

Post-Event Summary Report:

# SOCIAL PRESCRIBING IN SECONDARY CARE ROUNDTABLE

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# INTRODUCTION & EVENT SUMMARY



The Social Prescribing in Secondary Care Roundtable took place on 13th May 2025 at University Square Stratford, hosted by the, Institute for Connected Communities at the University of East London. The event, chaired by Professor Marcello Bertotti, aimed to foster dialogue around social prescribing initiatives taking place within hospital and tertiary care settings (hospital-initiated social prescribing) across different global contexts. It formed part of a broader effort to consolidate learning and contribute to a forthcoming publication on the evidence base for social prescribing in secondary care.

## ATTENDANCE



Attendees consisted of 14 in person and remote professionals across research, practice and policy, from England, Ireland, Singapore and France. The number of participants was deliberately kept small to provide a more focussed and open discussion about the strengths and challenges of different approaches to SP in secondary care.

External speakers	
Dr Anna Basu	Newcastle University and Great North Children's Hospital
Professor Kheng Hock Lee	SingHealth Community Hospitals, Singapore
Professor David Robinson	Trinity College Dublin and St James's Hospital
In-Person Attendees	
Professor Marcello Bertotti	University of East London (Chair)
Nour Amin	University of East London
Remi Pata-Omísorè	Barts Health NHS Trust
Sian Barlow	Barts Health NHS Trust
Ina Wyatt Gosebruch	BBC
Emmanuela Osei-Asemani	University of East London
Online Attendees	
Sarah Davies	Sheffield Children's NHS Foundation Trust
Dr Daniel Hayes	University College London (UCL)
Joel Bradley	National Academy for Social Prescribing (NASP)
Dr Johann Cailhol	Université Paris Nord and Avicenne Teaching Hospital
Dr Kerry Husk	University of Plymouth

# EVENT HIGHLIGHTS



## Systematic Review Presentation Summary

**Title:** Systematic Review on Social Prescribing in Secondary Care

**Presented by:** Prof. Marcello Bertotti & Emmanuela Osei-Asemanni

The systematic review aimed to synthesise evidence on social prescribing (SP) interventions delivered in secondary care settings (e.g., hospitals, outpatient clinics) with a focus on patient reported outcomes, delivery models, populations served, and implementation processes.

- **Pathways identified** include hospital-initiated referrals, in-reach services, and post-discharge follow-up through community link workers, care navigators, or wellbeing advisors
- **Results (pre-publication):** Improvements in well-being, social functioning, reduced disability and carer burden were observed in some studies. Others demonstrated potential in improving social determinants of health (SDoH), such as housing, food access, and social support and return-on-investment estimates or health-economic indicators, showing cost-effectiveness, especially in high-need cohorts
- **Challenges** in the evidence base include lack of standardised outcome measures and limited long-term impact assessments.
- **Future Plans**
  - Publication of Full Review: A formal peer-reviewed publication is currently underway and expected later in 2025.
  - Grey Literature Call: Ongoing appeal to practitioners and researchers to submit reports, evaluations, and local studies not currently indexed in academic databases.



# CASE STUDIES



**Prof. Kheng Hock Lee**  
SingHealth, Singapore

<b>Topic</b>	Social Prescribing in Secondary Care: A Systems Approach to Integrating Health and Social Care
<b>Context</b>	Singapore's rapidly ageing population presents increasing demands on healthcare, requiring integration across health and social domains.
<b>Key Frameworks</b>	<ul style="list-style-type: none"><li>• Systems thinking addresses social determinants by combining clinical and non-clinical prescriptions.</li><li>• Shared vision among health professionals, family doctors, and community partners.</li></ul>
<b>Pathways and Partnerships</b>	<ul style="list-style-type: none"><li>• Integration between acute care, sub-acute rehab, palliative care, and community-based resources.</li><li>• Support for workforce development, IT infrastructure, and financing.</li></ul>
<b>Future Directions</b>	National scale-up; embedding SP into patient discharge workflows; cross-sector training. Working specifically on tackling health inequalities regardless of initial referral source.





## Dr. Anna Basu Newcastle University & Great North Children's Hospital

<b>Topic</b>	Hospital In-Reach Social Prescribing for Children with Long-Term Conditions and Their Families
<b>Context</b>	SPACE CYP (Social Prescribing And Community rEsources for Children and Young People), a collaborative initiative between the hospital, Ways to Wellness, and Newcastle University.
<b>Implementation phases</b>	<ul style="list-style-type: none"> <li>• <b>Phase 1:</b> Focused on children with neurodisabilities; achieved a Social Return on Investment (SROI) of £2.75 per £1 spent.</li> <li>• <b>Phase 2:</b> Expanded to include other complex cases such as bone marrow transplants, rheumatology, and metabolic conditions.</li> <li>• <b>Phase 3</b> (from April 2025): Funded by NHS Charities Together to support up to 140 families over 3 years.</li> </ul>
<b>Key Outcomes</b>	<ul style="list-style-type: none"> <li>• Demonstrated reductions in inpatient bed days (e.g., 9-week earlier discharge = £144,396 NHS saving).</li> <li>• Decentralised SP systems present a chance to provide cost effective solutions to social needs. Eg: A £150 deep clean for mould prevented additional weeks of extended hospital care, potentially saving the NHS beyond the £140,000 due to delayed discharge</li> <li>• Tangible improvement in "Support Star" metrics for both children and parents.</li> </ul>
<b>Future Directions</b>	<ul style="list-style-type: none"> <li>• Engage with CHA, NASP, and DHSC for wider spread.</li> <li>• Further evaluation of economic and inequality-related outcomes.</li> </ul>





## Prof. David Robinson Trinity College Dublin & St James's Hospital

Topic	Social Prescribing in Secondary Care: A Geriatric Service Model from Dublin
Context	The service launched in May 2020 at Mercer's Institute for Successful Ageing, serving patients 65+ referred by hospital staff, embedded within outpatient care, for reasons such as social isolation/loneliness (53%), Dementia-related inactivity (26%) and Functional decline (12%)
Engagement	<ul style="list-style-type: none"><li>• 212 participants completed the programme.</li><li>• On average, each received 10 contacts and 2 community-based social prescriptions.</li></ul>
Key Outcomes	<ul style="list-style-type: none"><li>• <b>WHO-5:</b> 23.8% improvement (statistically and clinically significant).</li><li>• <b>WEMWBS:</b> Statistically significant well-being gains.</li><li>• <b>MYCAW:</b> Improvements seen, but not statistically significant.</li><li>• <b>Barriers identified included</b> Health deterioration, dementia, COVID-related anxieties, and family resistance. The use of MYCAW needs further reflection when baseline and follow up data are collected</li></ul>
Next Steps	<ul style="list-style-type: none"><li>• Advocate for national secondary care SP policy expansion.</li><li>• Pilot new clinical pathways and enhance integration between acute and community care.</li><li>• Expand co-designed models and conduct stakeholder mapping and further evaluation.</li></ul>





# DISCUSSIONS AND REFLECTIONS



Following the presentations, participants shared reflections and practical insights into social prescribing (SP) implementation in secondary care.

Key themes included data collection challenges, cross-sector integration, workforce sustainability, and innovation in referral pathways.

## Bromley by Bow Centre and Barts Health NHS Trust

<b>Introduction</b>	Remi Pata-Omísorè and Sian Barlow shared learning from a social prescribing project embedded within secondary care cardiology pathways at Barts hospital. Their initiative targets patients at risk of hospital re-admission, with referrals prompted by screening questions about financial strain.
<b>Key Issues Identified</b>	<ul style="list-style-type: none"><li>• The majority of patients present with financial hardship, followed by mental health concerns.</li><li>• Many service users are men, particularly from ethnic minority backgrounds, including Bengali men who face cultural taboos around discussing health.</li><li>• There is a significant challenge in maintaining continuity and integration with local systems, particularly where patients are from outside boroughs or where SP is not yet embedded.</li></ul>
<b>Outcomes</b>	<ul style="list-style-type: none"><li>• A culturally sensitive peer-support group was established for men recovering from cardiac events to reduce isolation and promote well-being.</li><li>• Measurement tools such as EQ-5D-5L (health related quality of life) are used alongside qualitative tracking of outcomes, though integration with statutory services remains limited.</li></ul>
<b>Structural Barriers</b>	Lack of long-term or multi-year funding creates instability for link workers



## Barriers to Integrating SP in Secondary Care

<b>Evaluation Challenges</b>	Speakers raised concerns about the burden of data collection on link workers and the challenge of gathering follow-up data, particularly after hospital discharge. Some organisations have invested in bespoke systems (e.g. Ways to Wellness) to support robust tracking, but these often sit outside NHS infrastructure.
<b>Service Integration</b>	Participants noted that social prescribing in secondary care remains less embedded than in primary care. Link workers in hospitals often operate without the multi-agency coordination seen in GP settings, making referrals more fragmented and support less holistic.
<b>Workforce Stability</b>	Several attendees emphasised that one-year contracts and short-term funding for link workers undermine service continuity and staff retention. This was recognised as a major barrier to embedding SP within hospital ecosystems.
<b>Future Opportunities</b>	<ul style="list-style-type: none"><li>• Attendees emphasised the need for better alignment between social prescribing in primary and secondary care, more visible engagement from local authorities, and protected funding streams.</li><li>• Ongoing conversations with DHSC and NASP were seen as promising signs.</li></ul>



# UPCOMING ACTIVITIES AND ANNOUNCEMENTS



## Webinar with NASP

An upcoming webinar will be held in early July 2025 to expand the conversation and share findings with a broader audience.

## Call for Evidence

The research team invites grey literature, local evaluation reports, and impact case studies on social prescribing in secondary care. Submissions can support the current evidence synthesis.

## Publication

The findings from the systematic review will be published later in 2025.

## Expanding Collaborations

Plans are underway to collaborate more closely with hospitals across the UK and internationally to build momentum around SP in secondary care and beyond. Continued engagement with South-East Asian partners, including SingHealth, and Monash University (Malaysia) will help expand the evidence base and test scalable SP delivery models across differing health systems.

## Physiological Research

The team is currently collecting physiological data related to social prescribing, including stress and physical health indicators, to explore SP's impact beyond self-reported outcomes.

## Digital Social Prescribing

Current bid application exploring the role of digital tools in enhancing access to physical therapy for patients.

# APPRECIATIONS AND ACKNOWLEDGEMENTS



We extend our sincere thanks to all speakers and participants who made the roundtable a success.

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- **Dr Anna Basu (Newcastle University)**
- **Professor David Robinson (Trinity College Dublin)**
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Your shared insights, questions, and reflections were invaluable in shaping the conversation. We look forward to continuing this dialogue and advancing the field of social prescribing in secondary care through research, policy, and practice.

## Contact

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