

East of England Regional Social Prescribing Conference

Keeping the Show on the Road

Presented by the National Academy of Social Prescribing and NHS England and Improvement





Agenda

| Time | Subject | Speaker |
|-------|---|--|
| 9:30 | Social Prescribing as a key tool in addressing health inequalities and creating personalised care | Hazel Grace – Regional Head of Personalised Care, NHSEI and Dr Anees Pari - Deputy Director Healthcare Public Health |
| 9:40 | Social Prescribing: transforming people's lives, transforming primary care | Dr Marie-Anne Essam – GP and Clinical Lead, Herts CCG |
| 9:45 | What matters to me | Debs Teale - Artist |
| 9:55 | Surviving Covid and the role of Social Prescribing and the Arts in Wellbeing. | Dr Daisy Fancourt – Associate Professor of Psychobiology and Epidemiology |
| 10:15 | How non-clinical changes produce clinical outcomes | Dr William Bird – OBE, CEO Intelligent Health |
| 10:30 | Explaining first set of Breakout Sessions | Tom Watkins – Regional Lead for Thriving Communities, NASP |
| 10:35 | Explaining second set of Breakout Sessions | Sian Brand & Tim Anfilogoff – Regional Associates, Social Prescribing, NHSEI |

Today's #Hashtags

#mySPpledge

#SocialPrescribingDay

#SocialPrescribingDay2022

#PersonalisedCare



Social Prescribing as a Key Tool in Addressing Health Inequalities and Creating Personalised Care

Hazel Grace, Head of Personalised Care, NHSEI East of England and
Dr Anees Pari, Deputy Director Healthcare Public Health

NHS England and NHS Improvement





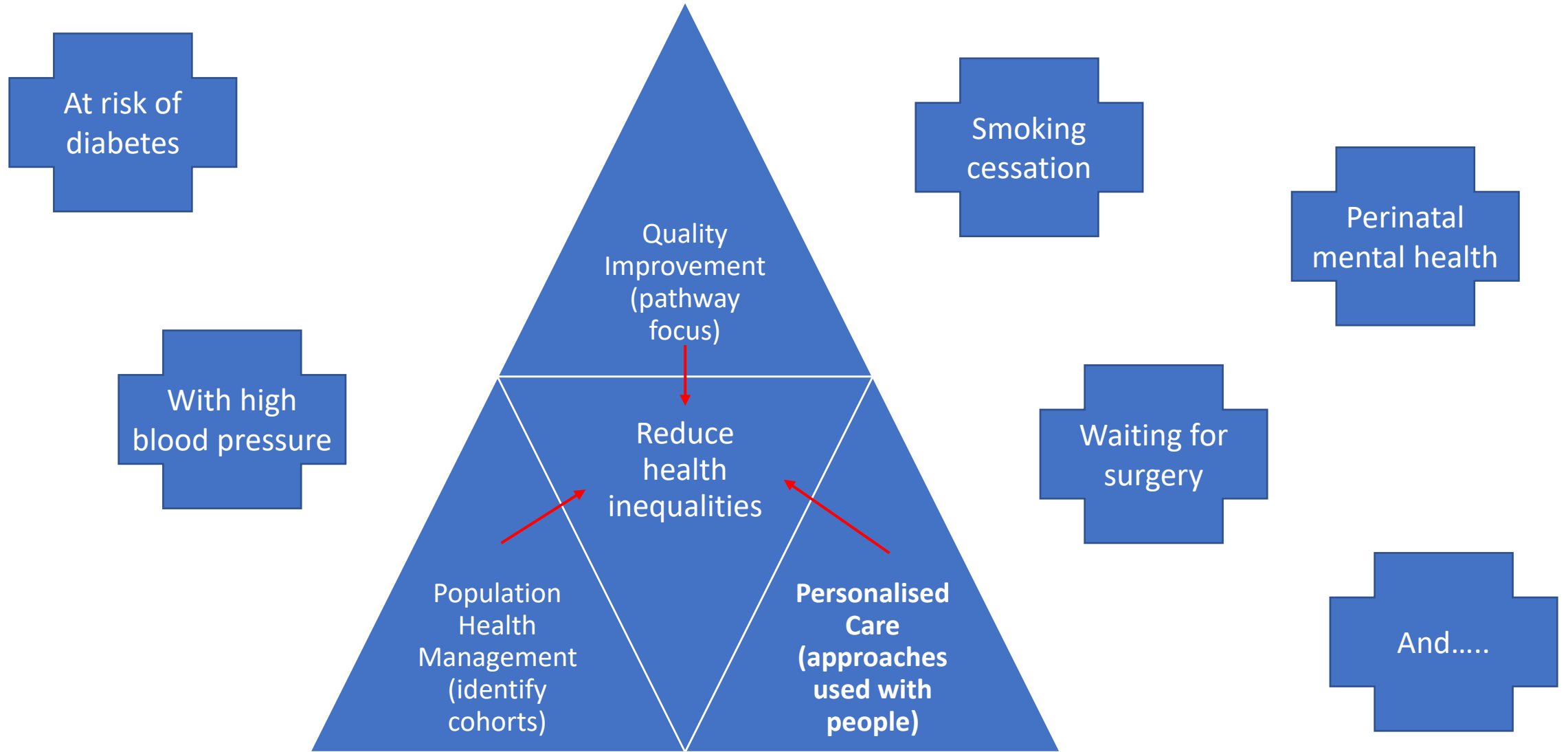
Social Prescribing as a Key Tool in Addressing Health Inequalities and Creating Personalised Care

Hazel Grace, Head of Personalised Care, NHSEI East of England

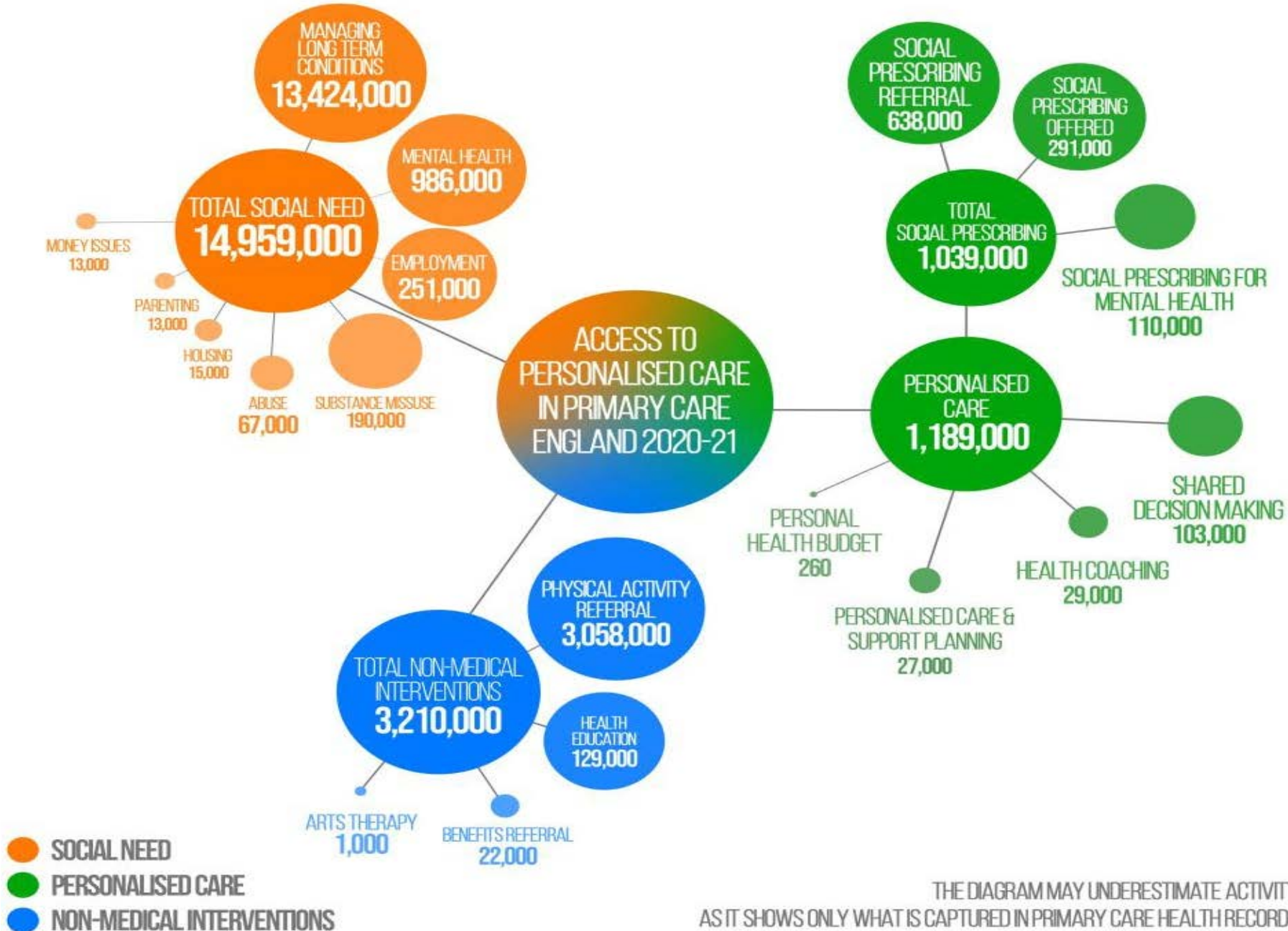
NHS England and NHS Improvement



2022 theme: Reducing Health Inequalities



The need for & access to social prescribing: England 2020-21



There is a high level of social needs that could be addressed through expanding personalised care, advice services and community-based support

THE DIAGRAM MAY UNDERESTIMATE ACTIVITY AS IT SHOWS ONLY WHAT IS CAPTURED IN PRIMARY CARE HEALTH RECORDS

Health Inequalities – Eastern challenges

Anees Pari, Deputy Director Healthcare Public Health

NHS England and NHS Improvement



Health inequalities and emerging challenges in East of England

Dr Anees Pari

Deputy Director Healthcare Public Health , NHSEI, East of England

Jess Stokes

Deputy Director Health Improvement, Office of the Regional Director

Office for Health Improvement and Disparities

Dr. Sian Evans

Associate Director Local Knowledge and Intelligence Service (LKIS) East

Office for Health Improvement and Disparities

Hazel Grace, Head of Personalised care, NHSEI East of England and NHS Improvement

Working as part of the

East of England Public Health Alliance



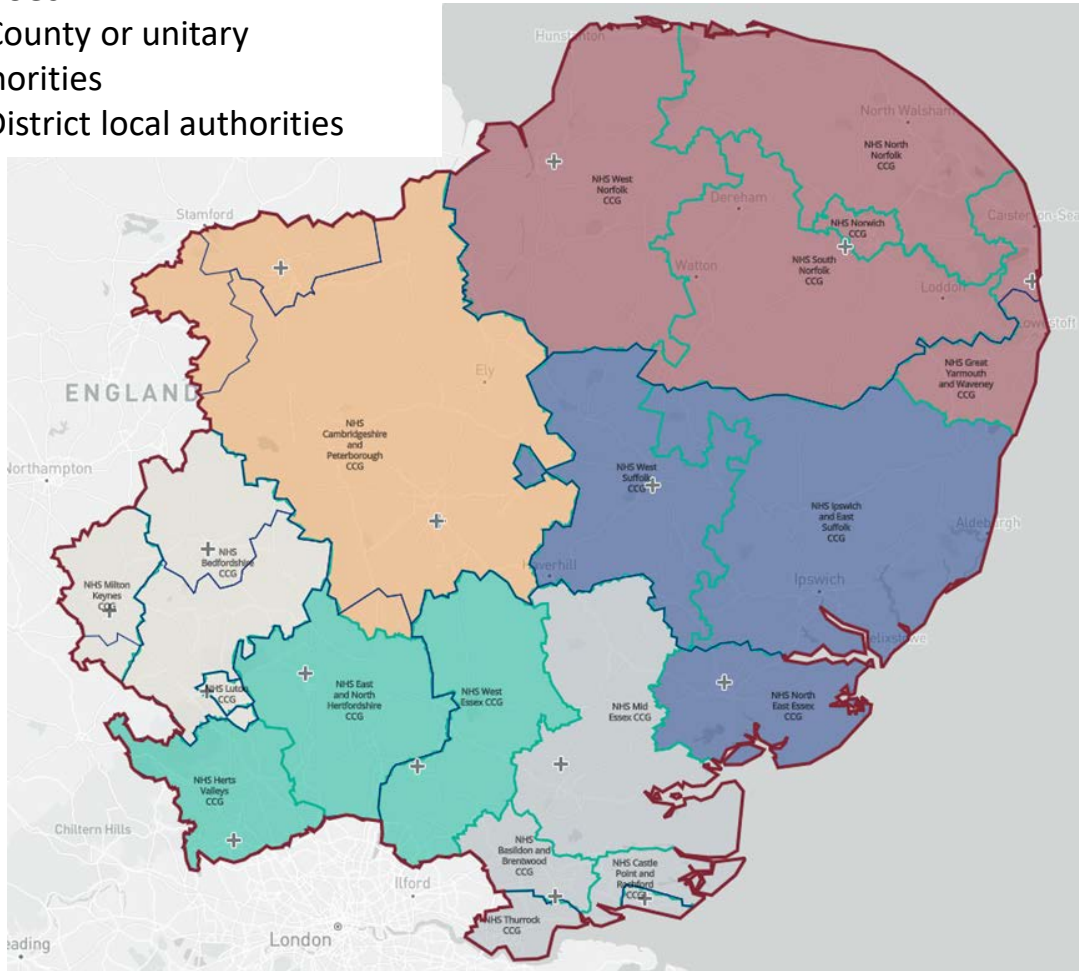
A complex system

6 Integrated Care Systems

14 CCGs

12 County or unitary authorities

46 District local authorities



The East of England is home to 6.269 million people, a population that is bigger than Scotland

The population is forecast to grow by 7.4% (470'k) over the next two decades.

Much of the projected growth will be in older age groups. By 2043, 25.6% of the East of England population are projected to be aged over 65 years.



East of England ICS with Upper Tier Local Authority Boundaries

| UTLA name (2019) | IMD - Average score | IMD - Rank |
|----------------------|---------------------|------------|
| Peterborough | 27.8 | 40 |
| Luton | 25.9 | 54 |
| Southend-on-Sea | 22.4 | 76 |
| Norfolk | 21.2 | 84 |
| Thurrock | 20.9 | 85 |
| Bedford | 18.9 | 96 |
| Suffolk | 18.5 | 101 |
| Milton Keynes | 18.0 | 107 |
| Essex | 17.0 | 111 |
| Cambridgeshire | 13.9 | 132 |
| Hertfordshire | 12.7 | 134 |
| Central Bedfordshire | 12.2 | 137 |

Average IMD
England: 22.9
EoE: 19.1

Index of Multiple Deprivation 2019

20% Most Deprived

Integrated Care Systems (ICS)

Bedfordshire, Luton and Milton Keynes

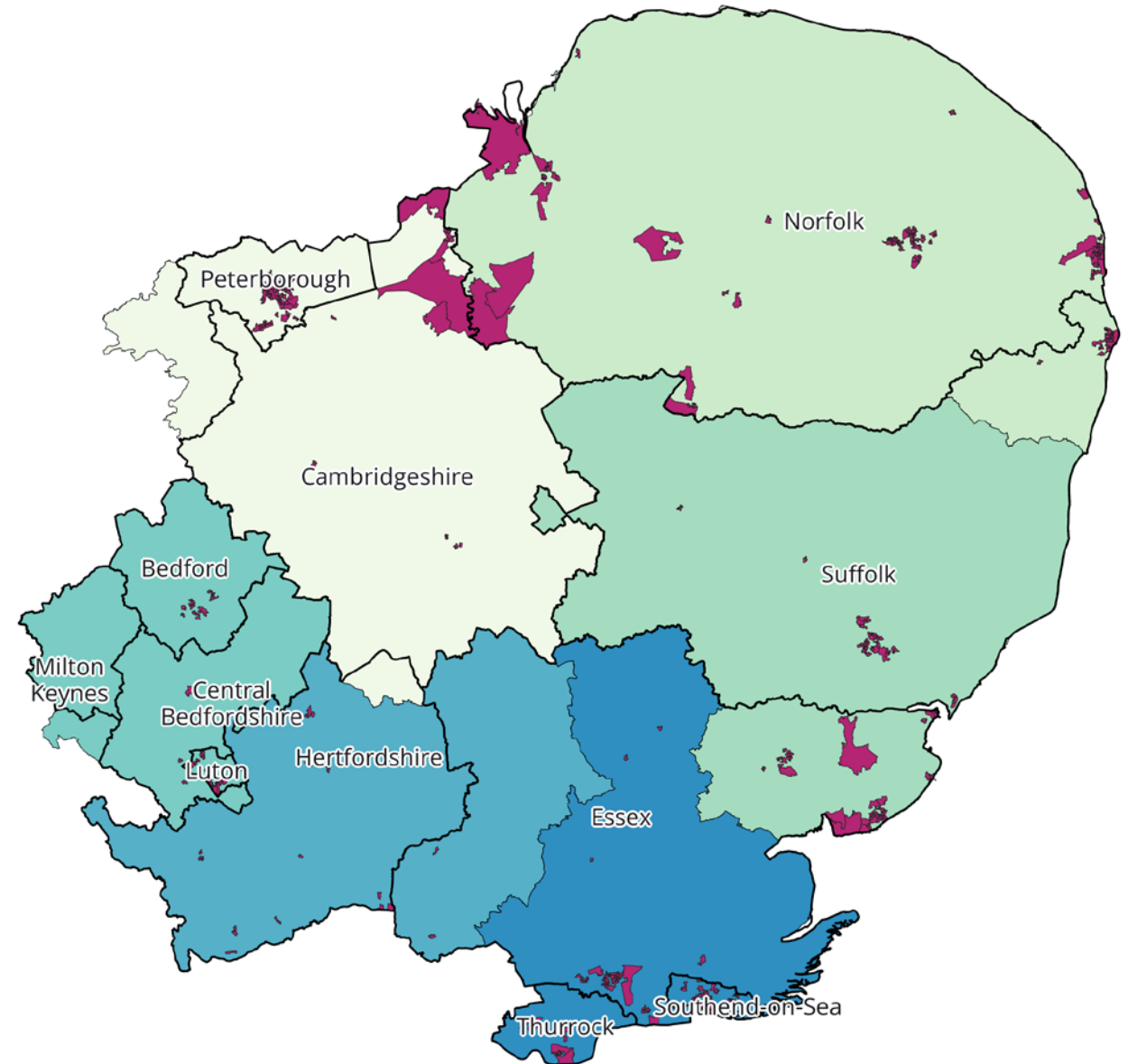
Cambridgeshire and Peterborough

Hertfordshire and West Essex

Mid and South Essex

Norfolk and Waveney

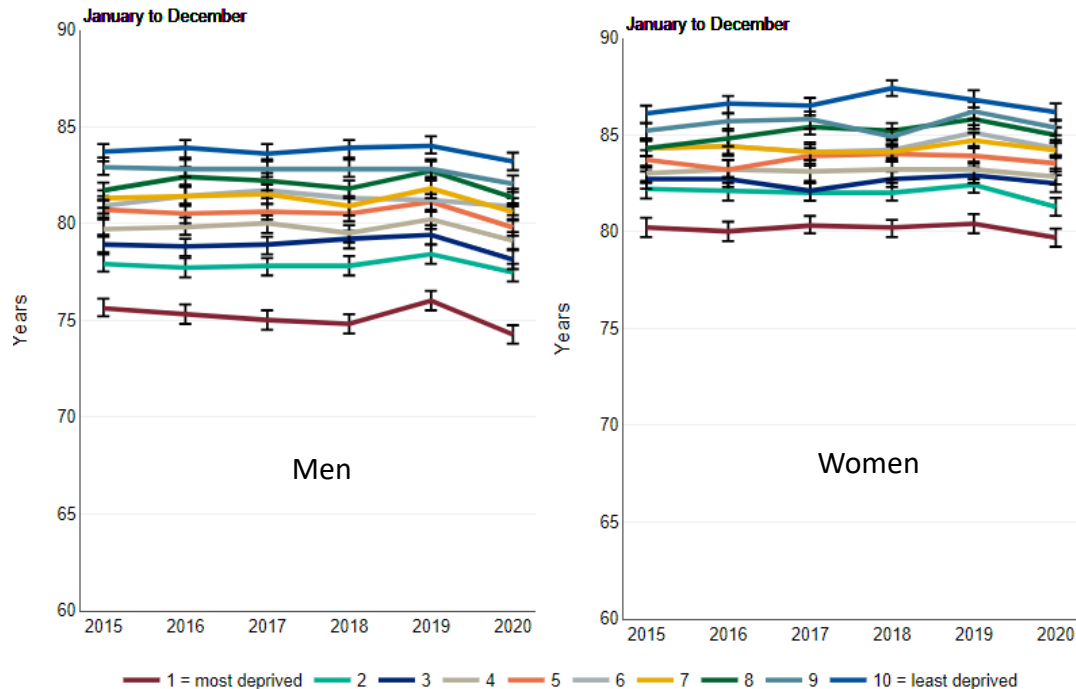
Suffolk and North East Essex



151 UTLA

Years to life and life to years

The COVID pandemic came at a time of stalling life expectancy and persistent inequalities in health.



Life expectancy at birth for men and women in the East of England by deprivation decile

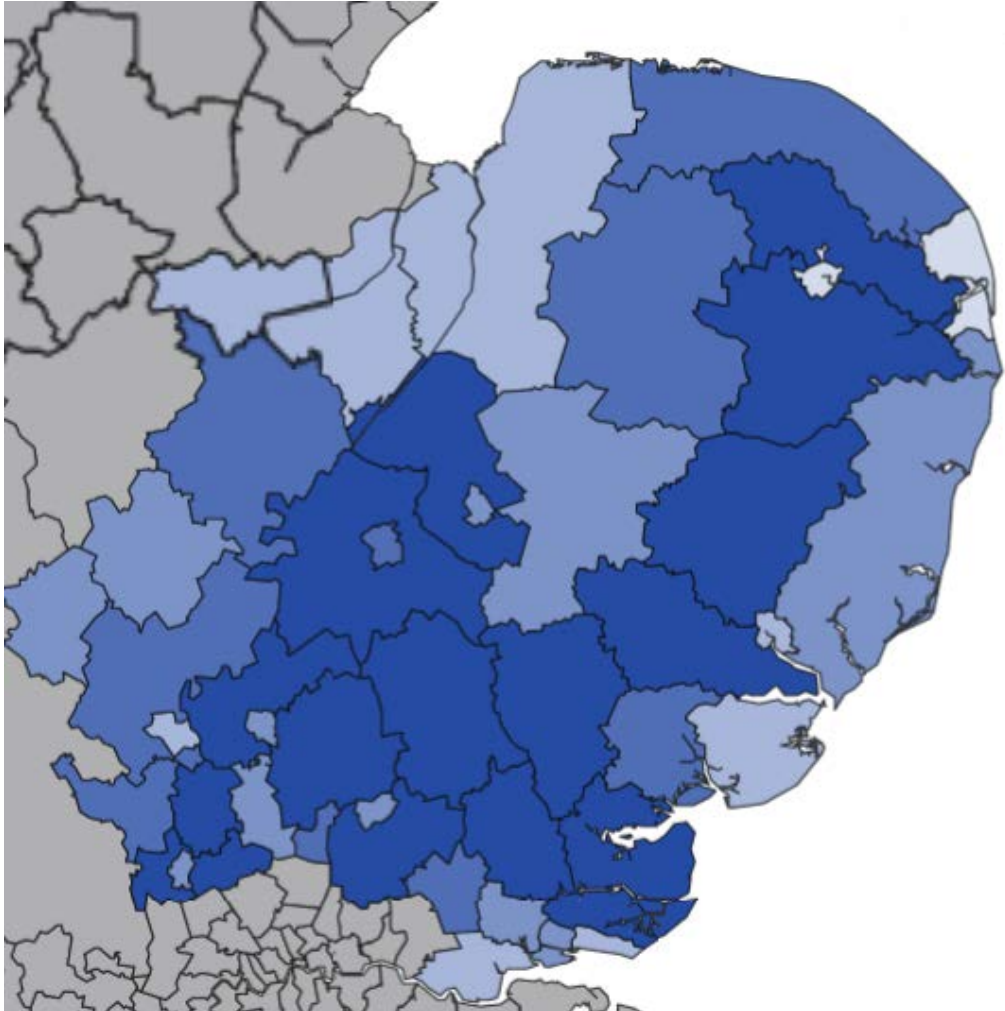
OHID Wider Impacts of COVID

In the East of England,

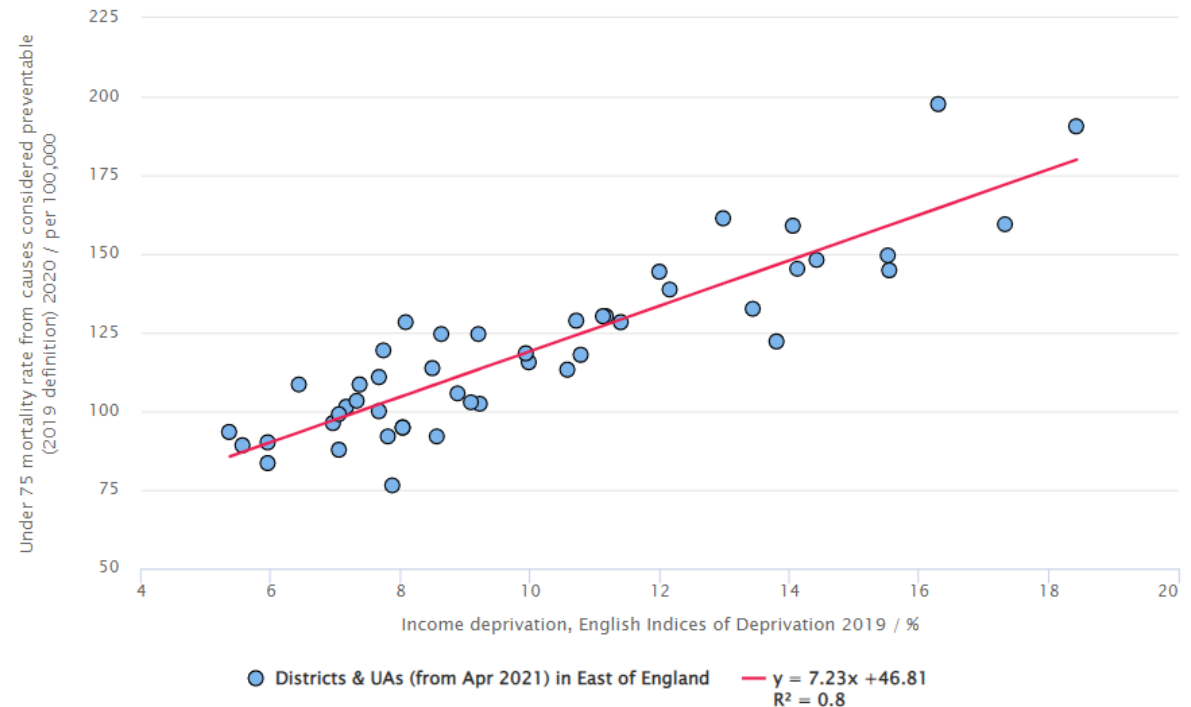
- there is a 9 year difference in average life expectancy for men living in the most and least deprived parts of the region. For women, there is a 6.5 year difference. (1)
- on average, men in the East of England can expect to spend 16 years of their life in poor health, for women the equivalent figure is 20 years.(2)
- Over half of the death and poor health in the East of England can be linked to potentially modifiable factors including smoking, obesity, hypertension and alcohol. (3)

It is too early to fully understand the impact of the COVID pandemic on broader health outcomes but some effects can already be seen. For example, in England the proportion of children and young people with a probable mental health condition has increased from 11% in 2017 to 16% in 2020.(4)

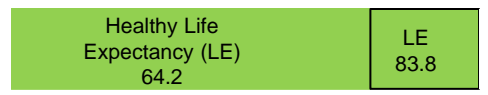
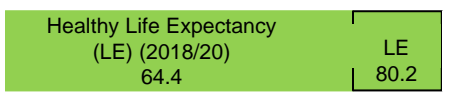
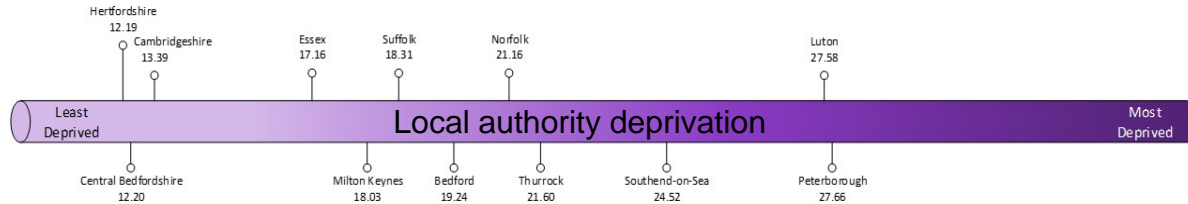
There are marked differences in health outcomes within the region driven to a large extent by the level of multiple deprivation.



In 2020, at 198 per 100,000 the rate of death due to causes considered preventable in Norwich was more than twice that in N Hertfordshire at 76.5 per 100,000. 80% of the variation between local authorities can be explained by different levels of deprivation.



Regional Overview



Maternity, Children & Young People

Smoking rates among new mothers are lower than the national average, however just less than 1 new mother in 10 smokes (2020/21)

59% of children received a 2-2.5 year review in 2020/21

In 2019/20 two looked after children in every five had a Strengths and Difficulties assessment that indicated a cause of concern over their emotional well being

3% of school age pupils were recorded as having social, emotional and mental health needs in 2020 with an increasing trend

Working Age

Two thirds of adults are physically active, higher than the national average (2019/20)

Total prescribed LARC excluding (injections) was 34.6 per 1000 in 2020 down from 51.2 in 2019

6 out of 10 adults were estimated to be overweight or obese, similar to the England average (2019/20)

There is a 72 percentage point gap employment between those with a learning disability and overall employment (2019/20)

Older People

Emergency admissions for falls in people aged 65 years or over are below the England average (2019/20)

37% of the eligible population aged 40-74 have received an NHS Health Check during 2016/17 to 2020/21, better than the England average but lower than the 46% coverage achieved prior to the pandemic

Uptake of flu vaccination amongst those aged 65+ has increased from 72% in 2019/20 to 82% in 2020/21

In 2019/20, just under half of adult social care users reported that they had as much social contact as they would like

Compared with England

- Better
- Similar
- Worse

East of England plan for addressing health inequalities

- Provide regional leadership on health inequalities and promote multi-agency action to address social determinants of health

Provide strategic direction and facilitate collaborative working through

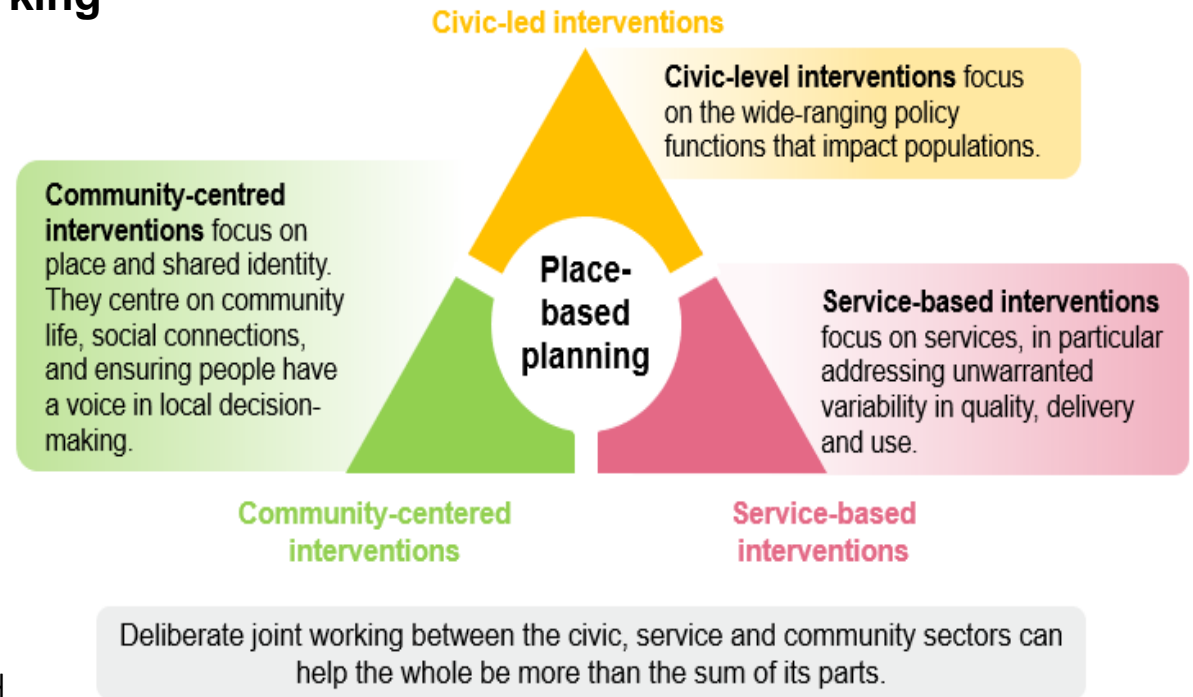
- PERHI Programme Board
- PERHI Expert Advisory Group
- NHSEI Regional Health inequalities leads
- Communities of improvement

Champion place-based approaches to reducing health inequalities

- Support development of ICSs by assessing and influencing ICS development and operational plans
- Facilitate a joined up approach to population health, inequalities and prevention in place across local government and NHS

Promote NHS role as an anchor institution

- Facilitate regional Anchor Learning network (ICS development team)



Key join up between Equality and Health inequalities agendas – workforce/community

Summary: 1

- Improvements in key health outcomes had stalled
- A population's health is largely shaped by factors beyond access to healthcare
- There is currently an unprecedented backlog of elective care owing to the pandemic.
- There are currently inequalities in how planned care is delivered and over the past 15 years the inequalities have increased.
- There is an urgent need to understand where there are inequalities and develop evidence-based solutions.

Summary: 2 How can we think differently

1. **Emphasising patient engagement** assessed by levels of motivation or rates of shared decision making. Caring for more engaged patients requires less resources along the patient pathway.
2. **Promoting healthy behaviours.** Supporting patients to be as fit as possible at their elective procedure can be achieved through lifestyle changes. Patients arriving in better health reduces the risk of complications during procedures and makes recovery faster.
3. **Condition management education.** Teaching patients to effectively and appropriately manage their condition increases self-efficacy and perceived ability to maintain health whilst waiting for elective procedures.
4. **Managing patient expectations.** Providing transparent and timely information maintains trust and makes patients feel cared for. This is particularly important for patients experiencing prolonged waits.
5. **Recognising patient context.** Adapting support strategies to accommodate an individual's peer- and social-support promotes implementation and adherence.

Thank you

Help us identify what more we can do in the East to reduce health inequalities...



REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Thanks again & enjoy the morning

If anyone is on TWITTER: please tweet during using the following hashtags:

#mySPpledge

#SocialPrescribingDay

#SocialPrescribingDay2022

#PersonalisedCare

Social Prescribing: Transforming Lives, Transforming Primary Care

Dr Marie-Anne Essam, GP and Clinical Lead for Social Prescribing and Carers, Herts CCG

NHS England and NHS Improvement



What Matters to Me

Debs Teale, Artist with lived experience

NHS England and NHS Improvement



Surviving Covid and the Role of Social Prescribing and the Arts in Wellbeing

Dr Daisy Fancourt, Associate Professor of Psychobiology & Epidemiology

NHS England and NHS Improvement



Psychological experiences during COVID-19: mental health, creative & community activities, & social prescribing

Dr Daisy Fancourt

Associate Professor of Psychobiology & Epidemiology

University College London

d.fancourt@ucl.ac.uk



UK Research
and Innovation



UCL

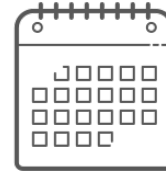


**COVID-19
Social Study**





**>72,000
participants**



**704 days of
data collection**

**102 weeks of
data**



**> 1,200,000
surveys**

**Demographically
diverse & weighted**



**>20,000 written
testimonials**

**>400 telephone
interviews**





DOWNLOAD WEEKLY REPORTS

| | | |
|--|--|---|
| WEEK 1 Covid-19 response & stressors | WEEK 2 Exercise & social behaviours | WEEK 3 In-depth psychological response |
| WEEK 4 Psychological response | WEEK 5 Psychological response | WEEK 6 Psychological response, exercise & social behaviours |
| WEEK 7 Psychological response | WEEK 8 Psychological response, control & concerns | WEEK 9 Psychological response |
| WEEK 10 Psychological response & fear of Covid-19 | WEEK 11 Psychological response & meaning in life | WEEK 12 Psychological response, happiness, boredom & future |
| WEEK 13 Psychological response, fresh air & worries about others | WEEK 14 Psychological response, lockdown experiences & health behaviours | WEEK 15 Psychological response, trust & ethnicity |
| WEEK 16-17 Psychological response, relationships & financial consequences | WEEK 18-19 Psychological response, understanding of rules & healthcare | WEEK 20-21 Psychological response, discrimination & community closeness |
| WEEK 22-23 Psychological response & planned changes to life after COVID-19 | | |

Real-time data analysis & reporting

READ SCIENTIFIC PAPERS

| | | |
|---|--|---|
| SRNT Vaccine attitudes and smoking | THE LANCET Regional Health Europe Mental health in Europe | PSYCHOLOGICAL MEDICINE Social relationships & depression |
| CLINICAL NUTRITION ESPEN Eating Behaviours in Lockdown | THE LANCET Regional Health Europe Vaccine attitudes | THE LANCET Regional Health Europe Varying predictors of compliance |
| DRUG AND ALCOHOL Dependence Drinking behaviours in lockdown | THE LANCET The Cummings Effect | I Z A Institute of Labor Economics Initiated by Deutsche Post Foundation Happiness and compliance |
| BJPsych Abuse, self-harm and suicide | JAMA Network Open Depression in vulnerable groups | JECH Adversities by socio-economic position |
| THE LANCET Psychiatry Trajectories of depression and anxiety ... | SOCIAL SCIENCE & MEDICINE Loneliness trajectories | PUBLIC HEALTH Who is lonely in lockdown? |
| Trajectories of loneliness | Who is lonely in lockdown? | Adversities & mental health |

WEEKLY ANALYSED DATA PROVIDED TO:



Cabinet Office



Public Health England



HM Government



World Health Organization



Informing media & public understanding

IN THE NEWS

The grid contains the following logos (row by row, left to right):

- Row 1: The Telegraph, The Sun, TheScientist, The Telegraph, MailOnline, Edinburgh News
- Row 2: The Guardian, AOL, MDedge, The Guardian, The Independent, MedicalXpress
- Row 3: METRO, Daily Mail, MailOnline, Daily Mail, ZME SCIENCE, The Independent

PODCASTS | RADIO

The covers include:

- FRONT ROW (dark blue background)
- UCL Coronavirus: The Whole Story (white background with UCL logo)
- FRONT ROW (dark blue background)
- THE NAKED SCIENTISTS (white background with yellow circle)
- Bridges to the Future (dark purple background with RSA logo)
- UCL Institute of Mental Health (orange and teal background)
- BBC SOUNDS (orange background)
- Science (purple background with periodic table elements like Sc, Ti, V, Cr, Mn, Fe, Ni, Cu, Zn, Ga, Ge, As, Se, Br, Kr, Rb, Sr, Y, Zr, Nb, Mo, Tc, Ru, Rh, Pd, Ag, Cd, In, Sn, Sb, Te, I, Xe, Ba, La, Ce, Pr, Nd, Pm, Sm, Eu, Gd, Hg, Tl, Pb, Bi, Po, At, Rn, Fr, Ra, Ac, Th, Pa, U, Np, Pu, Am, Cm, Bk, Cf, Es, Fm, Md, No, Lr)

BLOGS | VIDEOS

The thumbnails include:

- THE NAKED SCIENTISTS Blog (white background with yellow figure)
- thebmj BMJ Opinion (blue background)
- what works wellbeing (white background with green 'W' logo)
- UCL Mental health impact of COVID-19 (dark background with UCL logo)
- Covid-19: Mental health... COVID-19 (dark background with brain icon)
- Assessing the Impact... COVID-19: The Policy Response (white background with LSE logo and event details)



WHAT
the
impact
has been

WHO has
been
most
affected

WHY
they have
been
affected

What
happens
NEXT?



UK Research
and Innovation



UCL



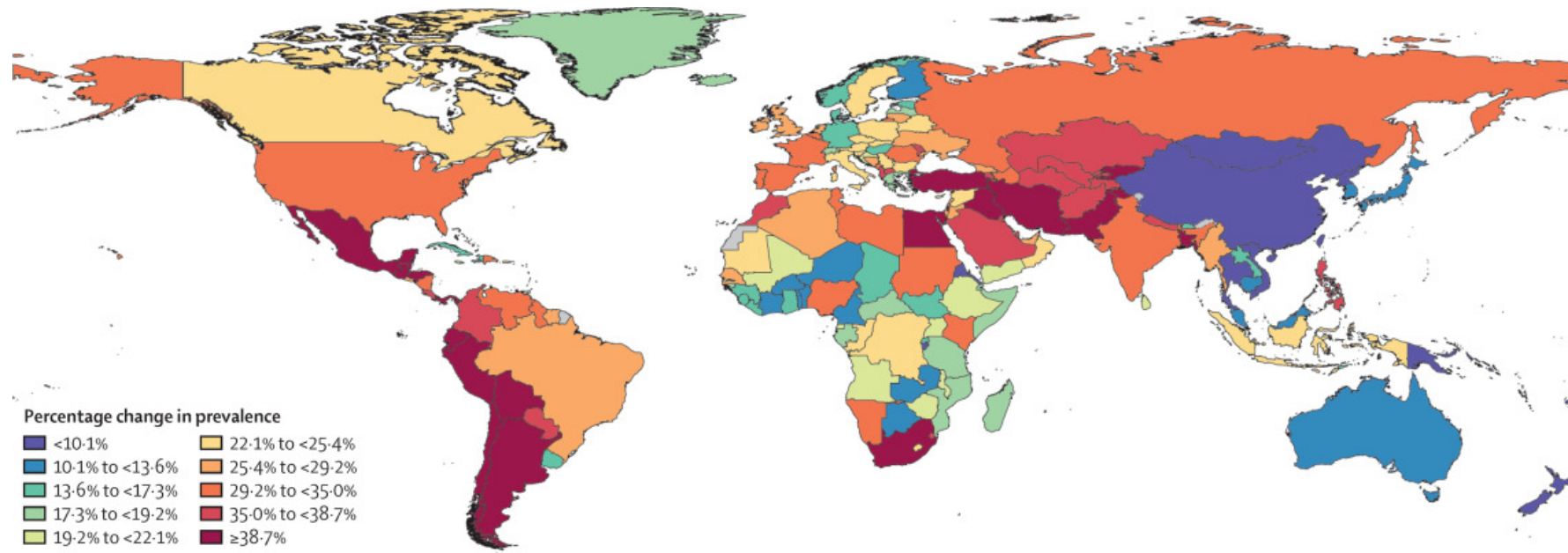
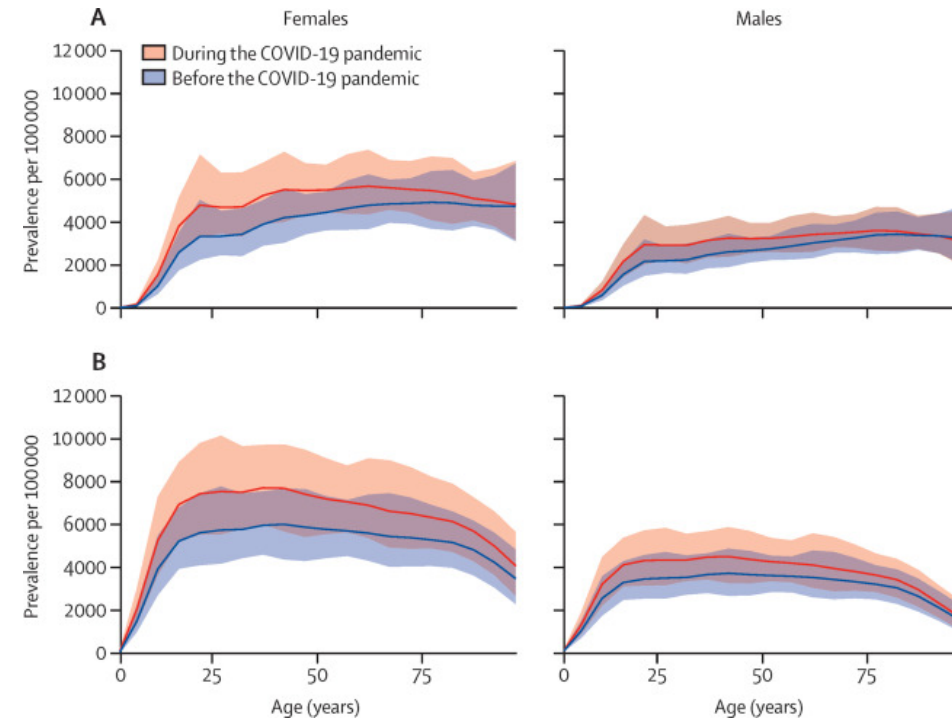
**COVID-19
Social Study**

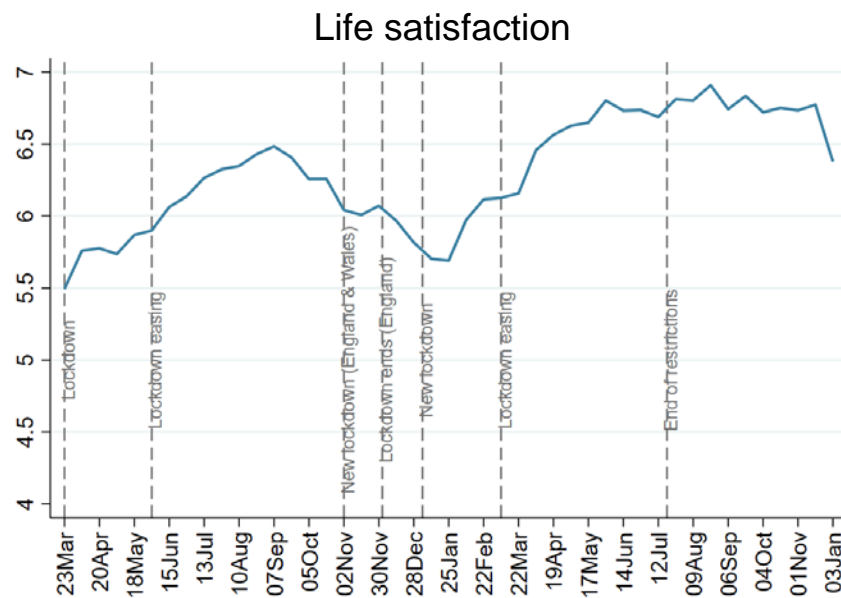
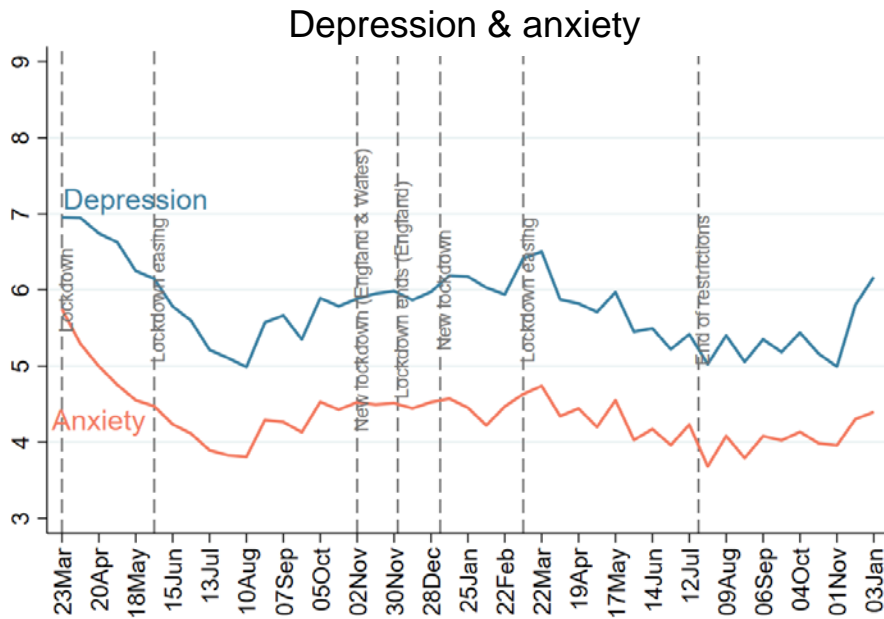


**How has mental
health been
affected by
COVID-19?**

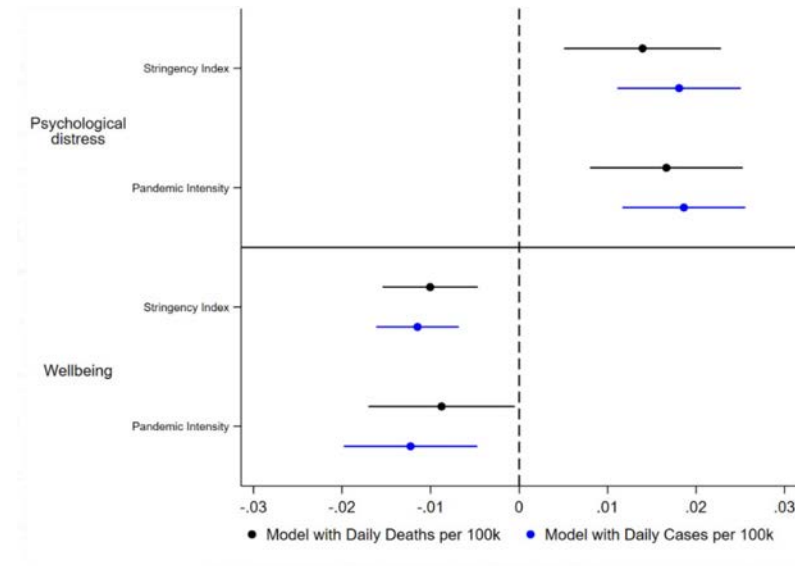
Mental health patterns from pre- to during- COVID-19

COVID-19 Mental Disorders Collaborative, Lancet 2021





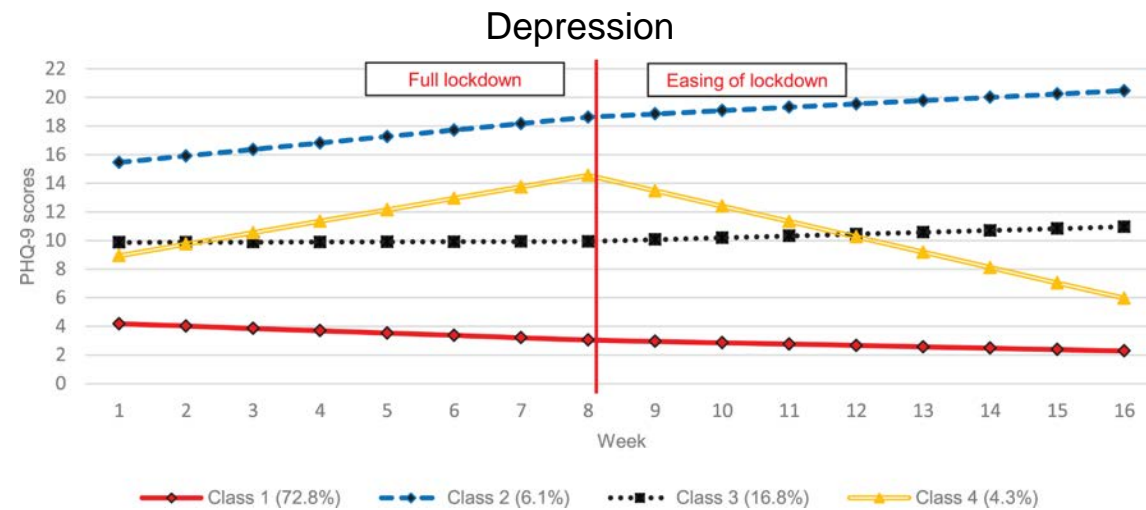
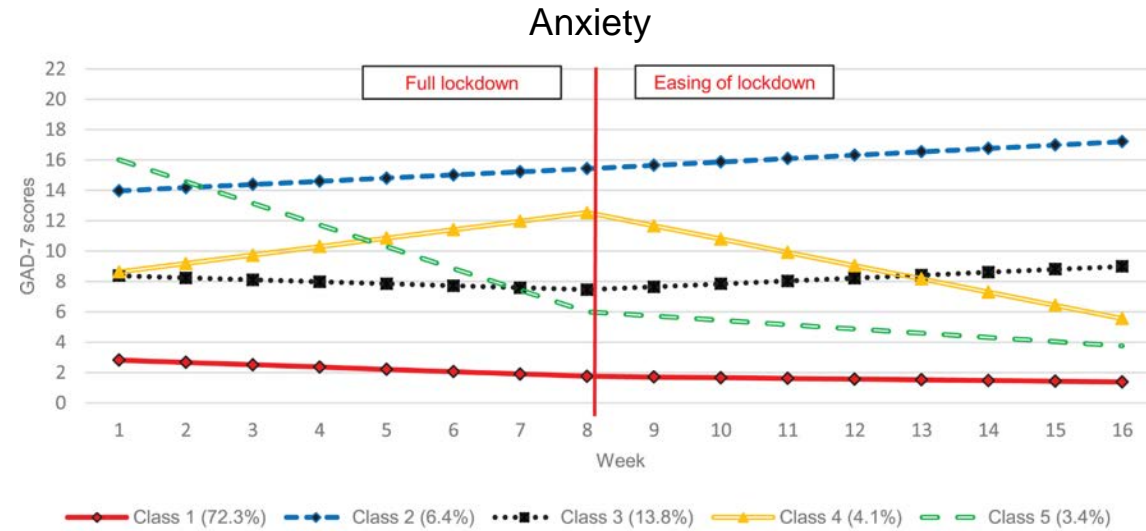
Mental health patterns during COVID-19





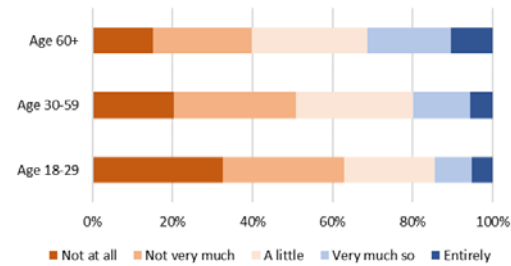
**Have we all been
“in this together”?**

Averages vs Trajectories

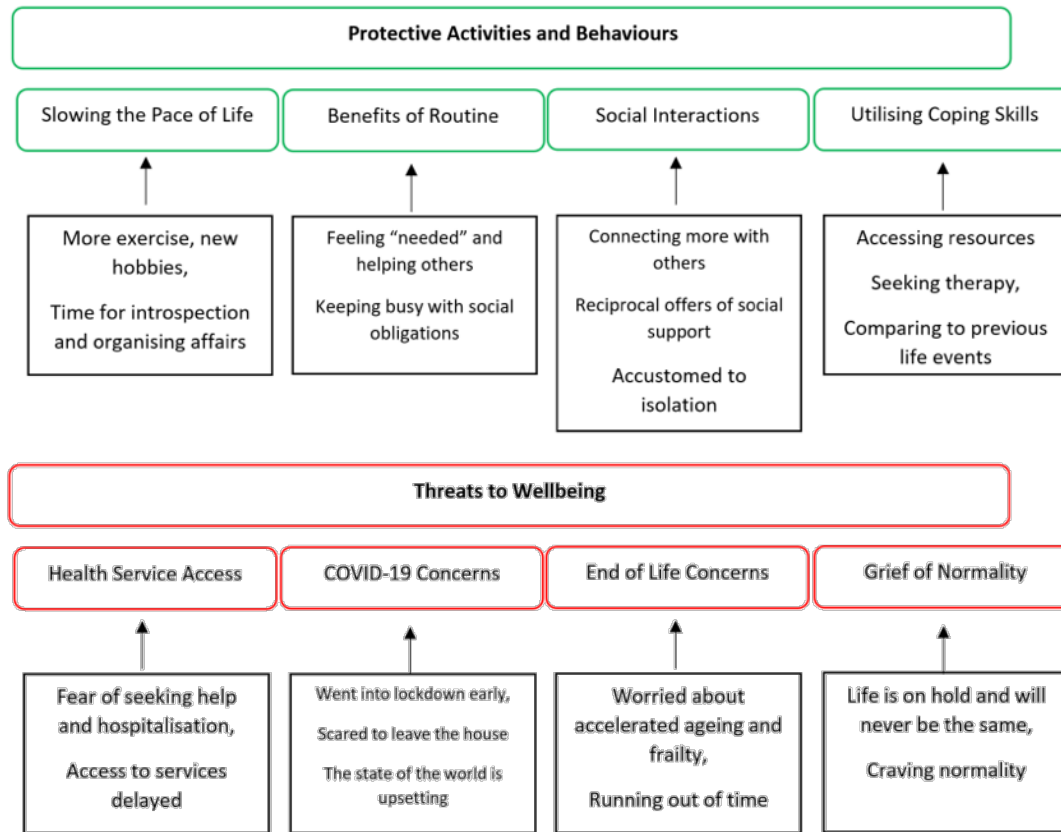


Inequalities due to age

Control over future plans

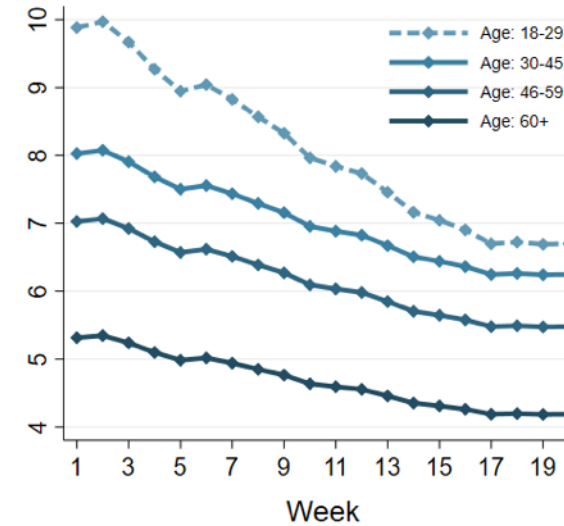


Fancourt et al. CSS Reports. 2021

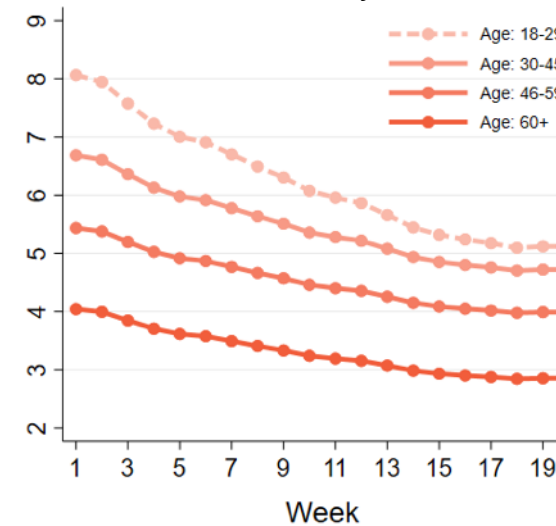


McKinlay, Fancourt, Burton BMC Geriatr. 2021

Depression

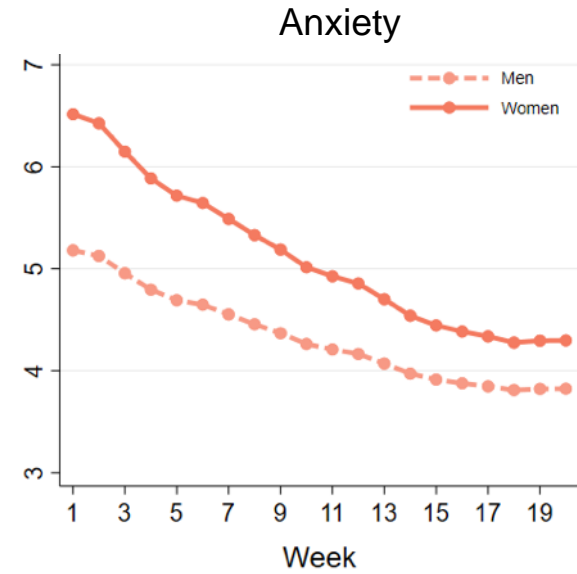
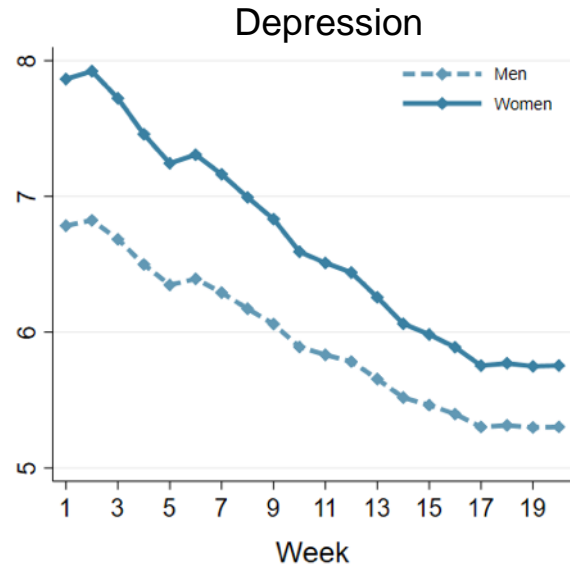


Anxiety

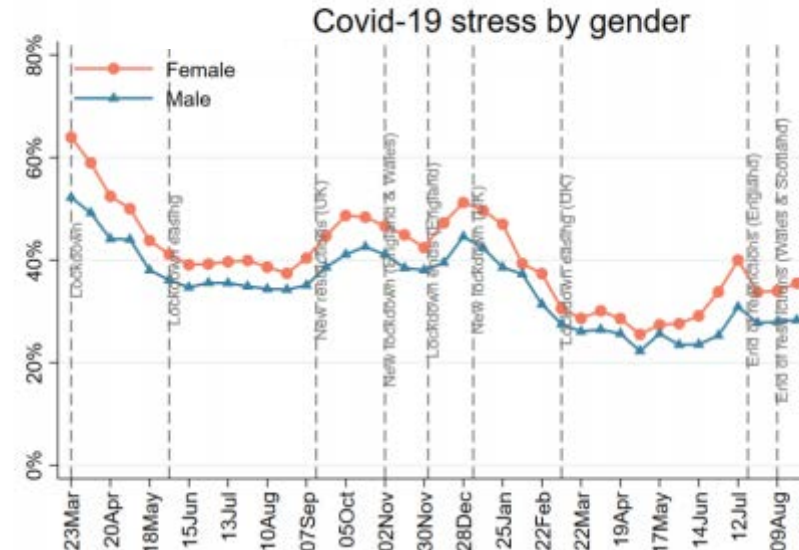
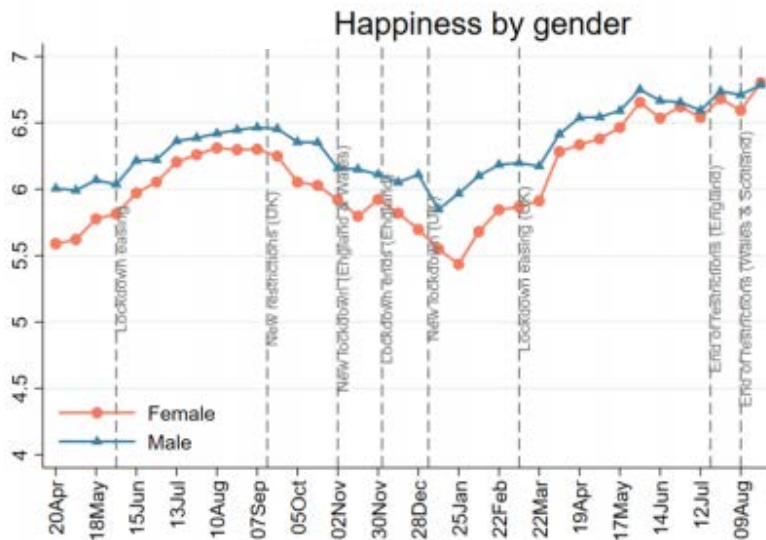


Fancourt et al. Lancet Psychiatry 2021

Inequalities due to gender

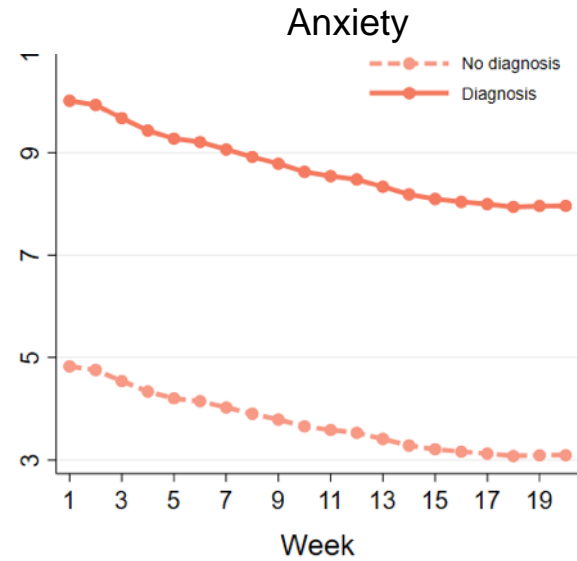
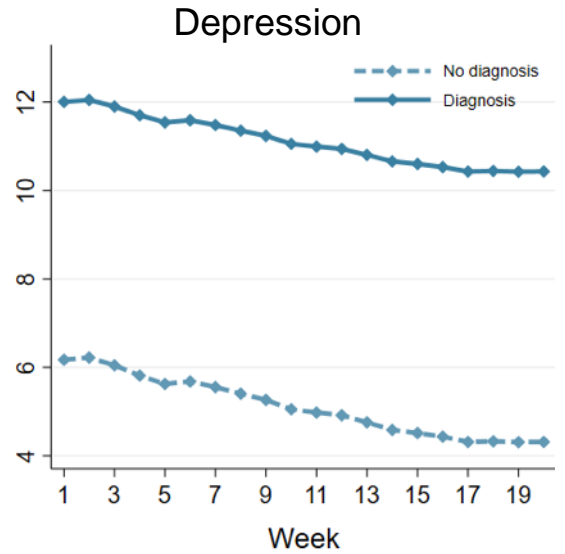


Fancourt et al. Lancet Psychiatry 2021

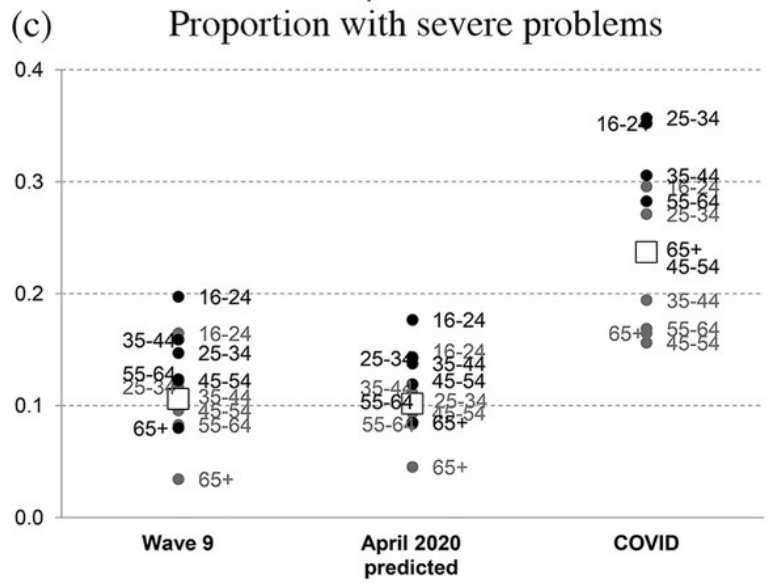


Fancourt et al. Covid Social Study Reports 2021

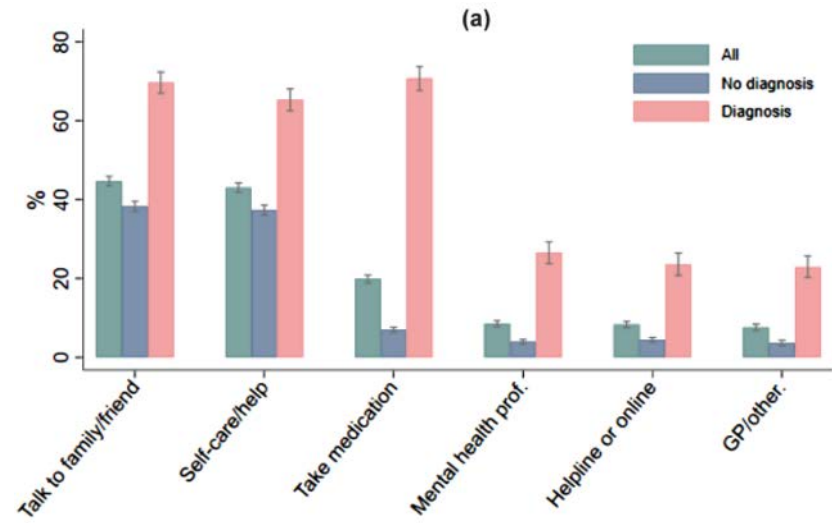
Inequalities to mental illness



Fancourt et al. Lancet Psychiatry 2021

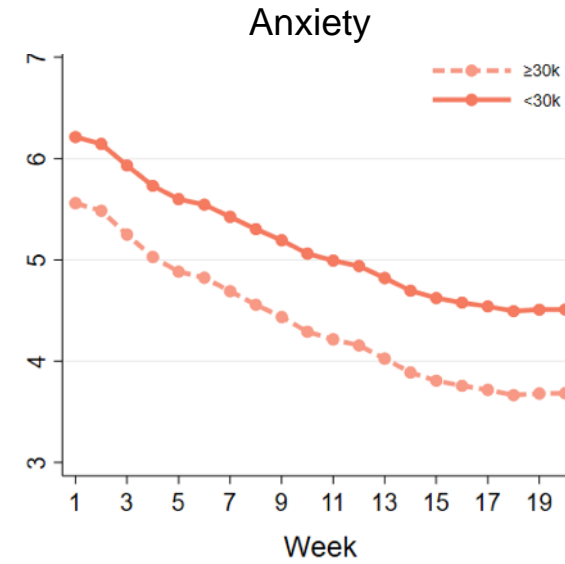
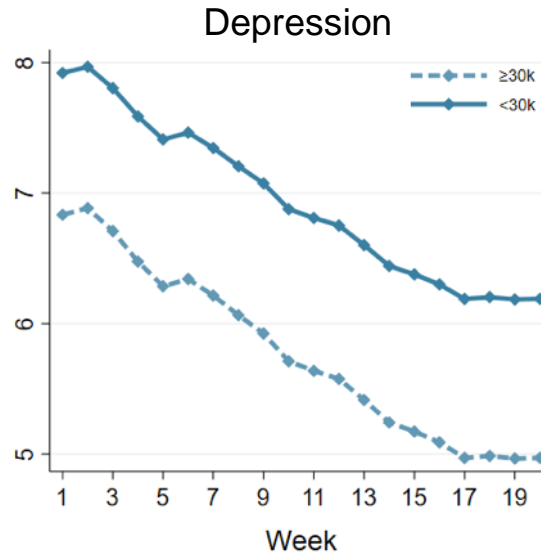


Banks & Xu, Fiscal Studies 2020

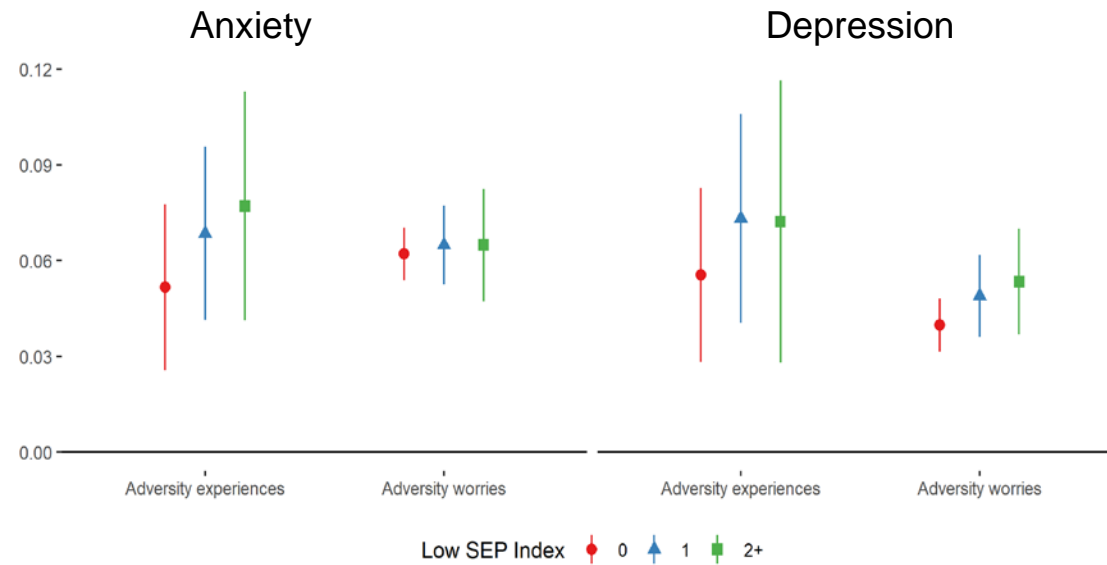


Bu et al. Soc Psych & Psych Epid 2021

Inequalities to poverty

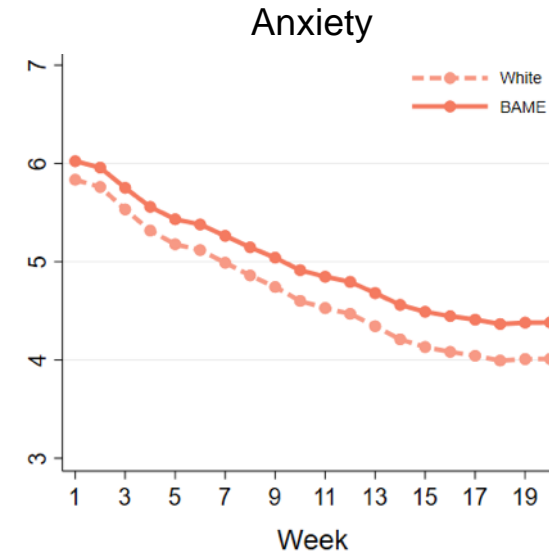
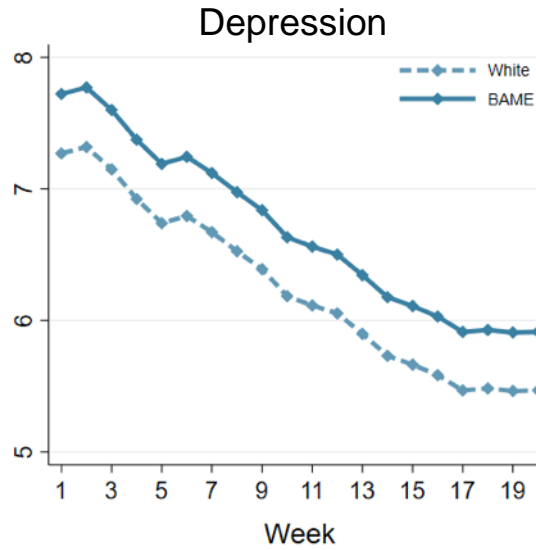


Fancourt et al. Lancet Psychiatry 2021

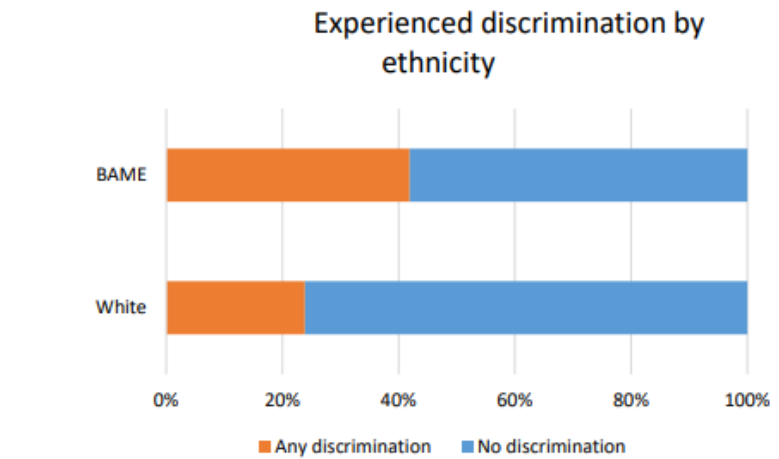
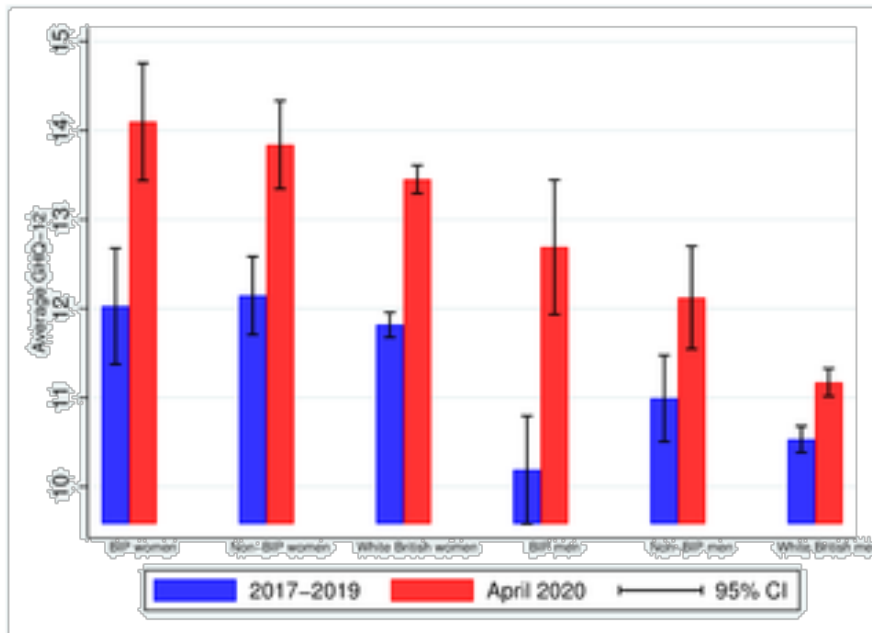


Wright, Steptoe, Fancourt, JECH 2020

Inequalities due to ethnicity



Fancourt et al. Lancet Psychiatry 2021

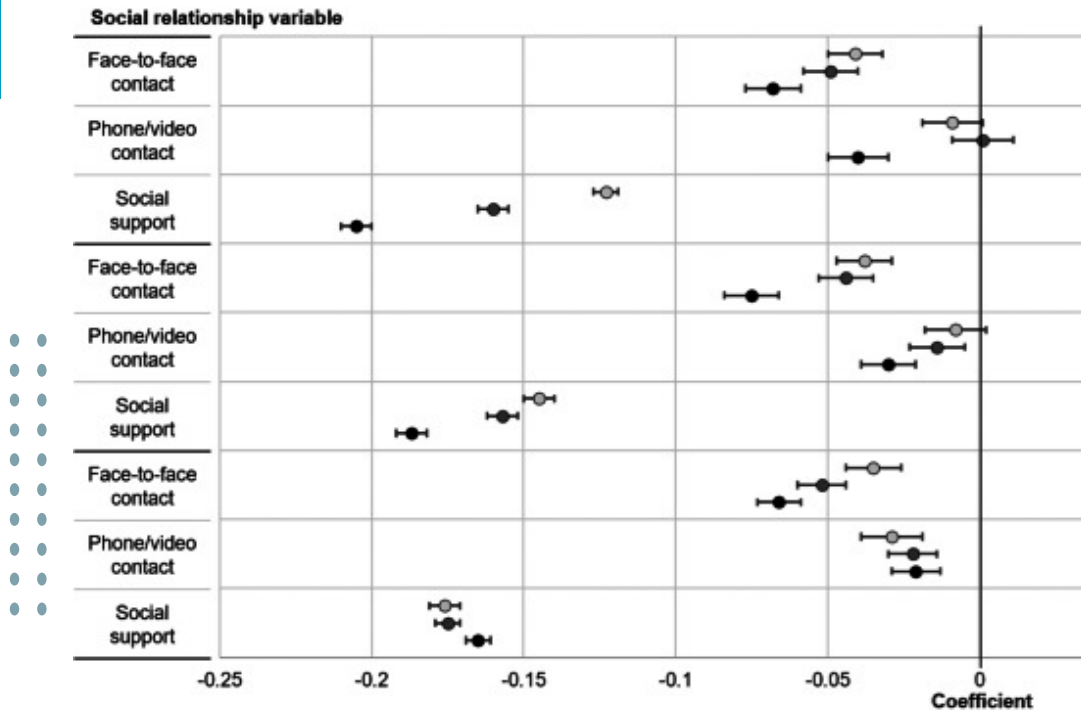


Fancourt et al. Covid Social Study Reports. 2021

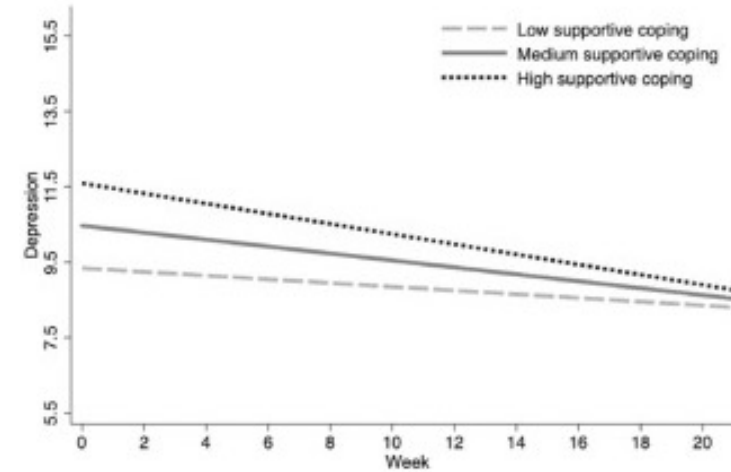


**What factors
were protective?**

Protective factors: Social support & cohesion



Sommerland... & Fancourt. Psychol Med. 2021



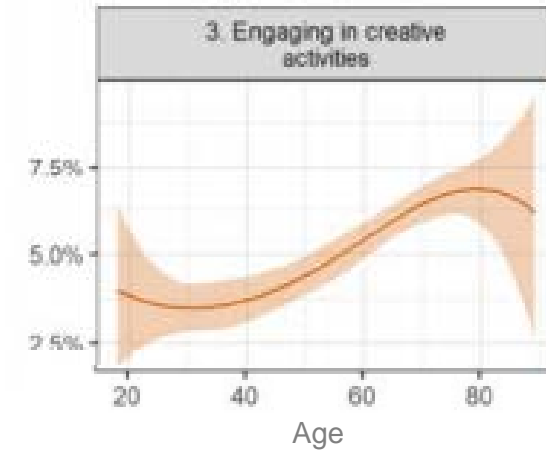
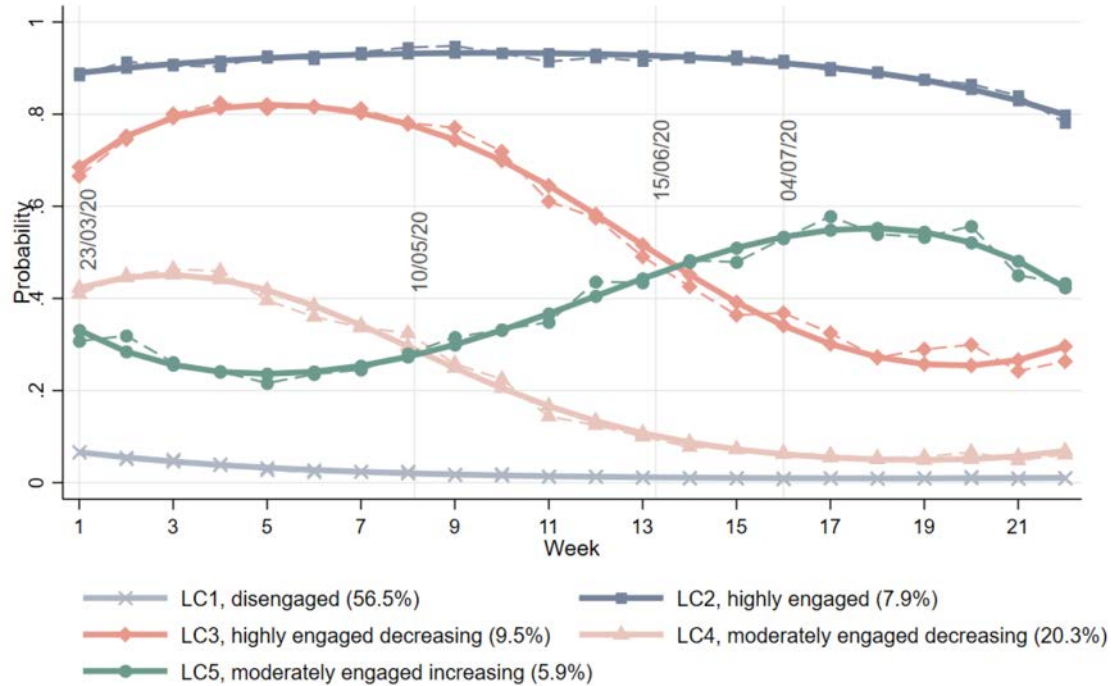
Fluharty, Bu, Steptoe & Fancourt. Social Science & Medicine 2021

Table 4
Frequency of volunteering in April/May during lockdown versus volunteering across June/July

| | I have not done any volunteering in June/July | Less than during April/May | About the same as during April/May | More than during April/May |
|--|---|----------------------------|------------------------------------|----------------------------|
| Less than usual (April/May vs prior to the pandemic) | 75.4% | 6.3% | 10.6% | 7.7% |
| About the same (April/May vs prior to the pandemic) | 86.3% | 4.0% | 7.5% | 2.3% |
| More than usual (April/May vs prior to the pandemic) | 52.6% | 21.6% | 18.8% | 7.0% |

Mak & Fancourt. Perspectives in Public Health 2021

Protective factors: Arts & creativity



Wright, Fluharty, Steptoe & Fancourt. MedRxiv 2021

Mak, Bu & Fancourt. PsychRXiv 2021

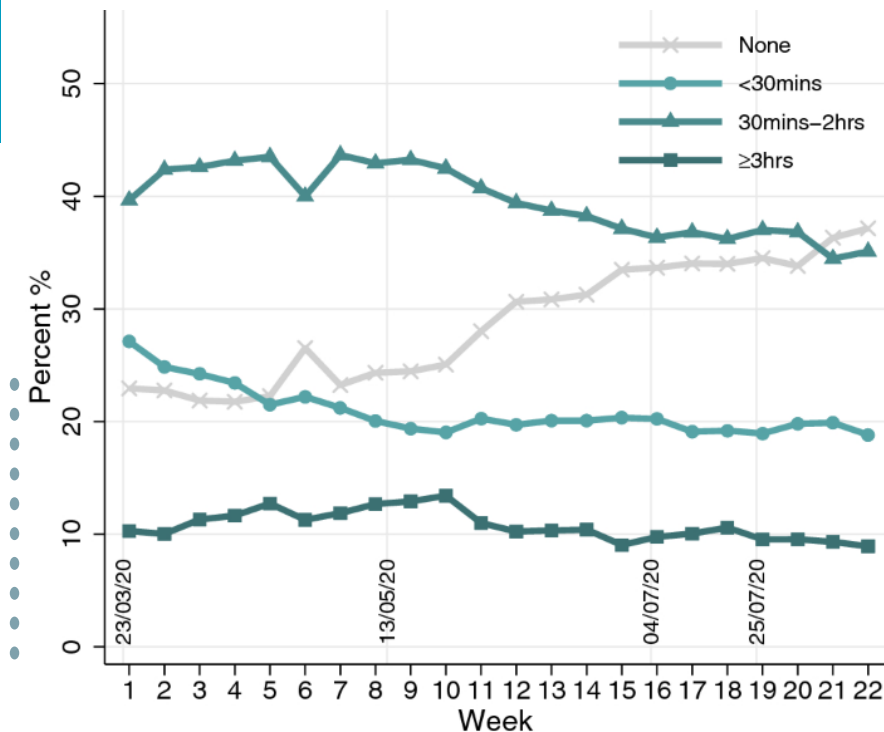
Bu, Steptoe, Mak & Fancourt. Br J Psychiatry 2021



Fancourt et al. (2021). How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action. The Lancet Psychiatry.

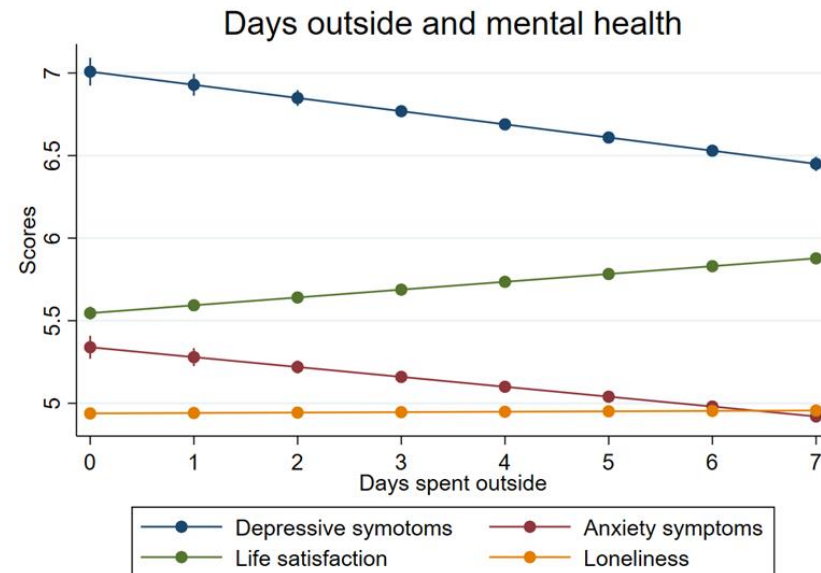
| | Model I-i Depression | | | | Model II-i Anxiety | | | | Model III-i Life satisfaction | | | |
|--|----------------------|-------------|--------------|----------------|--------------------|-------------|--------------|----------------|-------------------------------|-------------|--------------|----------------|
| | Coefficient | s.e. | P | q ^a | Coefficient | s.e. | P | q ^a | Coefficient | s.e. | P | q ^a |
| Working 30 min to 2 h (Ref <30 min) | -0.03 | 0.04 | 0.458 | 0.518 | 0.03 | 0.04 | 0.364 | 0.494 | 0.01 | 0.02 | 0.497 | 0.562 |
| Working ≥3 h (Ref <30 min) | -0.27 | 0.04 | 0.000 | 0.000 | 0.06 | 0.04 | 0.095 | 0.190 | 0.11 | 0.02 | 0.000 | 0.000 |
| Volunteering <30 min (Ref none) | 0.00 | 0.06 | 0.947 | 0.958 | -0.01 | 0.05 | 0.819 | 0.836 | 0.00 | 0.03 | 0.934 | 0.934 |
| Volunteering ≥30 min (Ref none) | -0.16 | 0.10 | 0.104 | 0.142 | -0.09 | 0.06 | 0.148 | 0.252 | 0.09 | 0.04 | 0.028 | 0.046 |
| Housework 30 min to 2 h (Ref <30 min) | -0.11 | 0.03 | 0.000 | 0.000 | -0.04 | 0.03 | 0.155 | 0.252 | 0.05 | 0.01 | 0.001 | 0.002 |
| Housework ≥3 h (Ref <30 min) | -0.21 | 0.05 | 0.000 | 0.000 | -0.04 | 0.04 | 0.360 | 0.494 | 0.06 | 0.02 | 0.004 | 0.009 |
| Looking after children 30 min to 2 h (Ref <30 min) | -0.02 | 0.07 | 0.744 | 0.806 | 0.07 | 0.07 | 0.283 | 0.433 | 0.04 | 0.04 | 0.293 | 0.381 |
| Looking after children ≥3 h (Ref <30 min) | 0.08 | 0.10 | 0.435 | 0.514 | 0.17 | 0.09 | 0.054 | 0.128 | 0.05 | 0.05 | 0.314 | 0.389 |
| Gardening <30 min (Ref none) | -0.15 | 0.03 | 0.000 | 0.000 | -0.15 | 0.03 | 0.000 | 0.000 | 0.06 | 0.02 | 0.000 | 0.000 |
| Gardening ≥30 min (Ref none) | -0.30 | 0.04 | 0.000 | 0.000 | -0.24 | 0.03 | 0.000 | 0.000 | 0.16 | 0.02 | 0.000 | 0.000 |
| Exercising <30 min (Ref none) | -0.19 | 0.04 | 0.000 | 0.000 | -0.03 | 0.03 | 0.437 | 0.541 | 0.10 | 0.02 | 0.000 | 0.000 |
| Exercising ≥30 min (Ref none) | -0.39 | 0.04 | 0.000 | 0.000 | -0.23 | 0.03 | 0.000 | 0.000 | 0.22 | 0.02 | 0.000 | 0.000 |
| Reading <30 min (Ref none) | -0.07 | 0.03 | 0.041 | 0.063 | -0.06 | 0.03 | 0.048 | 0.125 | 0.03 | 0.02 | 0.090 | 0.130 |
| Reading ≥30 min (Ref none) | -0.14 | 0.04 | 0.001 | 0.002 | -0.19 | 0.04 | 0.000 | 0.000 | 0.05 | 0.02 | 0.006 | 0.012 |
| Hobby <30 min (Ref none) | -0.06 | 0.03 | 0.052 | 0.075 | -0.01 | 0.03 | 0.836 | 0.836 | 0.02 | 0.01 | 0.117 | 0.160 |
| Hobby ≥30 min (Ref none) | -0.17 | 0.03 | 0.000 | 0.000 | -0.10 | 0.03 | 0.000 | 0.000 | 0.09 | 0.01 | 0.000 | 0.000 |
| Communication 30 min to 2 h (Ref <30 min) | -0.05 | 0.03 | 0.037 | 0.060 | 0.04 | 0.03 | 0.134 | 0.249 | 0.04 | 0.01 | 0.001 | 0.002 |
| Communication ≥3 h (Ref <30 min) | 0.00 | 0.04 | 0.958 | 0.958 | 0.11 | 0.04 | 0.004 | 0.013 | 0.06 | 0.02 | 0.008 | 0.015 |
| COVID-19 news 30 min to 2 h (Ref <30 min) | 0.29 | 0.02 | 0.000 | 0.000 | 0.48 | 0.02 | 0.000 | 0.000 | -0.15 | 0.01 | 0.000 | 0.000 |
| COVID-19 news ≥3 h (Ref <30 min) | 0.56 | 0.05 | 0.000 | 0.000 | 0.89 | 0.04 | 0.000 | 0.000 | -0.28 | 0.02 | 0.000 | 0.000 |
| Watching TV 30 min to 2 h (Ref <30 min) | -0.03 | 0.04 | 0.423 | 0.514 | -0.03 | 0.04 | 0.380 | 0.494 | 0.02 | 0.02 | 0.332 | 0.392 |
| Watching TV ≥3 h (Ref <30 min) | 0.13 | 0.05 | 0.016 | 0.028 | 0.02 | 0.05 | 0.638 | 0.721 | -0.04 | 0.02 | 0.065 | 0.099 |
| Listening to radio/music 30 min to 2 h (Ref <30 min) | -0.09 | 0.03 | 0.003 | 0.006 | -0.04 | 0.03 | 0.089 | 0.190 | 0.03 | 0.02 | 0.027 | 0.046 |
| Listening to radio/music ≥3 h (Ref <30 min) | -0.24 | 0.05 | 0.000 | 0.000 | -0.09 | 0.04 | 0.031 | 0.090 | 0.09 | 0.02 | 0.000 | 0.000 |
| Internet/social media 30 min to 2 h (Ref <30 min) | 0.04 | 0.03 | 0.160 | 0.208 | -0.01 | 0.02 | 0.775 | 0.836 | -0.01 | 0.01 | 0.701 | 0.759 |
| Internet/social media ≥3 h (Ref <30 min) | 0.11 | 0.04 | 0.015 | 0.028 | 0.02 | 0.04 | 0.519 | 0.613 | 0.00 | 0.02 | 0.878 | 0.913 |
| Number of observations | 308 182 | | | | 308 182 | | | | 308 182 | | | |
| Number of individuals | 54 632 | | | | 54 632 | | | | 54 632 | | | |

Protective factors: Nature & outdoors



Bu, Bone, Mitchell, Steptoe & Fancourt. Scientific Reports 2021

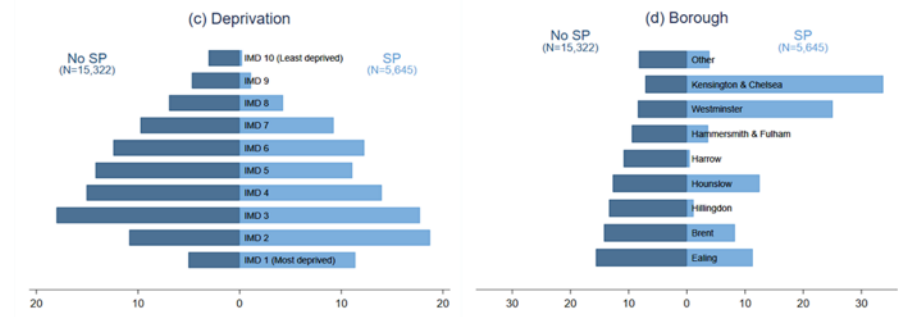
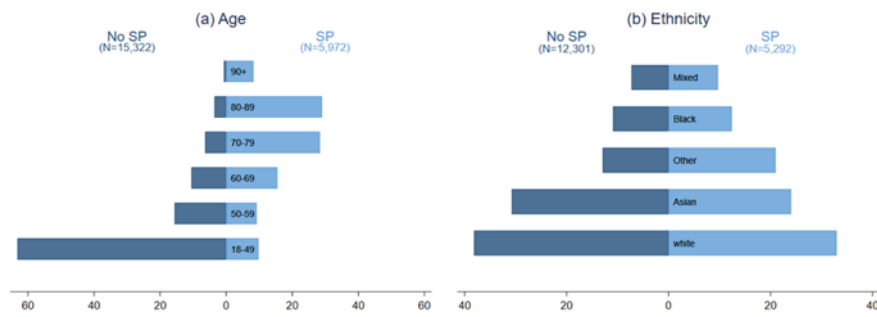
Bu, Steptoe, Mak & Fancourt. Br J Psychiatry 2021



Stock, Bu, Fancourt & Mak. MedRXiv 2021

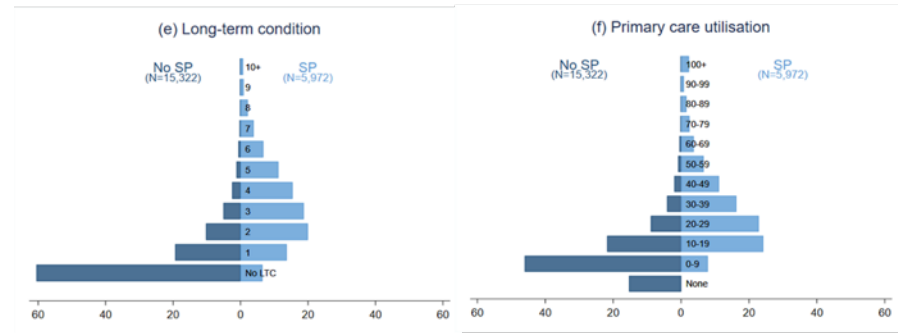
| | Model I-i Depression | | | | Model II-i Anxiety | | | | Model III-i Life satisfaction | | | |
|--|----------------------|-------------|--------------|----------------|--------------------|-------------|--------------|----------------|-------------------------------|-------------|--------------|----------------|
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| Working 30 min to 2 h (Ref <30 min) | -0.03 | 0.04 | 0.458 | 0.518 | 0.03 | 0.04 | 0.364 | 0.494 | 0.01 | 0.02 | 0.497 | 0.562 |
| Working ≥3 h (Ref <30 min) | -0.27 | 0.04 | 0.000 | 0.000 | 0.06 | 0.04 | 0.095 | 0.190 | 0.11 | 0.02 | 0.000 | 0.000 |
| Volunteering <30 min (Ref none) | 0.00 | 0.06 | 0.947 | 0.958 | -0.01 | 0.05 | 0.819 | 0.836 | 0.00 | 0.03 | 0.934 | 0.934 |
| Volunteering ≥30 min (Ref none) | -0.16 | 0.10 | 0.104 | 0.142 | -0.09 | 0.06 | 0.148 | 0.252 | 0.09 | 0.04 | 0.028 | 0.046 |
| Housework 30 min to 2 h (Ref <30 min) | -0.11 | 0.03 | 0.000 | 0.000 | -0.04 | 0.03 | 0.155 | 0.252 | 0.05 | 0.01 | 0.001 | 0.002 |
| Housework ≥3 h (Ref <30 min) | -0.21 | 0.05 | 0.000 | 0.000 | -0.04 | 0.04 | 0.360 | 0.494 | 0.06 | 0.02 | 0.004 | 0.009 |
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| Looking after children ≥3 h (Ref <30 min) | 0.08 | 0.10 | 0.435 | 0.514 | 0.17 | 0.09 | 0.054 | 0.128 | 0.05 | 0.05 | 0.314 | 0.389 |
| Gardening <30 min (Ref none) | -0.15 | 0.03 | 0.000 | 0.000 | -0.15 | 0.03 | 0.000 | 0.000 | 0.06 | 0.02 | 0.000 | 0.000 |
| Gardening ≥30 min (Ref none) | -0.30 | 0.04 | 0.000 | 0.000 | -0.24 | 0.03 | 0.000 | 0.000 | 0.16 | 0.02 | 0.000 | 0.000 |
| Exercising <30 min (Ref none) | -0.19 | 0.04 | 0.000 | 0.000 | -0.03 | 0.03 | 0.437 | 0.541 | 0.10 | 0.02 | 0.000 | 0.000 |
| Exercising ≥30 min (Ref none) | -0.39 | 0.04 | 0.000 | 0.000 | -0.23 | 0.03 | 0.000 | 0.000 | 0.22 | 0.02 | 0.000 | 0.000 |
| Reading <30 min (Ref none) | -0.07 | 0.03 | 0.041 | 0.063 | -0.06 | 0.03 | 0.048 | 0.125 | 0.03 | 0.02 | 0.090 | 0.130 |
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| Hobby <30 min (Ref none) | -0.06 | 0.03 | 0.052 | 0.075 | -0.01 | 0.03 | 0.836 | 0.836 | 0.02 | 0.01 | 0.117 | 0.160 |
| Hobby ≥30 min (Ref none) | -0.17 | 0.03 | 0.000 | 0.000 | -0.10 | 0.03 | 0.000 | 0.000 | 0.09 | 0.01 | 0.000 | 0.000 |
| Communication 30 min to 2 h (Ref <30 min) | -0.05 | 0.03 | 0.037 | 0.060 | 0.04 | 0.03 | 0.134 | 0.249 | 0.04 | 0.01 | 0.001 | 0.002 |
| Communication ≥3 h (Ref <30 min) | 0.00 | 0.04 | 0.958 | 0.958 | 0.11 | 0.04 | 0.004 | 0.013 | 0.06 | 0.02 | 0.008 | 0.015 |
| COVID-19 news 30 min to 2 h (Ref <30 min) | 0.29 | 0.02 | 0.000 | 0.000 | 0.48 | 0.02 | 0.000 | 0.000 | -0.15 | 0.01 | 0.000 | 0.000 |
| COVID-19 news ≥3 h (Ref <30 min) | 0.56 | 0.05 | 0.000 | 0.000 | 0.89 | 0.04 | 0.000 | 0.000 | -0.28 | 0.02 | 0.000 | 0.000 |
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| Watching TV ≥3 h (Ref <30 min) | 0.13 | 0.05 | 0.016 | 0.028 | 0.02 | 0.05 | 0.638 | 0.721 | -0.04 | 0.02 | 0.065 | 0.099 |
| Listening to radio/music 30 min to 2 h (Ref <30 min) | -0.09 | 0.03 | 0.003 | 0.006 | -0.04 | 0.03 | 0.089 | 0.190 | 0.03 | 0.02 | 0.027 | 0.046 |
| Listening to radio/music ≥3 h (Ref <30 min) | -0.24 | 0.05 | 0.000 | 0.000 | -0.09 | 0.04 | 0.031 | 0.090 | 0.09 | 0.02 | 0.000 | 0.000 |
| Internet/social media 30 min to 2 h (Ref <30 min) | 0.04 | 0.03 | 0.160 | 0.208 | -0.01 | 0.02 | 0.775 | 0.836 | -0.01 | 0.01 | 0.701 | 0.759 |
| Internet/social media ≥3 h (Ref <30 min) | 0.11 | 0.04 | 0.015 | 0.028 | 0.02 | 0.04 | 0.519 | 0.613 | 0.00 | 0.02 | 0.878 | 0.913 |
| Number of observations | 308 182 | | | | 308 182 | | | | 308 182 | | | |
| Number of individuals | 54 632 | | | | 54 632 | | | | 54 632 | | | |

**How could
social
prescribing
help?**



Tackling inequalities

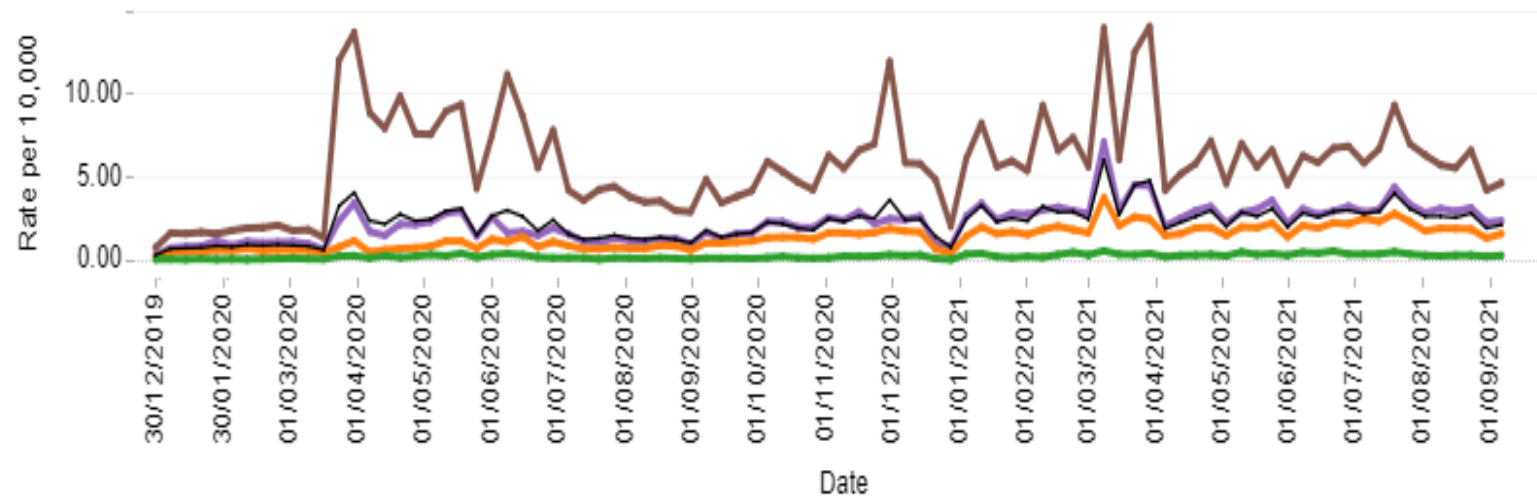
Bu & Fancourt (2020) NHS England Report





Supporting NHS services

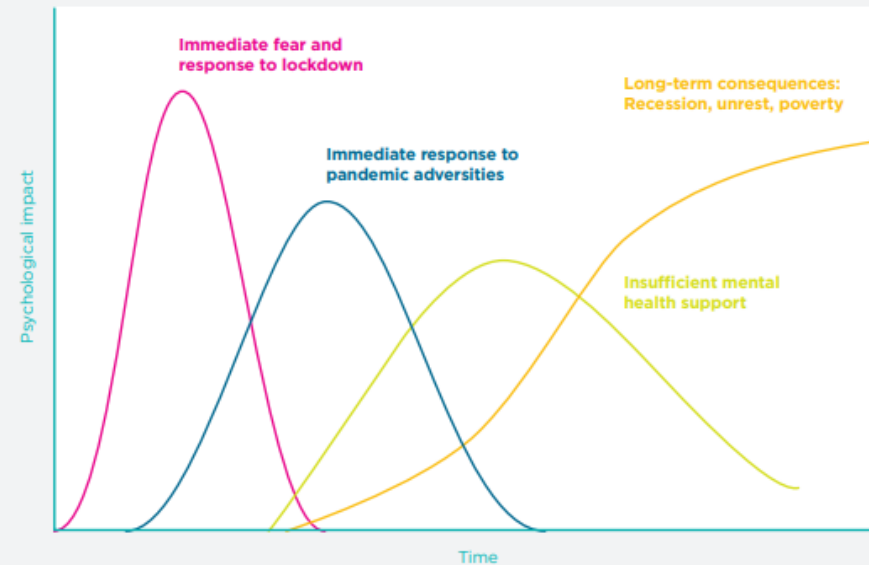
Referral to social prescribing service (SNOMED concept ID 871731000000106)





Providing ongoing support

Figure 5.1: Time horizons of key mental health effects of the pandemic





INSPYRE

Increasing Social Prescribing Youth REferrals

We're looking for:

- **CAMHS sites** who want to embed social prescribing into their waiting lists
- **Link Workers** who would like to work more with CAMHS

For more information, contact d.fancourt@ucl.ac.uk



Psychological experiences during COVID-19: mental health, creative & community activities, & social prescribing

Dr Daisy Fancourt

Associate Professor of Psychobiology & Epidemiology

University College London

d.fancourt@ucl.ac.uk

www.covidsocialstudy.org

www.covidminds.org



UK Research
and Innovation



UCL



**COVID-19
Social Study**





Dr Bird's Slides

How Non-Clinical Changes Produce Clinical Outcomes

Dr William Bird, OBE, CEO of Intelligent Health

NHS England and NHS Improvement



How Social Prescribing Reduces Health Inequalities?

Dr William Bird
MRCGP MBE
2nd March

Our factory setting is to be in a sociable group, supportive environment and have a purpose

People



Belong

Place



Safe

Purpose



Valued





Belong



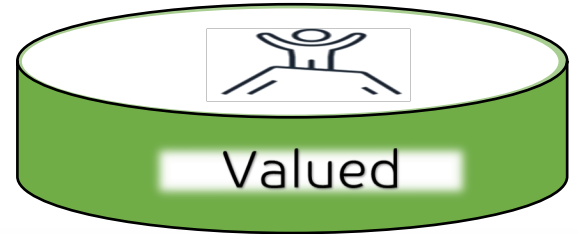
Safe



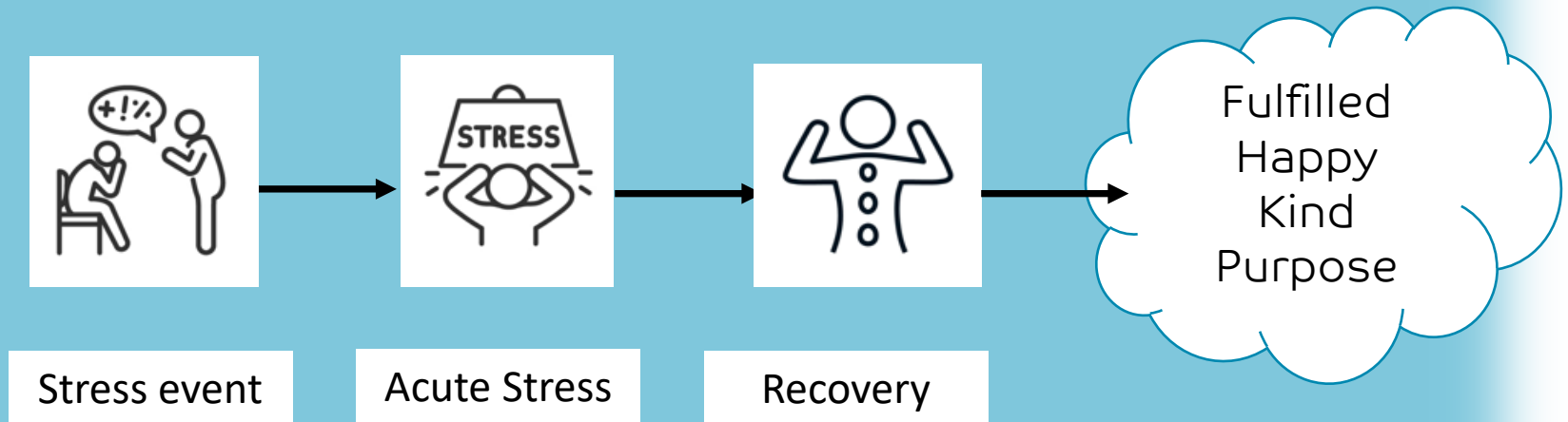
Valued

Resilience





Resilience



Belonging: Family



Belonging: Neighbours



Belonging: Friends



Taking an interest and listen. Spend time with family and friends. Look up old friends. Meet neighbours.

Belonging: Workplace



Safe Place: Nature



Safe Place: Empathy



Safe Place: Indoors



Purpose: Learn New Skills



Purpose Mindfulness





Resilience



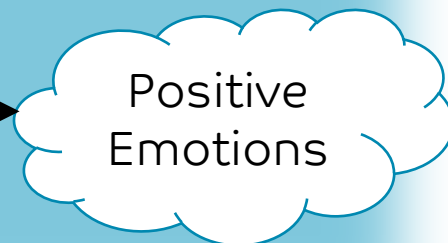
Stress event



Acute Stress



Recovery



Good Sleep



Active Lifestyle



Healthy Diet





Poor Resilience



Loneliness

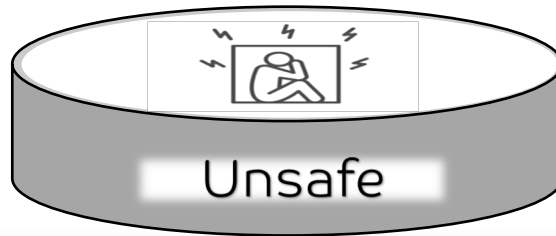


Unsafe



No Purpose





Poor Resilience



Stressful events

Acute Stress

Chronic Stress





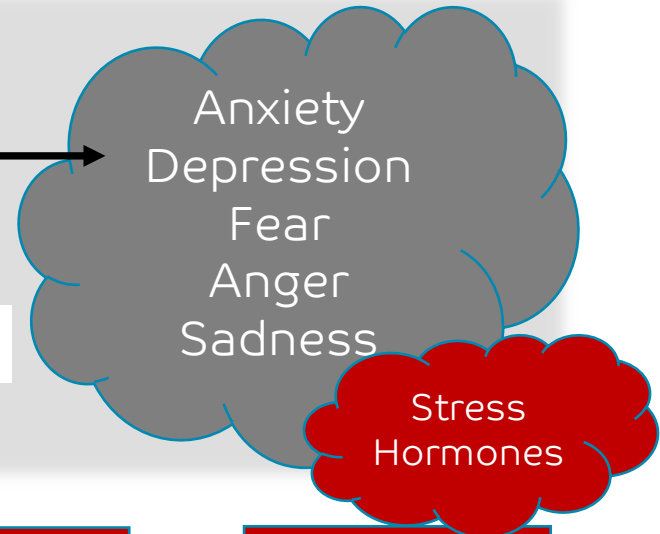
Stress events



Acute Stress



Chronic Stress



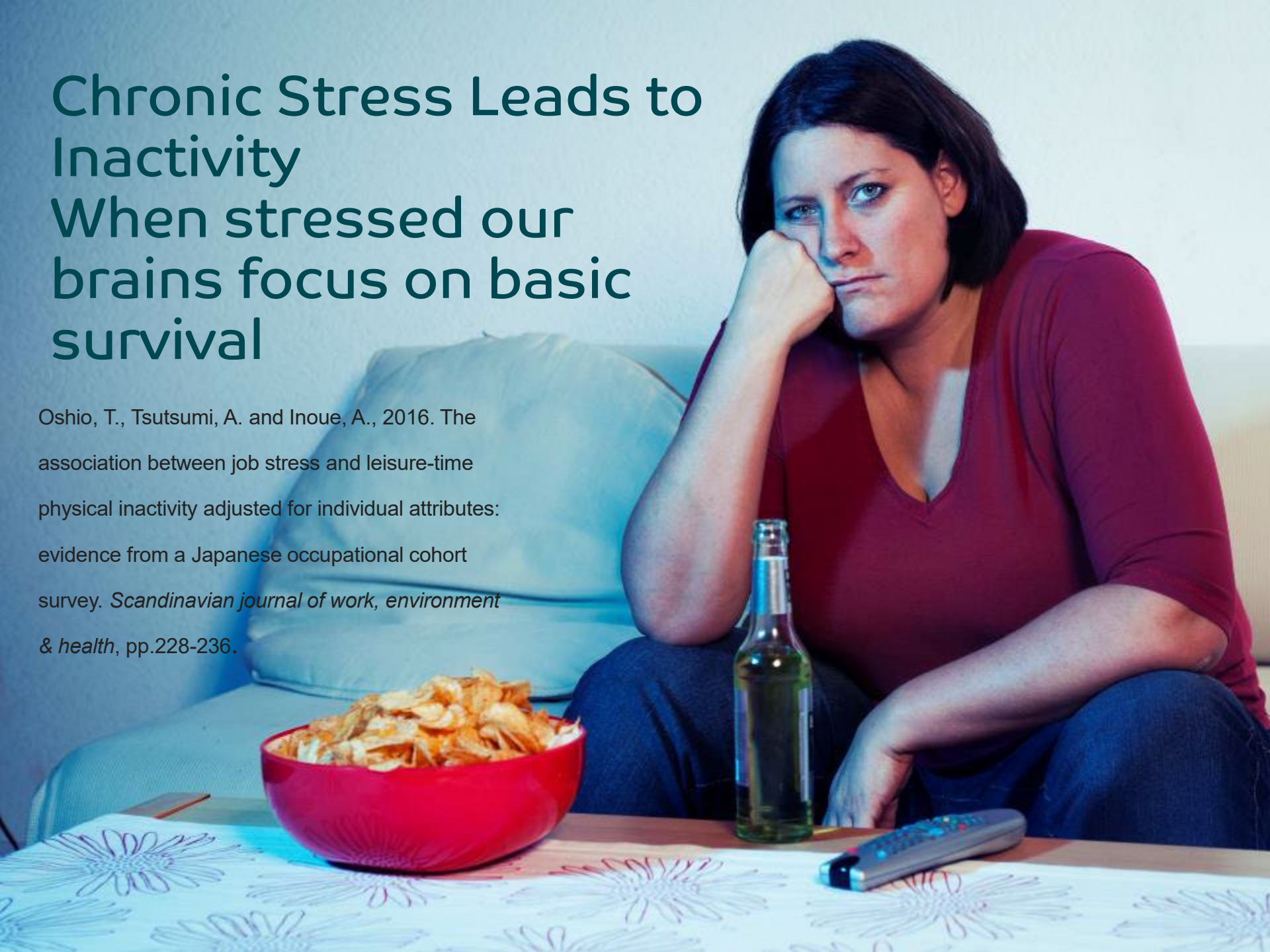
Visceral Fat, Unhealthy Gut Biome



Chronic Stress Leads to Inactivity

When stressed our brains focus on basic survival

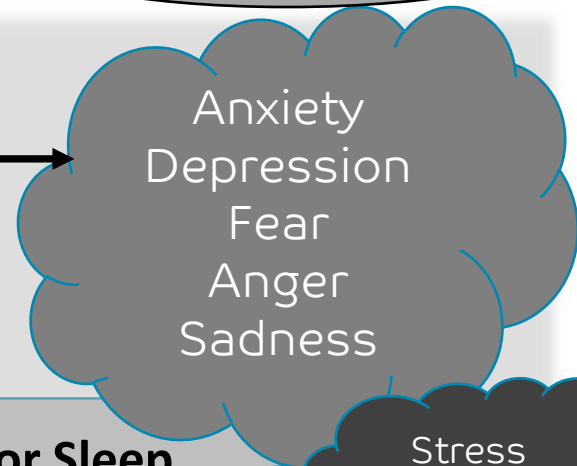
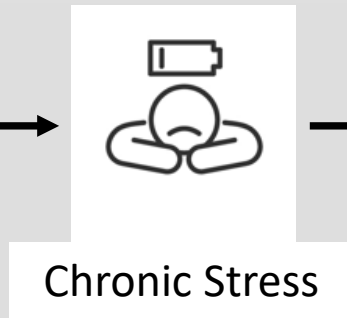
Oshio, T., Tsutsumi, A. and Inoue, A., 2016. The association between job stress and leisure-time physical inactivity adjusted for individual attributes: evidence from a Japanese occupational cohort survey. *Scandinavian journal of work, environment & health*, pp.228-236.



Chronic Stress leads to Obesity

A man with a beard, wearing a white t-shirt and grey shorts, is sitting on a bed. He is looking out a window with sheer curtains. The room is dimly lit, with light coming from the window. The overall mood is contemplative and somewhat somber.

When stressed the hormone Ghrelin is released from the stomach and tells our brain to crave, eat and store high calorie food. We store it as visceral fat

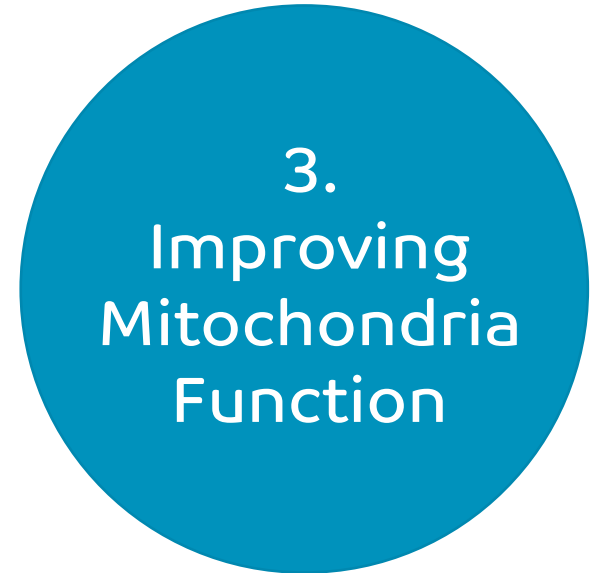
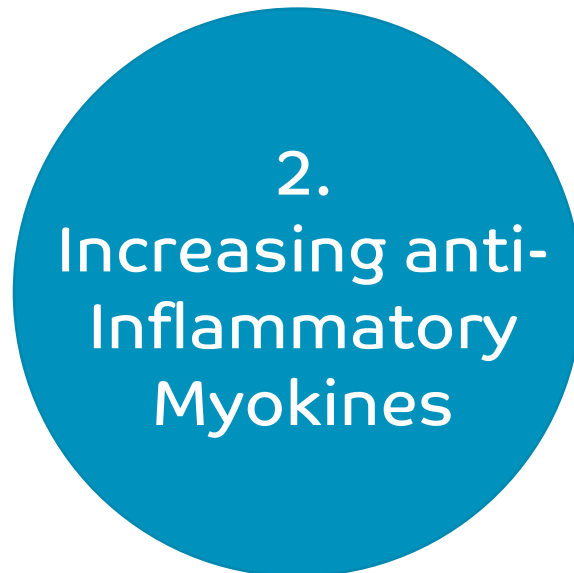
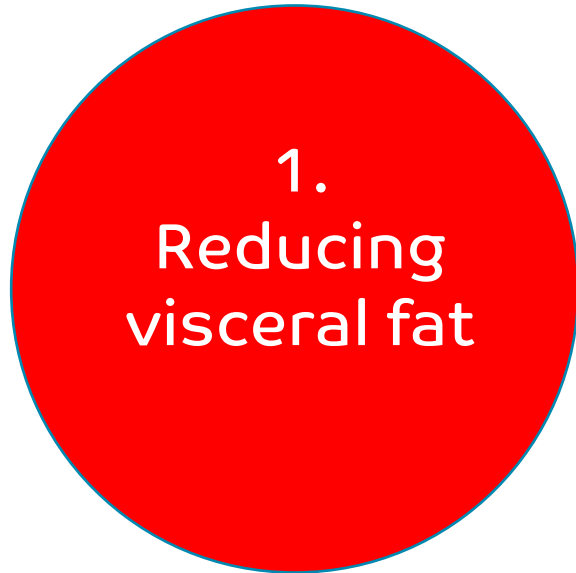


Addictions Inactivity Poor Diet Poor Sleep

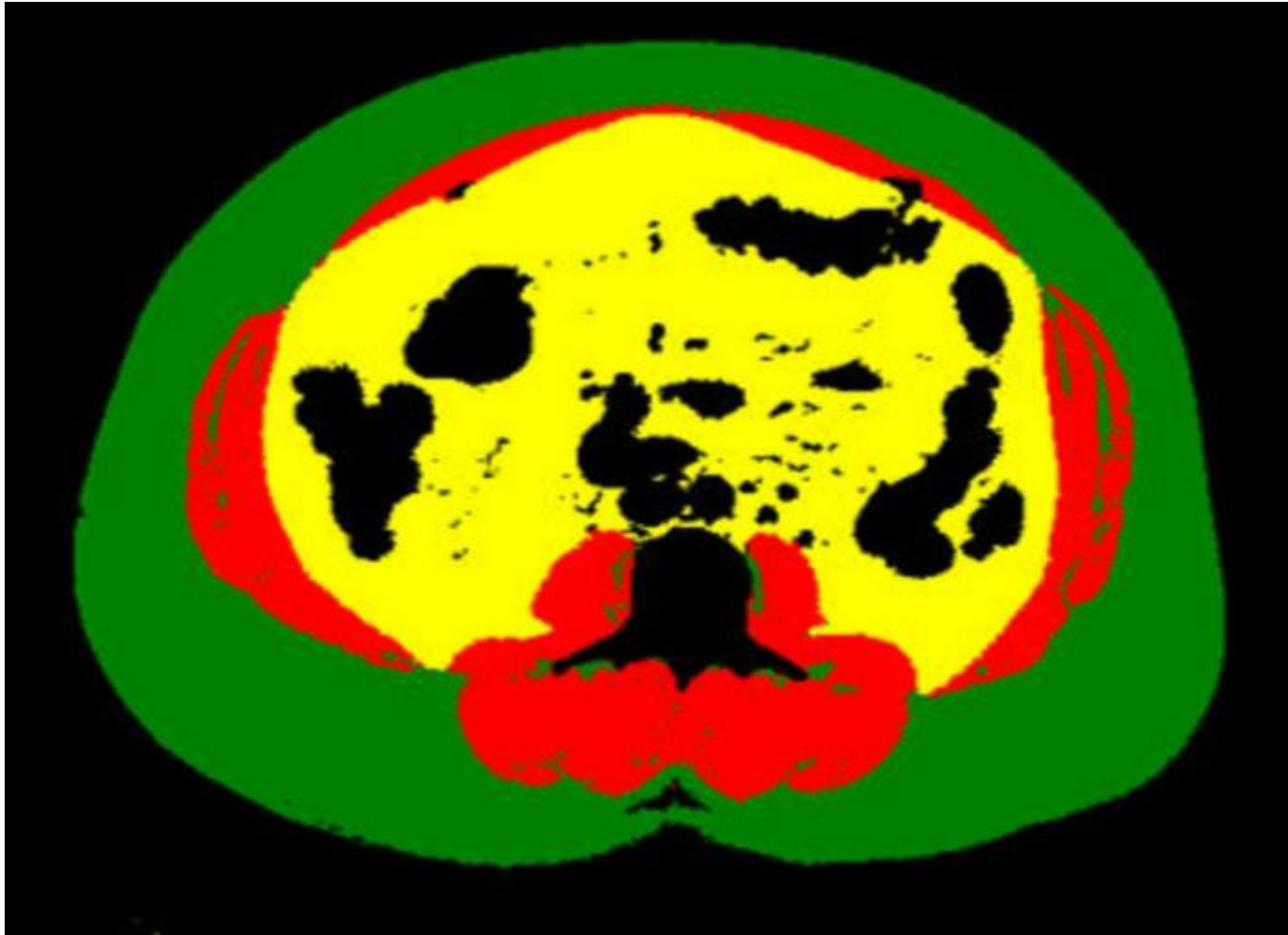
Visceral Fat, Unhealthy Gut Biome



Being active reduces inflammation by...



Visceral Fat (yellow) creates the majority of the chronic inflammation



Being active reduces inflammation by...

1.
Reducing
visceral fat

2.
Increasing anti-
Inflammatory
Myokines

3.
Improving
Mitochondria
Function





Reducing inflammation – muscles

Contracting muscles release powerful anti-inflammatories called Myokines

These Myokines Circulate around the whole body calming every cell

Being active reduces inflammation by...

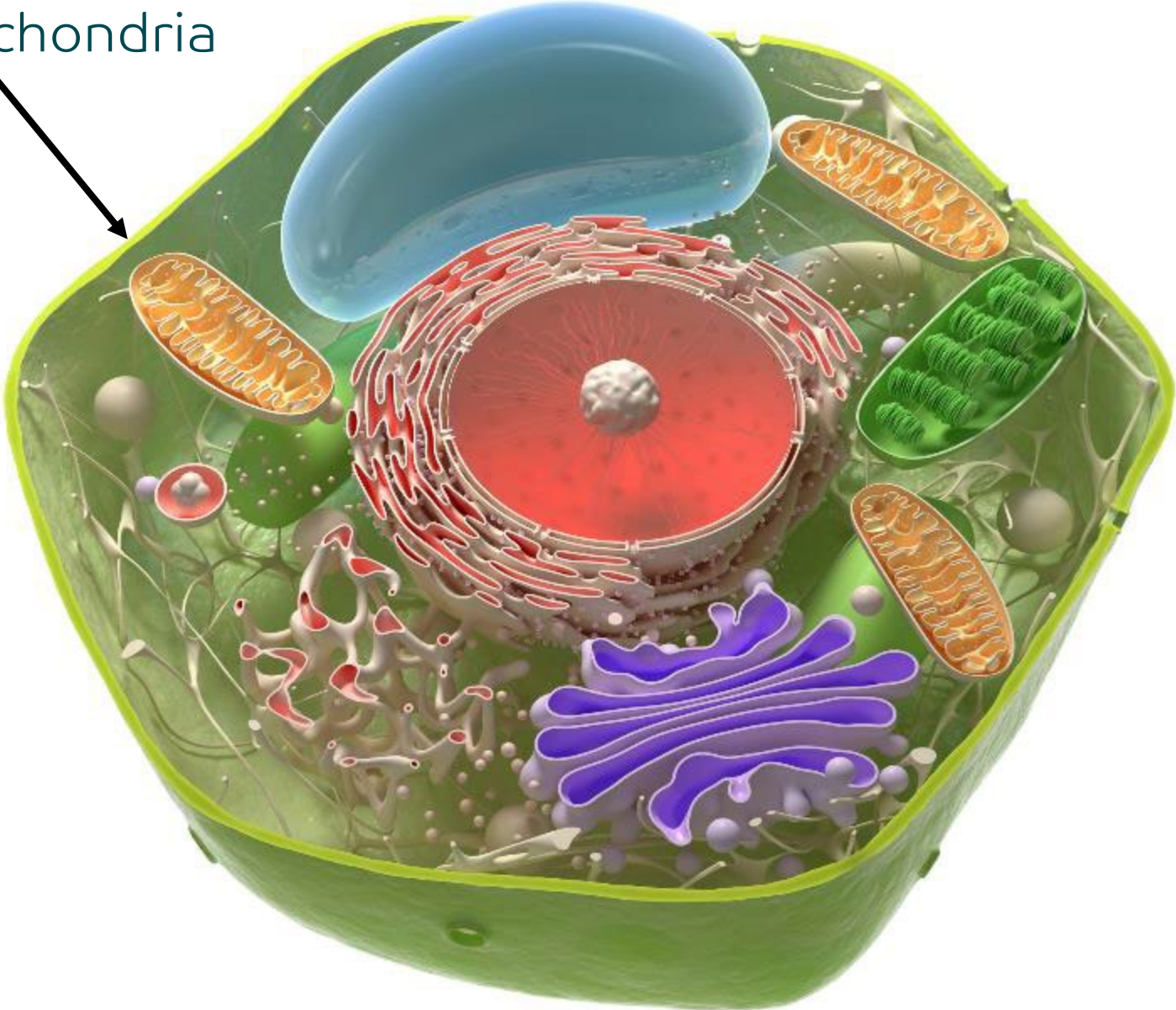
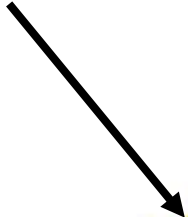
1.
Reducing
visceral fat

2.
Increasing anti-
Inflammatory
Myokines

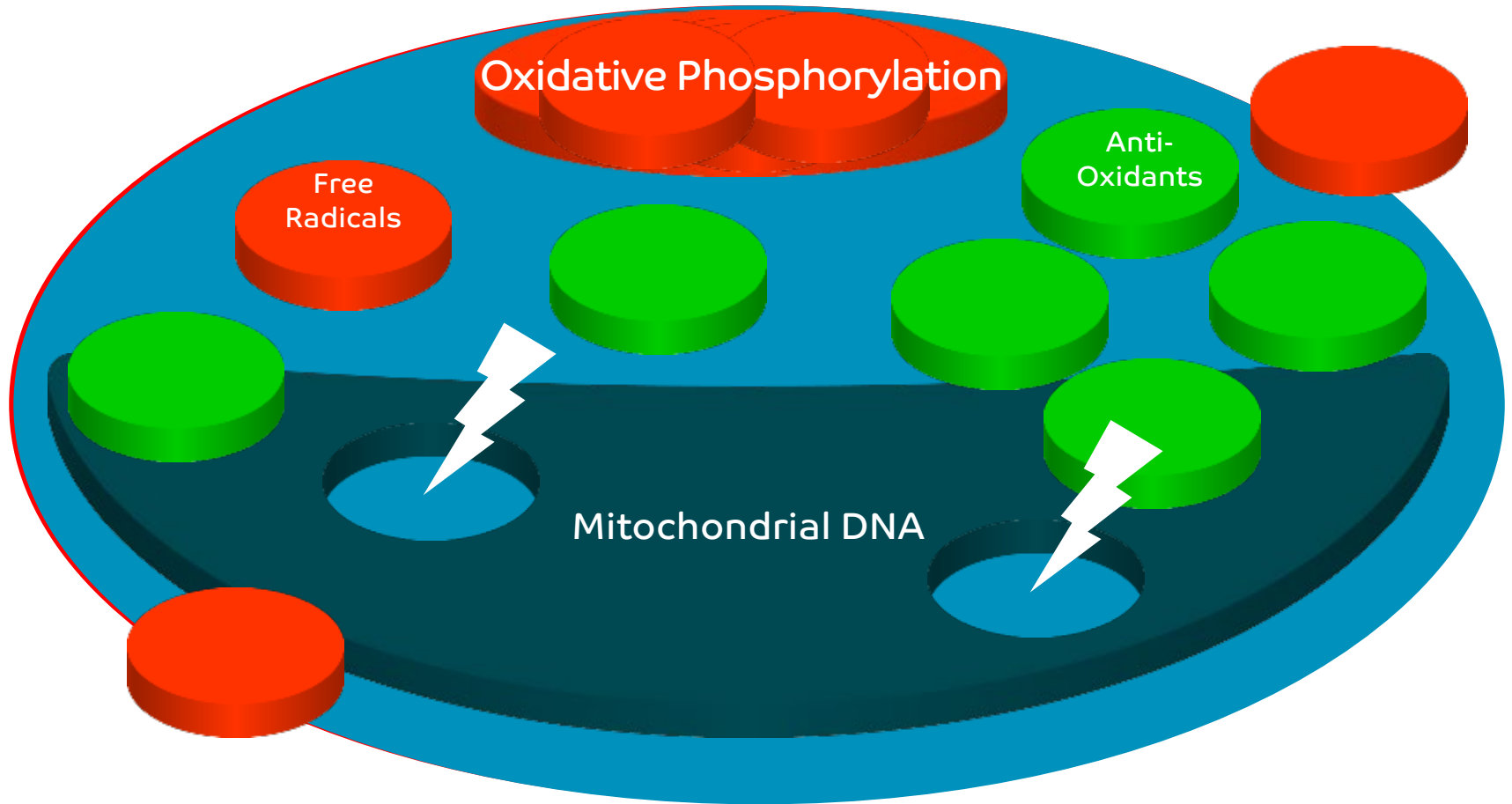
3.
Improving
Mitochondria
Function



Mitochondria



Being inactive charges up the mitochondria that then leaks free radicals

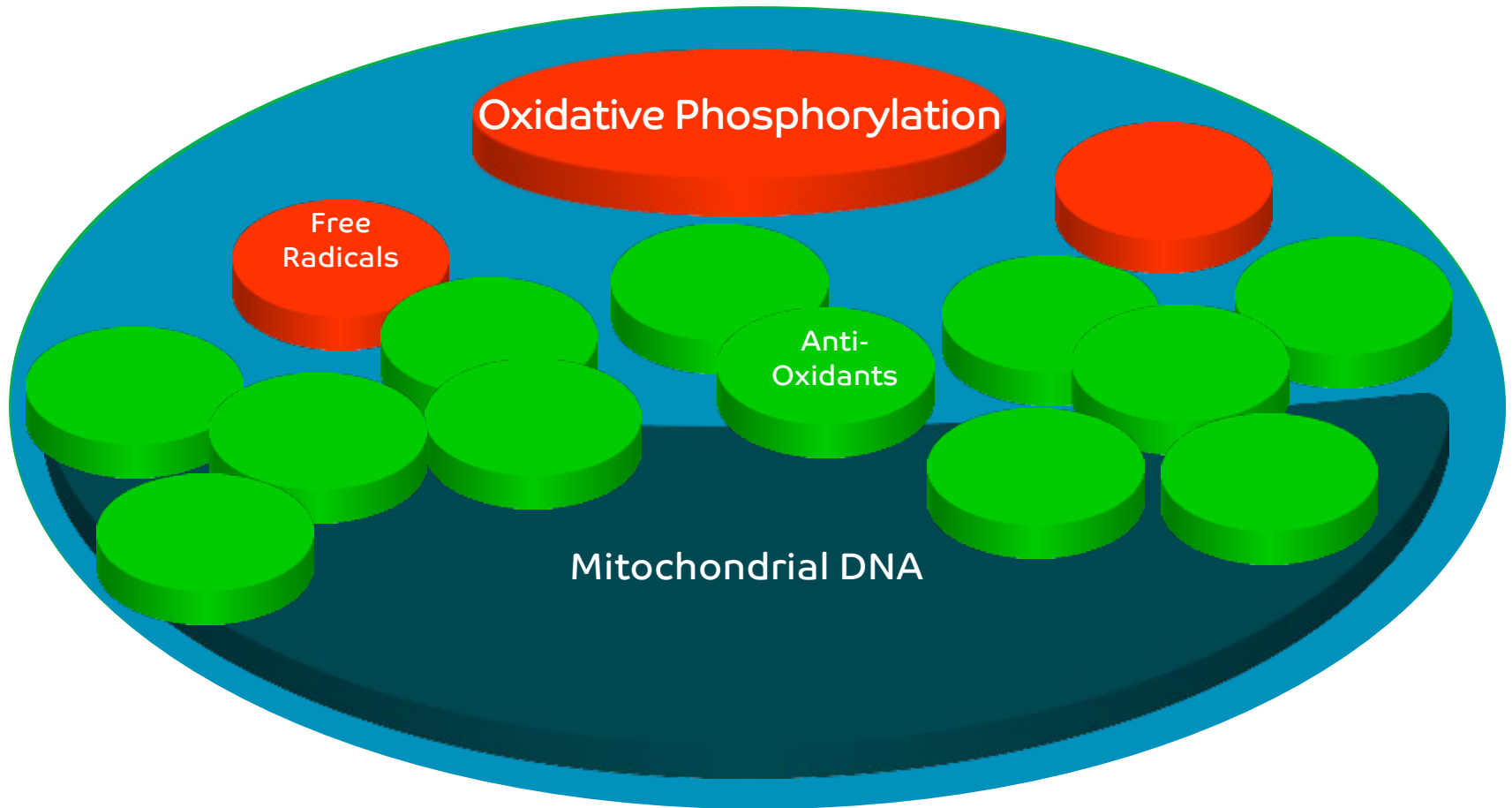


Mitochondria





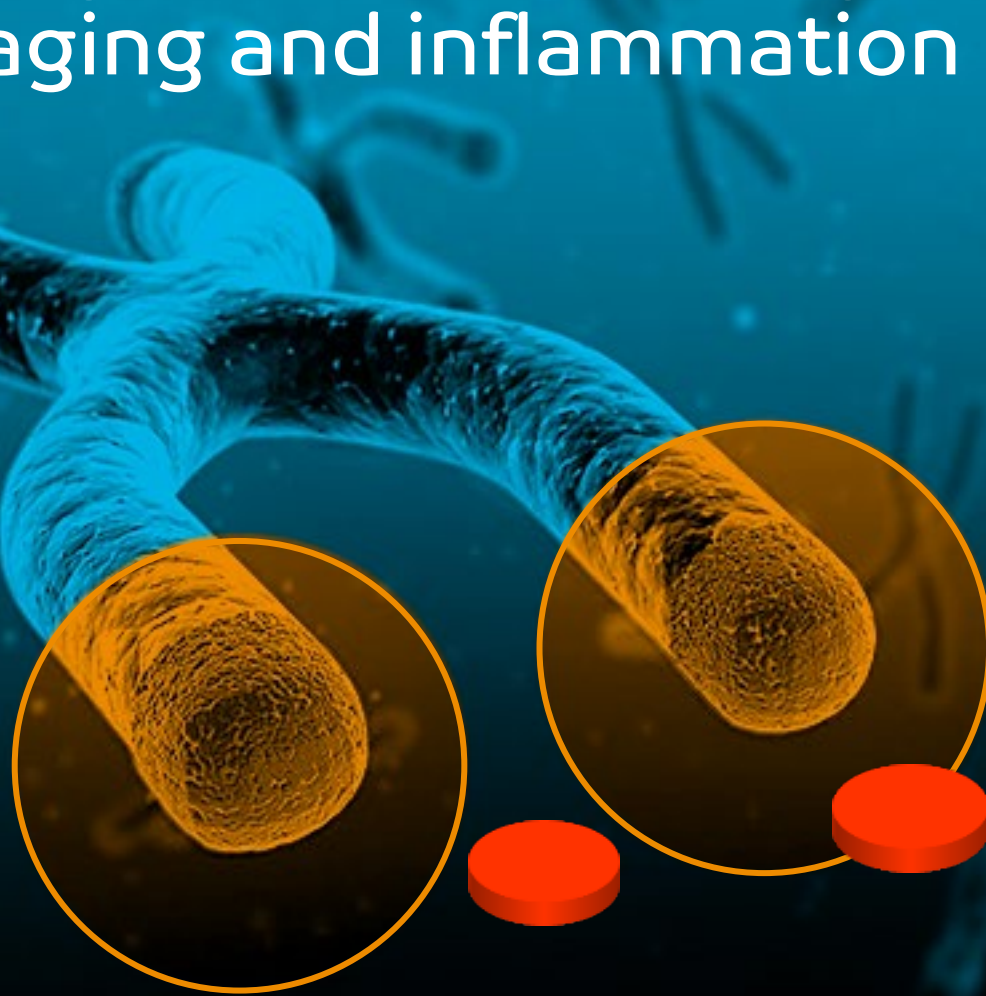
Being active reduces the potential difference so few free radicals are released



Mitochondria



Telomeres get shorter causing premature aging and inflammation



Epel, Elissa, et al. Can meditation slow rate of cellular aging? Cognitive stress, mindfulness, and telomeres. *Annals of the New York Academy of Sciences* 1172.1 (2009): 34-53



“Green exercise is associated with better cell-ageing profiles with increased telomerase compared to indoor gym-based activity”



G Olafsdottir, P Cloke, E Epel, J Lin, Z van Dyck, B Thorleifsdottir, T Eysteinnsson, M Gudjonsdottir, C Vögele; Green exercise is associated with better cell ageing profiles: Gunnthora Olafsdottir, *European Journal of Public Health*, Volume 26, Issue suppl_1, 1 November 2016

We need to feel safe

Ideal Environment



Li, N. P., van Vugt, M., and Colarelli, S. M. (2018) 'The evolutionary mismatch hypothesis: Implications for psychological science', *Current Directions in Psychological Science*, 27(1), pp. 38-41.



Human Mismatch Hypothesis

New Environment



Human Mismatch Hypothesis

Ideal Environment



Opportunity

New Environment

Area of
Mismatch

Li, N. P., van Vugt, M., and Colarelli, S. M. (2018) 'The evolutionary mismatch hypothesis: Implications for psychological science', *Current Directions in Psychological Science*, 27(1), pp. 38-41.



Green Space Reduces Feeling Lonely



After adjustment for socio-economic and demographic characteristics, less green space in people's living environment coincided with feelings of loneliness and with perceived shortage of social support.

Maas, J Social contacts as a possible mechanism behind the relation between green space and health. *Health & place*, 15(2), pp.586-595.



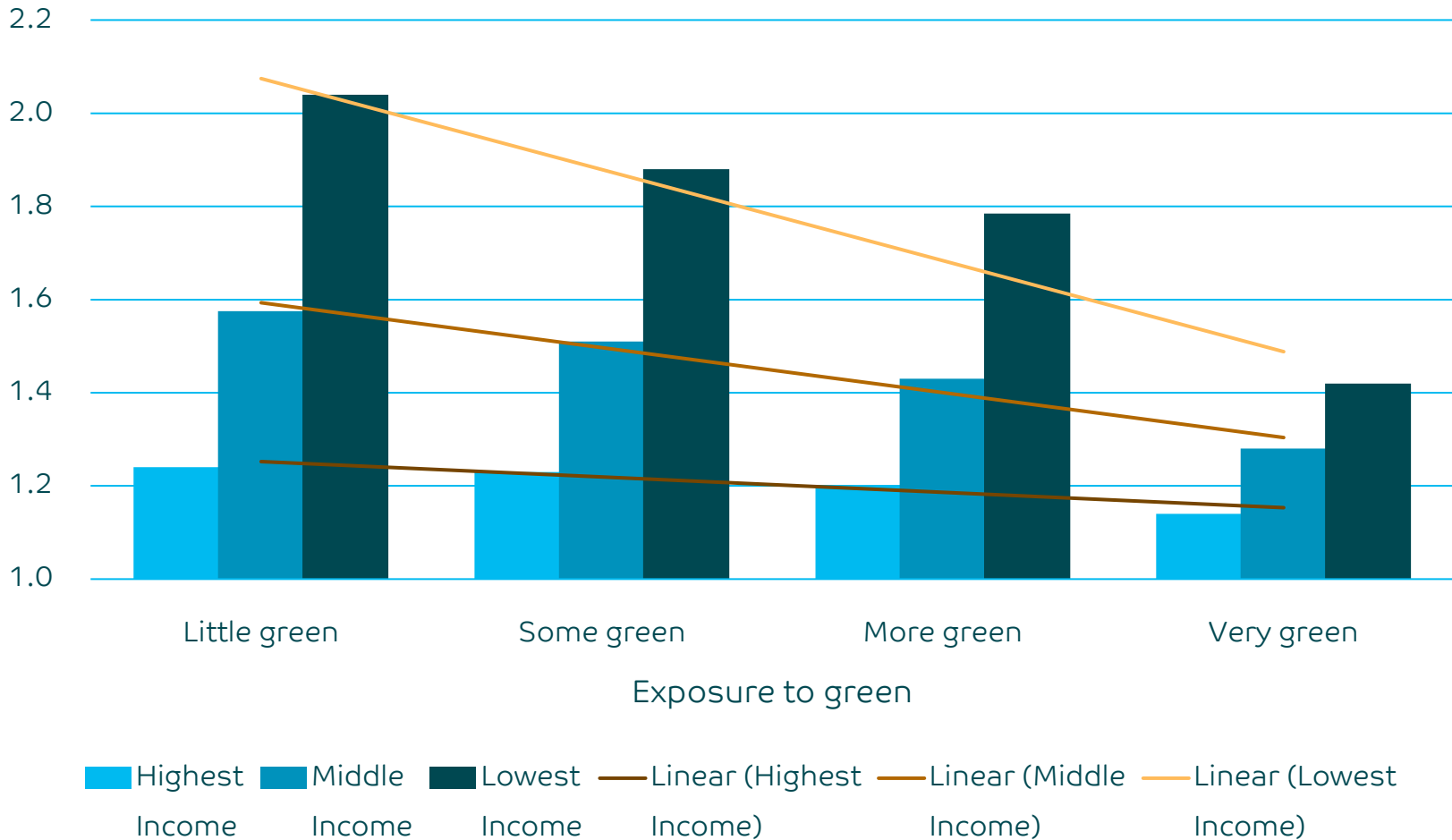
Green Space improves perceived Health

People with more green space within 1km feel healthier, have less health complaints and have better mental health

Maas, J Social contacts as possible mechanism behind the relation between green space and health. *Health & place*, 15(2), pp.586-595.

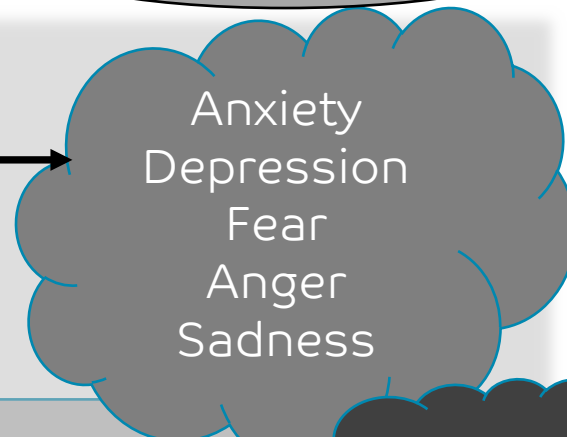
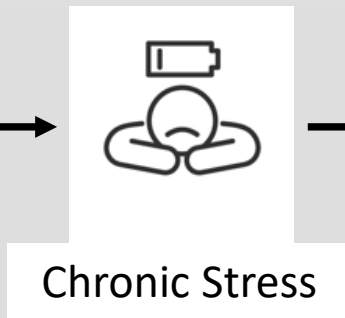
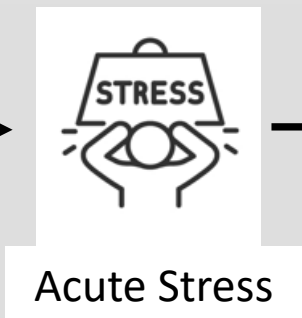
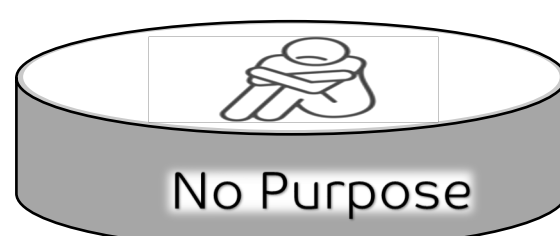
Green Space reduces Health Inequalities

Incidence Rate Ratio



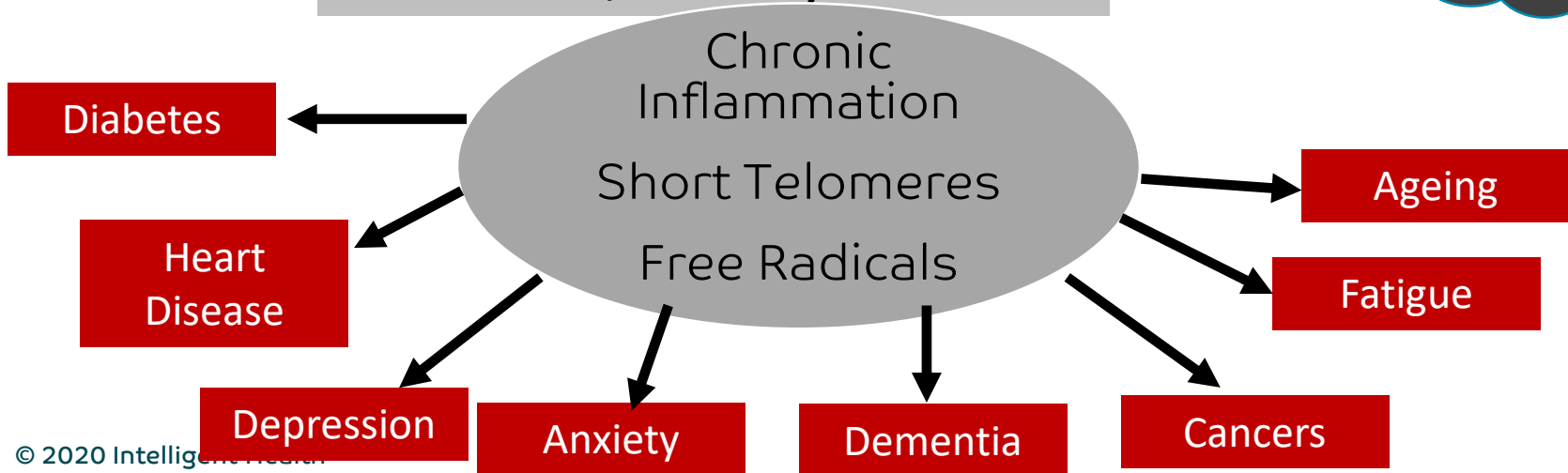
Mitchell, R. and Popham, F. (2008) Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet* 372(9650):pp. 1655-1660.



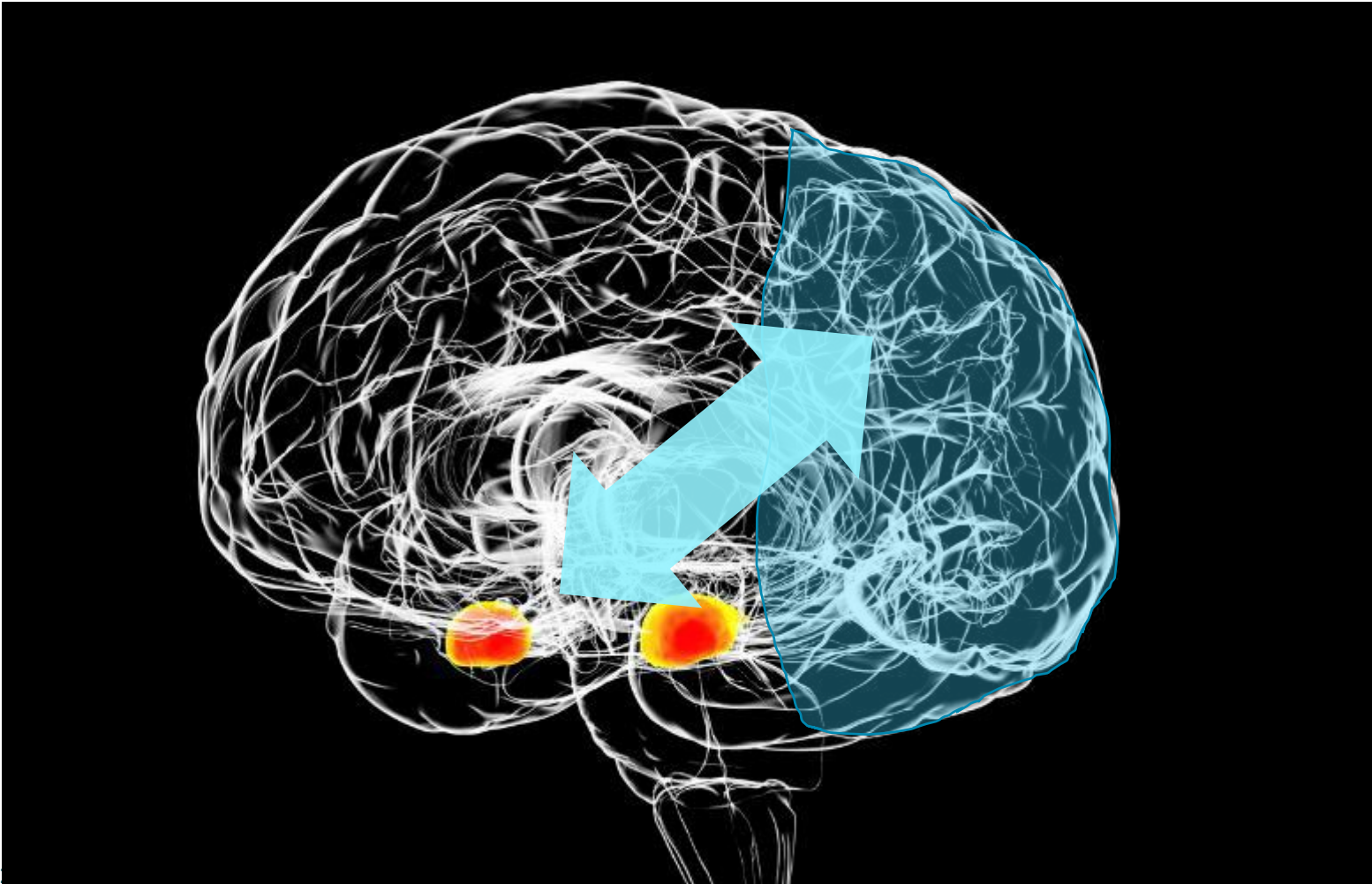


Addictions Inactivity Poor Diet Poor Sleep

Visceral Fat, Unhealthy Gut Biome



Amygdala - Pre-Frontal Cortex link becomes faulty with Chronic Inflammation





Chronic Stress and Anxiety lead to physical symptoms

Nausea

Sweating

Tearfulness

Rapid breathing

Panic attacks

Shaking



Building Active Communities

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Explanation of First Set of Breakout Sessions

Tom Watkins, Regional Lead for Thriving Communities, National Academy for Social Prescribing

NHS England and NHS Improvement



First Session

| Room | Session 1 |
|------|--|
| 1 | Green Social Prescribing - Giles Merrit |
| 2 | Physical Activity Subscriptions - Kimberley White |
| 3 | Money Advice as a Prescription – tools to help manage finances – Lee Appleyard |
| 4 | Arts and Culture as a Prescription - Alex Casey & Naomi Roche, Shelley Hart |
| 5 | Thriving Communities Programme in the East of England - Tom Watkins |
| 6 | Ensuring Family/Unpaid Carers Benefit from Social Prescribing – Tim Anfilogoff, Carole Whittle, Jodie Deards, Andy McGowan & Ruth Young |
| 7 | The importance of evaluation and how to do it - Gina Rheinhardt & Dragana Vidovic |

Explanation of Second Set of Breakout Sessions

Sian Brand and Tim Anfilogoff, Regional Associates, Social Prescribing, NHSEI

NHS England and NHS Improvement



Second Session

| Room | Session 2 |
|------|--|
| 1 | Addressing Health Inequalities through Social Prescribing with a Focus on Gender, Ethnicity and Homelessness (facilitator: Sian Brand) Christina Alexander, Snow Maliavskaja, Stephen Windmill, Louise Hardwick, Naomi Duncan |
| 2 | How Personalised Care Can Support Reducing Health Inequalities in Primary Care - Hazel Grace |
| 3 | Speed Dating Session 1: multiple 5-minute presentations followed by discussion (facilitator: Tara Mataba) Victoria Harris, Tony Fitzgerald, Paula Nelson, Jenny Clayton |
| 4 | Whole System Wellbeing Through Social Prescribing (facilitator: Tim Anfilogoff) Will Bailey, Mary-Ann Lindsay, Louise Willsher |
| 5 | Speed Dating Session 2: multiple 5-minute presentations followed by discussion - (facilitator: Tom Watkins) - Ashlee Manning, Sarah Sales, Laura Drysdale |
| 6 | Developing the Children and Young People Social Prescribing Offer (facilitator: Liza Jarvis) Ben Nesham, Celia Suppiah |
| 7 | The importance of evaluation and how to do it - Gina Rheinhardt & Dragana Vidovic |

Today's #Hashtags

#mySPpledge

#SocialPrescribingDay

#SocialPrescribingDay2022

#PersonalisedCare





www.menti.com code: 7765 2022

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Closing remarks

Sian Brand and Tim Anfilogoff

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