Advancing social prescribing in Singapore: an update on progress

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Summary

In 2019, SingHealth Community Hospitals (SCH) introduced Social Prescribing (SP) program to support patients in transitioning back to the community after hospitalization, which involves personalized care plans developed by Well-being Coordinators (WBCs) to connect patients with relevant community resources. With the recent launch of the nation-wide 'Healthier SG' initiative, a population health strategy in Singapore aimed at enabling individuals to prevent and manage chronic diseases, it is important to provide an update on our program's recent developments. This includes creating a living asset map, updating outcome assessment tools, organizing training sessions to enhance the skills SP practitioners, and establishing the Singapore Community of Practice in Social Prescribing (SCOMP).

Implementation lessons from scaling up SP implementation in Community Hospitals (CH) in Singapore

The SP program was implemented at SCH in 2019 to enhance patients' health and overall well-being and improve their transition back to the communities. The lessons learned from our initial adaptation and scaling up of SP were described previously.[1] One of the lessons learnt is during *COVID-19* pandemic where nation-wide measures were put in place to prevent the spread of *COVID-19*. This hindered group activities in the wards, and the follow-up visits at patients' homes during post-discharge, bringing difficulty for inpatient engagement and patients' transition back to the community. While some SP activities were scaled down and/or conducted virtually when *COVID-19* safety measures heightened due to increase in outbreak, patients described virtual activities to have less "personal touch" as they cannot interact as much with other patients.

To date, SP has been implemented in six wards (198 beds) across Outram Community Hospital and Sengkang Community Hospital in SCH. The WBCs would screen patients in the designated wards for eligibility before engaging them to understand their social determinant of health (SDOH). They would then co-create a personalized SP plan to connect patients to local resources post-discharge, this enhances community resource awareness and access. With the recent launch of 'Healthier SG' program, a nation-wide initiative which promotes preventive care and has a SP component,[2] it is hoped that the climate for implementing SP would be more conducive as awareness, receptivity and uptake of SP interventions is projected to increase. We would like to update the SP community about the progress made in Singapore thus far in this commentary.

Even though SP interventions have been adapted to their local contexts, some similarities in the SP models exist as highlighted by Lee and colleagues (2023).[3] Their study identified the five-year global trends of SP from 2018 through collating and analysing words related to SP. They reported that the main purpose of SP in United Kingdom (UK) was to address mental health issues. Similarly, SP in SCH focusses on reducing social isolation through community resources linkages. However, we excluded patients with cognitive impairment and/or receiving palliative care and did not focus on patients experiencing sleep disturbances. Those who would be admitted to nursing homes were also excluded.

Additionally, while gardening program is a recommended initiative in the UK,[3] it is not part of SP in SCH. We conduct group or individual activities (e.g., colouring, word search and Rummi-O) based on the patients' interests. Another similarity that SP model in SCH share with SP in UK is the digital program, electronic-Social Prescribing (e-SP), where WBCs in SCH teach elderly patients how to use some of the basic features of

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smartphones and some applications to ease their return to the community upon discharge.[3] Despite the heightened *COVID-19* safety measures, we took the opportunity to address digital literacy, a new SDOH, that arose due the increased use of TraceTogether, a digitalised phone application in Singapore. TraceTogether was used for contact tracing and entry into facilities and malls during *COVID-19* period, which many seniors found challenging to navigate.[1,4,5] Hence, we believe that the learning points gleaned from our SP implementation will be transferrable to other settings.

To address the barrier of lack of community assets' listing for forming community linkages for patients mentioned previously,[6] SCH is working with the Ministry of Culture, Community and Youth (MCCY) on a prototype of a living asset map in the North-East region of Singapore, estimated to complete by end of 2024. This Living Asset Map Portal (LAMP) is updated using controlled crowd sourcing from a community of practitioners of SP. Furthermore, we switched the outcome assessment tools to the three-item University of California, Los Angeles (UCLA) loneliness scale and five-item World Health Organisation (WHO)-5 wellbeing questionnaire to assess patients' self-perceived isolation, social- and relational connectedness, and psychological wellbeing before and after receiving SP intervention.[7,8] These tools are easier to comprehend and execute compared to the Brief Inventory of Thriving (BIT), Medical Outcome Study: Social Support Survey (MOS-SSS) and the Zarit Burden Interview that were used previously.[6] Both UCLA loneliness scale and WHO-5 wellbeing questionnaire have lesser items compared to BIT and MOS-SSS, which enabled geriatric patients to focus and answer the questions based on our experience. In addition, UCLA loneliness scale is reliable, well-validated, quick, easy to use and developed for use through different communication channels.[9] The scale has also been used in other studies in Singapore to understand social isolation, social participation, and loneliness among elderly aged 60 years and above.[10] Similarly, WHO-5 wellbeing questionnaire has been validated in different countries and fields of study.[11,12] The questionnaire has been used in studies to understand the psychological wellbeing of community dwelling older adults in Singapore.[13]

Additionally, SCH is providing training courses that builds on SP, SDOH, Patient-Centred Care and Biopsychosocial Model as the basis to improve health and social care integration.[14] These courses target individuals working in the intermediate and long-term care (ILTC) sector such as care coordinator, WBC, care associate and center managers or any individuals interested in SP to instil confidence and improve their competency to effectively implement SP.

SCH has also hosted the 1st Asia Pacific Social Prescribing conference in November 2022 and SP Masterclass in August 2023 to diversify learning platforms and facilitate discussions on cases and SP theoretical framework between overseas and local SP experts to learn from one another. There were a few key takeaways from UK SP practitioners' sharing for SP practitioners in Singapore during the Masterclass. They include examining the social return of investment of SP, providing training and education for good referral practices, and continuing to heighten awareness of the role of WBCs and SP among medical teams.

Establishing a Singapore Community of Practice in Social Prescribing (SCOMP)

"Singapore Community of Practice in Social Prescribing" (SCOMP) was inaugurated in 2023 by SCH to foster collaboration among healthcare professionals, community leaders, and practitioners dedicated to advance SP for enhancing health and well-being nationwide (Fig. 1). SCOMP employs established best SP practices in knowledge sharing and intersectoral collaboration between social and health sector to enhance SP initiatives. Rooted in social learning principles, SCOMP integrates formal education within community context through interactive discussions and purposeful activities, facilitating a bidirectional flow of learning experiences. SCOMP serves as a pivotal platform for professionals committed to SP advancement, aiming to significantly contribute to improving health outcomes and overall quality of life in Singapore.

Currently, there are more than 135 practitioners who have joined as SCOMP members to discuss on the different topics relating to health and social care on a monthly basis. For instance, Professor Carolyn Wallace, an experienced National Health Service (NHS) practitioner and manager, was invited to share about the development of SP in Wales and glossary of SP terms during a series of expert lecture sessions. Health care professionals from across the healthcare landscape e.g., Ministry of Health, professionals from different healthcare clusters and institutions, and social care providers attended the sessions. Learning points from her work focussing on SP, frailty and integrated care in the hospital and community sector could be applied not only by CH SP practitioners but also health care professionals working in primary care and ILTC sector in Singapore.

The next steps for SP in Singapore

Currently, SP program is the signature long term program in SCH. The next step for SP is an ongoing process of gathering data and feedback while programs are in progress that serves a dual purpose, allowing us to improve the program and contribute to build a body of evidence regarding its efficacy. Our goal is to assess the program's impact based on patient outcomes in the next two years. This helps in fine-tuning our program theory, providing valuable insights into the aspects of SP showing effectiveness that enable us to improve

Fig. 1: The operating principles of Singapore Community of Practice in Social Prescribing (SCOMP).

acceptability, feasibility, and overall effectiveness of the program. The impact of SP SROI can also be employed as assessment or measurement tools which we hope to embark on in the next 1 year as it offers a more nuanced perspective on the impact of SP.[1] This allows us to continually enhance its impact and contribute to the overall well-being of the communities we serve.

Declaration of interests

All the authors have no conflict of interests to declare.

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