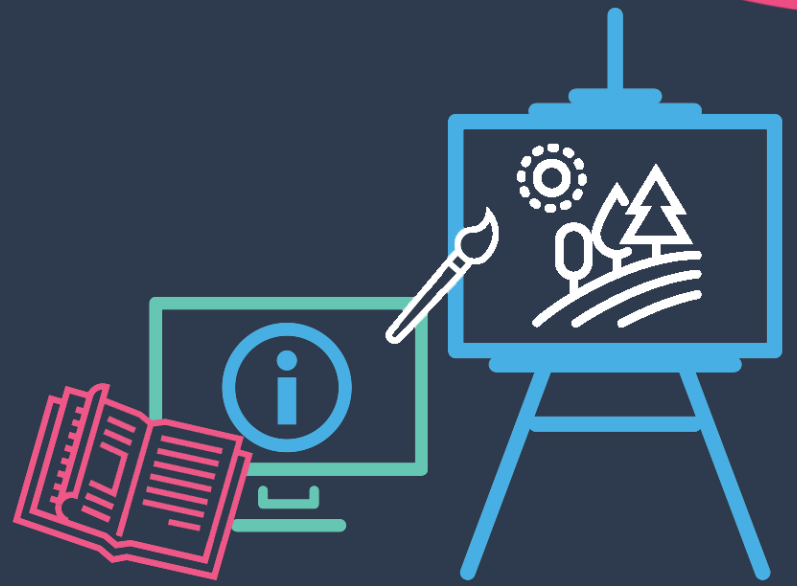
National Academy for Social Prescribing

Developing Shared Investment Funds for social prescribing

30th January 2024



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What is Social Prescribing?

"A means for trusted individuals in clinical and community settings to identify that a person has nonmedical, health-related social needs, and to subsequently connect them to non-clinical support and services within the community by co-producing a social prescription: a non-medical prescription to improve health and wellbeing, and to strengthen community connections."

Global conceptual definition, 2023

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Understanding the need

- Inequitable funding landscape across SP system
- Diverse, stable provision of SP activities, advice and info are completely central to any SP offer
- Often provided by VCFSE sector, supported by community infrastructure
- Short-term, piecemeal funding from wide variety of sources puts provision and sector at risk
- Commitment to triple SP link workers, without wider investment in VCFSE provision risks demand outweighing supply

Health setting
Funded through GP contract

Community setting
Unstable funding

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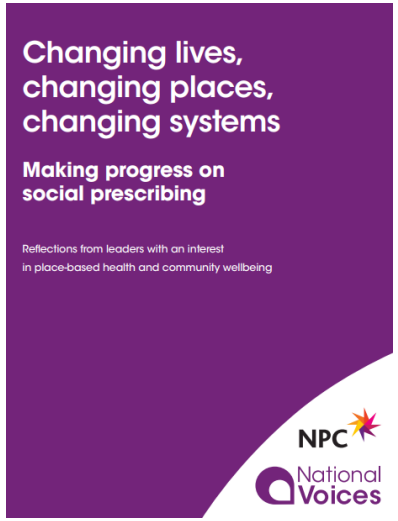
What does the evidence say?

Encourages ICSs to move from providing one-off funding of VCSE orgs to longer term investment in the sector

navca
local focus national voice

Calls for continued national funding at ICS level until local systems and leaders are more established. Need for legacy building element.



Says all stakeholders recognise the need for cross-sector funding for social prescribing, but shifting from this recognition to a commitment of funding remains the challenge.

The National Academy for Social Prescribing (NASP) commissioned its Academic Partners to review and summarise the evidence on funding models for social prescribing, and any insights into their financial sustainability.

- The current evidence shows a range of different funding models for social prescribing, which include a diversity of funding sources such as private, public and charitable.
- Regardless of the funding model used, the evidence suggests that the most effective models and approaches are those where a range of local partners work together, and that it is important to recognise the challenges in doing this

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Designing a solution

- We now have a unique opportunity to shape better investment in social prescribing
- Co-develop a ringfenced Shared Investment Fund from public, private, charitable and philanthropic sectors aligned to Integrated Care Systems
- Development grant to scope, engage partners and co-design a solution addressing these challenges and barriers facing community organisations providing SP activities

COMMUNITY FUND

November 2023
Strategic Advisory Group
Engagement with provider organisations
Funding organisations round table
ICP & System Level VCSE Alliance round table

December 2023
Design Assumptions

January 2024
Further ICP and Link Worker engagement
Multi-agency co-design session
Develop framework

February 2024
Strategic Advisory Group test & challenge

March 2024
Report to NLCF with proposed SIF framework & go-early sites

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Design Assumptions

A Shared Investment Fund model should:

1. Generate financial commitment from multiple sources & unlock ambitious levels of investment
2. Incentivise contributions through nationally-set matched funding rules
3. Adopt long-term approach to fund generation and grant-making
4. Be locally driven and nationwide
5. Reflect additional needs for inequalities (e.g. by using relatives in the NHS ICB allocation formula)
6. Not disrupt or substitute current funding for Link Workers or NHS funding of NHS clinical services
7. Be separate from NHS & LA funds
8. Operate locally (ICP or place level) rather than from one large national pot
9. Embrace local fundraising, governance and spending flexibility within broad guiding principles
10. Generate data to drive improvement and impact
11. Commit to being England-wide with early demonstrators

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Proposal: equal local & national contributions

For every £1 spent annually on link workers,

SIF should contribute *at least* the same for SP activities

- Total fund of at least £100 million per annum for 10 years (total of £1bn)
- £1.80 per capita per annum approx
- Fixed annual contribution from ICPs of 90p per capita **matched** by national pot from core national investor
- All contributions are mandatory components with a 10-year commitment
- ICP convenes local contributions which must include NHS, LA and private/philanthropic partners
- Local flexibility on holding the fund, at what geographical footprint and how to spend it.

Local operation of the fund

Aspiration is for all ICPs to choose to take part.

- Maximum local flexibility within a national framework
- Not replacing funding for statutory services; NHS link worker funding is separate
- ICP convenes local partner contributions
- Locally set, transparent governance arrangements
- Local flexibility on spend over 10 years
- Use national data collection tools and standards
- Create a stable, strong and sustained SP system

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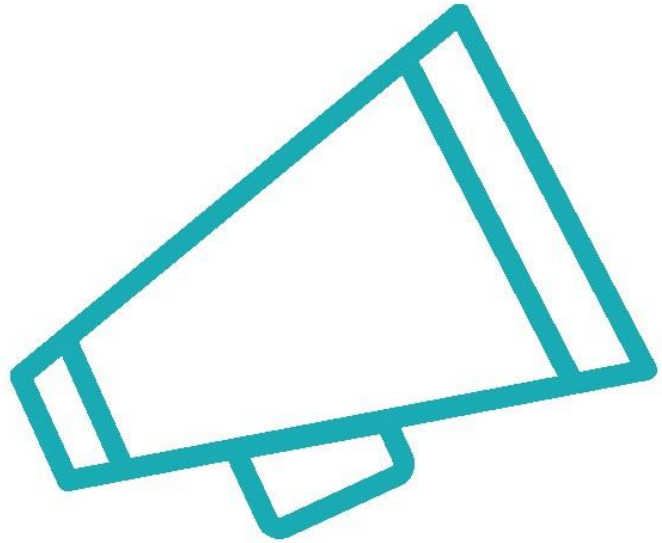
National roll-out

Clear commitment to a national model, not pilots.

- Option for a number of ‘go-early’ sites to illustrate, learn and create confidence in the model
- Simple, rapid application and selection process
- National org overseeing operation of fund
- Core binding agreement
- Agreed reporting arrangements
- Full national evaluation



Learning about impact

Opportunity to fill the data and analysis gaps to drive and scale intelligent commissioning.

- Discrete, separate proposal to capture near-real time data on impacts of SP
- Referral activity, provided activity levels, reduced NHS demand, self-reported health, wellbeing and loneliness status, helping clients meet their needs

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Reflections and Discussion