



Social Prescribing and Covid-19



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Summary

More than nine thousand Londoners have died from Covid-19. Each loss is a tragedy. Yet the shaking of our foundations by this virus is not only due to the death toll. It is because it has made truths about our society impossible to ignore. As a GP in London, I have seen the reality of health inequalities in our city for years.¹

The Government's own research highlighted the dangers of "a challenging winter" and it is clear this is what we are currently facing.² The ideas set out in this briefing cannot get to the root of the problems before the end of the current lockdown, but they can build up the defences of those at most risk of falling seriously ill for the future. Policy makers must address the weaknesses in the UK's public health that have become so clear during the pandemic.

While our focus right now is on the immediate health crisis, policy makers should also be thinking about how we are better prepared for future waves. Insights from existing social prescribing programmes are one way to reduce health inequalities and build resilience to future health emergencies.

Before the pandemic, a movement was growing around the idea that some of the most powerful health policies happened outside of hospitals. Social prescribers took the lessons of reports like the Marmot Review and began tackling the wider determinants of health, including access to assets like gardens and hobbies, as well as space and social interaction.

The pandemic has starkly shown that not all are equal in their ability to avoid and resist the disease, to cope with lockdown, and to bounce back in the recovery. Social prescribing can help drive a more equal distribution of the assets that boost people's resilience.

It is not possible to find a quick fix to poor housing, low income work in poor conditions, and the long-term health conditions that increase someone's vulnerability to Covid-19. But armed with the knowledge gained about the disease, policy decisions can shift the dial in the right direction on certain risks.

We must address three challenges. Firstly, improve wellbeing by protecting against the mental and physical costs of the pandemic. Secondly, make targeted interventions to reduce inequalities. Thirdly, reduce the anxiety and isolation caused by lockdown so that adherence to local lockdowns and social distancing measures will be easier to maintain.

What is Social Prescribing?

Social Prescribing is where people receive non-medical help to improve their health and well-being, normally through accessing community activities in their area. This could mean being introduced to a new community group, being recommended a new activity, receiving legal advice, having volunteers help around the house or signposting to other local support services.³

Exercise and Activity

To help fend off Covid-19, Londoners need healthier lungs. We can achieve this in two ways: by making our air cleaner and by doing more exercise.

Government scientists have shown that toxic air is likely to worsen the effects of Covid-19.⁴ During the first lockdown, Londoners benefited from a reduction of up to 55% in nitrogen oxide concentrations in some of the most polluted roads.⁵ But we are already losing these gains.⁶ Higher mortality rates in areas with dirtier air show the need for change.⁷ Cleaning up the air would have quick-acting benefits to protect the most vulnerable Londoners from Covid-19.

Excess weight heightens the risk from Covid-19. The risk is unequally borne - three quarters of Black adults are obese. Physical activity rates are a third higher among white Londoners than Black or Asian residents.⁸ A quarter of adults have reduced their physical activity during the pandemic, and worryingly those with chronic diseases are more likely to have done so.⁹ As the Mayor's commissioned Rapid Evidence Review on Inequalities in Relation to Covid-19 has found, the reasons for this disparity are complex and driven by socioeconomic inequality and structural racial discrimination.¹⁰

Increasing the number of journeys taken on foot or by cycle will both reduce air pollution and increase the amount of exercise Londoners undertake. Policy tools should incentivise this. While the Government subsidises the Cycle to Work scheme, there is no similar tax-deductible scheme available in the wider community, or support for community initiatives like bicycle co-ops which can reach people who think cycling isn't for them.¹¹ To achieve the Mayor's ambition to improve rates of cycling and walking among all Londoners, we need a more active approach to bicycle provision which appeals to our diverse communities.

Gardens and Greenery

Nature is a balm for health.¹² But Black people are nearly four times as likely to have no outdoor space at home.¹³ The poorest tenth of London neighbourhoods - where half of residents are people of colour - have a third less space given over to gardens than the wealthiest.¹⁴

Mapping unused scrub, not-quite pocket parks, and unloved yards would provide a patchwork of spaces for local people to take responsibility for. Groups like Hackney Tree Musketeers already run "community greening" days pulling up paving slabs and putting down plants. The mental and physical health boost from rolling this out should not be underestimated. Lockdown has hurt

Londoners' mental health; opening up green space can act as a "natural prophylactic" to help people stay well through local lockdowns.

Culture and Learning

As our City becomes easier to traverse on foot or on bike, Londoners will need to have the confidence and inspiration to explore



our city. Families could be issued with "tickets" to visit local attractions - outdoor at first and with appropriate modifications, perhaps eventually museums and galleries too. Barcelona has pioneered this approach by opening its Sagrada Familia to Barcelona residents on weekend afternoons.¹⁵ Doing so not only gives families the chance to see cultural attractions but gives confidence to residents from across the UK and across the world that London is a safe place to visit. This could be tied to adaptations to exhibit collections in safe, Covid-secure ways.

Reading gives us a doorway into another world, but it is not open to all. For those self-isolating and their families, inequalities in access to arts and culture could be reduced. For instance, the BBC and other publishers could provide temporary access to their online magazines and videos, alongside more traditional book boxes sent to families. The Government's delayed re-opening of schools also meant the education inequality gap has grown. To counter this, we could widen access to learning materials and reading resources at home.

Arts and Crafts

The lockdown and other social restrictions have especially impacted those with underlying mental health conditions. Two thirds of people with an existing mental health condition say it's worsened during the pandemic.¹⁶ Eight in ten people with dementia found themselves alone during lockdown. Using the arts to address loneliness is a central tenet of social prescribing.¹⁷

Britain's creative arts output leads the world, but to keep it thriving, policy will need to back artists in a world where they cannot perform. Now is the time for the Government to guarantee long-term funding for existing schemes that support isolated, vulnerable and older people which, if resourced properly, could offer artists and creative Londoners work - while venues are closed and beyond.

On top of this, arts and crafts keep young ones busy and stimulate older minds - so we could be providing materials to those who cannot physically or financially access them.

Provision of cheap musical instruments and free online classes can easily be rolled out. I will happily trade the roar of jets and cars for the cacophony of a street full of children learning the joy and discipline of music.

Conclusion

We must act now - Covid-19 did not create inequalities, these have been with us for a long time. We don't need more data or research to act. We need to prevent any more harm being done.

Recovery does not mean return to the previous, it an opportunity to create the better. This pandemic reminds us that health is more than just the absence of illness. The last time the country faced comparable challenges was in times of war and recovery led to transformation of society for the better. Covid-19 can be that disruption and agent of change that guides us to a future in which everyone can thrive. We must not be afraid to grasp the opportunities.

Endnotes

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