in the local VCSE sector, and particularly in community development roles within their local area. Gaining an understanding of the local community offer, and the latest developments, opportunities and challenges in the sector, is particularly important for Link Workers starting in a new role or operating in a new area. Securing links into local community networks and forums

4 NHS England Survey of Social Prescribing Link Workers, 2022

5 NCVO Civil Society Almanac 2022

Role of VCSE organisations in social prescribing ecosystem

The social prescribing model is based on a Link Worker working with people that are referred to them, usually by a GP, to identify what matters to the individual and connect them to community-based support. This support, or 'social prescription', may be provided by local health and care agencies, other statutory agencies or by VCSE organisations, which is our focus.

is an especially effective approach to building and maintaining this intelligence.

When Link Workers are provided the time and resource to engage with their community, the quality of the experience for activity provider and client is improved. Identifying a named contact in an activity provider and building a relationship with them supports positive communication and the opportunity to spot gaps or issues early and to feed this into the broader support systems more effectively.

Social prescribing within the local VCSE ecosystem can be likened to a match-making process for both the activity provider and the client, rather than simply a referral or passing-on of clients to a generic activity. This works both ways – local VCSE organisations need to be aware of local Link Workers to build and sustain Link Workers' connections with the local community offer. They need knowledge of the demand and need flowing from health priorities and social prescribing demand. This requires good connections and representation within the local health system.

Whilst formal sources of information such as local services directories can be of some help, they become outdated and miss information due to the dynamic nature of grassroots community activity on which social prescribing relies. Local relationships and connections within the community, including through VCSE support agencies, are more effective in developing and maintaining a current understanding of the VCSE ecosystem enabling link workers to acquire the depth and breadth of knowledge to be able to intervene 'upstream' to address social risk factors.

Role of local VCSE infrastructure in social prescribing

Within the VCSE sector ecosystem are the connecting, supporting, enabling organisations of the VCSE infrastructure. Local Infrastructure Organisations (LIOs) are VCSE umbrella organisations which support, promote and champion local voluntary and community action. They support VCSE organisations in the social prescribing ecosystem in a range of ways including through capacity building and community development; building partnerships; commissioning, contracting and providing quality assurance; and hosting Link Workers.

A key driver of social prescribing quality is the knowledge and experience of community development and VCSE capacity building teams in LIOs and other VCSE support agencies, and the relationship they have with VCSE organisations and Link Workers. NHS England's Social Prescribing Maturity Matrix states Link Workers should spend up to a day a week on "community development" activity, and sets out that their role should include:

- identifying unmet community needs and gaps in services and shared with commissioners at neighbourhood, place and ICS levels
- build trusting relationships with local community groups and services,
- supporting local community groups to be accessible and sustainable.
- collect local data and develop of case studies and personal stories.
- work with other agencies to create, maintain or contribute to a directory of community services.

LIOs deliver these activities as part of their core infrastructure role. They provide practical training, guidance and support to local VCSE organisations on issues ranging from governance and service sustainability to strategic planning and assistance with fundraising and funding bids. LIOs are conduits of local intelligence for the local VCSE offer, and the challenges and opportunities of the local area and of local organisations. They have tentacles reaching out to local communities about the community needs and community offer. They also build VCSE capacity in response to needs arising from social prescribing referrals.

Where Link Workers have good access to community development and/or VCSE capacity building expertise, it supports a health equity approach to social prescribing recognising the importance of enabling community action through people with lived experience. This allows for gaps in provision to be addressed based on needs identified by communities, and the co-creation of more culturally responsive services. LIOs support the engagement of small and micro-organisations in social prescribing through capacity building work, funding advice and governance e.g. safeguarding and risk management.

In health and care systems LIOs facilitate networks, forums and peer support sessions, and engage with wider health and care partners on a strategic basis to deliver an effective and mature social prescribing service. In Integrated Care Systems, LIOs work to make the voice of the VCSE sector heard, providing intelligence and insight on the local sector needs and opportunities.

Link Workers are hosted within PCNs, LIOs and other VCSE organisations. ARRS⁶, introduced in 2019, provides the mechanism for funding the Social Prescribing Link Worker within PCNs to employ Link

Workers directly or to subcontract a VCSE sector organisations to employ, or “host”, the posts on their behalf.

Where Link Workers are directly employed by PCNs the VCSE sector is often not an equal partner in the local shared plan for social prescribing. Where Link Workers are hosted in the VCSE sector rather than in the PCN or elsewhere the relationship between the PCN and VCSE sector is usually stronger and commits the PCNs to developing social prescribing across the breadth of the local VCSE sector offer. Employing Link Workers in the VCSE sector helps recognise where each partner adds value and demonstrates social value responsibility, promoting collaboration and engagement with community-based organisations to meet individuals and families where they are and build community trust.

Link Workers report the need for a better understanding in the health system of the wider ecosystem that supports social prescribing beyond the narrow focus of the Link Worker role. This would improve health system-wide understanding and provide clarity on what constitutes an appropriate referral for the benefit of wider staff⁷.

Reasons behind the variability of the relationship between PCNs and local VCSE sectors include:

- PCN leadership, culture and local buy-in to the personalised care agenda (e.g., a social model rather than a medical model);
- PCN understanding of the key components of social prescribing models and the benefits they bring;
- nature of pre-existing relationships between the VCSE sector and PCN, particularly through a LIO or other VCSE coordinating/representing body;

⁶ <https://www.england.nhs.uk/gp/expanding-our-work-force/>

⁷ NHS England Survey of Social Prescribing Link Workers, 2022

- existing level of VCSE sector engagement in local health and wellbeing activity, namely through the local Health and Wellbeing Board; and,
- engagement with existing social prescribing support mechanisms, tools and materials

Around half of Link Workers hosted within the VCSE sector are hosted in an LIO. LIOs are often pivotal to developing a strong PCN/VCSE sector relationship. Whether directly involved as host organisations or engaged in the wider social prescribing infrastructure, the involvement of the LIO leads to: PCNs maintaining a better understanding of, and connections to, their local VCSE sector; Link Workers benefiting from better connections to local activities within their community, and from links to services, networks and intelligence that support the VCSE sector to engage with and support people referred to them.

Creating sustainable social prescribing

Social value is one of the four core aims of the NHS which Integrated Care Boards have a duty to deliver. ICSs and PCNs need to recognise their responsibilities around social value, by taking action to meet their public service obligations. This includes sustainable commissioning for the VCSE sector, aligned with national and local priorities including tackling health inequalities and supporting sustainable “place-based” initiatives, aligned with legal responsibilities set out in the Health and Care Act 2022.

Acting on social value is not only a responsibility but also an opportunity. It offers the potential to

ensure that finite NHS resources are spent in a way that reduces inequalities, improves health benefits to the population and, ultimately, saves money. The Fuller Stocktake Report, Next Steps for Integrating Primary Care⁸, outlines a vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy.

Investing in the VCSE sector enables it to deliver social prescribing and the wider NHS Core20PLUS5 priorities (Locality, 2023) but a lack of adequate remuneration, especially for hosting Link Workers, is hampering the ability of the sector to deliver an effective and sustainable social prescribing service.

There are currently 3,475 Link Workers employed via the ARRS and around half of these are hosted within a VCSE sector organisation (NHSE Social Prescribing Link Worker Survey 2022). Many VCSE organisations subcontracted to employ Link Workers under the ARRS have raised concerns that the funding available does not meet the full cost they incur, with contracts not being provided on a Full Cost Recovery basis⁹.

Costs over and above the salary and on-costs range between £5,000 to £18,500 per role according to NAVCA members survey results. Whilst there is significant variance, even in the least extreme cases, VCSE Link Worker hosts experience a significant gap in funding when taking on ARRS subcontracts.

Four categories of costs raise the largest concern for VCSE host organisations: line management, supervision, training and professional development;

⁸ <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

⁹ https://www.bayes.city.ac.uk/__data/assets/pdf_file/0008/422828/CCE-Cost-Recovery-Guide-Final-Version.pdf

strategic delivery and engagement; delivering wider ‘community development’ roles; and accommodation and ‘overhead’ costs.

Line management, supervision, training and professional development

The Social Prescribing Link Worker Workforce Development Framework states that Link Workers will need supervision, provided by their employer. It distinguishes between ‘clinical supervision’ as the space to reflect more deeply on professional practice, and ‘workplace supervision’, as the day-to-day oversight of the Link Worker. The Framework states that regardless of where the Link Worker is hosted, PCNs are contractually obliged to provide a first point of contact for general advice and support, a GP supervisor and monthly access to clinical supervision with a relevant health professional.

PCN contracts for VCSE hosting of Link Workers have limited or no recognition of the need for workplace supervision. Once the recurrent costs of employing a member of staff are met, for example, recruitment, IT, office accommodation and proportionate organisational overheads, the £2,400 additional cost per Link Worker is not sufficient to cover staff line management. Of great concern is that contractually required clinical supervision is rarely provided.

The complex and challenging nature of the Link Worker role, the need to coordinate and support multiple Link Workers often covering different geographical areas, and a lack of obligatory clinical supervision, creates an imperative for host organisations to ensure Link Workers receive local management and supervision, further adding to the hidden and unrecoverable costs of hosting Link Workers. Link Workers themselves report wanting regular clinical supervision, opportunities for CPD, professional qualifications and a standard education pathway, with clearer career progression pathways,

as well as more opportunities for training and self-development¹⁰.

Above and beyond this, VCSE host organisations want to offer Link Workers professional development opportunities in line with recommendations and best practice, but staff development, training and support costs are not covered by ARRS contracts. Accredited training such as that recommended by the Personalised Care Institute, or membership of professional bodies for Link Workers, for example, are recommendations in NHS England best practice documentation but invisible in ARRS contracts. Whilst these opportunities have a direct positive impact on Link Workers and the local social prescribing programme, the costs are not considered in the ARRS contract arrangements.

Strategic delivery and engagement

Besides the management and development costs of hosting Link Workers, host organisations spend a significant amount of time delivering activity that wraps around an effective social prescribing programme.

The requirements of delivering NHS England’s standard model of social prescribing¹¹, and meeting the expectations of a ‘maturing’ or ‘embedded’ social prescribing programme, as detailed in NHS England’s Social Prescribing Maturity Matrix, all require a level of activity and strategic engagement that goes beyond line managing staff.

NHS England guidance expects local social

10 NHS England Survey of Social Prescribing Link Workers, 2022

11 <https://www.england.nhs.uk/personalisedcare/social-prescribing/#:~:text=What%20is%20social%20prescribing%3F,affect%20their%20health%20and%20wellbeing>

prescribing programmes to be part of a strategic approach, linking activity at neighbourhood, place and system, and considering the wider impacts and needs of the populations they serve. There are expectations to engage in a wide range of strategic roles, with teams such as Population Health Management leads, to create and deliver plans to provide data and intelligence to inform and support the role of social prescribing within local systems.

Host organisations experience the expectation to deliver to these standards and to be part of the strategic development and leadership of local social prescribing programmes, but this is not reflected in the ARRS funding provided for hosting Link Workers.

Delivering wider community development roles

The Social Prescribing Maturity Matrix states Link Workers should spend up to a day a week on 'community development' activity. These wider community development activities expected of Link Workers are extremely difficult, if not impossible, for them to achieve given their referral workloads. They report a desire for a reduced caseload in order to incorporate more time with patients and to enable increased opportunity for community connections and outreach¹².

Although LIOs deliver community development activities as part of their core infrastructure role, the additional volume of activity that social prescribing brings to the VCSE sector contributes to an already stretched capacity to deliver core VCSE infrastructure support. For example, by facilitating networks, forums and peer support sessions, and

engaging with wider health and care partners on a strategic basis to deliver an effective and mature social prescribing service. This is not factored into staff resource and puts an additional uncosted burden on the host organisation.

Recent Locality research accords with our findings, that infrastructure funding isn't usually provided to the VCSE sector alongside ARRS roles and there is only minimal funding for the management, development, and integration of VCSE ARRS staff¹³.

Interviewees told us that social prescribing provision is often patchy, not joined up and potentially in conflict with a lot of other community development work; and that the time involved in providing support for social prescribing means that other elements of the service such as data collection and collation is minimised. This accords with feedback NAVCA receives about the wider integration of the VCSE sector into health and care systems - that the expectations ICSs have of local VCSE sectors far outweighs the support, financial or otherwise, that is offered to do so.

Accommodation and overhead costs

The usual costs associated with employing staff are not met adequately in ARRS contracts. Physical space for Link Workers to undertake their role, is not adequately costed, and even with the move towards more remote working, space for Link Workers to safely meet clients is often overlooked. The assumption of 'free' accommodation within GP surgeries does often not materialise, with space being so limited that surgeries can't accommodate Link Workers regularly enough.

High travel costs both in terms of money and time are a barrier to the sustainability of social prescribing contracts and limit Link Workers'

12 NHS England Survey of Social Prescribing Link Workers, 2022

13 <https://locality.org.uk/assets/images/GoingFurtherTogether-Report-final.pdf>

ability to meet the expectations of face-to-face client engagement. This is more acute in rural areas but even within urban areas, cost of living increases are having a detrimental impact on service sustainability.

Insurances and other associated overheads are not covered, and within some areas, requirements for the level and type of insurance is unclear, for example medical malpractice insurance, leading to a potentially unnecessary cost burden.

Sustainability implications

Most of these unfunded costs are being met by VCSE organisation reserves, or, to a lesser extent, through top-up arrangements via local Councils or other larger charities. As a result of the unsustainable financial position of VCSE host organisations, growing numbers of VCSE organisations are handing back social prescribing contracts during their delivery, or not agreeing to renew or expand existing contracts when requested to by PCNs. It appears this is the direct result of financial challenges set out above, often combined with increasing referral targets, and has includes contracts that have been delivered by VCSE hosts for several years.

Link Workers want to receive a salary that reflects the role and is consistent with the level of responsibility, as well terms and conditions that are consistent across PCNs and host employers¹⁴. From a workforce perspective, contracts which don't enable VCSE organisations to pay competitive salaries to Link Workers including cost of living payments, means they are losing staff to less pressured, higher paid jobs¹⁵.

Without further investment, the current social prescribing model is not sustainable.



¹⁴ NHS England Survey of Social Prescribing Link Workers, 2022

¹⁵ <https://locality.org.uk/assets/images/GoingFurther-Together-Report-final.pdf>

Recommendations

We make five headline recommendations improving the quality and sustainability of a thriving social prescribing ecosystem.

1. Understand and embed community engagement in the social prescribing model

Community engagement and development is a critical element of social prescribing, yet there is very mixed recognition and understanding of this within the current social prescribing model. This shortfall needs addressing in several ways:

- Link Workers need more time freed up to do community engagement work, whilst ensuring it dovetails with and complements the existing work of LIOs and others working in the community development space.
- PCNs need to increase their social value responsibilities to the local VCSE sector. They need to increase understanding of the sector's complexities, and of the benefits of engaging with the sector in a systematic and sustainable way through Link Workers and existing infrastructure organisations.

2. Recognise and fund additional VCSE sector capacity building & strategic engagement

The Social Prescribing Maturity Matrix includes many calls for systems to take a joined-up approach to the ecosystem of social prescribing – including the support provided to the VCSE organisations offering 'prescriptions'. Social prescribing brings much additional work for VCSE infrastructure organisations including the strategic involvement of the VCSE sector in the wider health and care system and the increased demand for VCSE organisation capacity building.

- The additional work for VCSE organisations through engaging with social prescribing should be recognised and remunerated in contracting and funding arrangements, and in the expectations of the wider health and care system on VCSE organisations.

3. Take a whole-system approach to the local social prescribing plan

NHS England states that good social prescribing programmes are "locally and collaboratively commissioned by partnerships of primary care networks, CCG and local authority commissioners, working with the (VCSE) sector and people, their families and carers"¹⁶.

- Integrated Care Systems (ICSs) need to ensure that contractual obligations are fulfilled within the PCN contract for a shared local plan to draw on and increase the strength and capacity of local communities, and enable VCSE organisations to receive social prescribing referrals. This should be by insight from social prescribing referral activity, including data.
- ICSs and PCNs need to take more concerted action to meet their public service obligations for social

¹⁶ <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>

value. This includes sustainable commissioning for the VCSE sector, aligned with national and local priorities including tackling health inequalities and supporting sustainable “place-based” initiatives, aligned with legal responsibilities set out in the Health and Care Act 2022.

- Integration of commissioning at system, place and neighbourhood, should be utilised to support full cost recovery and should form an integral part of the local social prescribing plan. This includes making more of local integration and taking a whole system view of the needs and benefits of social prescribing considering the needs of the VCSE providers – as both hosts of Link Workers and providers of ‘prescriptions’.
- ICSs and PCNs need to better coordinate approaches to subcontracting employment of Link Workers. This would provide locally driven change through a system wide approach to recruitment, economies of scale, embedding community approaches that already span health and care providers. If linked to wider activity that is required to deliver an effective social prescribing programme – for instance, the wider community development and VCSE support activity – this would maximise local decision-making and for services to be commissioned in a more sustainable way.

4. Embed Full Cost Recovery as standard in ARRS contracts

It is widely recognised that a policy of Full Cost Recovery is essential to support the sustainability of VCSE sector organisations¹⁷. However, the response to NAVCA’s engagement with subcontracted VCSE host organisations clearly indicates the current funding regime does not meet the true costs experienced by them.

- ARRS contractual arrangements should be reviewed and consideration given to making contractual arrangements more flexible, to give more discretion to PCNs to work within their system and with partners at all levels to understand the population’s needs and develop a service, and cost model, that can respond more effectively.

5. Undertake further analysis of the impact of VCSE hosted Link Workers

Through this research and our wider engagement with partners, including NASP, we consistently hear that Link Workers hosted within VCSE organisations brings many benefits. These manifest as opportunities to capitalise on their existing relationships and knowledge of the wider local VCSE landscape, the ability swiftly identify gaps and support community responses, and links to the wider ecosystem of VCSE activity, support and development.

Conversely, we frequently hear concerns about challenges that arise when Link Workers are hosted directly within PCNs. This issue has been identified by others, including the King’s Fund, who identify concerns about a lack of common agreement on the role of the Link Worker and inappropriate utilisation of the roles when hosted within PCNs¹⁸.

17 <https://www.nao.org.uk/successful-commissioning/delivering-to-users/full-cost-recovery-fcr/>

18 <https://www.kingsfund.org.uk/blog/2022/04/link-workers-population-health>

However, there is currently only limited analysis of the impact of where Link Workers are hosted on patient outcomes. The body of existing evidence supports the fact that a collaborative approach, with the VCSE sector included as a key partner in the planning and delivery of social prescribing programmes is beneficial. However, as far as we are aware, there is nothing specifically on the impact of where Link Workers are employed.

- A more detailed and systematic review of the impact of Link Workers' hosting environment, which considers any possible impact on people who access the services is needed to bring more evidence to question around how to best fund the Link Worker role.





navca

local focus national voice

**National Association for Voluntary and
Community Action**
