Tests of best practice in Social Prescribing:

Report 2, Social Prescribing

Introduction

Social Prescribing (SP) is a relatively new intervention. As such, the evidence available in relation to best practice is limited. In particular, there is a lack of empirical peer reviewed research. However, a number of social prescribing pilots have been undertaken and evaluated. The findings from these evaluations have been reviewed and a summary is provided below. The review focussed on definitions, models, referral routes, activities, evaluation methodologies and outcomes measures. The final section summarises the key issues identified and recommendations made in existing SP evaluation reports.

Brightlife

Key issues and recommendations from existing reports

The recommendations from existing reports can be grouped into three broad categories; services users, professionals coordinating and delivering the services, and the administrative and operational processes. These are summarised below.

Service users

The Rotherham evaluation found service users who had engaged fully with their prescribed activities were likely to gain the most benefit. In this respect, the authors highlight the importance of the referral process in ensuring the right people are channelled towards the right activities (Dayson et al., 2016). Similarly, the Dundee evaluation found individuals who attended at least one meeting with a Link Worker tended to engage more fully with the activities. It was also important that activities were tailored to patients' preferences. Therefore, having a wide range of activities available was beneficial. However, it was also important to beneficiaries that they were not pressured to engage (Dayson et al., 2016). Some patients benefited from a high degree of support in the first instance but gradually grew in confidence (Dayson et al., 2016).

The Newcastle evaluation reported the emphasis on clients with LTCs and mental health needs meant Link Workers faced a number of challenges, including:

- Having limited information on the patient condition and circumstances

- Clients potentially not being forthcoming with details of their LTC, wider issues and aspirations of engaging with the link worker

- The link worker being unaware of any risks of working with the client

- A number of patients referred had no intention of changing their behaviour and typically denied they had a problem

- Even where patients acknowledged they "had a problem" many did not have a desire to seriously want to address it

(ERS Research and Consultancy, 2013, p. 18).

Factors reported as likely to improve engagement rates included:

- Health and care professionals knowing and applying selection criteria in order to identify only those patients for whom SP is appropriate

- Link worker making first contact through home visit

- Link worker contacting referrer to gain better knowledge and understanding of patients' needs, wants and anticipated outcomes

(ERS Research and Consultancy, 2013, p. 58).

The report further states ***"it is important that organisations that refer patients to a social prescribing Link Worker explain fully to the patient the reason for this and the possible benefits"*** and ***"resources are in place to support patients with mental health issues"***

(ERS Research and Consultancy, 2013, p. 68/69).

The Age UK Yorkshire and Humber (n.d.) pilot scheme highlighted a limited engagement from the BME population. The report also suggested a large proportion of older adults in care homes suffer with depression, however this population group was not included in the pilot (Age Concern Yorkshire and Humber, n.d.).

Professionals

The University of Bath feasibility report included an additional piece of research examining the views of key voluntary and community sector personnel. Constantine (2007, as cited in Branding and House, 2007) recommends services should be userled and VCS organisations should be involved in the design process. Similarly, the Newcastle evaluation suggest in developing future projects it is important to ensure the involvement and commitment of key strategic partners alongside partners that understand the project management and service delivery (ERS Research and Consultancy, 2013). Constantine (as cited in Branding and House, 2007) also emphasises the need to establish good working relationships between referrers and VCS providers, as referrers' interactions with clients can influence the engagement of the client. Finally, the report highlights concerns among VCS providers about having sufficient funding, given increased referrals and the sustainability of services (Constantine, 2007, as cited in Brandling & House, 2007).

A common theme across evaluations was the usefulness of having social prescribers in primary care settings (Community Action Southwark, 2015). Projects where this was built in already found it was a good way of engaging both staff and patients. In Newcastle, health care professionals suggested this would be a useful approach and plans for implementation were being developed (ERS Research and Consultancy, 2013).

Several reports highlight the importance of the individual link worker in working with participants, and statutory and voluntary organisations (Brandling & House, 2007; Community Action Southwark, 2015; Friedli, n.d.). The Dundee evaluation found the skill of the individual link workers was a key aspect in successful pilots (Friedli et al., 2012) suggesting time should be taken to ensure the link workers/coordinators have the right skills mix. As such, they state ***"it is important to resource and facilitate link worker training, briefings and networking to share best practice, improve coordination and deliver consistent outcomes for patients"*** (ERS Research and Consultancy, 2013, p. 69).

A recurring theme for primary care professionals across evaluations was, prior to social prescribing, knowledge about the range and quality of activities and support services available was patchy. The social prescribing service provided an up to date list, which could be more easily accessed by GPs and patients (ERS Research and Consultancy, 2013; Friedli et al., 2012). However, the Southwark evaluation suggested while GPs are often enthusiastic about SP it can take time for them to consistently make referrals (Community Action Southwark, 2015). As such, ***"resourcing significant engagement with GP practices throughout any future social prescribing services will be vital to delivering a successful service"*** (ERS Research and Consultancy, 2013, p. 75).

Moreover, as SP often involves a broad range of partners, the Southwark report recommends developing a strong brand to raise the profile of the project and draw organisations together. Finally, cooperation

between sectors and organisations was viewed as important as some people may have limited experience of SP and its benefits. They suggest the link worker or coordinator can have an important role in ***"championing social prescribing, and liaising between health professionals and VCOs"*** (ERS Research and Consultancy, 2013, p. 3).

The Bath feasibility study identified a number of issues based on existing knowledge. These are:

- Resource implications of increased referrals from primary care for voluntary organisations

- Ensuring joint ownership of schemes across the sector

- Addressing cultural differences between the sectors

- Addressing differences in working practices and styles

- Ensuring that everyone involved is clear about the purpose and value of the work (Edmonds, 2003, p2).

- Prioritising services where need is identified, for instance high resource users

- Equitable access

- Developing the confidence of local practitioners in the service

- Flexibility

- Service evaluation (Brandling & House, 2007).

Processes

Several reports recommend service users and stakeholders, in particular the CCG and public health, are involved in the development of the SP service to promote shared ownership of the project as well as increase uptake (Institute for Voluntary Action Research, 2014; Kinsella, 2015).

The Newcastle Evaluation report argues having an inclusive steering group was beneficial, although it also slowed down progress. Furthermore, in designing governance structures it is important to ensure the reporting mechanisms are clear, the structures are resourced effectively and flexibility is designed in to reflect emerging priorities (ERS Research and Consultancy, 2013, p. 65). The report also recommends:

- Learning from previous initiatives and national guidance is reviewed and embedded

- Robust project management is resourced to ensure that plans are implemented in a timely and effective manner, and

- Systems are implemented to mitigate the impact of staff turnover

(ERS Research and Consultancy, 2013, p. 66).

In relation to the operation delivery of SP, Friedli (n.d. p. 53) state ***"the main barrier was a lack of capacity to co-ordinate referrals and record activity and outcomes, and so bring coherence to the local schemes"***. In this regard the Newcastle evaluation argued **"central coordination of referrals and management is important"** (ERS Research and Consultancy, 2013, p. 69).

The recommendations for development were:

- Development of a social prescribing care pathway flexible enough to meet the needs of different geographic and demographic area profiles;

- Improved social prescribing co-ordination to manage the efficiency and effectiveness of the service across the locality and between referrers, providers and patients; and

- Social marketing of social prescribing to promote benefits and increase use

(Friedli, n.d., p. 53).

Due to the limited time available to GPs, several reports recommend there are quick and simple systems in place for GPs to make referrals (Southwark, Wirral). Moreover, it would be beneficial if referrals could be made through their online system EMIS (Southwark). Finally, time should be taken to understand the potential demand for the service and the capacity of local VCS organisations to respond, including organisations funded through the programme and those that are not (Community Action Southwark, 2015; Kinsella, 2015).

Conclusion

Social Prescribing is a relatively new health and social care intervention, consequently there is a dearth of evidence, in particular empirical peer reviewed research. This notwithstanding, there are clear messages from the evaluative evidence with recommendations regarding definitions, models, referral routes, activities, evaluation methodologies and outcome measures.

With regard to definitions of SP, existing evaluations have largely centred on primary care patients receiving non-medical interventions. The Brightlife model is innovative as it encapsulates a broader social orientation which is in line with the overarching Brightlife philosophy of reducing social isolation among older adults. This differing emphasis on social aspects is both a strength and a challenge, which requires continuous monitoring as part of the Test and Learn process.

Brightlife have adopted a model of SP aligned with the holistic distinction in Kimberlee's (2013) typology, which emphasises a person centred approach to addressing social isolation. Referral routes adopted in existing SP services are dependent upon the definition and model adopted. As such, there is an emphasis on primary care referrals, in particular GPs. The Brightlife model adopted, as indicated above, takes a broader social approach and consequently referrals are received from a wider range of organisations.

A plethora of activities have been available in existing SP services, for example befriending, physical activities, and advice services. Brightlife have also commissioned a broad range of activities not too dissimilar to what already exists in the literature. As part of the Brightlife evaluation a co-researcher has developed pen portraits of the pilot areas adopted by Brightlife, which include detailed information regarding the demography of the areas. This could be utilised alongside the asset mapping information to aid the

commissioning of future services.

In relation to measuring well-being one of the limitations of existing evaluations is the relatively small sample sizes typically between 16 and 87 participants. Whilst the commonly cited Rotherham evaluation recruited over 1800 participants, this study 19 failed to adopt a validated measurement tool. As such, it is difficult to draw any realistic conclusion regarding the effectiveness of SP as an intervention. This limitation reinforces the necessity of adopting a robust study design incorporating validated data collection tools and recruiting sufficient participants.

The existing evaluations highlight factors likely to improve services user engagement, insights for professionals and embedding the right processes in design. These recommendations offer valuable insights to be considered, however it should be noted that the existing SP services reviewed here all have varied aims and objectives and are located within a broad health framework.

Link to full report:

www.brightlifecheshire.org.uk/wp-content/uploads/2.-Social-Prescribing-report-two.pdf

Link to all learning reports (the full suite of Social Prescribing reports can be found here):

www.brightlifecheshire.org.uk/key-learning/

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