

LONDON'S COVID COMMUNITY RESPONSE HUBS: A DEEP DIVE INTO THREE BOROUGHES

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DECEMBER, 2020

This rapid research was commissioned by the GLA's Culture and Creative Industries Unit to explore the emergence of community response hubs across London in response to COVID-19, and the implications of these hubs for the conditions that support social prescribing in the capital. This report is structured as follows:

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SUMMARY

In March 2020 a number of Community Response Hubs emerged to respond to the challenges that COVID-19 created for communities across London, and beyond. Initially, most hubs were responding with emergency food provision and support for people who are isolating with prescriptions and emergency support. Over time, new needs emerged, and many of the hubs began providing more support and activities that were linked to social connection and well-being. In some boroughs, the community response led to a significant leap forward in partnership working, with new structures, relationships and processes put into place that enabled them to share data, coordinate (rather than duplicate) support to individuals. They also demonstrated a 'no wrong door' approach, with much clearer referral pathways and a single 'front door' as a point of access. To varying degrees, these community response hubs also involved social prescribers and arts and cultural organisations. In some boroughs, these new partnerships are evolving into new structures for community support, maintaining and embedding referral pathways, and sustaining the partnerships developed to continue collaborative ways of working at a local level.

This short piece of research explores three of the community response hubs which emerged in London's boroughs: Croydon, Lewisham and Southwark. It also maps out some of the complex layers of organisations, networks and partnerships at a London level where there are opportunities to strengthen partnerships even further to optimise conditions for cultural social prescribing in the capital.

METHODS

An initial piece of rapid desk research and interviews with key stakeholders identified a long list of twelve boroughs in London where a community response hub (led by a VCSE organisation or partnership, rather than a local authority) had emerged. From that initial list, eight were interviewed to get a high level insight into their approach locally

Of the eight, three were selected as 'deep dive' case studies for this report. In the interviews for each case study, specific attention has been directed to three areas:

- mapping any existing connections with cultural organisations, community groups, mutual aid groups, community anchor institutions, youth services, parks and green spaces, libraries, schools, FE and HEIs;
- exploring existing connections with NHS Primary Care Networks, NHS mental health provision and NHS Commissioning structures;
- and understanding how the community hub operates, and exploring any plans they have for future funding and sustainability post Covid.

CROYDON



CASE STUDY 1: CROYDON

Croydon's Community Response Hub brought together an impressive partnership of community based organisations and emerging mutual aid groups, alongside the Council and NHS partners, to coordinate their local response to COVID-19. The emergency response has led to much closer ways of working with the local authority and NHS, and has paved the way for entirely new structures (such as local mutual aid groups) to become aligned with the local VCSE sector.

The organisations and groups involved in the emergency response are now evolving their work to focus on providing preventative, community level support for people in the borough to tackle health inequalities.

The initial response

In the first few weeks following the outbreak of COVID-19 in the UK, Croydon Voluntary Action (CVA) brought together a range of partners who were all responding in different ways to the challenges that local residents were experiencing. This included social prescribers, volunteer befrienders, food banks, community connectors, mutual aid groups and other local organisations, such as Age UK, and statutory partners such as the Council and the NHS. Their immediate focus was on picking up prescriptions and emergency food provision. This was the most pressing immediate need, and the number of food banks being set up to meet the demand was growing rapidly. Before the pandemic the borough had seven food banks: now they have over 40.

Evolution of the partnership's work

As the needs and aspirations of the local community evolved, so has the focus of their work. The immediate food crisis was followed by an increasing need for support to tackle social isolation, support people's broader wellbeing and finance / welfare advice. The food banks are still active, and Croydon CVA's physical hubs are still providing food to local families, but they are now also running a range of broader wellbeing and welfare activities. This includes providing a space to local groups who can continue their activities - within Covid guidance. For example, a local dance group - CR7 - which usually meets and rehearses in a local bar that has now closed, is using the Hub for their rehearsals on Thursday evenings. Croydon CVA is also increasing its focus on supporting long term volunteering placements, training and employment opportunities through CVA's local hubs.

Emerging infrastructure to support the partnership

A new database, Connect Well Croydon, was established as a way to coordinate and track activity across the wide range of organisations working together in the borough. This included over 70 mutual aid groups, 14 social prescribing link workers, 4 volunteer centres and several food banks, and the database is regularly updated by almost 20 office volunteers.

Links between the Community Response Hub and statutory partners (the NHS and the Council) are strong. The emergency response brought to life the ideas and aspirations of the One Croydon Alliance (the local place based health and care partnership) to support local voluntary partnerships. Having different partners co-located with each other has been a big enabler for the partnership. Croydon CVA has the Council's employment support officers based in their hubs two days a week and some local social prescribing link workers are based between the CVA. Since COVID-19, there has been an increase in collaboration across the organisations that employ the link workers, and this is supported by a local network, the One Croydon Social Prescribers Forum, which brings together link workers and their host organisations across the borough.

The future of the Croydon Community Partnership

The initial emergency response created the conditions for existing relationships to deepen, and bring together a partnership through which more integrated services could be provided. The partnership is now building on this experience and has recently received funding to build a longer term preventative service for communities in Croydon.

"Our objective now is to continue this great effort into the post-Covid environment, transitioning from an emergency support service to a preventative community-led project targeting health inequalities in Croydon."

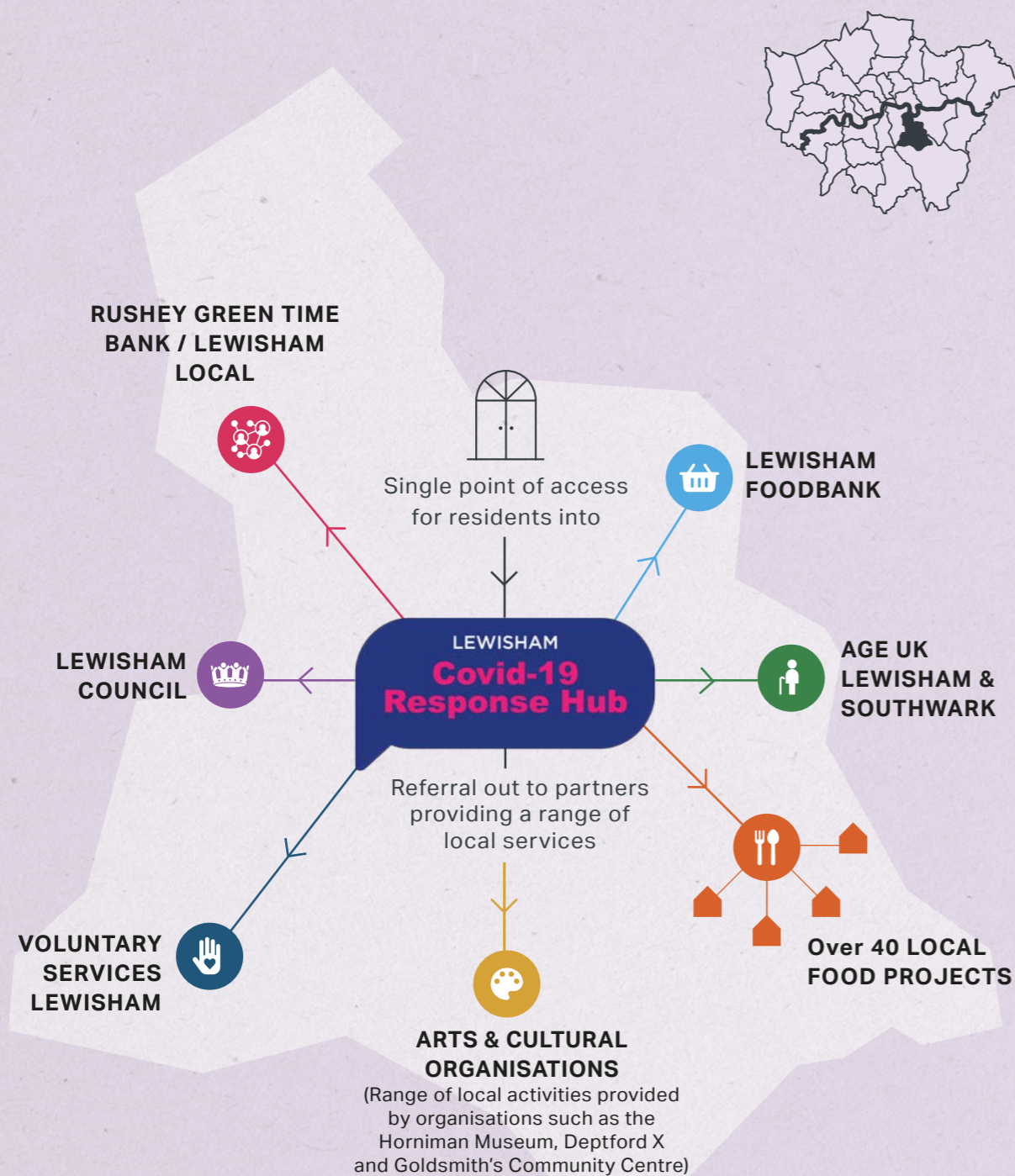
- Steve Phuaré, Croydon CVA

The Community Partnership aims to become an integrated Hub for preventative services, co-ordinating the voluntary and community sector, and being able to refer to statutory services where needed. It will be a tiered partnership approach: the tiers represent different parts of the partnership, and include local mutual aid groups, the VCSE sector, and statutory partners. These tiers represent a wide range of informal groups and established community and statutory organisations, and enables mutual aid volunteers and social prescribing link workers to refer people into a range of services. It includes, for example, the Croydon Mutual Aid network, the Social Prescribing Link Workers Forum, the Refugee and New Communities Forum, Croydon CVS, the Croydon Food Bank network, Community Connectors, Volunteer Befrienders and members of the Council's Gateway service who provide housing, benefits and debt advice. The project will be able to refer people into the Council's Gateway services, which provide advice on housing, benefits and employment. The project will also host Croydon College's retraining programmes targeting unemployed young people.

One long-term aim of the Community Partnership is to create a *Nourish Hub* - using the UK Harvest education model - that provides training, volunteer and employment opportunities for local residents. This will form part of a wider offer that builds long-term community support systems around the individuals and families accessing food support. Local residents will be linked into an integrated community support system – an alliance of volunteer befrienders, Social Prescribing Link Workers, Foodbanks and mutual-aid groups operating to support people and connect them up in their own neighbourhoods to social support activities or to VCS delivery partners providing specialist advice on finances, benefits and housing, alongside counselling, training and employment support.

The partnership will have an important co-ordinating function - particularly among the mutual aid groups, social prescribing teams and foodbanks, between whom there is a significant reach into the local community. Their experience of Covid has accelerated existing partnerships, and created entirely new ways of working for all of those involved.

LEWISHAM



CASE STUDY 2: LEWISHAM

Lewisham’s community response hub brought together Lewisham Local, Lewisham Foodbank, the Council, Age UK Lewisham & Southwark, Voluntary Services Lewisham and over 40 local food projects. This partnership formed quickly around the provision of emergency food distribution, telephone befriending, signposting and up to date information and coordinating volunteers, and established a hub that brought together the voluntary sector response to COVID-19 with other statutory partners, such as the Council and Social Prescribers from the NHS. Within three days they had managed to establish a new database which combined their data and referral pathways and developed a single gateway through which people could be signposted for advice, volunteering, food provision and other forms of support. Other achievements include developing the **Lewisham Food Hub**, which helped coordinate bulk shopping on behalf of food banks and projects as well as coordinating bulk donations of surplus food that can be redistributed evenly across the borough.

The initial focus, as in many other Hubs, was on getting food distributed and supporting those who were isolated: at the peak they were giving out 1,500 food parcels a week, and in total the number is now over 15,000 since March. Over the spring and summer the Hub has evolved and has become a point of access for the community’s wider well-being needs, including befriending, social connections and advice services. There were strong connections to the Council and the NHS: Lewisham’s social prescribers are employed by the GP federation, and attended Hub meetings towards the start of the pandemic. Though the focus of the social prescribers was on those residents who were shielding, they did refer people into the Hub if appropriate. Other healthcare professionals and charities, such as Bromley, Lewisham & Greenwich Mind, also referred people into the Hub.

“The coming together of the hub is a beautiful story. We always talk about assets, and people bringing what they’re good at. This was an example of how we applied that thinking”.

- Philippe Granger, Rushey Green Time Bank

A small number of staff were re-deployed from the Community Connections scheme to the befriending initiative, and staff have reflected on how these redeployments have been vital in building relationships across different services in the borough. The partners from the Hub are trying to maintain a single point of access to the voluntary sector, including using shared systems, simpler referral routes and close ways of working.

A real strength of the Lewisham emergency response was its alignment with existing volunteering and befriending services. This dramatically expanded the ability of the response hub: in total, 2,500 volunteers contacted the hub to offer their time, of which just over 700 participated actively during March-August 2020. The befriending service run by Voluntary Services Lewisham, already established pre-Covid also saw its activity increase from around 100 befriending relationships pre Covid to its present numbers of over 700 service users and 300 volunteers doing calls each week.

The role of arts and culture

The involvement of arts and cultural organisations in the Lewisham community response was more prominent than many other boroughs in London. In the months of the immediate response, the Horniman Museum was involved in producing cultural activity packs which were included in food boxes. Deptford X was another arts organisation that stepped into the response: over the summer they ran a project called 'Artists on the Phone', and supported six artists who developed a range of projects using audio, film, and textiles to support people through the Lewisham befriending service. Some of those artists have gone on to have ongoing befriending relationships. The Goldsmith's Community Centre established a project called 'Give a Song' which sought to bring a 'moment of joy' to people who were shielding, or otherwise struggling with lockdown, by sending musicians to people's houses to perform songs in a socially distanced way.

As the needs of the community evolved from emergency food distribution to broader social connections and wellbeing, Nancy Stridgen, the arts development officer within the Council began making connections with groups in the borough that were offering online activities, such as choirs. A weekly newsletter was established and a range of arts organisations became more active in the wider community response. Age Exchange in Blackheath, Entelechy Arts, Heart n Soul and Decolonising the Archive are all organisations that became more active in supporting the wellbeing and cultural involvement of the local community. The Council funded a range of 'micro-commissions'

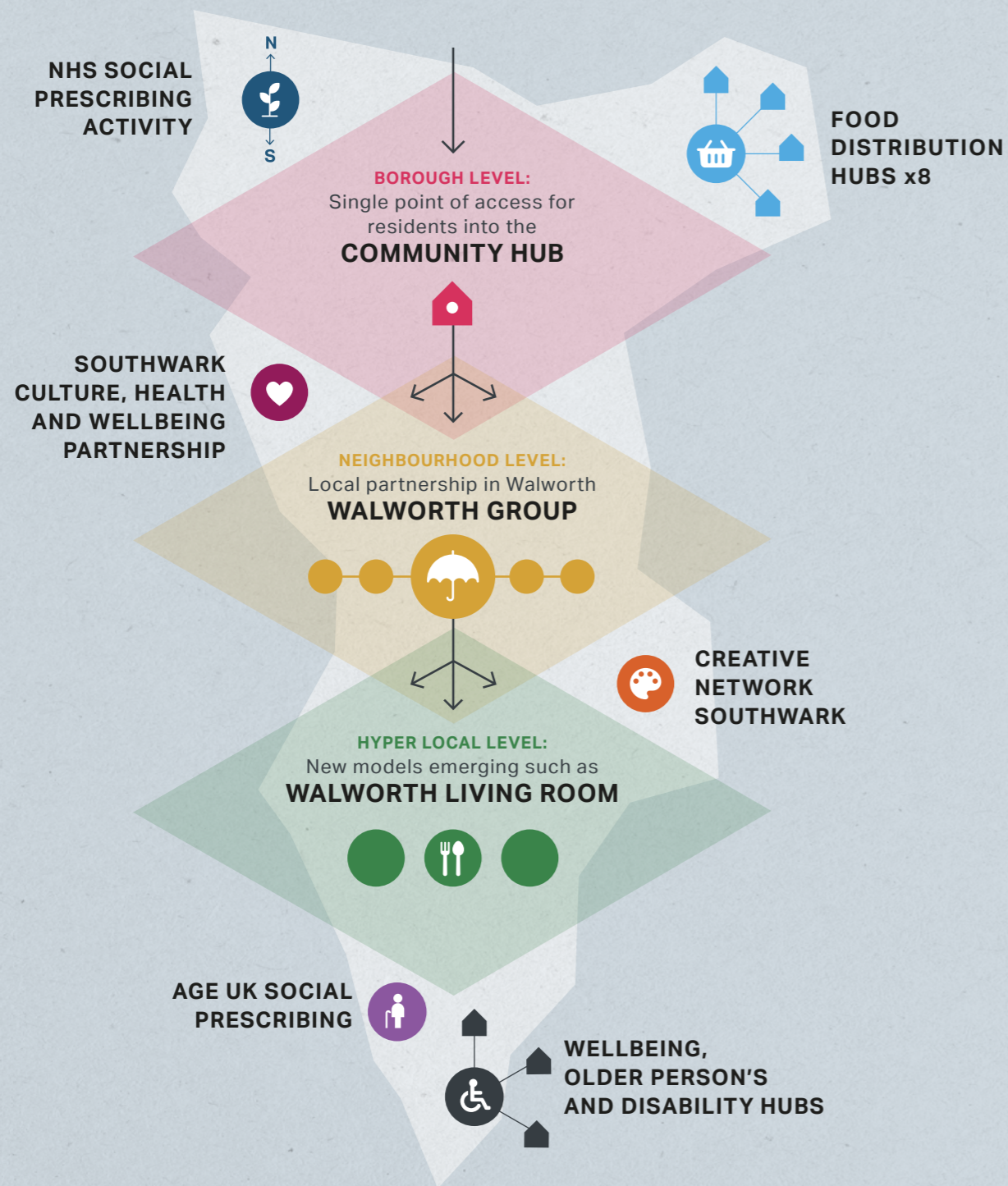
of up to £1,000 for activities and projects that engaged Lewisham's residents in cultural and creative projects over the summer and into the winter. Lewisham is the London Borough of Culture (2022) and their website now has a 'Culture at Home' section, which brings together these organisations, alongside many others. Nancy reflected that Lewisham has historically seen a lot of cultural activity come out of the local VCSE sector, but that those organisations had been focused on issues related to food and poverty rather than arts and culture in the immediate response. The experience of Covid has made Nancy and her colleagues in the Council think carefully about how they can reach out to more people who are housebound, and receiving home care.

The evolution of the hub

The initial physical hub has now closed down, but the partnerships and networks that emerged are evolving to meet the changing needs within the community. The single point of access into local connections and services is now being delivered through a scheme called 'Community Connections Lewisham' which is run by Age UK Lewisham & Southwark, and funded by the Council. It launched on September 1st, and is open from 9.30-4pm daily. It isn't restricted to older people and provides a range of referral routes into the borough's local services and wellbeing activities, including referrals back out to all the partners involved in the community hub response.

***One thing to note: the Community Connections scheme is not the same as the NHS funded social prescribing scheme: the social prescribers who are employed by the GP federation work independently and are based in local GP surgeries, though they can refer people into community connections.**

SOUTHWARK



CASE STUDY 3: SOUTHWARK

Overview

In Southwark, a Council coordinated Community Hub for COVID-19 support was complemented by a network of neighbourhood food hubs, with eight different organisations stepping up to provide emergency food distribution in the immediate response to COVID-19. Many of these organisations also provided additional services and support to their local residents, adapting existing activities and creating new partnerships and models of delivery. Of these eight, Pembroke House in Walworth is an example of how COVID-19 has changed the way local community anchor organisations have changed the way they work, and shows a new kind of structure that is emerging.

About Pembroke House

Pembroke House is a Settlement in the North of Southwark which works closely with local voluntary sector groups, social prescribers and arts and cultural organisations to deliver a range of activities and services in the borough. When COVID-19 led to a national lockdown in March, they quickly moved into being an emergency food response hub, along with several other community anchor organisations. They developed a volunteer delivery network to transport food by bicycle across the borough and set up clear routes for people to volunteer to help: their initial call out for volunteers resulted in 250 people signing up within 24 hours. At the peak of the pandemic they were delivering 7.5 tonnes of food, 850 individual food parcels via volunteers, and feeding an estimated 1,698 people per week.

It quickly became clear that a deeply worrying picture of food insecurity was emerging among local residents. On top of that, many partner organisations were contacting local residents multiple times without any coordination and were developing good ideas in isolation from each other. Part of this was due to the complexity of having multiple streams of support for groups who were shielding, and those who had other vulnerabilities but weren't on the official shielding list. The team at Pembroke House began asking 'what can we develop at the neighbourhood level to coordinate services more effectively?'. All their partners had lists of people but what they lacked was the infrastructure to get goods to people. They decided to develop an emergency food bank, which was initially based at Pembroke House and then moved to the Walworth Living Room, and through this developed more effective list management systems which connected local partners so that referrals, signposting and support could be coordinated more effectively.

They have an impressive range of partners who they work with within the neighbourhood, including local community organisations, statutory services, faith centres, social prescribers and volunteers. These achievements made by working so closely with other local organisations have also been mirrored by new collaborations across the borough, leading to the development of a new referral model, with a single point of access and agreed referral pathways.

Pembroke House is now working with these partners to evolve the initial food provision into a longer term model which includes food as the focus, but also brings in wider services to tackle the root causes of food insecurity, such as providing debt and welfare advice. As a result of COVID-19, there are more coordinated response and recovery activities happening at multiple geographies: at the borough level, there is a Community Hub, which is a strategic partnership of the VCSE and the Council. There is a single point of access for residents, and is responding to multiple queries. At the neighbourhood level, in Walworth, a local partnership works closely together, developing projects together, and sharing data to avoid duplication. At a hyper local level, new models such as the Walworth Living Room are emerging.

The Walworth Living Room

Pembroke House and their local partners are now exploring a new approach at the neighbourhood level that will test the question: *how can we build a neighbourhood that works together to tackle the root causes of food insecurity: poverty and inequality?*

The Living Room is a physical hub, and is the evolution of the local Food Hub. It will continue to have food at its heart, as this has been shown to be such an effective way to reach and engage people. But it will also aim to integrate a much wider range of services that can tackle the root causes of food insecurity, and it aims to continue the engagement of the current 3500-strong volunteer force. One outcome of their work over the last nine months is the strengthening of a new neighbourhood collaborative called the Walworth Group, which brings together the VCS, housing and Council partners, and is exploring how to work together more effectively at a neighbourhood level. They have been working closely with this partnership to embed their aspirations for better connected, hyperlocal services, including in the [Walworth Living Room](#).

Pembroke House's partnerships lead reflected on the value of working at this scale.

“We’re always thinking about scale, and for us the local is about activities. At the neighbourhood level, like Walworth, you have about 3 wards and about 40,000 people. It’s walkable, and at that scale you can start to affect things through local partnerships.”

Some local arts organisations, such as [the Drawing Room](#), have been involved, and they run a host of group sessions, including many based on dance, music and writing.

Arts and cultural links

The borough of Southwark has an impressive arts and cultural sector, and a number of infrastructure networks which bring together arts organisations. There is an emerging Culture, Health and Wellbeing partnership which aims to bring together health and culture more closely, and Community Southwark also runs [Creative Network Southwark](#) which aims to bring together the arts and cultural sector alongside other VCSE organisations in the borough.

Pembroke House itself has a strong network of relationships with local organisations, including links with many arts and cultural organisations. Some of their senior management team members have an arts background, and they have long standing relationships with Tate Modern and Southbank Centre, as well as with smaller arts groups. They were able to include art packs with some of the food parcels, but most arts and cultural organisations weren't as involved in the immediate response: many arts organisations furloughed their staff early on, but Pembroke House had a high number of volunteers from the arts and cultural sector during the first lockdown period. The Director of Projects at Pembroke House is mindful of the importance of integrating the cultural sector into their ongoing work in local neighbourhoods, reflecting that:

“People who have been in food poverty overlap with those who experience cultural poverty”.

Links and gaps with statutory sector

Southwark has a broad range of services, partnerships and networks which create an element of complexity within the borough. Over the years, a multi-layered approach to social prescribing has emerged which has resulted in multiple directories, gateways and referral pathways into the statutory and voluntary sector, and more than one directory of services and online system which these partners use for referrals. There are also several different hubs, such as the 'Wellbeing Hub' and 'Aging Hub', which are more linked to social care provision. A social prescribing network has been set up, and is run by Community Southwark, which aims to bring the range of partners working on social prescribing together.

John, one of the managers of the social prescribing link workers in the borough, described how his team of link workers keep their referral systems and directories up to date with new activities and organisations working in the borough:

"We approach and we have been approached by organisations who have clearly been waiting for social prescribing to become more established. We invite them to our team meetings, and then add them to our directory".

He also described some of the links they have with arts organisations in the borough, and specifically some of the challenges associated with integrating specialist offers into referral pathways.

"Arts for Dementia have come along and met all the link workers and they update us on their offer regularly. But the smaller and more specialist an organisation, the harder it is to retain information on their service, so the directory becomes all the more important".

"Offering arts is a different conversation to have with somebody and we're learning how to do that". Some of these smaller arts organisations aren't as well set up, and we're trying to work out how we pitch their offer to the clients who come in".

One shared reflection from many people involved in Southwark's response was that the existing structures and pathways in place weren't fit to respond quickly and effectively to the pandemic. Many of the organisations involved in the emergency response work in the borough have changed their ways of working, and the Council commissioned a [Review of Community Hubs](#) during the pandemic, which was published in September 2020.

One of the recommendations from this review is to develop a Community Support Alliance, which will focus on providing community support structures that build on the success of the Community Hubs established during Covid, and deliver long term reductions in inequality. The Review also recommended that partners across the statutory, health and voluntary sectors should work to embed access to services at the neighbourhood level and how these services could be delivered in partnership with community anchor organisations, such as Pembroke House. There was a recommendation for the health system to explore how Social Prescribing could become more aligned to this Alliance, indicating that there are structural changes ahead for the way local partners work together. The work that has developed in Walworth with Pembroke House and partners offers an important example for how these initiatives can begin to work together at different geographies.

COMMON THEMES AND INSIGHTS

Varying definitions: there are different definitions of the 'community response' hubs which emerged in the immediate lockdown period. Some Councils established 'virtual covid hubs' which were virtual front doors for local residents and which brought together VCSE organisations together in response to the initial demand. Anecdotal reports from this research indicates that these have mostly stopped now. Some people also described 'emergency response hubs' to respond to food based provision, again – some of which have now stopped. In many boroughs there were multiple hubs, and the term 'hub' could refer to a physical basis, or the co-location of a number of different services.

Food provision and supporting vulnerable groups was the starting point: the initial community response hubs started with emergency food provision, and some (though not all) have then evolved into focusing on broader wellbeing and social connections. These hubs have, in many cases, raised awareness of groups of people in the local community who were on the brink of destitution, or significantly marginalised, and the organisations involved in the initial response are now asking the question: 'how do we stay engaged and provide further support'? Some of the hubs are continuing to offer food as a central component of their work, and wrapping around this other welfare and wellbeing support, co-locating services in one place, and maintaining 'single front door' of access into the voluntary sector through the physical hub.

NHS social prescribing teams are still new: in most local areas, NHS social prescribing teams are still relatively new, and in some cases the workforce is still being recruited. What's more, during the Covid response they were often taken away from their usual day to day work and focused on people who were shielding and others on their systems who they identified as vulnerable. There is an opportunity as they transition out of Covid response, and recruitment continues (or is finalised) to work together with other local partners in new ways.

In most boroughs, there are **multiple referral routes** for social prescribing / link worker / care co-ordinator services which are commissioned differently by local authorities and the NHS, and these different services often also use different IT platforms. This means that arts organisations, among other providers, often have to engage with multiple contacts in order to establish themselves within local referral pathways. In many

areas there are also multiple **directories** which are used to signpost to different activities and organisations within a local area. This can make it more time consuming for providers to get registered on each different directory, and they can often go out of date. In areas where social prescribing services are more joined up, there is often a regular forum or meeting which connects the different organisations involved.

New partnerships and ways of working. Some organisations involved in COVID-19 response work have formed new partnerships at a hyper local level, integrating their services more closely and working to create more of a single 'front' door in local neighbourhoods. At a borough level, some areas have also drawn on lessons learnt through the pandemic to create new borough alliances or community partnerships. Again, this varies by borough.

Change of focus: many of these local partnerships are now focusing more explicitly on tackling health inequalities, and integrating food provision with welfare, advice, employment and wider support in anticipation of a deepening of the issues they are currently seeing.

The involvement of arts organisations in the community response hubs. In most boroughs involved in this research, arts organisations were not involved in the immediate response to COVID-19, which focused on providing food and medications. The exception to this was a few boroughs where arts and culture packs were provided with food boxes from local food banks. Many arts organisations reported furloughing staff early on, and some of the community response hubs in the deep dive sites reported seeing more involvement from arts organisations when the Covid response shifted into broader mental health and wellbeing offers.

Boroughs which had **stronger arts and cultural involvement** in the hubs had a strong local VCSE sector with good arts and cultural representation within this; some had third parties convening networks or forums that have been important in strengthening relationships across the arts, cultural, health and community sectors over time; and one had a local authority lead whose role has also helped to convene, connect and support these sectors together.

AN EMERGING MAP OF THE COMMUNITY, HEALTH AND STATUTORY INFRASTRUCTURE

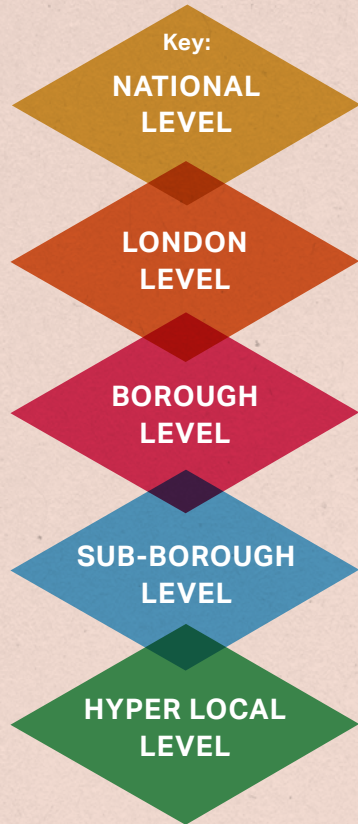
This research was originally commissioned as a route into understanding how local structures, networks and referral pathways might be changing in response to COVID-19, and how that might affect the emerging NHS social prescribing model, as well as efforts to promote cultural social prescribing in London.

What became clear through this research was the complexity of local social prescribing models, and the barriers this can create for local voluntary, community and arts organisations.

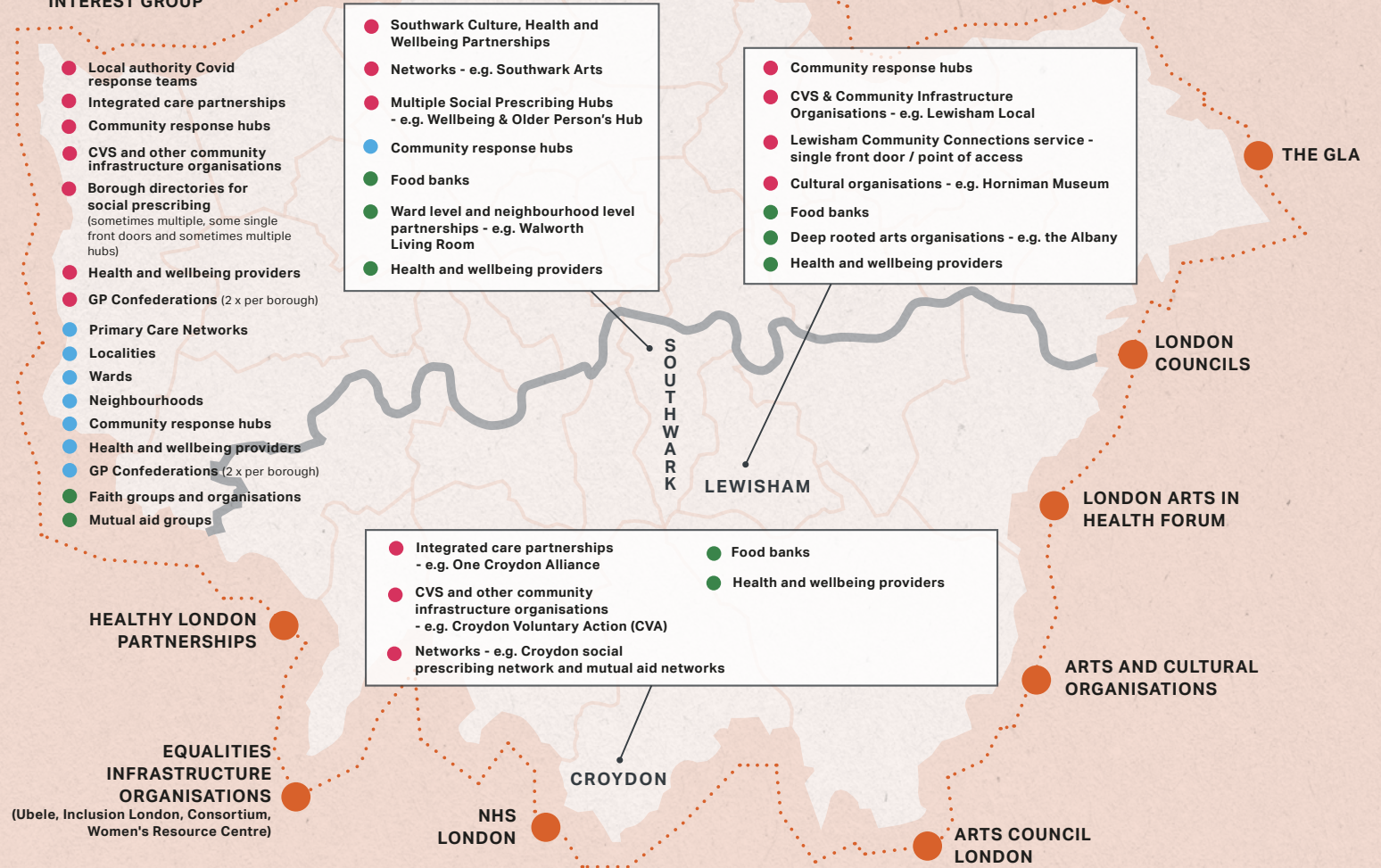
The commissioning of social prescribing in recent years has been fragmented: some local authorities fund social prescribing schemes, some VCSE organisations have employed their own link workers and the new funding from NHSE means that many Primary Care Networks and GP Confederations are now employing link workers. All of these models operate across a different scale (organisational, PCN and borough based) and many use different IT systems to maintain up to date directories of local services and activities and to do case management online, in some instances. Some boroughs have developed social prescribers forums or networks to bring together the range of link workers operating across a borough, which has been a helpful step forward, but this isn't always the case. To add to the complexity, some boroughs have two GP Confederations operating, which employ different social prescribers, and other boroughs have GP confederations covering more than one borough. For organisations that are not well connected into local primary care or health partners, navigating this complexity is a major barrier.

Some infrastructure is emerging both at a London level and nationally to support social prescribing, and to connect social prescribers with other sectors, such as the arts and cultural sector, and the wider VCSE sector. The image below is a graphic that represents some of this complexity and shows some of the national, regional, local and hyper local organisations involved in supporting cultural social prescribing - and social prescribing more generally.

LONDON



- LENS NETWORK
- NATIONAL ACADEMY OF SOCIAL PRESCRIBING
- NHS NATIONAL PERFORMANCE ADVISORY GROUP: ART, DESIGN AND HERITAGE
- ROYAL SOCIETY OF PUBLIC HEALTH, ARTS HEALTH AND WELLBEING SPECIAL INTEREST GROUP



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RECOMMENDATIONS FOR THE GLA AND ITS PARTNERS

The case studies explored in this research have shown some of the conditions needed in order for cultural social prescribing to take root in a local area. These include:

- Visible and well connected social prescribing teams (both within the NHS, local authorities and VCSE organisations) which proactively reach out to the VCSE sector.
- Local networks or forums for social prescribers: these provide a forum for knowledge sharing, and also a space and time for new organisations to connect with social prescribers at one time, rather than separately.
- Infrastructure support within local authorities or CVS / Community Anchor organisations which provide support to arts and cultural organisations and help them navigate local structures and systems.
- Local authority, health and VCSE leaders who value and understand arts and culture.
- Arts and cultural organisations that have a clearly defined offer / activity for a specific cohort and can communicate this clearly to social prescribers.

There are lots of ways in which the NHS, local authorities, VCSE organisations, and arts and cultural organisations can all support and strengthen cultural social prescribing. In addition, there are opportunities to feed into the London Recovery Board, which was established in June 2020 to coordinate planning for London's future post-COVID. The grand challenge is threefold: restore confidence in the city; minimise the impact on London's most vulnerable communities; and, rebuild the city's economy and society. Nine missions have been established to deliver this challenge.

The recommendations that follow also consider this context, in particular the implications for the Health and Building Strong Communities Missions. Some of the recommendations below have emerged from this research, and others from a roundtable held on December 7th with a range of people working in arts, culture, health and communities across London - and nationally.

- **Encourage and create more regular events and forums for people working on cultural social prescribing to meet and network in London:** some of the boroughs where cultural social prescribing is most embedded have regular monthly meetings or events which are an opportunity to build relationships and make connections. Many people involved in this research indicated that there is a fast pace of change and people regularly change roles, making it hard to maintain an up to date written directory. But boroughs where social prescribing teams have a regular monthly meeting, or which have an arts, health and wellbeing type forum, provide valuable connection points for people to connect. The GLA and partners could be influencing more local authorities and NHS teams to instigate these, and could also be running some London wide events to bring together organisations that work across multiple boroughs. There are also opportunities to support networking and peer to peer learning between social prescribing link workers (both local authority and NHS) and the VCSE and A&C sectors.
- **Support cross sector leadership across arts, health and communities:** strong, outward facing, leadership is required to build connections between arts, health and community organisations. Having senior leaders who understand the value of other sectors, and have the relationships in place to work closely with them is a big enabler. This could include dedicated leadership programmes that bring together London leaders across these sectors, collaborative projects or campaigns, funded secondment opportunities or opportunities to co-locate smaller organisations from different sectors could all help strengthen leadership within the sector.
- **Evidencing and promoting best practice for funding social prescribing.** Some arts and cultural organisations, and other VCSE organisations, are not receiving sustainable funding to receive referrals, and practice varies widely. As social prescribing is embedded within the NHS, more clarity is needed over what funding is needed to sustain the organisations that are being referred to.

- Explore and **document how referrals are being funded**. For example, if a social prescriber refers an individual to an arts organisation running a drama group, what funding does the group receive and how much does this vary by borough and whether the referral comes from the NHS or from a local authority link worker scheme.
- Explore and document **the journey of an arts and cultural organisation** through a social prescribing scheme to unpack the barriers faced, requirements they needed to comply with, and areas where boroughs, the NHS and the GLA could have eased this process.
- Dedicate specific attention to the **outer London boroughs**, which often lack the depth of cultural and VCSE infrastructure that inner London boroughs have. This could be additional funding, buddying or champions schemes, or pilot work to test ways in which to connect the resources of neighbouring boroughs together.
- Work with **link workers to unpack and document what they expect** from arts and cultural organisations in order to refer people in to them. For example, what requirements to organisations need to complete before joining prescribing schemes, and how much do these requirements vary, and what preparation would put an arts and cultural organisation in a good position to join a local social prescribing scheme.
- Work with local community hubs to better understand if the **increase in demand for their services is sustainable**, and how **patterns of local volunteering** are changing throughout the pandemic.
- Create best practice guidance for **updating and maintaining social prescribing directories** - ideally ones that reach across local authority and NHS boundaries - complemented by events, influencing and champions to help implement the guidance. This would help to reduce the barriers and work required of smaller organisations. This could involve working with existing NHS initiatives, such as the Thriving Communities programme, on developing social prescribing toolkit and checklists and embedding a stronger arts and cultural focus within training for link workers.
- Consider where **targeted influencing could be done with specific health pathways** (such as dementia, respiratory, pulmonary rehab etc) where there are arts and cultural organisations delivering tailored interventions across the capital with clinical leads and commissioners of these services.
- **Work closely with ICS (Integrated Care System) partners** in London to share the findings from this research and influence their social prescribing work. Consider identifying cultural champions within each ICS who can lead on connecting culture to social prescribing.

- Consider funding a **scale accelerator** to support micro or small arts and cultural organisations to replicate their work with social prescribers in other boroughs. This could enable them to consider a variety of routes to scale, such as partnering with other organisations to deliver tried and tested interventions, running train the trainer schemes, exploring franchising models, or open sourcing their content. Organisations such as **Spring Impact** have run successful scale accelerator programmes before, as have Nesta.
- **Targeted engagement, influencing and relationship building** with the health sector, particularly across Primary Care Networks, GP Confederations, and Integrated Care System social prescribing leads. This could include setting up buddying or champions models, events and networking to support stronger relationships and awareness of the cultural sector, and targeted comms to highlight common pitfalls and share best practice.
- **Work with London wide networks** (e.g. London Plus and NHS London) to increase social prescribers' and VCSE sector awareness of arts and cultural organisations across the capital. This could be through events or taster sessions and demonstrations, for example.
- **Targeted support for social prescribing link workers** to develop a narrative and language that can be used to talk about arts and cultural offers, and articulate their value and potential to people they may want to refer into arts organisations.
- Exploring the **potential of champions, leadership programmes or financial support** to highlight and enable the role of the crucial 'inspiring individuals' who are often the ones making connections between the different sectors and creating the connections and spaces for cultural social prescribing to flourish.
- Work with arts and cultural networks to **promote existing guidance on social prescribing** that has been published by NHS E/I to the arts and cultural sector.
 - <https://www.england.nhs.uk/personalisedcare/social-prescribing/>
 - <https://www.england.nhs.uk/personalisedcare/social-prescribing/faqs/>
 - <https://www.kingsfund.org.uk/publications/social-prescribing>