

Social Prescribing and Multisector Partnerships

Experiences and insights of the
Thriving Communities Somerset Partnership

Report: September 2022

Delivered by Spark Somerset

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Foreword

We were delighted to hear in spring 2021 that, along with 36 other partnerships in England, our application to the Thriving Communities Fund had been successful. The timing couldn't have been better; we were poised and ready to embark on a programme of work that was much needed in Somerset.

The aim of our project was to boost community-based social prescribing activity that would benefit people's health and well-being, particularly by strengthening and expanding the range of creative and nature-based opportunities offered.

Of course, we were still at the height of a global pandemic when we started the project, so it became imperative to support people most impacted by Covid-19, including those with long-term health conditions. It's affirming to know that many people benefitted from the range of activity provided.

We owe a huge debt of thanks to Victoria Sullivan, a registered Health Promotion Practitioner and independent Researcher, who we commissioned to capture the experiences of Somerset-based sector organisations engaged in this vital work.

This comprehensive report is the result of her research. As well as providing a detailed overview of the social prescribing landscape in Somerset and a synopsis of the Thriving Communities Project, Victoria groups her key findings under five themes. These clearly set out the opportunities and challenges, benefits and potential barriers that need to be considered as we consolidate the work of this innovative, multi-sector partnership in embedding social prescribing activity in Somerset.

I look forward to further creative collaboration as we continue to build on the significant steps already achieved.

Mark Helyar

Director of Theatre, Take Art, on behalf of the Thriving Communities Somerset Partnership

Executive Summary

Research context

This research report was commissioned by the core steering group partners of the Thriving Communities Somerset project to inform our understanding of multisector partnership working in the context of social prescribing. Thriving Communities is the National Association of Social Prescribing (NASP) national support programme for VCFSE (voluntary, community, faith, social enterprise) organisations. Programme funding for one year supported the development of place-based partnerships which focused on improving and increasing social prescribing community activities in their localities. Thriving Communities Somerset brought together organisations from multiple sectors. VCSE infrastructure support, the Arts, and Wildlife formed the core partnership team. This was complemented by sector partners in sports and physical activity, community advisory services, arts, primary care, secondary care, public health and social care. Many partners hold senior roles in their organisations, and collectively they were the steering group for this programme. Additional funding for this programme was provided by Somerset-based commissioners.

Social prescribing, sometimes known as community referral, is an approach which supports people in a holistic way towards better health. It enables health and care professionals to refer people to community-based groups, services and activities which offer practical and emotional support and opportunities to connect with others. NHS England and Improvement is investing in social prescribing link worker (SPLW) roles. Based predominantly in GP practices SPLWs build relationships with their communities and enable more people to access social prescribing. Evidence suggests social prescribing brings a range of benefits to individuals, including reducing loneliness, improving mental health and increasing social connectedness.

Somerset has several well-established social prescribing schemes based in both GP practices and community-based organisations. Somerset's social prescribers support people to access a range of services, support and activities in their communities and with the voluntary sector. Somerset's VCFSE sector has played a pivotal role in the success of social prescribing in the county – contributing locally, regionally and county-wide to develop the concept of social prescribing strategically and operationally with sector partners. Challenges, however, have been identified regarding the development of social prescribing in the county. Local research highlights the importance of engaging health professionals, investment in community development, and collaborative working within and across sectors. In addition, the referral process, inadequate (long term) funding and resources for community delivery partners, and capacity to manage an increase in referrals are areas of concern identified.

Somerset has a proven track record of partnership working and collaboration across and within statutory health and care services, charities and social enterprises. Initiatives such as Exercise on Referral, Arts on Prescription, Nature on Prescription and Open Mental Health illustrate existing partnerships between health and community-based organisation and possibilities for future collaborations. Working in partnership brings both opportunities and challenges. Somerset-based research has identified a range of benefits including joint funding,

sharing of expertise and sharing resources. Challenges include time constraints, a competitive field, lack of trust and practicalities.

These experiences of social prescribing development and partnership working provide the context in which the Thriving Communities Somerset programme is set.

The overall aim of the Thriving Communities Somerset programme was to address funding gaps previously identified in Somerset’s social prescribing provision and increase communication, awareness and visibility between sector partners. The expectation was that this cross-sector partnership would become ‘an effective strategic body to grow social prescribing in Somerset’. Programme output over the year from March 2021 included seven funded activities delivered with existing and new sector partners, four networking roadshows and a final project celebratory event. These activities spanned arts and nature activities, mindfulness and nature, developing bike skills and film making, creative writing and performance poetry, gardening, singing in a choir, and mental health and arts.

Research overview

This report reflects on the programme’s multisector steering group partnership. The core partners were keen to reflect on the partnership to identify what had worked well, and the challenges they have experienced. The sector partners also shared their insights regarding the provision of social prescribing activities and recommendations to improve delivery and embeddedness. In addition, activity delivery partners were invited to share their experiences of delivering their activity, challenges experienced and recommendations for developing social prescribing across Somerset.

Aim overall: to build knowledge and share experiences of multisector partnership working in the field of social prescribing in Somerset.

Data collection and analysis: qualitative research techniques were utilised to capture participants’ experiences. Online surveys using semi-structured questions and free text options were emailed to steering group participants – twelve organisations (7 respondents); and activity delivery partners – seven organisations (4 respondents). Thematic analysis was employed by the Author which conceptualised five ‘themes’ observed across the project timeline – *establishing the steering group; programme planning; delivery; future focus*. These themes (figure 1) or topics, structure the research findings.

Figure 1. Themes conceptualising survey data



Research findings

Figure 1. Research Findings: themes

Most respondents agreed that forming the partnership was a positive experience and has the potential to give a <i>stronger collective voice</i> to the range of sectors involved	
Theme 1.	<p>Time as a limiting factor: time pressure and timescale <i>Timeline: Establishing multisector steering group; programme planning; delivery</i></p>
<p>Time pressure: Steering group members overall had little time and capacity to commit to the establishment and development of the partnership, resulting in patchy meeting attendance. This impacted opportunities for more meaningful relationship development. Online meetings helped reduce time pressures but further affected opportunities for relationships to flourish. Whether meeting attendance was considered a ‘good use of time’ for some participants was dependent on perceived role in steering group and benefit for own organisation. The Project Coordinator role helped mitigate time issues experienced by steering group members by liaising with delivery partners and taking decisions on behalf of the steering group.</p> <p>Timescale: One-year timeframe negatively impacted the potential to connect with beneficiaries, referral organisations and delivery partners, and plan effectively. There was less time to develop activities more organically w. beneficiaries and respond to their requirements. Longer engagement time would have facilitated the ‘building of trust and developed confidence to attend activities’ (pertinent in respect of Covid-19). Less time to ‘fit’ project with own organisation & wider priorities.</p>	
Respondents were pleased with the range of activities and representation from different sector partners. The networking events helped raised awareness of activities.	
Theme 2.	<p>Recruitment and referral pathways <i>Timeline: Planning the programme of activities</i></p>
<p>Recruitment: Mixed experiences of planning activities and recruitment. Promotion largely online and regarded as inaccessible for some beneficiaries and thus a challenge for some projects. Covid - 19 was a factor, however it is suggested that the steering group play a more proactive role given the ‘niche groups’ involved. Steering group also reflected the need for ‘more defined roles’ among partners to maintain their interest, utilise their sector expertise and work more strategically. The term ‘social prescribing’ also considered a barrier to recruitment as link to wellbeing not clear. More community engagement recommended to help raise awareness of social prescribing concept alongside a county-wide social prescribing site with activity directory.</p> <p>Referral pathways: Well established projects were able to draw on existing, mature relationships with community partners to recruit participants. There were few direct referrals from healthcare via SPLWs and this was considered a key issue by steering group members and delivery partners. More attention initially to build links with key social prescribing organisations and SPLWs to establish/embed referral pathways may have facilitated improved access to intended beneficiaries. It was observed that often there is little liaison between healthcare and community providers or joint exploration of local needs. This is a barrier to recruitment and activities sometimes inaccessible for community members. Improving networking opportunities could help overcome this.</p>	

<p>Opportunities for sector group members and delivery partners to build relationships with local commissioners and funders was a positive outcome for this project.</p>	
<p>Theme 3.</p>	<p>Programme funding longevity <i>Timeline: Programme planning; delivery; future focus</i></p>
<p>Funding longevity: The short-term aspect of this funding model impacted project development in several ways. Delivery partners wished to run more courses as part of this programme but funding has not been extended beyond the year. Although additional funding has been secured elsewhere the sense of belonging to a jointly funded project with a shared aim is reduced: diminishing its long-term impact. Building in ongoing financial stability was thus a key reflection. Funding is generally not reflective of the full costs involved regarding the time taken to ‘set up, plan, and deliver these initiatives’ especially if staff are taken from other projects within an organisation. A broader critique of the county’s social prescribing model suggests adequate funding needs to be directed at the community-based organisations which deliver the activities which SPLWs refer people to and not just the referral organisations.</p>	
<p>Steering group respondents described feeling proud of what they have achieved as a partnership, have increased their knowledge of social prescribing and raised their profile.</p>	
<p>Theme 4.</p>	<p>Benefits of multisector partnership working <i>Timeline: Programme planning; delivery; future focus</i></p>
<p>Benefits of partnership working: Raising the profile of arts, creative and nature-based interventions in terms of social prescribing activities was a key aim achieved by sector partners. In addition, art sector partners have developed a ‘greater understanding of social prescribing provision’ and consider the development of partner relationships key for creating greater awareness of how they ‘fit together’ in relation to the social prescribing picture in Somerset. The partnership has also deepened existing sector relationships and highlighted the symbiotic relationship between sectors which support wellbeing. There has also been ‘infrastructure development and collaboration’ across sectors and activity partners, and regular networking forums established. This provides a platform on which to build further social prescribing activities. Involving partners from secondary health facilitated deeper connections with community-based sectors and illustrated ways to ‘work more effectively at a community as opposed to organisational level’. Sector partners also described reputational benefits of being involved, including bolstering their credentials in the wellbeing field; affirming the value their sectors bring to social prescribing and demonstrating the success of multisector partnership working.</p>	

Summary of recommendations: partnership working and supporting social prescribing

Recommendations to inform future multisector partnership working and improve the provision of social prescribing reflect their experiences of programme participation. Insights grouped below.

Theme 5: **Recommendations: partnership working and supporting social prescribing activities**
Timeline: Future focus

- **Maintaining project momentum:** continuation of steering group alongside a funded Project Coordinator role to maintain existing networks and build on progress made. Creation of a dedicated website and services directory for delivery partners and SPLWs county-wide. Develop a programme of networking events to build relationships and share good practice.
- **Increasing and extending financial investment:** increase funding for community-based organisations and wider sector partners to reflect totality of time and resources required. Extend the funding timeline for future programmes with this partnership to provide opportunities for extended engagement with delivery partners and communities – ‘right projects, right places’. Long-term approach supports activities to be replicated, refined and referral pathways established. Moves away from a ‘standalone offer’ towards integration of activities within wider social prescribing ecosystem.
- **Improving communication between activity providers and referral organisations:** developing ‘more effective communication and referral pathways’ would improve access to referral organisations for activity promotion and recruitment. Encouraging greater input from SPLWs and primary care networks (PCNs) more broadly helps identify ‘target groups’, ‘frame needs’ and align activities with participants’ capabilities. Improving communication and promotion of social activities more widely would facilitate self-referral/healthcare referral. Stepping away from ‘medical definitions and explanations’ and focusing more on ‘community development and relationship-building’.
- **Proactive health sector engagement:** Not all Somerset PCNs engage with social prescribing on a level which supports its development or realises its potential. Taking more ownership and engagement in the idea and practice of social prescribing is needed. Inclusion of social prescribing in medical training alongside opportunities for clinical staff and SPLWs to participate in activities to ‘see and feel the potential benefits’ is recommended alongside link workers being afforded sufficient time to build community relationships.

Summary of the barriers, enablers, benefits, and challenges of multisector partnership working and social prescribing in Somerset

This research aimed to build knowledge and share experiences of multisector partnership working in the field of social prescribing in Somerset. By bringing together partners from a range of sectors, collaborative working practices with the arts and nature-based organisations have linked with social prescribing on a more formal footing. A programme of community activities has been delivered, and foundations are now in place on which to build a network of support for a wide range of sector partners and community-based delivery organisations.

The following (figure 3) highlights the barriers and enablers of partnership working identified by the research participants and the benefits of becoming involved. It also draws attention to challenges identified with programme planning and delivery and considerations for embedding social prescribing in Somerset.

Figure 3. Barriers, enablers, benefits, and challenges: partnership working and social prescribing



Benefits of multisector partnership working

- Raised awareness of each sector's role and created opportunities to deepen working relationships.
- Raised the profile and reputation of arts, creative and nature-based interventions; enriching Somerset's social prescribing landscape and enabling access to related funding.



Time as a barrier

- Lack of time for steering partners to attend meetings regularly impacted opportunities to develop closer relationships with new partners and operate more strategically. Online meetings supported time efficiency, but depth of connection was reduced. A mix of meeting options suggested.
- Clarifying commitment, expectations and roles with steering partners from start would give them opportunity to assess capacity to be involved.



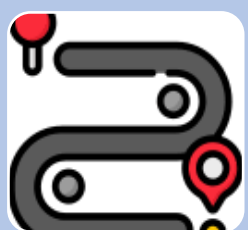
Project Coordinator role - enabler for delivery and continuity

- Key role for pulling various aspects of a multi-component project together and providing continuity.
- Point of contact and support for delivery partners and networking elements of programme.
- Retaining an element of project coordination is recommended to build on progress made.



Funding models - short term cycle is a barrier to sustainability

- Funding directed at community sectors and delivery partners helped address funding gaps experienced by steering group and delivery partners.
- One-year timeframe inadequate for meaningful community engagement, recruitment and co-production of activities - vital to align with needs.
- Impeded delivery partners moving onto a more sustainable footing financially and to mature and evolve their offer over time, collectively.



Poorly developed referral pathways - a barrier to recruitment

- Communications and referral pathways between SPLWs and community-based organisations need to be improved to aid recruitment to activities and embed social prescribing. These are fundamental next steps.
- Steering group sector partners working at a strategic level with health partners could facilitate closer working between sectors. Supporting PCNs to experience the benefits of social prescribing may encourage liaison.



Social prescribing infrastructure support - enables collaboration

- Foundations are in place for ongoing multisector collaboration and a means of support for delivery partners.
- Networking events brought partners together. Programme has shown how community partners can align activities with social prescribing.
- Further development of support infrastructure county-wide will support best practice and engagement between health and community partners.

Introduction

This research explores multisector partnership working across a variety of sectors involving community, the arts, nature and health in Somerset. This is set within the context of social prescribing and the Thriving Communities Somerset project. The aim is to inform our understanding of multisector partnership working regarding barriers and enablers of successful partnerships. Whilst the outcomes of social prescribing projects are generally included in project feedback and more formal evaluations, less is known about social prescribing partnerships themselves. This work aims to shed light in this area by explore participants' experiences and makes recommendations for future multisector partnership working in Somerset. It also draws on the experiences of the sector partners to contribute more widely to the challenges of embedding social prescribing in Somerset.

Part 1 of this report begins with a brief overview of the concept of social prescribing and recent development in Somerset. This is followed by a review of partnership working across VCFSE partners (voluntary, community, faith, social enterprise), and research which considers the challenges and opportunities for Somerset's VCFSE sector regarding social prescribing. This establishes the landscape in which this partnership was formed.

Part 2 of this report introduces the Thriving Communities Somerset project and provides an overview of programme aims and outcomes. Utilising empirical qualitative research to explore the views of core and wider sector steering group members and delivery partners, it then explores the multisector partnership itself with a view to identifying key facilitators and barriers to partnership working in Somerset. Drawing on experiences of programme delivery, broader recommendations are offered for social prescribing to develop in Somerset.

Part 1

Social Prescribing

Brief overview

Social prescribing is an approach which supports people in a holistic way towards better health. It enables health and care professionals to refer people to community-based groups, services and activities which offer practical and emotional support and opportunities to connect with others. It also helps address the wider determinants of health and wellbeing (Buck and Ewbank, 2020). Historically, referral schemes have been managed by voluntary sector organisations which have community knowledge and links, and were commissioned locally (e.g., by Clinical Commissioning Groups, local councils, funding charities). Investment by NHS England and Improvement, however, has seen a seismic shift in the community referral landscape with the addition of an initial 1000 trained link workers based predominantly in primary care settings – enabling many more people to access social prescribing (NHSa, 2020). This is a key component of 'Universal Personalised Care' and the NHS Long Term Plan published in 2019. Social prescribing link workers are becoming

integrated into Primary Care Networks (PCNs) and building relationships with their communities and local organisations (see NHS England, 2021b for a detailed explanation).

Referrals *between* community-based organisations, however, also continues to play a vital role, with local agencies including job centres, advisory services, housing associations, and VCFSE organisations referring people to each other or to PCN-based social prescribing link workers. In addition, some VCFSE organisations host NHS-funded link workers, or have created similar roles within their organisations.

Does social prescribing work?

Evidence suggests that social prescribing brings a range of benefits to individuals, including reducing loneliness, improving mental health, increasing social connectedness and improving overall wellbeing. At a population level, there may be a reduction in the number of visits to primary care services (Polley & Chatterjee et al, 2022). It is recognised, however, that more robust and systematic evidence is needed to review its effectiveness definitively, and those delivering social prescribing schemes are being encouraged to evaluate and monitor outcomes regarding health and wider wellbeing (RCN 2022).

Social prescribing landscape in Somerset

The County of Somerset – administered by Somerset County Council – has several well-established social prescribing schemes which sit within a GP Practice/Primary Care Network or broader community-based organisation. Over the last decade Somerset link worker-type roles have included Health Connectors, Health Coaches, Health and Wellbeing Advisors, Care Navigators, Social Prescribing Coordinators (with a focus on building community provision) and Village Agents, plus community link workers based in a variety of support organisations. Whilst there is no single model of social prescribing in Somerset, people working in these roles give their time to listen, focus on ‘what matters’ to the individual, and support them to access a range of services, support and activities in their communities and the voluntary sector (Lane, 2019). The introduction of reimbursable Social Prescriber Link Worker (SPLW) roles through NHS England has seen an expansion of social prescribing in the county.

Somerset recently developed a Social Prescribing Workforce Education and Training Framework to encourage consistency and competencies across link worker roles, regardless of which organisation or sector is hosting. This process was led by Somerset CCG and the People Board for Health & Social Care with input from primary care social prescribing services, voluntary sector infrastructure and community support organisations, and county/district councils (Lane, 2021). The focus was on social prescribing training rather than funding models for partners delivering social prescribing activities; a concern raised by voluntary sector contributors (various members). This framework has since been superseded nationally by the NHS England core competency framework for SPLWs. Somerset link workers now have access to Personalised Conversations Training delivered by the South West Collaborative (Training Hub, 2022). Numerous community-based organisations continue to provide link worker-type/advisory roles, however, which may not fall within this social prescribing training framework.

The Community Connector project pioneered by Health Connections Mendip and now available in other Somerset districts – complements social prescribing by providing a ‘light touch’ signposting scheme. This enables people in a wide range of roles (including SPLWs, interested citizens, librarians, PCSOs, housing officers, social workers, community advisers, and VCFSE staff and volunteers) to actively signpost people to community-based health and wellbeing support (HCM, 2022). This project also raises the profile of social prescribing schemes available across Somerset. In addition, projects such as Wellbeing South Somerset and SASP Health Coaching Service demonstrate cross sector collaborations which support social prescribing in their locality (SASP, 2022; Spark, 2022).

VCFSE sector – supporting social prescribing and partnership working

Somerset’s VCFSE sector is at the heart of community life and has played a pivotal role in the success of social prescribing thus far in the county. The county’s VCFSE infrastructure organisation Spark Somerset; community support and activity organisations such as Citizen’s Advice, Community Council Somerset, Age UK Somerset, and Somerset Activity and Sports Partnership have contributed at local, regional and county-wide level to develop the concept of social prescribing strategically and operationally with partners in health and care, and district councils. Simultaneously community organisations large and small, established and newly formed have been providing an array of activities, services and support in communities, and which link workers refer people to (Spark Somerset, 2020).

Working in partnership

Various initiatives have developed to increase partnership working and collaboration across and within statutory health and care services, charities and social enterprises (Age UK Somerset, 2019) demonstrating a commitment to improving health and wellbeing. This includes the VCSE Health and Wellbeing Alliance, the VCS Emergencies Partnership in Somerset, collaborative working with Somerset CCG’s Fit for my Future strategy, and Open Mental Health – a new community mental health service formed by an alliance of voluntary sector mental health organisations and NHS services (Open Mental Health, 2022).

Exercise on referral: One of the earlier iterations of community referral is Somerset’s exercise on referral scheme; demonstrating cross sector partnerships between primary health care and sports and activity sector organisations. A focus on building physical activity in community settings continues to bring positive effects for participants – including social connectedness, mental health benefits, and building confidence (SASP, 2022).

Arts on prescription: Somerset partners from Arts and Health South West – a forum which brings people together across the arts and health sector – explored with Spark Somerset how arts-based community projects can further develop ‘arts on prescription’ (APPG, 2017) and connect with existing social prescribing pathways. A webinar in 2020 established that communication and coordination across primary and secondary health care, the arts and voluntary sector are key to improve connections between artists and link workers. Raising awareness of arts and cultural activities which align with Somerset’s wellbeing priorities increases opportunities for fruitful collaboration (Social Prescribing Somerset webinar, 2020).

Nature on prescription: Nature-based partners including Somerset Wildlife Trust have long recognised the benefits of connecting with nature for mental health and wellbeing. Evidence shows volunteering in nature or participating in specialised health and nature projects can improve mental, physical and social wellbeing for many people (Leeds Beckett University, 2019). The Wildlife Trusts “see the concept of nature on prescription becoming a core part of NHS mental wellbeing programmes” (Somerset Wildlife Trust, 2019: 1). The Somerset Nature Connections Project, which began in 2020, exemplifies existing collaboration between nature-based charities and community groups which support mental health and wellbeing (SWT, 2022) and the possibilities for active engagement with health services.

Somerset-based research: social prescribing & partnership working

Somerset’s VCFSE sector has worked with community and statutory partners to support research regarding social prescribing and its development in the county. Social prescribing brings opportunities for community-based groups, but challenges have also been identified. This section provides a brief overview in this area.

Developing social prescribing

A report by the Richmond Group of Charities *Tapping the Potential* (RGC, 2018) explored place-based, health and care transformation, drawing on findings from their programme *Doing the Right Thing*. This programme focused on building meaningful and impactful collaboration between voluntary and statutory sectors in Somerset. It identified that social prescribing approaches in 2016 were working well but not equitable across Somerset. Its subsequent focus as a collaboration was to equitably scale social prescribing at county level. It acknowledged existing VCSE and health sector collaborations and observed that local authorities “had already started to do a lot of learning about the true value of the VCSE sector” (RGC, 2018: 27). Good practice recommendations included investment in community development and infrastructure; ensuring professionals are engaged; and collaborative working within and between sectors (RGC, 2019). This work supported Somerset’s *Fit for My Future* strategy (FMF, 2018) which centred social prescribing development as a priority.

The impact of social prescribing on Somerset’s VCSE sector

Somerset’s VCSE State of the Sector Report 2020 (Spark Somerset) highlighted the wide range and valuable services, activities and volunteering opportunities provided to communities by the sector, and emphasised the flexibility of hyper-local and local organisations to adapt and respond to community needs. The report, which synthesised survey responses from 176 organisations, identified challenges and opportunities which the expansion of social prescribing has brought to some community organisations. These are discussed below. When asked *whether they felt equipped to respond to the opportunities and challenges of social prescribing* 14% answered ‘no’ and 36% ‘didn’t know’. Some respondents described having “excellent relationships and collaborations with NHS organisations” (Spark Somerset, 2020: 46), and others were actively seeking engagement to develop referrals into their groups. Concerns regarding social prescribing centred upon the following areas: “the referral process; funding and resources to support the groups and services being referred to; referrer

expectations of VCSE organisations; and capacity of organisations to manage an increase in number and/or specific needs of those being referred” (Spark Somerset, 2020: 46).

A recent report by the South West Academic Health Science Network (SWAHSN, 2021) which included insights from a Somerset social prescribing service, highlighted the central role of SPLWs for connecting people to relevant VCFSE services. Often, link workers are reliant on voluntary sector infrastructure bodies and community development workers to make known community-based opportunities and activities. In addition, it was observed that

“For social prescribing to reach its full potential, there has to be activities and support in the community for social prescribers to link people into” SWAHSN: 19.

Ensuring the availability of a wide range of services and activities is necessary for communities to meet the needs and aspirations of its people. However, as this report identifies, funding for community-based activities tends to be short term and not secure (SWAHSN, 2020).

Partnership working – making it work

Creating cross-sector partnerships which bring together local partners and agencies have the potential to develop social prescribing opportunities which are localised and can respond to the needs of *hardly-reached* groups, while bringing additional social infrastructure to communities (SWAHSN, 2021). Working in partnership brings both opportunities and challenges, however. Somerset’s VCSE State of the Sector 2020 report explored partnership working among sector organisations and identified a range of factors. There were only 31% of survey respondents whose organisations did not deliver projects or services in partnership with other groups. Benefits to partnership working included joint funding and shared expertise, and sharing resources and workload. Facilitators identified for successful partnership working included establishing trust and having a good reputation. Barriers were experienced by 20% of respondents, however, and six areas were identified which impacted partnership development: “time constraints; competitive field; funding cuts; lack of trust, criteria of project; and practicalities” (Spark Somerset, 2020: 68). Key recommendations from this report included funding models which reflect the time taken for partnerships to collaborate effectively and investment in longer term projects.

Part 2

The Thriving Communities Fund

The National Academy of Social Prescribing (NASP) is a charity founded in 2019 with the specific aim of championing social prescribing and the work of local communities (NASP, 2021a). Thriving Communities is NASP's new national support programme for VCFSE organisations. The programme is supporting communities in England that have been impacted by Covid-19. The Thriving Communities Fund (£1.8 million)¹ supports “place-based partnerships which aim to improve and increase the range and reach of available social prescribing community activities” (NASP: 1, 2021b). Partnerships drawn from the followings sectors have been encouraged by this fund: the arts, heritage, creativity and culture; sport; nature; financial wellbeing; community advice; and the wider VCFSE sector. Funding was available for a 12-month period from March 2021.

Adopting a theory of change approach, the long-term goals of this fund nationwide were to:

- strengthen the range of social prescribing activities offered locally.
- enhance collaboration and networking between local organisations.
- enable social prescribing link workers to connect people to more creative community activities and services.
- [support] sustainability, diversity, dynamism of SP offer across seven NHS regions.

Utilising the Thriving Communities funding in Somerset

Somerset partners utilised the Thriving Communities funding to bring together place-based partners to support the planning and delivery of a range of social prescribing activities for people impacted by Covid-19. Additional funding was provided locally by Somerset-based commissioners. The aim was to address funding gaps previously identified in Somerset's social prescribing provision and increase communication, awareness, and visibility between sector partners. The expectation was that this cross-sector partnership would become “an effective strategic body to grow social prescribing in Somerset” (Funding Application, 2021: 16).

Building on the proven track record of partnership working across sector organisations, core steering group members were from VCSE infrastructure support, the Arts, and Wildlife. These core member organisations were complemented by sector partners in sports and physical activity, community advisory services, arts, primary care, secondary care, public health and social care. Many partners hold senior roles in their organisations, and collectively they were the steering group for this programme,

¹ Contributors to the £1.8M Thriving Communities fund are NASP, Arts Council England, Natural England and Historic England. It is also supported by NHS England and Improvement, Sport England, The Office for Civil Society, the Money and Pension Service and NHS Charities Together (NASP, 2021b).

Project outcomes

A key aspect of this programme was employment of a project coordinator to support project planning and delivery. Project output and outcomes have been summarised in the final report (Final Report, 2022).

In brief, seven funded activities were delivered with existing and new sector partners. Four networking roadshows with 159 attendees and a final project event were delivered, and 62 participants attended seven project activities. These activities spanned arts and nature activities, mindfulness and nature, developing bike skills and film making, creative writing and performance poetry, gardening, singing in a choir, and mental health and arts. A range of benefits was identified by participants, including improved mental health, skills development, connections with the natural world, social and community connectedness, and managing Covid-19 symptoms. Project delivery partners also identified benefits of participation in terms of networking and establishing new partner relationships. It is not within the scope of this report to present all findings from this project, as attention is directed to multisector partnership working.

Partnership working – research focus

Somerset took a novel approach with the Thriving Communities programme – seeking to bring together organisations from multiple sectors which sit within community, the arts, wildlife and health sector partners. Given the newness of this approach, the core partners were keen to reflect on the partnership to identify what had worked well, and the challenges they have experienced in this new way of working. Partners have also shared their insights regarding the provision of social prescribing activities and recommendations to improve delivery.

Research overview

Research topic: multisector partnership working in Somerset and social prescribing.

Questions:

- Exploring potential enablers and barriers of multisector partnership working regarding social prescribing programmes in Somerset?
- How might social prescribing activity provision be further embedded across a range of sectors in Somerset?

Aim overall: to build knowledge and share experiences of multisector partnership working in the field of social prescribing in Somerset.

Method

An initial meeting was convened with the core steering group members in February 2022 to clarify the area of research. This was identified as *experiences of working as a multisector partnership in the field of social prescribing*. Qualitative research techniques were utilised to capture these experiences as these methods are well suited to eliciting people's thoughts and views regarding complex and multi-layered situations.

Data collection

Two online surveys were created using Jotform. These utilised primarily semi-structured questions and free text options to draw out respondents' own experiences and viewpoints. Survey questions were reviewed and agreed by the core steering group members. The surveys were shared with respondents in mid-April which was near the end of the year-long project. Respondents were given three weeks to respond, and reminder emails were sent after two weeks.

Survey 1 was shared electronically with all core and wider steering group members (twelve organisations). It explored steering group experiences across a timeline from forming the steering group, planning a programme of social prescribing activities for the intended beneficiaries, delivery of the programme of activities and next steps. The aim overall was to identify what worked well as a multisector partnership, challenges planning and delivering the programme and recommendations for future multisector partnership working in the arena of social prescribing.

Survey 2 was shared electronically with all seven activity delivery partners. It explored their experiences in relation to planning and delivering their activity as part of this programme, challenges experienced and recommendations for developing social prescribing across Somerset.

Survey responses

Steering group members: 7 respondents from 6 organisations. Sectors represented: VCSE sector support organisation; the arts; nature/wildlife; sports and activity; acute health; and advisory services.

Delivery partners: 4 respondents from 7 organisations. Representation from across creative arts and nature-based activities, and volunteering for health.

Data analysis

Thematic analysis was used to explore qualitative responses from both surveys and followed Braun and Clarke's (2017) six stage process. This was completed by hand by the Author and adopted a primarily inductive approach. Five 'themes' were interpreted by the Author and observed across the project timeline – *establishing the steering group, programme planning, delivery, and future focus*. These themes are used to structure the research findings. Follow up emails, telephone calls and an online focus group was conducted to check accuracy and interpretation of findings.

Findings

Themes

Themes which conceptualise the survey data across the timeline:

- **Theme 1: Time: *time pressure and timescale***
Timeline: Establishing the multisector steering group; programme planning and delivery
- **Theme 2: Recruitment and referral pathways**
Timeline: programme planning and delivery
- **Theme 3: Programme funding longevity**
Timeline: programme planning, delivery and future focus
- **Theme 4: Advantages to multisector partnership working**
Timeline: programme planning, delivery and future focus
- **Theme 5: Recommendations: partnership working and supporting social prescribing community activities**
Timeline: future focus

Theme 1: Time: time pressure and timescale

Timeline: establishing a multisector partnership steering group, planning and delivery stages

Most respondents agreed that forming the partnership was a positive experience and has the potential to give a stronger collective voice to the range of sectors involved. It was not without challenge however, and time was a limiting factor.

Time pressure

Establishing and developing a multisector partnership takes time. Having the available time and capacity alongside other work commitments proved to be a challenge for the steering group partners. Attendance at meetings was patchy, with some organisations 'dropping in and out'. Whilst members appreciated the opportunity to connect with people who shared the same aspirations, inconsistency in attendance impacted more meaningful relationship development.

"We didn't necessarily have the same people attending each steering group. This made it difficult to establish any kind of meaningful, longer-term engagement"
steering group respondent.

The impact of Covid-19 necessitated online steering group meetings. This facilitated attendance for people who were time-poor, yet this medium further reduced opportunities for new relationships to flourish.

"I think the lack of any face to face [in person meetings] probably meant key relationships for me didn't happen that would have kept me more engaged" steering group respondent.

Whether people considered attending meetings as a *good use* of time was also a factor, given that many hold senior roles within their organisations. If a group member felt they were not really needed; if their organisation was not also delivering an activity; or if the group seemed to be operating more as a “reporting group rather than steering the project” (respondent), they were less likely to attend regularly or commit to seeing the programme through.

The issues around pressure on people’s time highlighted for several respondents the central role of the Project Coordinator to pull together the various aspects, including developing the activity programme, liaising with delivery partners, and taking decisions on behalf of the steering group. Despite the presence of this role, one respondent commented that the project still “took a significant amount of my time – more than expected for the size of the project” (steering group member). Overall, however, the Project Coordinator role was essential to the success of the project, demonstrating the need for this type of role and associated funding.

Timescale

The short-term nature of the programme – one year to form a steering group and deliver the programme of activities – affected various aspects of this project. Several respondents commented on difficulties connecting with the intended beneficiaries, referral organisations and delivery partners within such a short timeframe. A longer lead-in time would have provided more opportunity for delivery partners to plan, recruit and deliver the activities, whilst allowing for the impacts of Covid-19 on usual methods of communication.

“The timescale for pulling together the activities was short but given it was only a one-year project we had to move quite quickly... channels of communication were hindered by covid” steering group respondent (also delivery partner).

There was little time to ‘develop activities more organically’ (respondent) with intended beneficiaries and be responsive to their requirements. Longer engagement time would have facilitated the ‘building of trust and developed confidence to attend activities’ (respondent). The impact of Covid-19 on people’s confidence to meet with others is pertinent in this regard.

“The project was very short-term and had it been longer it would have been good to have participants involved in steering the project” steering group respondent.

The short timeframe was also a challenge for some steering group members to ‘fit’ the project within their own organisations and align it with wider priorities. This resulted in a ‘standalone’ feel to the project.

Theme 2: Recruitment and referral pathways

Timeline: *planning the programme of activities*

Recruitment

There were mixed experiences by respondents of planning the programme of activities and subsequent recruitment of beneficiaries onto the different projects. Much of the programme planning and recruitment support fell to the Project Manager, which was welcomed given low capacity of steering group members to provide day-to-day support. Respondents were pleased with the range of activities and representation from different sector partners, and the networking events (four roadshows – three online) were successful for raising awareness of the social prescribing programme.

“Roadshows were incredibly helpful to understand different health sectors and network with those working within those areas. Greater understanding what everyone is doing and how most teams are working towards the same goal. Great platform to get the word out about our activity and spread the word” delivery partner respondent.

Promotion of the individual projects was largely online, however, which some steering group respondents felt was inaccessible for the target beneficiaries. Covid-19 concerns limited opportunities to promote activities physically which resulted in recruitment challenges for several projects, and a need for more support:

“I felt that we needed far more support in advertising the entire project to ensure we got the reach and a larger number of participants” and in a similar vein *“Recruitment of participants was very hard work and appeared to be only ourselves that were looking for said participants”* delivery partner respondents.

Several steering group and delivery partner respondents felt that the steering group could have been ‘more proactive in supporting recruitment’ and that they had a larger role to play given the ‘niche groups’ involved.

“I think if it was talked about much more [by steering partners] in the early stages of set up, this could have really helped” delivery partner respondent.

Reflections from steering group respondents included the need for ‘more defined roles’ among wider steering group partners to maintain their interest and utilise their sector expertise and networks to support programme aims and delivery partners more strategically. A short timeframe to deliver the programme and the capacity of steering group members was a limiting factor in this regard. Utilising steering group meeting time more effectively for ‘creative discussion and shaping the programme’ (respondent) has been suggested for future partnerships.

The label *social prescribing* was considered by various respondents as a barrier to recruitment. While the term characterises a system of community referral, it is unfamiliar to many people outside of the health sector. As ‘arts on prescription’ and ‘nature on prescription’ join the prescribing lexicon, it is not clear to everyone that the ultimate goal is improving wellbeing.

“The title doesn’t help – it’s too medicalised and isn’t all encompassing. For people/patients, a title including wellbeing may help. I think social prescribing is a term only professionals understand” steering group respondent.

For some delivery partners more community engagement may have helped raise awareness of what social prescribing *is* and ways in which people and link workers can find out about activities and schemes.

“We need dedicated social prescribing networking events four times a year, dedicated one place for finding out about what is going on, educating people about social prescribing. For many this is a new term/concept” delivery partner respondent.

Several steering group members have suggested creating a central, social prescribing site with a directory of local activities. This would enable people to discover what’s available and self-refer. It would also be a resource for social prescribers and the wider link worker community to connect directly with delivery organisations.

Referral pathways

Activity projects which were well established had fewer recruitment issues as they were able to draw on existing, well-developed relationships with community partners. There were few direct referrals from healthcare into some activities via social prescribing link workers (SPLW), however, and this was considered a key issue by several steering group members and delivery partners. Working with SPLWs to raise awareness of activities and develop the referral pathways early on were missing steps for some activities.

“More focus on social prescribers knowing and understanding what is on offer and prescribing these opportunities. Most of our referrals ... come through our social media, not referral pathways” steering group respondent.

Steering group respondents have observed that more attention initially on building links with SPLWs during the early planning phase might have facilitated improved access to the intended participants, ‘enabling more people to benefit from these targeted activities’ (respondent). In addition, having more effective communication with Somerset’s lead social prescribing organisations and PCNs would have ‘helped get projects in front of prescribers’ (respondent). This would have created more opportunities for referral and self-referral into activities and initiated the process of embedding referral pathways for future collaboration.

An interesting observation by one steering group member with experience spanning both community and health sectors was that, more generally, there is little liaison between health and community providers or a joint exploration of local needs:

“There is a disconnect between primary care and social prescribing providers. Social prescribing activities are delivered by providers where and how they want. There isn’t much liaison or asking primary care what the local priorities are” steering group respondent.

This can be a barrier to recruitment as often delivery partners are not connected into the local social prescribing ecosystem, and activities created are sometimes inaccessible for community members with a complexity of needs. Adapting aspects of rural-based activities for town delivery, for example, could overcome issues such as poor community transport provision and link directly with PCN priorities, such as overcoming loneliness and isolation. Increasing opportunities for activity providers and primary care services to network would enable activity providers to 'shape their offer' in response to community challenges (respondent).

Theme 3: Programme funding longevity

Timeline: Programme planning, delivery and future focus

Opportunities for sector group members and delivery partners to build relationships with local commissioners and funders was a positive outcome for this project. The short-term aspect of this funding model, however brought disadvantages which have impacted project development in several ways. This included a consideration by one steering group respondent of how much of their own 'time and mental investment is warranted'.

Several delivery partners were keen to run more courses as part of this programme, but funding was not extended beyond the year. While several activity providers have since secured additional funding elsewhere, the sense of belonging to a jointly funded project with shared aims is reduced: diminishing its longer-term impact. Building in financial sustainability across all aspects of the programme was a key reflection.

"We needed a longer timeline for effective project management of the initial project but also to continue to deliver the existing programme" steering group respondent.

In addition, funding allocated to projects rarely covers the full costs involved, particularly within the context of wider organisational requirements. One respondent observed the following in this regard:

"It takes a lot of time to set up, plan and deliver these initiatives, which is expensive and takes staff from other things" steering group respondent.

A broader critique of the county's social prescribing model, overall, highlighted the need for sufficient funding to be directed at the organisations delivering the activities which SPLWs refer into.

"There needs to be more committed and long-term money to pay those delivering the activities, not just spent on referral organisations, but on those delivering the activities" steering group respondent.

Although local funders have contributed to this sector partnership, there is still a widely held view that significant Somerset-based commissioning in this field continues to put:

"... all its funding into supporting existing projects [some of which] do very little to support the development of social prescribing" steering group respondent.

Theme 4: Benefits of multisector partnership working

Timeline: programme planning, delivery and future focus

Steering group respondents described feeling proud of what they have achieved as a multisector partnership, especially considering challenging circumstances such as ongoing fallout from Covid-19. Some respondents increased their knowledge of what is available in terms of social prescribing opportunities and activities, and a range of benefits to partnership working with other sector partners were identified.

“One of our key aims was to raise the profile of arts, creative and nature-based interventions on the social prescribing agenda in Somerset, which I believe the project has effectively done” steering group respondent.

Arts sector partners have developed a ‘greater understanding of social prescribing provision’ and are more involved with social prescribing conversations.

“Prior to the project the social prescribing picture in Somerset felt pretty disconnected. Development of partner relationships has been key, creating greater awareness of how we all fit together” steering group respondent.

The partnership has also deepened existing sector relationships and highlighted the symbiotic relationship between sectors which support wellbeing; further demonstrating their contribution within the social prescribing landscape.

“Good to demonstrate the link to participants between art, nature and wellbeing in a more holistic way” steering group respondent.

There has also been ‘infrastructure development and collaboration’ across sectors and activity partners and regular forums established.

“It has provided a useful platform for further social prescribing activity, brokering relationships with commissioners and funders... this area is only going to grow so it’s important to have some infrastructure and collaboration in place to hold those conversations” steering group respondent.

A key benefit identified by a health partner regarding the people they support day-to-day was ‘making visible the needs of patients in this setting’ (respondent). Involving partners from secondary health facilitated deeper connections with community-based sectors and primary health. As a result, this partner:

“Had direct experience of how my role could work more effectively at a community as opposed to organisational level” steering group respondent.

Sector partners also described reputational benefits of being involved, including bolstering their credentials in the field of wellbeing; affirming the value their sectors bring to the social prescribing field; and demonstrating the successes of multisector partnership working.

Theme 5: Recommendations: partnership working and supporting social prescribing community activities

Timeline: Future focus

Recommendations from steering group respondents to inform future multisector partnership working and improve the provision of social prescribing activities reflected their experiences of participating in this programme. These insights are grouped under the following headings: *maintaining project momentum; Increasing and extending financial investment; improving referral pathways; and health sector engagement.*

- ***maintaining project momentum***

Several steering group respondents would like to see the ‘continuation of the steering group to maintain momentum’, alongside a funded Project Coordinator role to maintain existing networks and build on progress made. This would include exploring options for developing a dedicated website and services directory. This repository would be a resource for delivery partners county-wide to promote their activities which support social prescribing, and a central location for SPLWs and people in similar referral roles to identify local activities.

A continuation of regular networking events which bring together delivery partners across sectors, communities and people in social prescribing roles would further raise awareness of opportunities, share good practice and build relationships. This would facilitate ‘referral organisations talking more to each other and being proactive in talking to potential activity providers’ (respondent).

- ***Increasing and extending financial investment***

Several steering group partners have identified that funding for community-based organisations and wider sector partners needs to be increased to reflect the totality of time and resources which goes into planning and delivering these types of programmes and activities.

Extending the funding timeline for future programmes with this partnership would also provide opportunities for ‘extended engagement with delivery partners and communities’ (respondent). This increases the likelihood that ‘the right sort of projects are delivered in the right places’ (respondent).

Providing long-term funding would also ‘support delivery organisations to become more sustainable, less hand-to-mouth’ (respondent). In turn, activities can be replicated or refined if needed, and relationships further developed with prescribing organisations to establish referral pathways. This approach would also shift the mindset from a ‘standalone offer’ towards integration of activities within the wider social prescribing ecosystem.

- ***Improving communication between activity providers and referral organisations. (Improving referral pathways)***

Steps to develop ‘more effective communication and referral pathways’ (respondent) for future social prescribing community activities would bring several benefits, including improved access to referral organisations for activity promotion and recruitment. Steering

group members also recommend encouraging greater input from SPLWs and PCNs more broadly in the early phases of a project's development to 'help identify target groups' and 'frame needs'. This would help establish recruitment pathways and align activities more closely to participants' circumstances and capabilities.

Steering group members also recommend improving the communication and promotion of social prescribing activities more widely. This would facilitate 'self-referral and referral from healthcare professionals' (respondent) and ties in with recommendations to create a directory detailing social prescribing activities.

Other members stress the need to 'step away from the medical definitions and explanations' and focus more on 'community development and relationship building'; recognising that 'social prescribing is a thread that runs through so much of what the VCSE sector already does' (respondent).

- *Proactive health sector engagement*

Currently the locus of control regarding social prescribing development sits with NHS England with routes via primary care. Not all PCNs however engage on a level which supports its development or realises its potential. Steering group members had several recommendations in this respect, including a need for 'the health sector to take more ownership and engagement in the idea and practice of social prescribing' (respondent). Another observed 'how ignorant of social prescribing many GPs are' (respondent).

Inclusion of the practice of social prescribing in all levels of medical training are recommended, alongside opportunities for clinical staff to participate in social prescribing activities in order 'to see and feel the potential benefits' (respondent). There is also the view that sufficient time needs to be available for SPLWs to build community relationships and 'experience activities to be able to refer onto them' (respondent).

While there are clear examples of excellent PCN-community partnerships in Somerset, it remains fragmented. Creating more opportunities for closer collaboration between health and wider community and sector partners is a crucial early step – enabling co-production of social prescribing activities which are responsive to community needs and within the capabilities of the delivery partners.

Discussion

The aim of this research was to build knowledge and share experiences of multisector partnership working in the field of social prescribing in Somerset. By bringing together partners from a range of sectors, collaborative working practices with the arts and nature-based organisations have linked with social prescribing on a more formal footing. A programme of community activities has been delivered, and foundations are now in place on which to build a network of support for a wide range of sector partners and community-based delivery organisations.

This section pulls together the research findings; highlighting the barriers and enablers of partnership working identified by the research participants, and benefits for becoming involved. It also draws attention to challenges identified with programme planning and delivery and considerations for embedding social prescribing in Somerset.

Benefits of participation

There were clear benefits to several steering group respondents of participating in this partnership. Bringing together a broad range of partners demonstrated how multisector working can raise awareness of each other's sector roles and create opportunities to deepen working relationships. This partnership builds on Somerset's solid reputation for collaborative working and the scope of this partnership was ambitious. Raising the profile of arts, creative and nature-based interventions has enriched Somerset's social prescribing landscape – providing a broader range of opportunities for community members to access support which resonates with their needs and preferences. This also builds the reputation of these sectors in the wellbeing arena, creating opportunities for further involvement in Somerset's social prescribing landscape and access to related funding. Most steering group respondents would like to see a continuation of the steering group to build on progress made.

Time as a barrier

Time proved to be a key barrier, however to partnership working for a range of partners and was most evident regarding capacity to attend steering group meetings. This impacted various aspects of the project. Patchy attendance meant fewer opportunities to develop closer relationships with new partners, and input was therefore less strategic in nature regarding 'steering' the project. Partnership building is a key benefit associated with collaborative working practices so steps to facilitate this are important. The people involved with this partnership mostly have senior roles in their own organisations, multiple commitments and a need to prioritise workloads. While online meetings were helpful for people time-poor (and often necessary due to Covid-19 practicalities) they also introduced additional barriers. Two dimensional interactions do not fully compensate for meeting people in person, and this impacted the 'depth' of some relationships. Adopting hybrid arrangements for future partnership meetings might encourage closer engagement, with plans to meet in person on some occasions. Constraints on time have previously been identified as a barrier to partnership working in Somerset (Spark, 2020). Being clear about commitments, expectations and defined roles for steering group partners from the beginning of a project, therefore, may also help ensure that people who commit to being involved understand what is required to make the partnership a success, as well as the capacity to be fully present.

Project coordination: facilitating programme development, delivery and continuity

The Project Coordinator role for this partnership was one of the key elements of the programme's success – pulling various aspects of a multi-component project together and providing continuity. This mitigated some of the time issues experienced by the steering group partners. The Project Coordinator also provided a point of contact and support for delivery partners and created opportunities for networking across sectors and knowledge building regarding the concept of social prescribing. Retaining an element of project coordination is a recommendation by steering group respondents to build on progress made.

Funding models – short term approach: a barrier to sustainability

Funding directed at community sector partnerships and delivery partners to provide social prescribing activities is a welcome step towards improving social prescribing provision locally. This approach helps address funding gaps experienced by community-based partners who support people's wellbeing. The timeframe of one year, however, was considered too short for adequate community engagement, participant recruitment and co-production of activities – vital steps if activities are to align with community needs. The short funding timeframe also impeded delivery partners moving onto a more sustainable footing financially. This project brought together a range of sector organisations and delivery partners temporarily under the same funding model and a commitment to longer term funding would support this partnership to mature and evolve their offer over time. Steering group partners suggest a longer-term commitment from Somerset's commissioning organisations is needed if social prescribing activity provision is to become more widely available, consistent, and integrated.

Poorly developed referral pathways: a barrier to project recruitment

A critical element for embedding social prescribing in Somerset is building effective communications and referral pathways between the SPLWs and the range of community-based organisations which deliver activities. There were mixed experiences regarding recruitment, and recommendations to develop those referrer-delivery partner relationships as fundamental next steps for moving this multisector programme forwards. Developing the social prescribing infrastructure will facilitate more opportunities for delivery partners and SPLWs, as well as other community referral roles, to network and build relationships. It has been suggested that steering group sector partners working strategically with health partners could facilitate closer working between health and the sectors which they represent. In addition, supporting PCNs and other health providers to better understand the benefits of integrating a social prescribing approach within their work may encourage engagement with community partners; facilitating opportunities for co-production of activities.

Social prescribing infrastructure support: facilitating partnership working and sector support

This programme has laid the foundations for ongoing multisector collaboration and a means of support for delivery partners providing social prescribing activities. The networking events brought a wide range of partners together and the programme has demonstrated how community organisations can align their activities to social prescribing requirements. Both steering group partners and delivery partner respondents would like to see this support infrastructure developed county-wide; providing a means for delivery partners across a wide range of sectors to develop best practice, learn about funding opportunities, engage with SPLWs and health sector partners, and share experiences.

Conclusion

This study aimed to capture the experiences of Somerset-based sector organisations which formed a multisector partnership to deliver a programme of community-based social prescribing activities. Findings from empirical qualitative research have identified clear benefits from participating in this partnership, including deepening working relationships, and

raising the profile of arts, creative and nature-based interventions. A key barrier to partnership working identified was a lack of time and capacity of partnership members to meet regularly. A key enabler was project coordination by a Project Coordinator which facilitated programme development, delivery and continuity. Poorly developed referral pathways between the county's SPLWs and activity delivery organisations were a barrier to the recruitment of beneficiaries. A barrier to programme sustainability was the short-term funding model implemented. Plans to develop networks of support and social infrastructure will support community-based delivery partners to engage further with social prescribing in Somerset.

Limitations

This study produced rich qualitative data which explored the experiences of steering group members involved in a multisector partnership spanning community, the arts, nature and health in Somerset. The context is social prescribing from the viewpoint of community-based sector partners involved in the delivery of social prescribing activities. Research in this area tends to focus on determining the outputs and outcomes of social prescribing projects, the experiences of recipients, and different models of social prescribing. The aim of this study was to give a voice to the partners involved in an innovative partnership and capture their experiences working in Somerset's unique social prescribing landscape. This has identified a range of factors which facilitated partnership working in this context as well as identifying barriers. This provides a resource which supports the development of this partnership as well as contributing more broadly to the social prescribing conversation.

There are limitations, however. The number of respondents to survey 1 was seven, representing six partner organisations out of twelve. Not all sector partners contributed their experiences or insights. Therefore, a holistic interpretation of the partnership's experiences has not been possible, and potentially key insights not captured. There was good representation from key partner organisations with extensive knowledge of Somerset's social prescribing landscape and a clear vision of what their sector interests can contribute to Somerset's social prescribing offer. A future research area, based on these findings, might consider ways to embed the links between Somerset's SPLWs and community delivery partners to facilitate co-production of activities – learning from existing good practice and extending this across Somerset.

With Thanks

I would like to thank the steering group partners and delivery partners for giving permission for their data to be used, their candid contributions to this study, and for investing their time.

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