



Social prescribing

Incorporating London's major housing associations into the GLA's Social Prescribing Vision

July 2019



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HACT

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1. Introduction

In August 2017 the Mayor of London launched *Better Health for All Londoners*, a consultation on reducing health inequalities in London. This culminated in the release in September 2018 of *The London Health Inequalities Strategy*. This strategy sets-out how the Mayor proposes to reduce London's wide health inequalities over the following ten years and identifies five key aims to achieve this. One of these five is social prescribing:

"The Mayor's key ambition is to support more Londoners in vulnerable or deprived communities to benefit from social prescribing."

(Greater London Authority, 2018)¹

What is social prescribing?

Social prescribing is a concept that has grown in popularity in recent years, and has been picked up by the NHS. The Kings Fund defines social prescribing as "a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services".² Whilst other organisations have slightly differing definitions of social prescribing, all converge on the same key point: it is about helping people access non-clinical community services, to improve their health and wellbeing, and therefore decrease the use of clinical services.

It is this potential to take some pressure off primary care services that makes social prescribing attractive to the NHS. On 7 January 2019 the NHS published *The NHS Long Term Plan*,³ which sets out its priorities and ambitions for the following decade, and includes a commitment to promoting social prescribing. The aim is for over 900,000 people to be referred to social prescribing schemes by 2023/24.

This will be delivered by having over 1,000 trained social prescribing link workers in place by the end of 2020/21. Whilst there are different models for

1 The Greater London Authority, 2018, *The London Health Inequalities Strategy* [online], available: www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

2 <https://www.kingsfund.org.uk/publications/social-prescribing>

3 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

social prescribing, this link worker model is the one that the NHS intends to pursue. The role of link workers is to act as the link between primary care and community support services: “they connect people to community groups and agencies for practical and emotional support”.⁴

Ultimately, the NHS hopes that link workers will help people access the services and support that already exist in their communities, and over time reduce pressure on both GP and A&E services.

Background to this report

To deliver the ambition of more Londoners benefitting from social prescribing, the GLA is developing a Social Prescribing Vision. Whilst doing this, the GLA established that housing associations are major providers of many of the types of services upon which a Social Prescribing Vision would want to draw. Housing associations therefore need to be key partners in social prescribing, and the GLA asked HACT to help it engage with the sector.

To do this, HACT convened a small roundtable event, to bring some of the key London-based housing associations into dialogue with the GLA and help them begin the process of thinking about how housing association involvement might work. This roundtable took place on 19 July 2018. Following this, the GLA commissioned HACT to provide some further support in its engagement of housing associations.

This report is the output of that engagement work. Among other things, this report outlines:

- The role of housing associations and their relevance to social prescribing;
- Who the key housing associations are in London, and which are best placed to engage with the social prescribing agenda; and
- Key issues and suggestions to consider, based upon HACT's knowledge of the sector and discussions with key housing association contacts.

⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf>



2. Housing associations in London

What are housing associations and what do they do?

Housing associations are not-for-profit organisations that provide social housing. They are the major providers of social housing in England, providing around 2.6 million properties (compared to around 1.6 million provided by local authorities). In London, housing associations provide around 407,000 properties, roughly 13,000 more than are provided by local authorities. It should be noted however that local authority provision varies greatly by borough, ranging from Southwark providing nearly 40,000 properties, to Bexley, Bromley, Merton and Richmond providing fewer than a hundred. Conversely, housing associations are major providers across all boroughs.⁵

As organisations, housing associations are diverse, ranging from those that provide a handful of properties in one neighbourhood to those that provide more than 100,000 properties across the country. The smaller organisations make up most of the country's 1,700 housing associations, however the handful of larger ones provide the majority of the 2.6 million properties. For example, in London the G15 group, which is made up of London's twelve largest housing associations, states it homes one in ten Londoners and builds one in four new homes between them.⁶ In terms of engaging meaningfully with the social prescribing vision, the GLA and partners should look to these larger housing associations. These are the organisations that have the capacity to reach large numbers of Londoners and embed social prescribing across the city.

Housing associations' relevance to social prescribing

Whilst their primary role is as providers of social housing, larger housing associations tend to have a remit that extends beyond simply being a

5 All figures from Gov.uk, 2018, 'Table 100: number of dwellings by tenure and district, England'. [online] available: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

6 G15, no date, 'About Us' [online], available: <http://g15london.org.uk/about-us/>

landlord. Most housing associations are committed to improving the communities in which they work, and the lives of their residents. Accordingly, the sector invests around £750 million per year in its communities, of which just over £500 million is generated from their own surpluses.⁷ In London the G15 members cumulatively invest £40 million a year in community and economic development programmes.

This work is generally known within the sector as community investment (though it can sometimes go by other terms such as community development, housing plus, or tenancy support). It is central to what housing associations do, with most referencing their community work in their corporate straplines or objectives. There is a great range of work that is done under the banner of community investment, so arriving at a precise definition is a challenge. The National Housing Federation suggests a broad definition of “community programmes which respond to local needs and help build resilient communities”.⁸

Whilst there is a range of what is delivered by housing associations through their community investment, there are key areas of focus:

- 1) **Employment support.** This covers a whole range of support and training with the aim of improving an individual's employment prospects. This can be pre-employment support such as help with writing a CV, interview preparation and work readiness programmes, through to more intensive interventions such as training courses to gain skills and qualifications. Housing associations also offer access to apprenticeships and support with self-employment and enterprise growth. Increasingly, they are also working through their own supply chains (such as home builders and maintenance contractors) to deliver a range of apprenticeships and training support for their residents.

7 National Housing Federation (2012) Building Futures: Neighbourhood Audit Summary and Key Findings, <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/IASS/research/building-futures.pdf>

8 National Housing Federation, no date, What is Community Investment?, online [available]: <https://www.housing.org.uk/topics/investing-in-communities/community-investment-hub/what-is-community-investment/>

- 2) **Financial inclusion.** Housing associations provide support to those tenants who need help to build their financial skills and confidence. This often includes debt advice, budgeting and money management advice and support, and support with obtaining the correct benefits. Financial inclusion work often extends to other initiatives that help promote independence for people on low incomes, such as fuel poverty initiatives, affordable household insurance, recycled furniture and white goods schemes, and reasonably priced loans. Some also provide support for credit unions and are developing relationships to better manage the risks of Universal Credit.
- 3) **Digital inclusion.** Some tenants require support to confidently use the internet and other technology. Housing associations provide support and training for those who require it, including online banking, searching and applying for jobs online, and contacting the housing association online.
- 4) **Health and wellbeing.** Most housing associations endeavour to support their tenants to have good physical and mental health and wellbeing. Example interventions here would be exercise classes, healthy eating and cooking classes, alcohol and smoking reduction support, mental health support and a range of community groups for tenants to attend.
- 5) **Safer, stronger communities.** Many housing associations will work through partnerships with the local voluntary, community and social enterprise sector (VCSE) to support a range of community-based initiatives that help create safer and more inclusive communities. This could be investment in youth services, domestic violence projects, local neighbourhood watch schemes and even funding extra police patrols.
- 6) **Physical environment.** As major asset owners in communities, housing associations will invest in a range of activities that keep the physical environment safe and welcoming. This will include addressing fly-tipping, graffiti, landscaping and rubbish removal. In addition, they often work to improve the energy efficiency of their homes and make small adaptations, particularly for vulnerable and older people. They are also major owners

of community buildings, such as community centres, sports facilities and nurseries. Through this they have access to a wide range of other organisations that use these spaces.

In addition to their community investment activity, housing associations are also the main providers of specialist and supported housing. This includes providing support to people in specific schemes, as well as in their own homes. This support is focused on a range of groups, such as older people, mental health, physical disability, learning disability, homelessness, vulnerable young people (including care leavers), substance misuse, offenders, domestic violence and refugees.

The main body of this kind of housing is sheltered housing for older people. There are sheltered housing schemes throughout the capital that provide a safe and secure home and community of people in later life. This, and the wider supported housing, is a significant community resource with tailored support that links individuals into neighbourhood support and services. As such, they have access to a comprehensive picture of local provision.

In terms of social prescribing, the work through community investment and supported housing is where housing associations most likely fit into the vision. These are the sort of services that would be extremely useful for an individual, which they could be prescribed. Housing associations are the major provider of these services in London. Therefore, if social prescribing is going to be embedded as business-as-usual in London, it is going to need to incorporate housing associations. Furthermore, much of the work housing associations already do in their communities could in many ways already be described as social prescribing, insofar as it involves non-clinical support to residents to improve their health and wellbeing. Clearly, it is important to involve them in the delivery of the Mayor's vision.

The major housing associations in London

The largest housing associations in London, known as the G15, are:⁹

- | | |
|------------------------------|---------------|
| • L&Q | • Hyde |
| • Peabody | • A2Dominion |
| • Clarion | • One Housing |
| • Metropolitan Thames Valley | • Catalyst |
| • Optivo | • Network |
| • Notting Hill Genesis | • Southern |

These organisations are major providers across all boroughs of London. However, there are additional housing associations that are not as big overall, but more concentrated. Therefore, in some areas there are housing associations that are not on this list but are major players.

The tables on the following pages show the biggest housing associations in each sustainability and transformation (STP) plan area, as well as each borough, of London.

⁹ Note: due to mergers there are now only twelve housing associations in the G15.

East London STP

Barking and Dagenham <ul style="list-style-type: none"> • Clarion • Home Group • L&Q • Southern • Notting Hill Genesis • Metropolitan Thames Valley • Peabody 	City of London <ul style="list-style-type: none"> • East End Homes • Guinness • Hanover • Soho 	Hackney <ul style="list-style-type: none"> • Clarion • Guinness • L&Q • Metropolitan Thames Valley • Newlon • One Housing • Peabody • Peabody • Sanctuary • Southern • The Industrial Dwellings Society 	Havering <ul style="list-style-type: none"> • Anchor • Clarion • Estuary • Guinness • L&Q • One Housing • Swan
Newham <ul style="list-style-type: none"> • Clarion • L&Q • Local Space • Network • Notting Hill • Genesis • One Housing • Peabody • Southern 	Redbridge <ul style="list-style-type: none"> • Anchor • Clarion • L&Q • Notting Hill • Genesis • Swan 	Tower Hamlets <ul style="list-style-type: none"> • Clarion • East End Homes • Gateway • L&Q • Notting Hill Genesis • One Housing • Peabody • Poplar HARCA • Southern 	Waltham Forest <ul style="list-style-type: none"> • L&Q • Metropolitan Thames Valley • Notting Hill Genesis • Optivo • Peabody • Wandle

North Central London STP

Barnet <ul style="list-style-type: none"> • Catalyst • Clarion • Home Group • L&Q • Metropolitan Thames Valley • Network • Notting Hill Genesis • One Housing • Optivo • Origin • Peabody • Sanctuary 	Camden <ul style="list-style-type: none"> • One Housing • Origin • Notting Hill Genesis • Clarion • Central & Cecil Housing • Peabody • Places for People • Origin • Newlon 	Enfield <ul style="list-style-type: none"> • Clarion • L&Q • Metropolitan Thames Valley • Newlon • Notting Hill Genesis • One Housing • Optivo • Origin • Places for People • The Christian Action
Haringey <ul style="list-style-type: none"> • Clarion • L&Q • Metropolitan Thames Valley • Newlon • Notting Hill Genesis • Peabody • Sanctuary 	Islington <ul style="list-style-type: none"> • Clarion • Guinness • Hyde • Islington & Shoreditch • L&Q • Newlon • One Housing • Peabody • Places for People • Southern 	

North West London STP

Brent <ul style="list-style-type: none"> • A2Dominion • Catalyst • Hillside • Hyde • L&Q • Metropolitan Thames Valley • Network • Notting Hill Genesis • Octavia • Origin • Paragon Asra • Peabody 	Ealing <ul style="list-style-type: none"> • A2Dominion • Catalyst • Inquilab • L&Q • Network • Notting Hill Genesis • Paragon Asra • Peabody • Shepherds Bush HA 	Hammersmith & Fulham <ul style="list-style-type: none"> • A2Dominion • Catalyst • Clarion • L&Q • Notting Hill Genesis • Octavia • Peabody • Shepherds Bush HA • Southern 	Harrow <ul style="list-style-type: none"> • A2Dominion • Catalyst • Home Group • Metropolitan Thames Valley • Network • Notting Hill Genesis
Hillingdon <ul style="list-style-type: none"> • A2Dominion • Catalyst • Home Group • Inquilab • Notting Hill Genesis • Paradigm Homes • Peabody • Places for People 	Hounslow <ul style="list-style-type: none"> • A2Dominion • Catalyst • Metropolitan Thames Valley • Notting Hill Genesis • Places for People 	Kensington & Chelsea <ul style="list-style-type: none"> • Catalyst • Clarion • Notting Hill Genesis • Octavia • Optivo • Peabody • Southern 	Westminster <ul style="list-style-type: none"> • Network • Notting Hill Genesis • Octavia • Peabody

South East London STP

Bexley <ul style="list-style-type: none"> • Anchor • Gallions Hyde • Hexagon • Home Group • Housing and Care 21 • Keniston • L&Q • Moat • Orbit • Riverside 	Bromley <ul style="list-style-type: none"> • AzDominion • Clarion • Hyde • Keniston • L&Q • Moat • Optivo • Penge Churches • Riverside • Sanctuary • Town and Country 	Greenwich <ul style="list-style-type: none"> • Charlton Triangle • Gallions • Hexagon • Hyde • L&Q • Moat • Optivo • Paragon Asra • Peabody • Southern
Lambeth <ul style="list-style-type: none"> • Clapham Park Homes • Community Trust • Hyde • L&Q • Metropolitan Thames Valley • Notting Hill Genesis • Optivo • Peabody • Wandle 	Lewisham <ul style="list-style-type: none"> • Clarion • Hexagon • Hyde • L&Q • Notting Hill Genesis • Optivo • Peabody • Phoenix 	Southwark <ul style="list-style-type: none"> • Clarion • Hexagon • Hyde • L7Q • Metropolitan Thames Valley • Notting Hill Genesis • Optivo • Peabody • Wandle

South West London STP

Croydon <ul style="list-style-type: none"> • A2Dominion • Anchor • Clarion • Croydon Churches • Hexagon • Home Group • Hyde • L&Q • Moat • Notting Hill Genesis • Optivo • Peabody • Wandle 	Kingston <ul style="list-style-type: none"> • Central & Cecil Housing • Clarion • L&Q • Paragon Asra 	Merton <ul style="list-style-type: none"> • Anchor • L&Q • Merton Priory • Moat • Notting Hill Genesis • Optivo • Wandle
Richmond <ul style="list-style-type: none"> • L&Q • Metropolitan Thames Valley • Paragon Asra • Richmond Housing Partnership 	Sutton <ul style="list-style-type: none"> • A2Dominion • Clarion • Croydon Churches • L&Q • Metropolitan Thames Valley • Moat • Optivo • Orbit • Sutton Housing • Wandle 	Wandsworth <ul style="list-style-type: none"> • L&Q • Metropolitan Thames Valley • Notting Hill Genesis • Optivo • Peabody • Wandle



3. Engaging housing associations

As the tables on pages 13-17 demonstrate, there are several housing associations across London operating in different areas. However, these do not all have the same priorities and will not all necessarily be well placed to engage with the GLA and partners around social prescribing. Based on HACT's knowledge of the sector and the priorities of major housing associations, and considering size and coverage, we suggest the following housing associations would be the key organisations the GLA and partners should seek to engage. With each is included a short bio, to help the GLA and partners' knowledge of each.

A2Dominion

Around 12,700 homes in London. Has property throughout London and the south east. In London it operates across west London, predominantly in Bromley, Ealing, Harrow, Hillingdon, Hounslow.

Catalyst

Around 12,000 homes in London. Has property throughout London and the south east. In London it operates in west London, predominantly in Ealing, Hillingdon, Hounslow, Kensington and Chelsea, and Brent.

Clarion

Around 32,700 homes in London, and the biggest housing association nationally. Formed in 2016 through the merger of Affinity Sutton and Circle, two of the bigger London housing associations. Has property across the country. Operates across London, with a focus in the south and east. Has a significant presence in Tower Hamlets, Havering, Camden, Islington, and Merton.

Clarion has a charitable foundation named Clarion Futures, which will invest £150 million over ten years across the UK, to provide support, skills and training to 360,000 social housing residents. Clarion also has a subsidiary named Centra, which provides telecare services to older people.

Anchor Hanover

Anchor Hanover is a new organisation formed by the merger of two of the country's largest specialists in older people's housing and care. It has a significant presence in London and as a specialist, offers a range of housing with support and care to older people. Hanover is the main provider of sheltered housing in Hackney and the City of London, and Anchor in Redbridge. It offers a range of community-based support through its extensive network of sheltered housing schemes, often reaching out to the wider community and providing access to wellbeing programmes.

Home Group

Around 4,300 homes in London, with a concentration of stock in Harrow, where it has around 1500 properties. Home Group undertakes major works and puts in significant investment on estates where it has major presence. For example, Home Group has invested £140 million in Rayners Lane in Harrow. This included a £2.8 million community centre, which now serves as a hub for residents to take part in a range of sport, leisure and art activities, and from which twenty Home Group staff deliver skills and employment programmes.

Home Group is also a major provider of supported housing, ranging from short-term intensive support through to long-term enablement services.

Hyde

Around 14,900 homes in London. Has property in London and throughout the south east, the East of England and the East Midlands. It operates across the capital, with a focus in the south east of London.

Hyde has a separate charitable arm, the Hyde Charitable Trust (HCT). HCT works closely with the Hyde Foundation, Hyde's community investment team. Together, the two direct resources to communities that are most in need of investment. There is a focus on: helping residents to sustain their tenancies, secure employment or become more employable; providing positive pathways for young residents; and improving the well-being of older residents.

L&Q

Around 65,000 homes in London, the largest landlord in Greater London, with a significant concentration in east and south east London. In 2011 L&Q created the L&Q Foundation, which delivers all of L&Q's social and economic programmes. The Foundation has a £10 million annual budget to invest in L&Q residents and communities, with a focus on helping residents to live independent lives and sustain their tenancies. The Foundation also invests in activities that increase opportunity and aspiration for the wider community.

L&Q is also a major provider of care and support services, via L&Q Living. L&Q Living provides support and accommodation to older people, younger people, people with learning disabilities and people with mental health needs.

Metropolitan Thames Valley

Around 22,200 homes in London. Formed recently through the merger of Metropolitan and Thames Valley Housing, it operates throughout London. Has its largest concentration of stock in Haringey, Lambeth, and Sutton.

Metropolitan Thames Valley is also a major provider of supported housing, and mental health supported housing. It is currently investing significant resources into the regeneration of the Clapham Park Estate in Lambeth, where it will also be investing in a range of new community facilities.

Network

Around 9,800 homes in London, mainly working in north west London. A large proportion of its stock, around 4,400 homes, is in Brent, with another 1,700 in Westminster. This means that, whilst smaller than many of the other housing associations on this list, where it does operate it is a major presence. Network focuses mainly on jobs, training and money management, and delivers programmes to its tenants across its communities, with specific schemes for tenants living in Ealing.

Newlon

Around 6,700 homes in London, primarily in north and east London. Newlon has a subsidiary named Newlon Fusion, which undertakes community regeneration. It provides activities and services to Newlon residents and the wider communities in which Newlon operates. In particular, Newlon Fusion makes use of two Newlon community centres, Barnsbury Community Centre in Islington, and Lascar Wharf in Tower Hamlets.

Notting Hill Genesis

Around 26,400 homes in London. Formed from the 2018 merger of Notting Hill Housing and Genesis. It has much of its stock in central-west London, though it also has large stock numbers in Barnet and Lambeth, and properties throughout London. It is currently involved in the regeneration of several priority estates in London, as well as the development of new communities. This includes the Aylesbury Estate in Southwark, and Grahame Park in Barnet, where it is supporting the development of local community infrastructure through the Colindale Communities Trust.

Notting Hill Genesis is also a major provider of extra care housing, which focusses on helping older people to maintain their independence and reduce, delay or prevent the need for residential care.

One Housing

Around 12,600 homes in London, with its biggest concentrations being in Tower Hamlets, Camden, Newham and Hackney. These four boroughs account for over two thirds of its stock, around 8,000 properties. One Housing is also a major provider of a range of supported housing services. This encompasses extra care services for older and vulnerable people, and supported housing for those with learning disabilities and/or mental health needs.

Optivo

Around 18,300 homes in London. Formed in 2017 through the merger of Amicus Horizon and Viridian. It operates across London, but most prominently in south London. It has its biggest concentrations of stock in Croydon,

Wandsworth, Lambeth and Southwark. Optivo is also a major provider of extra care housing for over 55s, especially in Wandsworth.

Peabody

Around 38,200 homes in London, and one of the most historic housing associations. In 2017 Family Mosaic, a large London housing association, was merged into Peabody. Following this merger, Peabody has stock throughout London. In some areas where it operates Peabody is the major provider of services and principal investor in the community. For example, in Thamesmead, Peabody has taken on the delivery of a wide range of services and support, in the absence of provision by the local authority. It is also a major provider of supported housing across the capital.

Phoenix

Around 6,200 homes. Whilst this is a smaller number, all Phoenix's homes are in Lewisham, which makes it a major social housing provider in the borough, behind only the local authority and L&Q in terms of number of properties. Phoenix is unusual, it was London's first 'community gateway' housing association. This means that the organisation is owned and run by its residents. Most of the management board is made up of elected residents, and all residents are encouraged to become involved in decision making and become shareholders in Phoenix. Its small geographical footprint and ownership and operation model make it very focused on its communities.

Poplar HARCA

Around 9,500 homes. Like Phoenix, Poplar HARCA's stock is very concentrated, spread over only three wards in Poplar, in Tower Hamlets. Because of this, it sometimes operates differently to other housing associations, as it dominates the area where it operates. In these wards it is the most significant developer, provider of services and investor in communities, more so even than the local authority. Accordingly, Poplar HARCA is very focussed on, and embedded in, its communities, putting much resource into regeneration and the development of local services and amenities.

Sanctuary

A large national housing association, with around 7,200 homes in London. Nearly half of its stock is in Hackney, where it is a major presence, with the rest located in small patches across London. Across the country, Sanctuary invests around £1 million each year in money, time and resources. Its focus is on community-led programmes, investing both in the delivery of projects and in improving the capacity of communities to deliver projects themselves. Sanctuary has a focus on community sport, through its Love Sport programme, in which it has invested £254,000, which has been matched by Sport England. In London, Hackney has been the delivery area, and HACT has been working with Sanctuary on an evaluation of the programme.

Sanctuary is a major provider of supported housing, through Sanctuary Supported Living.

Southern

Around 11,500 homes in London. Around 3,000 of these properties are in Hackney, with another 3,000 split between Islington and Tower Hamlets, and the rest of its stock located in smaller numbers throughout London. It is a major investor in communities and runs a range of wellbeing programmes and support.

Wandle

Around 7,000 homes in London. Its property is located across South London, particularly in Croydon, Wandsworth, Merton and Southwark. It supports a lot of grass roots organisations through a small grants scheme, boosting the capacity of the community sector to provide employment and wellbeing programmes to their tenants.

Although we have provided an indication of the homes that these landlords own and manage, many will have specific concentrations in key estates across London. For example, Peabody has a significant stake in the Thamesmead estate with ambitious plans for its regeneration. Metropolitan

Thames Valley is currently working on regenerating the Clapham Park Estate and Home Group similarly is working in Rayners Lane in Harrow. Notting Hill Genesis is the main social landlord involved in the Aylesbury estate.

One Housing Group has a major presence on the Isle of Dogs, and Poplar HARCA works across three wards in Tower Hamlets. Clarion provides most of the homes in Old Ford and in Orchard Village out in the East, and Phoenix is the main provider of housing in Lewisham. Understanding the pattern of this provision and the priorities for each estate and housing provider is important in developing engagement and involvement in tackling the health inequalities that exist.

CASE STUDY Radian: Closing the gap

John's story

John was referred to Radian in November by his GP as he was experiencing low mood and feeling quite isolated. He is an experienced wood turner, self-taught carpenter and DIY expert, with a shed filled with tools and wood where he creates all sorts of things for his home and family, as a solo activity for him.

Radian encouraged John to give the local Men's Shed a try. We supported him in attending the first few sessions, but now John has built the confidence to attend each week and is thriving. He has made some beautiful wooden Christmas decorations and a suggestions box for our community hub, Café 1759. He has reported feeling less isolated and has found meaningful connections outside his close family.

"I've got lots of family, but I don't have many social connections as many of the people I used to know have passed away. I spent 18 years in the The Royal Air Force and then worked with my wife for 35 years, which led to a lonely lifestyle really. My wife wanted me out from under her feet, she always said I should use my skills to help others, so this helped me find a way to do that. I think my woodwork skills are useful for others at the Men's Shed as I learn things but also teach them things too. I've been every week and made some good connections there. It's not just at the Men's Shed, I helped one guy who attends outside of the group, by lending him tools and helping him with a separate project. Another guy there said that he was grateful that I'd joined as I'm able to support people with my skills, which is very rewarding. I feel valued again.

My advice for someone wanting to explore a social prescription is to go along with the suggestions of your link worker. You'll meet nice people, find shared interests, learn from and help each other, not just yourself. It feels great – I wish I'd done it years ago!"

CASE STUDY Radian: Closing the gap

Margaret's story

Margaret was referred to Radian in October by her GP. She was experiencing low mood and wanted to find something active to do in the local community. As well as being outdoors and keeping fit Margaret loves gardening. After a few visits they attended the Deadwater Valley Trust volunteer sessions with her. Having attended a few sessions together, she now has the confidence to attend these sessions independently of our support and thoroughly enjoys it.

"If I'm not outside, I feel like the walls close in on me. I was feeling a bit sorry for myself, a bit low at the time and my doctor had mentioned taking antidepressants but I didn't want to do that, so they recommended social prescription and I thought I'd give it a try! Radian came round to visit me and got me out there again and it broke the cycle I was in.

The flexibility of it appeals to me, no one gets cross if you don't go one week and they are very welcoming whenever you are there. It's great, people are friendly and people car share there so that's helpful. I bumped into a lady I met there in the supermarket the other day and it was lovely. The social connections aren't just within the groups, but wider now too.

It's very social. It's made me go out there with a purpose. The people there are super helpful, no question about that. I'm a naturally active person, capable and outgoing, but I did get into a bit of a rut. You need a kick start and I can't emphasise enough, you meet people that you can become friends with and it means a lot.

Eventually I said I didn't think I needed Radian to come with me after a time, and I haven't looked back. For me personally it's worked really well and I highly recommend doing it. My advice for anyone is to go along!"



4. Key questions and issues to consider

HACT undertook in-depth interviews with key contacts at some of the housing associations listed on pages 19-25. This section draws on these conversations and HACT's own knowledge and understanding of the sector to suggest some of the key things to consider with engaging housing associations in social prescribing.

Understanding of social prescribing

A key topic during our interviews was the extent of the sector's current understanding of social prescribing. Although only one interviewee was not previously aware of social prescribing, we found there was a breadth of understanding. All those who had heard of it understood the basic concept of providing non-medical services to improve an individual's health. However, for some this was where their understanding ended. There were a couple of interviewees who had a much more detailed understanding of the link worker and referral model.

Some housing associations are already testing out social prescribing. In east London, Poplar HARCA has a programme called *Poplar Links*, which is in essence a social prescribing project. Outside London, A2Dominion and Hyde are piloting a social prescribing project in Chichester alongside local GP services and the local authority. Whilst not in London, their commitment and experience could easily be transferred to priority areas in the capital.

The breadth in understanding is not necessarily a surprise. Social prescribing is not something that is widely undertaken in the housing sector, and it is still an emerging activity in the wider community. It is also not a framework within which housing associations will engage with their tenants and offer access to support and advice. Additionally, HACT spoke to people with different roles at different levels of their organisations, and as would be expected, understanding varies accordingly. Identifying the most appropriate person at a housing association to engage with is a key consideration in moving this agenda forward.

Engagement with other sectors

Interviewees were asked about how their housing association engages with other sectors. Generally, in both community investment and supported housing, housing associations work closely with the local authority (via statutory services) and the VCSE sector. Indeed, one of the housing associations engaged, Notting Hill Genesis, delivers services to its tenants entirely through funding other organisations, rather than delivering things itself.

With the VCSE sector, particularly with their community investment programmes, housing associations will work in partnership, seeking out relevant partners and services for their tenants. Often this includes supporting organisations to access alternative funding, with many housing associations matching funding available from others. In other situations, housing associations might fund a VCSE organisation to deliver a service to their tenants, or partner to share resources and facilities. However, some interviewees did say that this is getting more challenging, as the VCSE sector is increasingly stretched and lacking in resources.

In terms of government and local authorities, a major partner for housing associations in providing community-based support tends to be the Department for Work and Pensions. Housing associations work closely with DWP on their employment, training and welfare support programmes. They also tend to liaise closely with their local authorities around the delivery of statutory services, and making sure their services align, for example around children's and youth services, adult social care, or health and wellbeing projects. Additionally, local strategic partnerships, programmes and groups that are run by local authorities will often have representation from the area's major housing associations. However, this is not always the case at more senior levels and the involvement of housing associations in health and wellbeing boards is rare.

Engagement with the health sector tends to be much less prevalent. Many housing associations engage with public health via their local authority, but

engagement with the NHS itself is patchier, though this is an agenda HACT actively promotes. This does not mean housing associations do not work with local GPs, NHS trusts or CCGs, but it is not widely prevalent, and is often at the level of smaller, project-based joint-working, rather than strategic engagement. There is no significant engagement between housing associations and the five Sustainability and Transformation Partnerships in London.

Housing associations often engage with other sectors on an area-by-area basis. These areas are not at any particular geographic level and are dependent on the role they play in a particular place and the services they offer. There are some areas of London where housing associations can end up being the principal provider of services, for example Thamesmead, where there is a lack of voluntary and statutory services and Peabody attempts to fill this gap. Likewise, in the small area of London in which Poplar HARCA operates, it is the main provider of housing, community services and support.

Support to further engage other sectors

Given that a fully functioning social prescribing process would require a high level of cohesion between different sectors, interviewees were asked what support their organisation would require to increase their engagement with other sectors.

Funding was the primary issue in extending both reach and connection. With additional funding, housing associations felt they could increase the breadth of their offer and integrate it further with other local providers. In the absence of increased funding, they would look to further utilise their in-kind arrangements, such as sharing space and facilities with other organisations.

For example, a housing association could provide a service in return for free use of facilities at which to host it, or vice versa. These sort of arrangements are already used by many housing associations but could be used more to achieve a greater degree of integration with other local organisations.

Forums to bring people and organisations together were also a key aspect of the support needed. These facilitated spaces could not only enhance existing relationships but also enable housing associations to meet new partners and could help develop relationships that lead to new resource sharing arrangements.

There are already many forums and working groups in the housing sector, but nothing specific around social prescribing. There could be value from establishing a dedicated London-wide group bringing together housing associations, local authorities, GPs, NHS trusts and CCGs, and voluntary organisations. This would provide a forum to discuss shared priorities and agendas, share case studies and good practice, and develop ideas.

Finally, whilst funding from the GLA and partners for housing associations may be limited, one interviewee suggested it may be able to support housing associations in accessing funding from other sources, perhaps ones that housing traditionally does not access, such as from CCGs.

The model for social prescribing in housing

As previously discussed, there are already some examples of housing associations doing social prescribing. In Chichester, A2Dominion and Hyde are funding a pilot, alongside public health and the district council. The pilot is employing four social prescribing officers. These officers receive referrals from GPs and undertake a home visit where they undertake an assessment of the individual's needs, look at what support and services are available in their area, and create an intervention plan. The aim is that the pilot will show results and act as proof-of-concept to the local CCG, with the hope that it would then provide the funds to establish the model in the longer term.

In London, Poplar HARCA has a project named Poplar Links, which in many ways is a social prescribing project. The Poplar Links model is focused around an online portal, currently under development with Elemental. The portal will be publicly accessible and will connect users to local services. The portal will also allow users to select their priorities, such as wanting to

get a job, and will collect some baseline data, such as current income level. It will then use this to help users set meaningful goals and track progress. This portal will be publicised by Poplar HARCA and its partners, including community organisations, schools and GPs. Poplar HARCA will also be providing a networked of community connectors, comprised of a mixture of staff and volunteers, who will help their residents to use the portal on a one-to-one basis.

Poplar HARCA is a relatively unique organisation. It has around 9,500 properties but operates in only three wards in Poplar. This means it is often able to operate differently from other housing associations, as its patch is small, and it is the major provider of both housing, community and other services in that area. Whilst there will be much to learn from Poplar HARCA, it may not a scalable model for other housing associations whose properties are dispersed over a wider area and are less densely located.

Interestingly, Poplar HARCA does not feel that the term social prescribing necessarily fits well with it as an organisation. It prefers the term community connecting. Similarly, many housing associations do things that could reasonably fall under the blanket of social prescribing, but they will not necessarily view it as such.

An example of this is Notting Hill Genesis. As an organisation it does not deliver its community investment activities directly. Instead, like Poplar HARCA, it has an online database of local support and services. Tenants can use it to self-refer or Notting Hill Genesis' housing officers can do so on a resident's behalf. This sort of sign-posting could be a key element of a social prescribing model.

Likewise, Peabody has a model whereby it offers a menu of activities, mostly provided by other organisations alongside some Peabody commissioned services, from which an individual can chose. Peabody then makes an appointment with that service for that individual, so they can access it.

At the core of all these approaches is the infrastructure needed to identify local services and resources, and guide people to them. Keeping directories of local services up-to-date is a constant challenge and resource intensive. Where housing associations have invested in this, they have done so because they see the social value and impact of supporting their tenants and communities. They already have a robust infrastructure to draw upon and this is of significant value to new and emerging approaches to social prescribing.

Considering these models, it is possible to see how social prescribing could work quite seamlessly in housing. Interviewees had some additional interesting ideas for how to make it work. One is that there could be a social prescribing qualification for frontline housing staff, which would teach staff how to do the needs assessment element of social prescribing. These staff would then be out in the community and able to refer tenants to services.

Another idea was to take advantage of the regular drop-in surgeries and events run by housing associations. GPs could be given information about when and where these are happening and could refer patients to these. Once there, housing association staff could sit down with the individual, talk through their needs, and refer them to other services. This has the advantage of not requiring housing associations to change their operations too much, as they tend to run these forums anyway. It also would also be easier to introduce to GPs, as all they need to do is know the date and location of the next event and pass that on to their patient.

This idea of layering social prescribing onto existing housing association operation seems the simplest way forward. One avenue suggested was the Love London Working partnership, led by Clarion, alongside fifteen other housing associations. It coordinates employment support across London for vulnerable, economically inactive, and out of work Londoners. It has a network of around 200 employment advisors across all the housing associations involved and is due to engage 20,000 Londoners. This group has quarterly meetings and could be a good place for the GLA and partners to begin engaging housing associations around social prescribing.

Building in social prescribing to existing initiatives and infrastructure is a favoured approach by housing associations. Building it on local and neighbourhood infrastructure will be critical to its success and sustainability.

Making social prescribing attractive

Whilst social prescribing has obvious benefits for individuals and the NHS, for it to take-off in housing it needs to also be attractive to housing associations. Interviewees suggested a few things that could be done to encourage housing associations to engage with the GLA and partners around social prescribing.

Again, funding would obviously make social prescribing attractive to housing associations, but as a starting point any social prescribing vision or strategy needs to speak directly to housing associations. It needs to recognise their strengths and position them as key delivery partners and offer clarity on what their role is and why they are important. If housing associations are not properly and specifically addressed as one of the key partners, they will be less inclined to engage.

One interviewee also suggested the GLA could encourage the health sector, and in particular GPs, to come to housing associations to do more outreach work. The comparison was made with the police, who put resources into prevention and community outreach, and with whom housing associations tend to work closely. Housing associations may be more attracted to engage with the process if they feel their health counterparts are reaching out as part of the process.

As discussed previously, the more the model can be made to fit onto existing housing association services and modes of operation, the more attractive it is going to be. Engagement with the social prescribing agenda for housing associations is ultimately going to come down to a cost/benefit analysis. There are clear benefits to them and their tenants that would be offered by a fully integrated and effectively functioning social prescribing approach. However, this needs to be weighed up against the ease of involvement.

Whatever the benefits, housing associations are less likely to engage if it requires large changes to how they operate or if it will take up too much of their resource to administer.

Finally, whatever model of social prescribing is eventually adopted by the GLA, it needs to be flexible. Different housing associations operate differently and have different priorities and interests. There will be some who want to be actively involved in social prescribing, training their frontline staff and being part of the referral mechanism. Others meanwhile might see that as going beyond the core landlord-tenant function. It is important to ensure this latter group are not excluded from being involved, at a less intensive level simply as providers of services and support to which people can be referred.

It is also likely there will be difference between housing associations about who they are happy to have access their services. Whether it is to benefit only their residents or the wider community, will be viewed differently by different housing associations. None of this is necessarily problematic for social prescribing, but the model needs to have flexibility built in.

Combining investment

Some early conversations have begun to explore the scope for housing associations to become co-investors with health around social prescribing. This is particularly in light of the work the Healthy London Partnership is leading around setting up a Social Prescribing Social Investment Fund. Many of the housing associations in London operate their own investment funds for the VCSE and also provide capacity building support to build resilience and impact.

Co-funding around achieving shared impact is something that housing associations are always interested in exploring and particularly around issues of shared concern. For this to happen, the activity and outcomes of social prescribing would need to be fully aligned with those of the housing association and their community investment priorities. As we have already seen, there is considerable alignment of scope for further joint action.

CASE STUDY Poplar HARCA: Working with a CCG

Making social prescribing work requires good relationships between healthcare providers, and providers of community services, such as housing associations. However, good working relationships between housing associations and health providers and commissioners are not as common as they should be. This is a barrier to advancing the social prescribing agenda. This case study looks at an example of a housing association that has been successful in developing relationships with their local health partners: Poplar HARCA

Poplar HARCA is a housing association based in Poplar in east London. It has 9,500 homes, concentrated in one square mile of Tower Hamlets. In this community, it is extremely influential and active. Poplar HARCA has a good working relationship with its local Clinical Commissioning Group (CCG), Tower Hamlets CCG. This is not necessarily typical as many housing associations struggle to engage with CCGs.

One way that Poplar HARCA has been able to collaborate with the CCG is including GP services in new developments. On occasions where Poplar HARCA has been regenerating an area that includes a GP surgery, or there is one nearby, it liaises with the CCG about including a new surgery as part of the development.

For example, as part of Poplar HARCA's redevelopment of its St Paul's Way site it built St Paul's Way Medical Centre, into which the GP surgery moved from an older property. This building also houses The Prince's Trust, placing primary care services alongside a broader suit of resources for young people. Poplar HARCA's own community centre is located a short walk away.

CASE STUDY Poplar HARCA: Working with a CCG

Poplar HARCA is following the same model with its redevelopment of the Aberfeldy estate, which will include a new building for the GP practice and a nearby Poplar HARCA community centre. Additionally, the building that will house the GP practice will also include a café and events space. From here Poplar HARCA plans to deliver social prescribing and other health activities, in partnership with the GP practice and other providers.

This model brings many advantages. The NHS gets a modern healthcare facility in the area, where a range of primary and community healthcare services can be delivered. Poplar HARCA gets to create a neighbourhood where its community can access multiple, and integrated, services. This creates a holistic local service: the GP to attend to people's health and Poplar HARCA their wellbeing.

A model like this has clear advantages for social prescribing. For social prescribing to be effective, there needs to be a working relationship between providers of healthcare and providers of community services. It is much easier for a GP to refer a patient to a service if they know who provides the service and how to access it. Being part of a Poplar HARCA development, or in the case of the Aberfeldy redevelopment, being in the same building as Poplar HARCA, clearly helps a GP to have this knowledge. It makes connection and referral easier, and therefore makes it more straightforward to put social prescribing into action.

Poplar HARCA also works with the NHS in a host of other areas. It has many touch points, with both commissioners and providers, and builds both strategic and operational relationships across its business. All staff are encouraged to think about how the NHS might fit into their plans, and to engage with them directly. Again, this helps to make the relationship with the NHS organisation-wide and therefore more integrated and sustainable.

CASE STUDY Poplar HARCA: Working with a CCG

Nonetheless, Poplar HARCA still faces challenges working with the NHS. Taking the time to better understand how the NHS works, the changing priorities, and pressures different organisations face is key to their success.

Whilst Poplar HARCA is unusual, in being a major housing provider in such a focussed area, there are still lessons to learn from how it has developed successful partnerships with health, which could help implement social prescribing elsewhere.

- 1) **Understand your potential partners** – taking time to understand each other's requirements, challenges and objectives, so that you can think about how you can help each other meet them.
- 2) **Develop the relationship through specific projects** - rather than trying to develop a top-down strategic relationship, which can be hard and takes time, it can be more effective to work together on smaller, specific projects with tangible outcomes. Doing so will, over time, create a good working relationship between your organisations.
- 3) **Decentralise the relationship** – by having multiple people in different roles working together helps to make the relationship more secure and more integrated throughout your organisations.
- 4) **Look for opportunities to co-locate services** - having the points of access to your respective services in the same location, or nearby, will help foster the relationships necessary to enable social prescribing.

These are lessons that could apply to any housing association that wants to develop a relationship with its local NHS commissioners and providers, and vice versa. Getting these relationships in place will be essential to integrating housing associations into social prescribing.



5. Next steps

From both the conversations with housing associations, and HACT's knowledge of the sector, there are a handful of key suggestions for the GLA and partners if they wish to further the social prescribing agenda with housing associations. Some of these are achievable and short term, some are longer term, but all could help move towards a point where social prescribing is business as usual operation for housing associations.

1. Within its vision for social prescribing, the GLA needs to demonstrate that it understands the potential role and value of housing associations and demonstrate its commitment to involving them in the delivery of this vision. This will signify to housing associations that they will be valued partners in delivering social prescribing if they engage with it.
2. Work in partnership with housing associations, building on their community-based infrastructure. Crucially, this will ensure that social prescribing is sustainable and resilient, regardless of the funding available.
3. Explore how social prescribing funding can be matched and aligned with housing associations' funding streams. Getting this right will maximise the impact and reach of social prescribing investment and activity and unlock further resources available to boost capacity.
4. Fund a small number of pilots with housing associations in the lead role. Having a few pilots across London that have housing associations as the key delivery partner will help to demonstrate the value of this approach and provide examples for models that could be used and adapted by others in the housing sector.
5. Develop and promote some core infrastructure for social prescribing. This should include easily shareable resources to explain social prescribing to the housing sector, such as a simple definition and description, alongside case studies and good practice examples of where it has

worked in practice. Infrastructure could also encompass training and qualifications in social prescribing for front line housing association staff. Providing infrastructure will aid housing associations in engaging with social prescribing.

6. Promote all this to housing associations and invite them to participate in existing forums and networks. This will put housing associations in dialogue with other key delivery partners and will further serve to position them as key partners. It could also be worth creating a London-wide social prescribing working group, that regularly brings together key stakeholders from housing, health, local authorities and the VCSE sector.
7. Engage the Department for Health and Social Care's proposed National Academy for Social Prescribing. This online platform is due to be developed to provide GPs and frontline care workers with guidance and expertise, and help them understand what is available in their communities. If this brief could be expanded to include housing associations, it could really help achieve some of the other recommendations laid out here. This academy could provide the core infrastructure suggested, and inclusion would certainly position housing associations as central to social prescribing and help build the necessary networks between housing and health.

These are just some key suggestions. As stated, some would be harder than others to implement, and some are more immediate than others. These are all things that HACT would be willing and able to help the GLA and partners in moving forward.

With these recommendations in mind, the key takeaway from HACT's engagement with housing associations around social prescribing is that there is certainly appetite for it and great scope for it to be implemented. Its success will hinge on how well this implementation is done.



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