

Policy context and academic rationale for “How can WMCollege collaborate with Social Prescribing in Camden?”

In this essay I will initially explain the context of my policy document, both in terms of Social Prescribing as a concept, and WMColleges wish to collaborate in the provision within Camden. I will then look at how it became clear during the research process that my initial ideas for the proposal were surplus, and occasionally contrary, to the needs of the current provision in the borough. I will then consider if this is due to the neoliberal policies and ways of thinking I am subject to as the document author and participant in society. Neoliberalism's need for market compatible evaluation and achievement can be a driver in “improvements” forced upon perfectly well running services. I will then look at the alternatives that may meet both the needs of the neoliberal market while keeping the qualitative evaluation that is part of the success of Social Prescribing. Finally, I will conclude that, while Social Prescribing in Camden may not require the support of WMCollege to continue being successful, there are certainly ways the college can support and enrich the provision.

Social Prescribing is a method for addressing Somatisation, the manifestation of psychological distress by the presentation of physical symptoms. “Patients with somatisation disorder are high users of health care and often receive expensive, unnecessary tests and treatments.” (Kinder et al, 2004, para 1). The National Health Service (NHS, 2020a, para 1) defines Social Prescribing as: “A way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and

emotional support". Although Social Prescribing can take the form of alternative variations of this definition, including a phone referral service and direct referral to service by a GP, amongst others (Pescheny 2018) I will use the prevalent three stage referral model as it is the one used in Camden. Friedli and Watson (2004) suggest that social prescribing has benefits in three key areas: improving mental health outcomes for patients, improving community well-being and reducing social exclusion. However, all of these can have a positive effect on the reduction of somatisation in patients, and therefore benefit their overall health, and the need to access the resources of the NHS.

Forms of Social Prescribing have been around in the UK from the 1990s (Brandling & House 2009) and it had a key role in the Department of Health and Social Care 2006 white paper "Our health, Our care, Our say: A new direction for community services" where one of the key aims for the NHS is defined as "providing better prevention services with earlier intervention" and refers to social needs alongside medical ones. (Dept of Health and Social Care, 2006, pg 7).

Social Prescribing has also recently been a key element of the NHS plan for Universal Personal Care (NHS 2020b) with an aim that at least 900,000 people will be referred to Social Prescribing by 2023/24.

In the main the referrers are GPs (Bickerdike 2017) using Social Prescription in the place of, or alongside, a medical prescription or referral. Referrals can also come from "pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise organisations. Self-referral is also encouraged." (NHS 2020a, para 4) The referral itself is to a link worker, not directly to a community group or service. That link worker may meet with the service user on several occasions and support their engagement with various community groups or services before the right fit is found for them. (Skills for Care 2020)

Link workers can refer service users to a wide range of opportunities, but primarily “options that make available new life opportunities that can add meaning, form new relationships, or give the patient a chance to take responsibility or be creative” (Brandling and House, 2009 para 4)

These can include “volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.” (Kings Fund, 2017, para 3) and usually exist within the voluntary, charity or third sector

This "multiplicity of options is one of the key challenges. The idea is simple, but the reality is complex. How can busy GPs and others in primary care know what is available?" (Brandling and House, 2009, Pg 455) and it is here that Social Prescribing goes beyond just the notion that things other than medicines can help people, but also that referral to social, non-medical, support beyond the GPs office can be beneficial to health, as well as a more cost effective use of resources. A GP has ten minutes with a patient during a standard appointment. A link worker might spend an hour with a service user, but their knowledge and support costs much less per minute. They have extensive specifically local knowledge, but the role does not require a qualification, although training and certification is available (Skills for Care, 2020). Whereas, to become a GP, years of training are needed, this is reflected in the wages of the roles, and therefor cost to the NHS. In summary:

“Social prescribing is an opportunity to implement a sustained structural change to how a person moves between professional sectors and into their community. To fully address the social determinants of health, social prescribing schemes view a person not as a ‘condition’ or disability, but quite simply as a person” (Polley et al, no date, pg 11)

When initially considering what to write for this assignment I was keen not to produce a hypothetical document with no context in the reality of my professional work, while also seeing

an opportunity for personally meaningful research within the direct remit of my role as a Curriculum Manager for an Art and Design Department at WMCollege . I have a long term interest in the use of arts education (and education as a whole) in the wellbeing of communities and the benefits available to individuals and society, beyond those measured with exams, qualifications, or even Independent Learning Plans. Social Prescribing had been of interest to me following the publication of the All Party Parliamentary Group for Arts Health and Wellbeing's report: Creative Health: The Arts for Health and Wellbeing in 2017. (APPGAHW 2017) and its data driven evidence for the wellbeing benefits of engagement with the creative arts, specifically through education.

I met with the principle of WMCollege, Helen Hammond, to discuss the possible places my policy document could be of use within the College and she agreed that Social Prescribing was an area of interest and that the college would be interested in seeing a document positioning how the it could become involved in Social Prescribing in our local area of Camden. Initial ideas discussed at this meeting included WMCollege supplying a "Hub" or physical point for Social Prescribing in the borough, as well as a digital collation of opportunities to be easily accessed by link workers (which would of course include the courses and opportunities offered at the college)

However, my research following this first meeting included discussion with Donna Turnbull from Voluntary Action Camden, one of the main providers of Social Prescribing services in Camden, and it was clear that these ideas were not necessarily needed or wanted by the service. They were keen to explore collaboration with the college, but were also wary of the possibility of:

"institutions take[ing] on projects that are already being done by small, under resourced , and much less powerful community-based organisations. There is quite a bit of tension in our sector as more and more big institutions want to engage with communities and

community-based organisations - and can be seen as appropriating community development roles and competing for scarce resources!" (Turnbull 2020)

Therefore, my policy document is careful to outline the possible ways WMCollege could support or collaborate with Social Prescribing in Camden, but also to actively set aside some of these opportunities and give an explanation for why they are NOT suitable (as opposed to just omitting them from the document), as well as provide further information about how those that are welcomed could be actioned.

For example, the national documents and discourses around Social Prescribing suggest that a database of opportunities to refer service users to is necessary: Brandling and House (2009, para 7) say "There must also be a regularly updated and accessible database of opportunities", Coffey 2020 names "digital" as an essential element of the development of Social Prescribing in London, and "the government report pledges to create a national database of social prescribing connector schemes as well as launching an online platform for commissioners and practitioners" (Apter 2019, para 10). However, my discussion with Donna Turnbull suggested that no national centralized data base exists because it is impossible to keep updated, and too big to be useful. Moreover, that Social Prescribing is more than database, it is relational, and needs to involve people and conversations to be useful. In fact, VAC does have a publicly available database of community groups and opportunities, and a closed database of informal opportunities and groups that is accessed by their link workers. However their concern about expanding this or linking it to anything national and considered definitive is that it would simply become a matching service and the relational, developmental, element of the process would be lost to the quest for efficiency.

So why was this the solution the principal of WMCollege and I first thought would be appropriate to offer? Is our society is driven by neoliberal values and policies, is the marketisation of our society has led to a desire to "fix" problems and make processes streamlined and as effective as

possible. A model that lends itself to a quantitative approach to success, while the current social prescribing model in Camden is much more qualitative in its evaluation of success.

Neoliberalism as a term has a number of specific definitions (Ganti 2014) Including: a set of policies, an economic development model and an ideology, but broadly it is the belief that policy in a society is led by the values of 3 main actors: neo conservative intellectuals wanting a return to higher standards in education, populist religious conservatives looking for a return to conservative values and “professionally and managerially orientated new middle class who are committed to the ideology and techniques of accountability, measurement and the new managerialism” (Apple 2001, pg 409)

While the values of these groups may conflict slightly, they are all working towards the neoliberal ideal of an international competitiveness, discipline, and profit, and a romanticized vision of home, family, and school. (Apple, 2001) Having first emerged in Chile and then moved across the world neoliberalism is now the prevalent political movement at the moment, prioritizing marketisation and the belief that public services are best served by being run by businesses with profit and loss being the leading motivators and measurements of success. Neoliberalism has changed our society here in the UK; with education now being driven by the results of high stakes testing, and the outsourcing of NHS services to the lowest bidder. The belief is that private ownership and an individual's desire for economic success will drive the effective provision of service

There is even emerging discussion around Social Prescribing missing opportunities to enable service users to return to the workplace (Stedman 2017), giving commissioners the ultimate opportunity to measure success against the market. Is social prescribing getting people into the workplace and no longer claiming benefits while creating profit for others?

VAC has already found this marketisation as an issue for the future of its organisation and others working in social prescribing, saying on their website in 2017:

“What does social prescribing mean for the voluntary and community sector? Voluntary and community groups run most of the projects which patients are referred to. This places voluntary and community organisations at the core of any sustainable social prescribing project. What does this mean in the current austere climate where organisations are struggling to stay afloat?

Unfortunately it seems that what it means is that to remain publicly funded Social Prescribing itself needs to show it is effective in the market, with quantitative evidence of success that can be measured effectively. Previous schemes like Arts on Prescription (Stickley & Hui 2012 para 3) “showed continued evidence for the effectiveness of the work, although there was little discussion regarding what the evidence might look like and whether or not commissioners of the future will prioritize services such as Arts on Prescription” If Social Prescribing is to continue to receive funding and support in our neoliberal society it needs to have evidence of working; of being “value for money”.

In the aforementioned report *Creative Health: The Arts for Health and Wellbeing* (2017) broader measures of success were used, instead of asking individual service users about the effect of their choices, the report referred to the bigger picture statistics that evidenced the benefits of societal interventions. An Arts on Prescription program discussed in the report showed a 37% reduction in GP visits and 26% reduction in hospital admissions for the groups of service users involved, totalling a saving of £216 per person. For every £1 spent this was between a £4 - 11 return. Data that can be appreciated by the neo-liberal market.

However, Brandling (2009) raises this issue of this reliance on a consumerist type of choice. It measures only the immediate value of a choice or action and its effect on second order desires

like pain relief and good experience, not the “worth” it has in the long term on first order desires like meaning to life, developing potential as a person and contributing to society. To gather this information longer-term in-depth evaluation will be needed, and it is heartening to see that this is one of the aims of the London mayors plan for Social Prescribing (Coffey 2018)

While the issue may well be that the evaluation of Social Prescribing does not fit a neoliberal model, there is a possibility that the neoliberal model may change itself. In recent years GDP has been challenged as the measurement of a country’s success globally, (the definitive quest for neoliberalism; to be better than other countries) by the introduction of the Happiness Index. “the World Happiness Report 2020 for the first time ranks cities around the world by their subjective well-being and digs more deeply into how the social, urban and natural environments combine to affect our happiness.” (worldhappiness 2020) Bhutan being the first country to use it as their county's measurement of success, with New Zealand now considering the move (Ellsmoor 2019) The world Happiness index is created through extensive questioning of a sample of citizens from each country, and while not qualitative as such, its quantifiable data is drawn from an extensive range of information rather than the one single figure of GDP. So perhaps we can hope that in the future if this was to become the global measure of success, then the hold of the market on public funding will lessen and the qualitative benefits of all Social Prescribing will be seen and recognised.

For now, this shift has not happened and projects and programs must either format their evaluation and measures of success to the market, stating the monetary benefit of their exploits, or continue to evidence the qualitative benefits, and try to make links between these and the market value. Adult education and arts educations specifically can be areas where this is often difficult.

For example, Jarvis 2004 (pg 32) says

“If adult education can help people relate more easily to contemporary culture, if it can help them use their leisure time in a creative manner, if it can enrich the lives of many who undertake it, then it would appear to be quite ludicrous to relegate it to the margins of the world of education; and, clearly, its provision will become even more important since more people are living longer and hence have more actual time in their lives to learn things”.

However, none of these issues explicitly say that those adults will cost the state less or make more of a profit. Equally: Lawton (2013) explains that reciprocal learning can foster a sense of empowerment for adults and improve young people's "self-image and self-esteem" " empowerment and improvements in self-image and self-esteem are of benefit to both individuals and society, but cannot easily be quantitatively measured and their benefit implicitly linked to profit and loss. While using the happiness index might not be proper on just a single art class. A country that allows individuals access to them could show an improvement on the index as a whole, and while the individual pathway taken to that might not be fully understood, the cause and effect could be appreciated by the neoliberal funders of such exploits.

To conclude, This Quote from Brandling and House (2009 pg 456) seems fit.

If our research methods cannot prove the long-term benefits of this shift in focus then we should be guided by our vision of the sort of society we want. If the choice is between a society that generates illness and then thrives on therapy to put it right, or a society that generates health through social capital and social responsibility, the answer is a no-brainer. This is one of Charles Taylor's strong evaluations that we shouldn't have to agonise over. Given the state of society, it is remarkable that we have managed to keep going as we are. Michael Ignatieff described this well: *'Instead of being astonished at the*

spiritual emptiness of the times, we should be amazed that individuals manage, in both the silence and the babble, to find sufficient meaning and purpose ...

Camden appears to have a thriving and effective Social Prescribing Program, and rather than seek to involve WMCollege in its workings and ensure that it meets the neoliberal standards the college is tied to achieving to by its funding, perhaps this is an opportunity to enable a program less constrained to expand and continue to support the same community of individuals as the college.

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Meeting 18th Aug 2020

How can WMCollege collaborate with Social Prescribing providers in Camden?

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What is Social Prescribing?

The NHS defines social prescribing as: “a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support”.



Social Prescribing has grown over recent years as demands on the NHS have increased. In 2020 Social Prescribing (1) was a key part of the NHS Personalised Care (2) Plan with aims to have at least 900,000 people referred for social prescribing by 2023/24. Specifically in London (3) Social Prescribing forms a key part of the 10 year plan (4). This was summarised at the Kings Fund Conference about Social Prescribing (5):

The three key elements of Social prescribing are:

- Provision for all
- Easy access
- Local where possible

What is needed for social prescribing to be possible?

- Workforce – link workers
- Welfare and legal advice- to enable small groups and services to run
- Digital resources
- Evaluation

What is already happening in Camden in terms of Social Prescribing?

The primary provider in Camden of link workers for social prescribing in Camden is The Clinical Commissioning Group. They fund Age UK (1) to run a holistic approach across the Borough including Clinical Care co-ordinators working with the Elderly, WISH (Warmth, Income, Safety and Health) working with mental health issues, and Voluntary Action Camden (VAC) (6). With Camden NHS also providing direct referrals for physical health issues (7) and mental health issues (8). In addition, the Living Centre (9) and a number of other local organisations also provide a social prescribing service. In addition, VAC also support volunteers working directly in GP surgeries providing information about community services and groups. Social prescribing

and its associated structures and organisations are also supported by funding for discrete projects, programmes, and roles by other organisation and funders.

While this can initially appear a somewhat disparate provision It was clear from discussions with Donna Turnbull From VAC that a holistic approach across organisations has been very successful in Camden. Link workers and volunteers have access to a central database of referral opportunities (not public as it contains information about small community groups and personal contact details) and also a publicly available database of opportunities that has been effectively and dynamically kept up to date during the Covid crisis. Link workers and volunteers also have a rich knowledge of group and personal dynamics. VAC also supports training for link workers and volunteers across the Social Prescribing provision and supports the formation of new community groups that can then be referred to.

How could collaboration with Social Prescribing benefit WMCollege?

Engagement with Social Prescribing in Camden could provide WMCollege with additional access to the following:

People who want to do courses- Those engaging with social prescribing will hopefully have a developing desire to undertake activities in their communities. These activities could include courses at WMCollege

Community reach- Link workers have extensive reach into the community, potentially to individuals who may not have encountered WMCollege before or considered it as a possible institution to interact with.

Opportunities for people who do not want “education”, just involvement in a community – WMCollege has many learners who utilize the college to access opportunities for community and activity, butstruggle to engage with the education requirement of our funding. Social Prescribing could provide an alternative route for these learners, either within or beyond the college environment

Involvement with Social prescribing also enables WMCollege to further meet our values and aims

	WMC Objective or Value	Opportunity for SP to meet the Value or Objective
Objectives	Provide high quality provision and excellence <u>for all</u>	Could increase reach
	<u>Provide efficiency, effectiveness and sustainability</u>	Could enable WMC to be more of all of these

	<u>Enhance partnership working</u>	A potential partnership
Values	WM College is Learner Centred: We strive to enable all learners to achieve their potential and to enjoy their learning with us. We listen to our learners and are <u>adaptable, flexible and responsive to learner needs.</u>	Could provide alternative and additional pathways for learners and progression and achievement for Link workers
	WM College is committed to Continuous Improvement and Excellence: <u>We constantly review what we do and how it could be improved to ensure that we get better.</u>	Could provide an opportunity to become more responsive to, and embedded in, the Camden community
	WM College is Respectful: We promote equality and celebrate diversity. We respect differences and treat people as individuals. We are understanding of each other's values, cultures and beliefs and observe these in our interactions with each other.	
	WM College is <u>Collaborative: We work together to meet our common goals, valuing each other's contribution. We share and celebrate the talent, skills, knowledge and experience of every person at WMC.</u>	An opportunity for collaboration and celebration of achievement

How could collaboration with WMCollege benefit Social Prescribing in Camden?

Space - WMCollege has a large hall a, a café, a Learning Centre, library and classrooms that could be utilized by link workers for training, meetings, conferences.

Teaching Staff - WMCollege has many trained teaching staff who can both deliver sessions suitable for social prescribing (particularly within the Get into Learning provision), and supply or host training for both link workers, and service users looking to start their own community groups or services

Qualifications- WMCollege has the infrastructure to access qualifications that can be used to measure attainment and skills for both link workers and service users

Learners- WMCollege has a cohort of learners who could be interested in becoming link workers or volunteers within the social prescribing process.

Size and presence as an organization- WMCollege has a presence within the community, a marketing budget and place at the table at several organizations where Social Prescribing could benefit from being promoted (eg: Knowledge Quarter, IAL, Camden Council)

How could WMCollege and Social Prescribing in Camden collaborate?

Possible collaboration	Link to Key element of London's 10 year Social prescribing plan
WMcollege could provide a physical location for Link workers and Service users to meet	A way to keep the provision local where possible
Provide a location for networking events for Link workers	Opportunities for workforce development
Provide or host training opportunities for service users to develop their own social prescribing eligible activities and groups.	Opportunities for workforce development
Provide or host training opportunities for link workers to accredit their professional skills	Opportunities for workforce development
Support the independent access of the public information by Service users	Ensuring provision for all by extending reach beyond those referred directly
Provide IAG sessions as part of Social prescribing	Ensuring provision for all by extending the reach of the service
Refer learners to Social prescribing, specifically if they have contacted the college but are not looking for education opportunities	Ensuring provision for all by extending the reach of the service
Coordinate an online dynamic hub of all currently existing databases of opportunities for social prescribing within Camden. Maintain this resource and include opportunities at WM College	Development of digital resources
support the categorization of these opportunities	Development of digital resources and increasing provision for all by providing progression opportunities
Support the collection of useful information about each opportunity to be accessed by Social Prescribing workers	Development of digital resources
Refer "clubs" of learners needing to move on from the college to VAC for support to become a community group	A way to keep the provision local where possible by increasing the range of groups available to refer to
Create courses that Link Workers know there is a demand for (nutrition, governance)	Ensuring provision for all by extending the range of referrals available



Why not all these opportunities for collaboration should be pursued.

While the initial notion of Social Prescribing seems to be an opportunity for the college withing Camden. Initial research has made clear that there is already a very effective provision in place. It is grassroots, community based and is not initially visible, but it is clearly effective at its remit and does not necessarily require improvement or intervention. Social Prescribing works personally, intuitively, and relationally; individual to individual, with conversation and reassurance. If WMC college seeks to become involved and to collaborate with this successful and developing provision in the brough it needs to engage in terms of the needs Social Prescribing has, not what we may perceive that it needs. VAC have already experienced working with some of the large institutions in Camden and although these were initially useful opportunities for their service users, the institutions moves to introduce their own working practices on to the Social Prescribing model did not support the work done by the link workers with service users.

"We have had some great experience with local universities working with civil society and collaborating for mutual benefit , but we also experience tensions and mistrust sometimes when institutions take on projects that are already being done by small, under resourced , and much less powerful community based organisations. There is quite a bit of tension in our sector as more and more big institutions want to engage with communities and community based organisations - and can be seen as appropriating community development roles and competing for scarce resources! So I would be mindful of boundaries and principles in this too." Donna Turnbull. VAC

What would be useful?

IAG- providing the opportunity for advice and guidance sessions with Curriculum Managers or salaried staff for service users who have expressed interest in a course at WMC but need further guidance about the courses and college.

Hosting a space – training / events- VAC are having to move out of their current building and are looking for spaces to potentially run their events, including training for link workers and volunteers, as well as conferences and networking events.

Course offer as identified by link workers- VAC have been working with Mary Ward college to deliver courses on trusteeship and governance. They will be looking for a new site to run these when Mary Ward move to Stratford. Also, following Covid, several sort of courses needed in the borough have been identified, specifically food knowledge, cooking and nutrition these could be provided via the Get In To Learning programme directly in response to demand

Referring clubs to VAC- WMCollege has a long-standing issue in the arts with groups forming in classes and using them as Clubs, VAC is actively looking to support groups of individuals to become community groups and support with space, funding and governance.

What would everyone need to do?

Action	WMCollege Actions	Social Prescribing Actions
IAG	Create a process for referrals to be received for Individual Advice and Guidance from external agencies	Promote the opportunity for Individual Advice and Guidance meetings at WMCollege with Link workers and Volunteers, add opportunity to data base
Hosting space	Create information about spaces that can be used by community groups and create a process for this to be enabled. Create links with appropriate staff at WMCollege / VAC	
New courses responding to need	WMC to gather information from VAC about course demand for course planning 21-22 In year collaboration with Get IN Top learning Program	VAC to let WMCollege know about courses that they identify a need for.
Clubs	WMCollege to actively refer groups to VAC	VAC to continue to support community groups to begin.

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