



A Community Approach to Health & Wellbeing

**SPRING Social Prescribing Project
Evaluation Report**

July 2019 – October 2020

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1. Introduction

Background to Project

- 1.1.** SPRING Social Prescribing (SPRING) helps people 18+ to address social, emotional, and practical needs by connecting them to sources of support within their community to improve their health and wellbeing.
- 1.2.** SPRING received £3.2 million funding from the National Lottery Community Fund and is a partnership between Scottish Communities for Health and Wellbeing (SCHW) and the Healthy Living Centre (HLC) Alliance in Northern Ireland. The lead organisation is Bogside and Brandywell Health Forum.
- 1.3.** Social Prescribers serve communities in socially deprived areas throughout Scotland and N. Ireland and are based in delivery partners. Delivery partners are community-led health organisations and members SCHW or HLC Alliance.

Project overview

- 1.4.** SPRING aims to take a holistic approach to addressing the needs of people presenting to Primary Care, creating a link between the health service and the community. SPRING works with individuals to ask the question 'what matters to you?', rather than 'what is the matter with you?'. This enables a GP or Primary Health Care professional to refer patients who are experiencing; social isolation, low mood, mild depression, chronic pain, long term conditions or physical inactivity to appropriate community-based support programmes and activities.
- 1.5.** A social prescriber spends time engaging with each person referred to SPRING, listening to their needs and exploring services and activities that can help them improve their health and well-being. Using a co-production approach, the client chooses which supports to avail of, and a health pathway is developed. Elemental Software is the digital platform used by each delivery partner to record social prescriptions. The impact on health and wellbeing is measured using the Warwick Edinburgh Mental Wellbeing Scale and the Outcome Star.
- 1.6.** SPRING commenced on 1 July 2018 and is in its third year of operation. This evaluation report covers the period July 2019 to October 2020.

Impact of Covid Pandemic

- 1.7.** In the period from March 2020, SPRING adapted its delivery model to address the impact of the Covid 19 pandemic.
- 1.8.** SPRING launched the 'Connect Well' service, to provide support online and remotely, including offering socially distanced visits and activities where appropriate, to ensure people felt connected and supported across the communities that SPRING operates within.
- 1.9.** Further information on the Connect Well service is provided later in this report. The data in relation to the Connect Well service was recorded separately by each delivery organisation and is not part of the information maintained on the Elemental Software system.

Theory of Change Model

- 1.10.** The Theory of Change for SPRING shows the anticipated progression from inputs (what is put in) through to outputs (what happens), outcomes (short term change created) and impacts (longer term change) over the life of the project.
- 1.11.** From this, the anticipated impacts of SPRING can be summarised as follows.
- **People** who receive a social prescription experience improved health and wellbeing
 - **Healthcare professionals** are better able to meet their patients' needs
 - **Communities** have strong locally led health provision and **delivery partners** are stronger and are better able to respond to challenges
 - **Government** and policy makers are better informed about social prescribing and community led health

Evaluation Approach

- 1.12.** This evaluation considers the quantity, quality, and impact of SPRING on people, healthcare professionals, delivery partners and communities and Government by considering three questions
- How much did SPRING do? (Quantitative information)
 - How well did SPRING do it? (Qualitative Information) and,
 - What difference has SPRING made? (Impact)

For People

- 2206 people were referred to the project; 1014 (46%) in Scotland and 1192 (54%) in N.Ireland.
- 70% were female and 30% male
- 70% of the reasons for referral were for people experiencing low level mental health issues and social isolation
- 26% of recorded activities were social support; 21% mental health and 14% physical exercise

Covid 19 response

- 2084 people were contacted by the Connect Well service
- 71% contacted by telephone
- 40% of concerns mental health; 26% lonely and isolated

For Healthcare

- 154 GP Practices engaged; 76 (49%) in Scotland and 78 (51%) in N. Ireland

For Communities

- 24 Community delivery partners participating; 10 in Scotland; 14 in N. Ireland

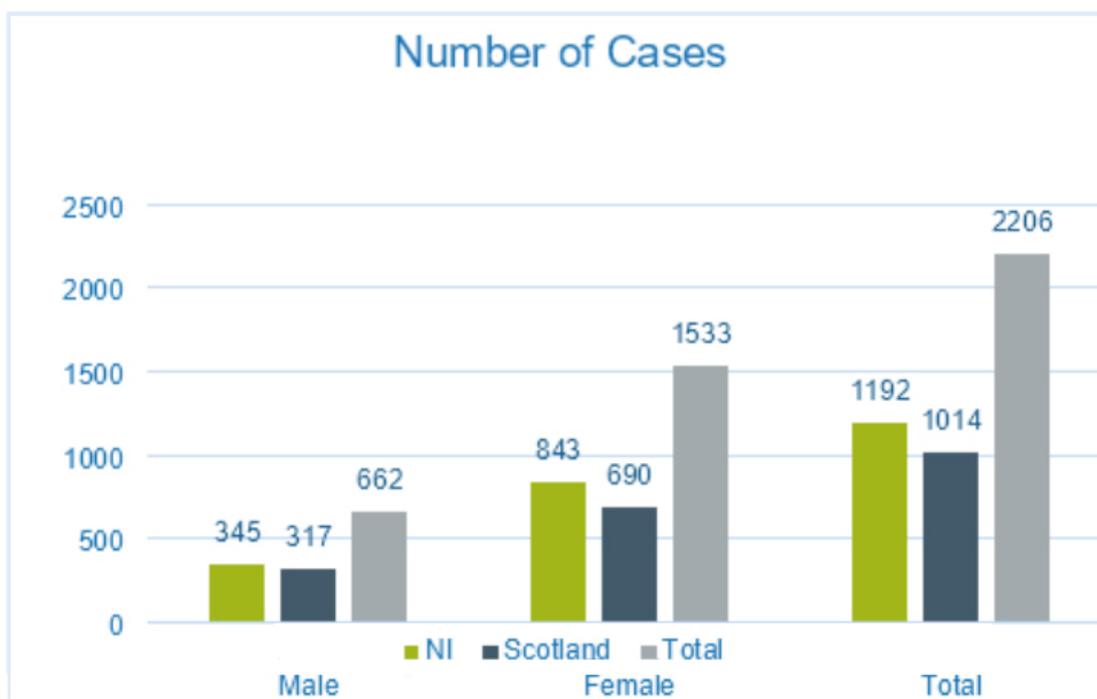
For Government

- 2 National social prescribing networks established
- 2 Government Departments engaged in social prescribing
- Represented at National level on 2 Health Service steering groups

2. How much did SPRING do?

For People

- 2.1. This section looks at the overall level of activity for SPRING for the period July 2019 to October 2020. The information is taken from the Case Overview report on Elemental which reflects case data recorded by each delivery partner.



- 2.2. 2206 people were referred to SPRING during the period under review, with 1192 (54%) being referred to partners in N. Ireland and 1014 (46%) to partners in Scotland. 70% of people referred to SPRING were female and 30% were male.
- 2.3. The original business plan estimated that 3200 people would receive a social prescription per annum. Activity levels in the period under review have been impacted by the Covid 19 pandemic, with the monthly number of new referrals to SPRING in the period March to August 2020 (510) being less than 50% of the monthly number of referrals in the period July 2019 to February 2020. As noted below, from March 2020 SPRING also delivered the Connect Well service. Connect Well activity is summarised separately below.
- 2.4. Many people referred to SPRING are considered to be difficult to engage. As a result, it is necessary for Social Prescribers to spend time with them, often meeting with them on

several occasions to understand their needs and encourage them to engage with the service before co-producing a social prescription. This reflects the ethos of SPRING, and it does impact on the number of people Social Prescribers can work with.

OAK Healthy Living Centre

Jane had been referred to SPRING Social Prescribing by her physiotherapist in 2019. She had been suffering from back problems and had not left her home in some time and was isolated.

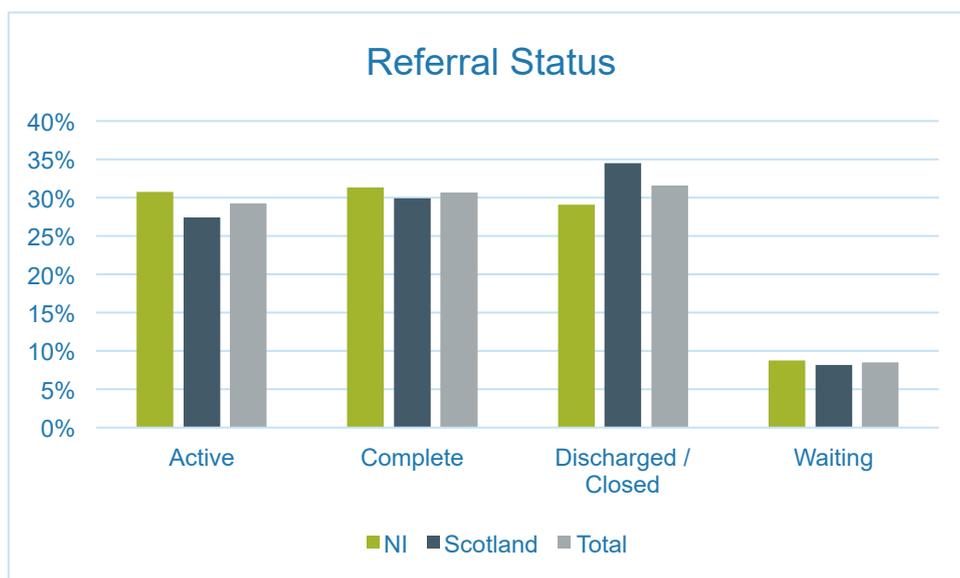
Jane met with her Social Prescriber at Oak Healthy Living Centre and declined any support offered. She was re-contacted as part of the Connect Well programme in March. She remained isolated but said she was fine. In April, in a follow up call with her Social Prescriber, Jane said she was with her son in England following the sudden death of her ex-partner.

Jane's Social Prescriber contacted Covid Community Support in England and maintained contact with both the community worker there and Jane. She and her son were given food parcels and vouchers for gas/electricity.

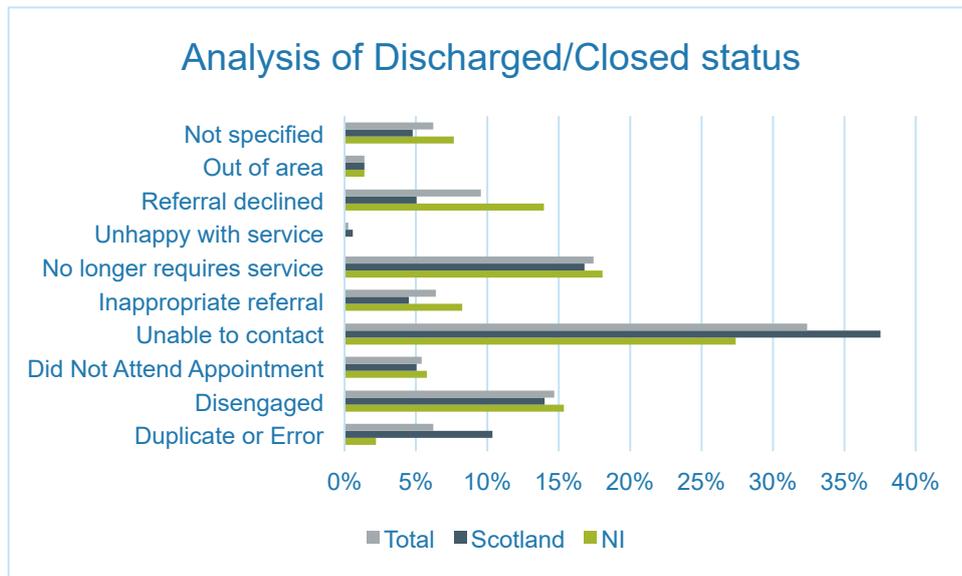
On her return home, Jane retreated into own space again, but remained in contact with the Social Prescriber. Over time, Jane has built a rapport and trust with her Social Prescriber and revealed more of her background. She is more open to accessing supports and services. Women's Aid have been in touch with Jane, who is considering their services.

Jane was initially referred to SPRING for social and practical support for her back pain. Support provided by her Social Prescriber has helped to promote self-awareness and positive memories. It has also been about starting to sow the seed that past trauma can be addressed when Jane is further through the grieving process. Social Prescribing is giving Jane an opportunity to make progress and hope that she can and will feel better.

Referral Status

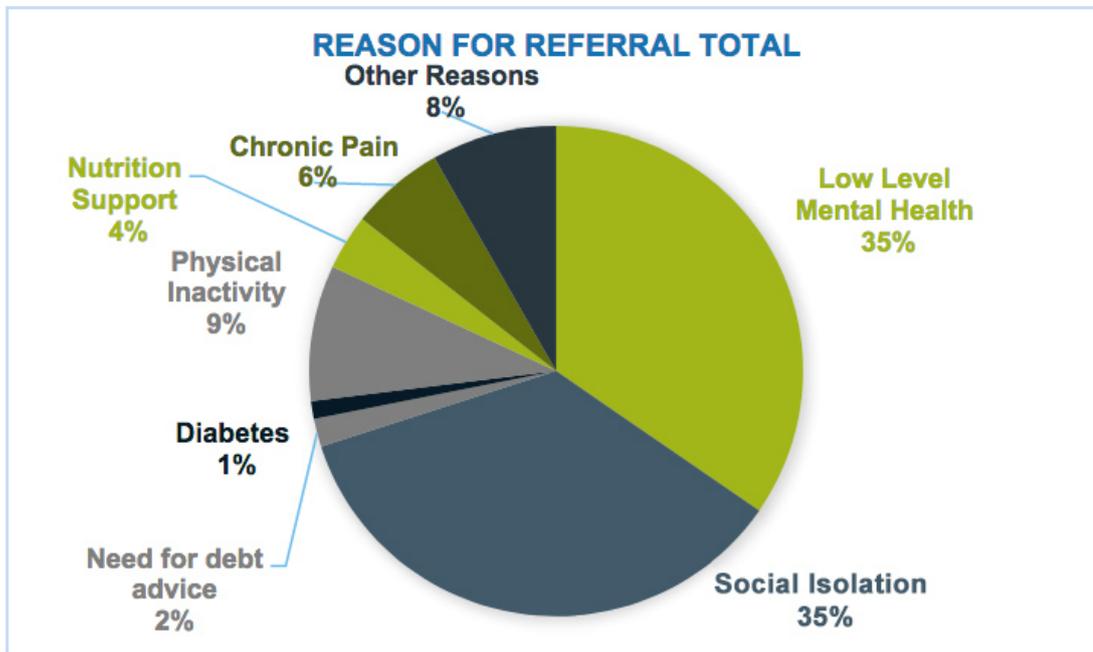


- 2.5.** 31% of those referred to SPRING during the period have completed their engagement with SPRING and a further 29% were still undertaking activities as part of their Social Prescription on 30 October 2020, recognising that social prescriptions run over several months. 8% of those referred to the project in the period were waiting for their social prescription to commence. Approx. 1 in 3 people (32%) referred to SPRING in the period were recorded as Discharged/Closed status on Elemental. This is consistent with the year 1 evaluation report which reported that 30% of the 886 referrals to SPRING in year 1 were recorded as Discharged/Closed. The Discharged/Closed figure in 2019/20 is further analysed below.



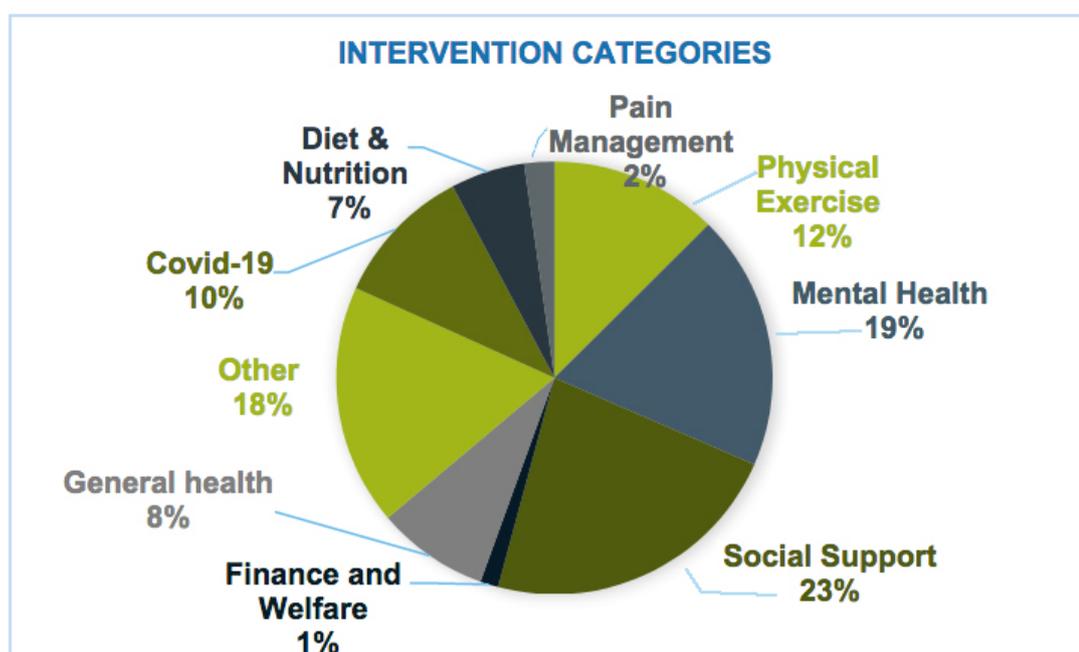
2.6. 10% of people recorded as Discharged/Closed status decided not to develop a social prescription (referral declined) and 17% said they no longer required the service. People in both these categories may well have engaged with a Social Prescriber before deciding not to continue with SPRING. Social Prescribers felt unable to meet the needs of 6% of the people referred to SPRING (inappropriate referral), these referrals were above Tier 2 with higher level supports required for mental health. SPRING was unable to contact 32% of those referred and 5% did not attend their appointment. The other categories recorded under this status (30%) may well represent recording errors or inconsistencies in how the data has been recorded between partners.

Reasons for Referral



2.7. The majority of people referred to SPRING are experiencing low level mental health issues or social isolation, with both these categories each accounting for 35% of the total recorded reasons for referral in the period. Physical inactivity ranked next representing 9% of the total recorded reasons for referral, followed by chronic pain which accounted for 6% of the total reasons for referral. It should be noted that people are often referred to SPRING for more than one reason.

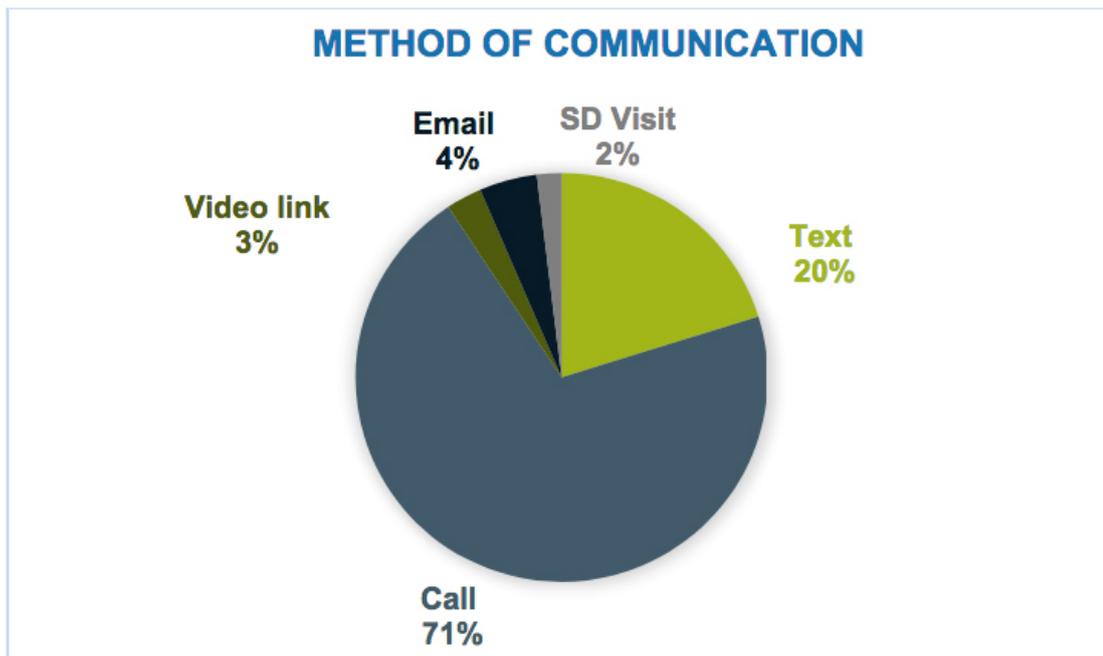
Types of Activities Undertaken

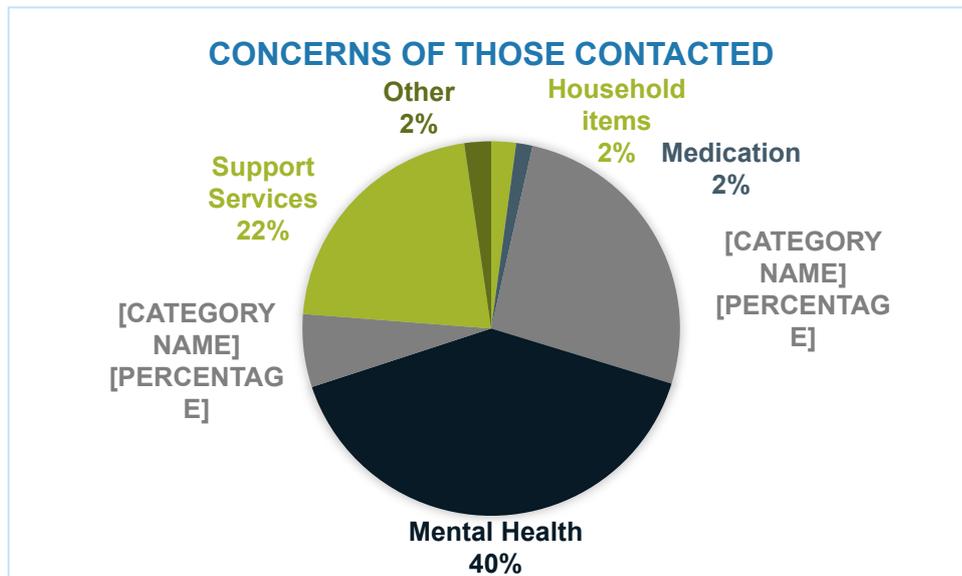


- 2.8.** Activities undertaken by people to fulfil their social prescription are recorded on Elemental as 'interventions'. Often people undertake more than one activity. During July 2019 to October 2020, the main types of activities recorded were Social Support (23% of total recorded activities), Mental Health (19%) and Physical Exercise (13%).
- 2.9.** Social support activities include peer support, support groups, social cafes, and befriending. Mental Health activities include; counselling, Cognitive Behavioural Therapy, meditation, and yoga.
- 2.10.** Given that 70% of the reasons for referral to SPRING in the period were recorded as people experiencing low level mental health or social isolation, it is interesting to note that 41% of the activities undertaken are classified as mental health or social support. It is widely accepted that activities like physical exercise have wider benefits.

Covid-19 response – Connect Well

- 2.11.** In the period from March 2020, SPRING adapted its delivery model to address the impact of the Covid 19 pandemic.
- 2.12.** Recognising the likely prevalence of social isolation and mental health issues amongst local communities, SPRING developed the 'Connect Well' service. The primary aims of this service were to provide help to the most vulnerable people and enable them stay connected during the pandemic.
- 2.13.** Under the Connect Well service, SPRING social prescribers contacted people who had been referred to the project remotely on a weekly or fortnightly basis. Between March 2020 and August 2020, 2084 people were contacted by the SPRING Connect Well service. The majority of people (71%) were contacted by telephone.





2.14. 40% of the concerns expressed by people contacted through Connect Well were about experiencing issues with their mental health and emotional well-being, 22% were about feeling lonely and isolated and 22% related to support services. As a direct response to the mental and emotional strain being experienced because of the Covid-19 pandemic, SPRING provided “Connect Well” online workshops. These were free weekly workshops available to anyone over 18 years and delivered via Zoom. The workshops provided information on mental health, relaxation, and coping mechanisms, and covered themes including, relaxation, anxiety, how to get a good night’s sleep and arts. 20 workshops were delivered between May to September 2020 and 668 people took part in these.

Health in Mind

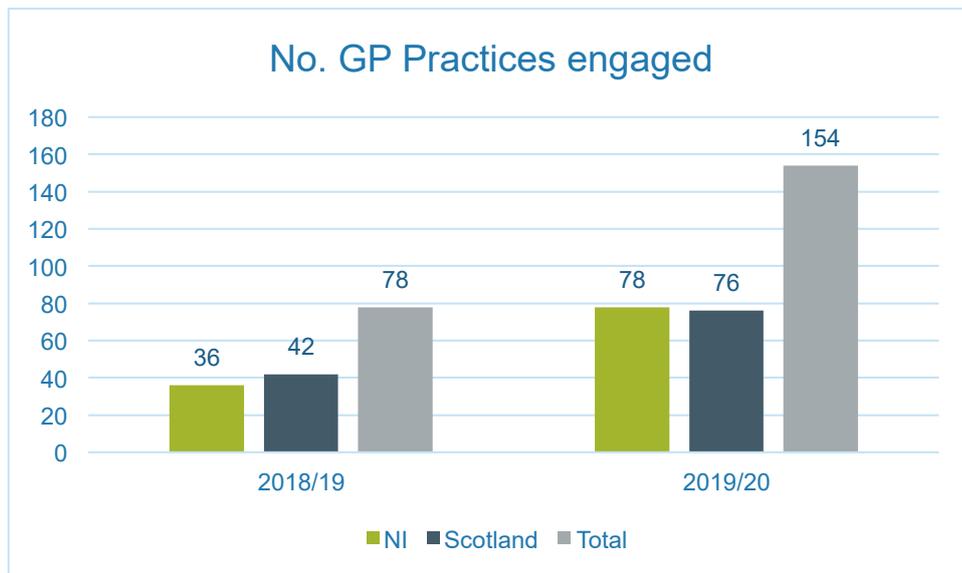
Isa was referred to SPRING Social Prescribing at Health in Mind, Scottish Borders by her GP. Isa was becoming increasingly isolated and not leaving her home. Her GP was concerned for Isa's welfare as Government restrictions were coming into force which further diminished her contact with her family.

When the Social Prescriber talked with Isa, she explained that she no longer felt confident leaving the house. She was anxious and suffers from significant pain, and therefore preferred to stay in. The Social Prescriber provided weekly telephone calls to Isa during lockdown from March to July. Together they focused on Isa's lack of confidence, working on her strengths and skills. They set goals to try and increase Isa's movements increase her confidence to enable her to venture outside.

Isa's Social Prescriber helped her set up Facetime on her device so she could contact her family on a regular basis and feel more connected.

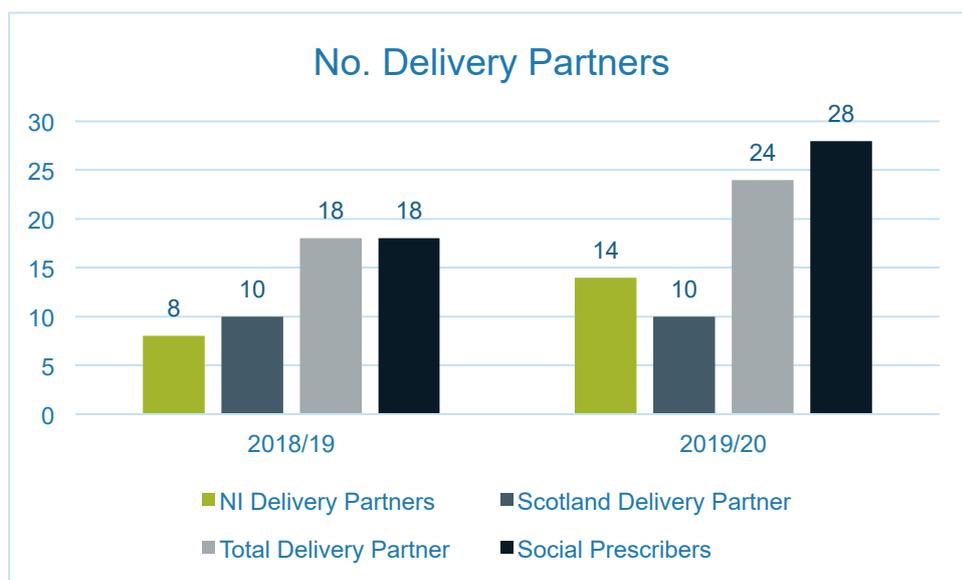
Isa now walks every morning. This has increased her mood and has also made some small improvements to her pain. Isa is now able to see her son more regularly, along with her grandchildren, which has given her something to look forward to. Isa enjoys telling her family about venturing outside for walks when speaking to them regularly.

For Healthcare



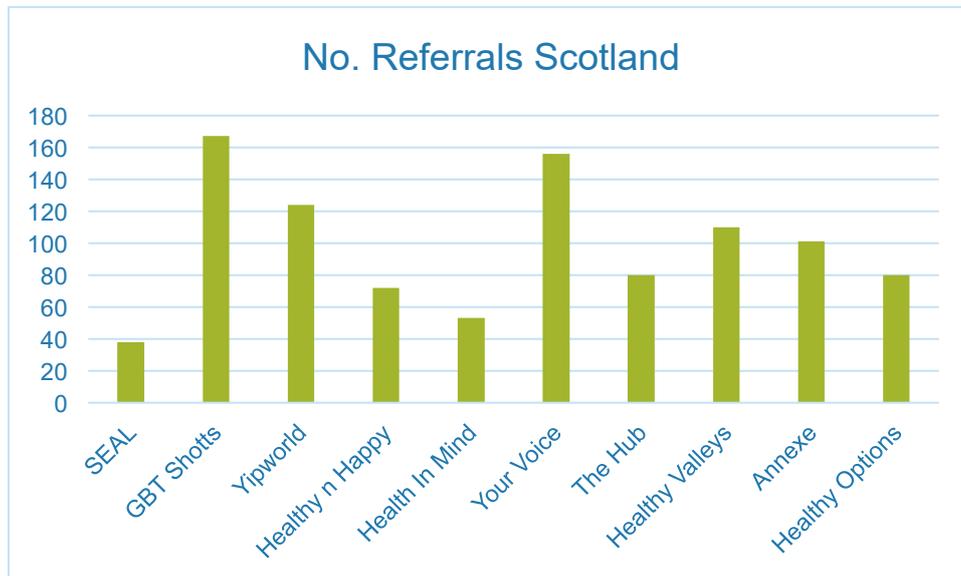
2.15. In 2019/20, 154 GP practices were engaged by SPRING, making social prescribing referrals to the project, 78 (51%) were in N. Ireland and 76 (49%) in Scotland. The year 1 evaluation report noted that 78 GP practices had been engaged by SPRING in 2018/19, 36 (46%) in N. Ireland and 42 (54%) in Scotland. The original business plan anticipated that at least 60 GP Practices would be involved with the social prescribing project.

For Communities

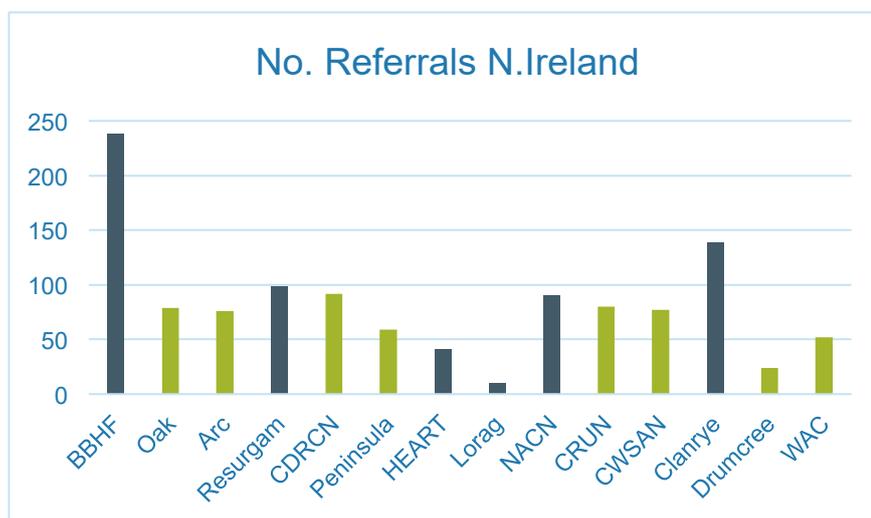


In 2019/20, 24 community-based delivery partners participated in SPRING, 10 in Scotland and 14 in N. Ireland, employing 28 Social prescribers (on a full or part-time basis), 13 in Scotland and 15 in N. Ireland.

Activity Levels

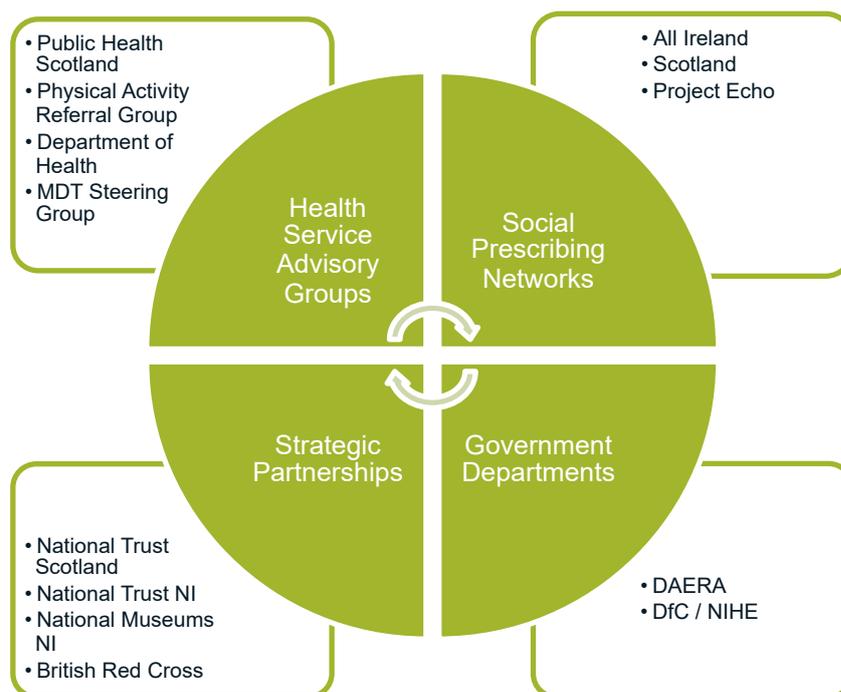


2.16. In Scotland, each delivery partner has a full time Social Prescriber (or the equivalent). In 2019/20, the average number of referrals per partner was 98, with GBT Shotts recording 167 referrals and Your Voice recording 156.



2.17. In N. Ireland, there is a slightly different delivery model, with some partners having a full time Social Prescriber (or the equivalent), and others working on a part-time basis. In N. Ireland, the average number of referrals per partner was 83, with one partner, Bogside, and Brandywell Health Forum accounting for 238 referrals.

For Government



2.18. SPRING has adopted several approaches to inform Government and policy makers about social prescribing and community led health initiatives. These are summarised below

Social Prescribing Networks

2.19. SPRING has been at the forefront of establishing social prescribing networks in Scotland and Ireland. These networks bring together the key players in social prescribing in both countries and aim to share learning on social prescribing practice, policy, and strategy. SPRING established and co-ordinates the Scottish network which began in June 2020 and the HLC Alliance regional coordinator is co-chair of the All-Ireland network.

2.20. SPRING also co-facilitates the Project Echo shared learning network for social prescribing in N. Ireland. Project ECHO was originally developed in New Mexico, it is a model for learning and sharing good practice which brings people with a shared interest together in structured

way within a virtual community using video conferencing technology. The shared learning network in N. Ireland includes link workers from five other social prescribing initiatives.

Government Departments

- 2.21.** In N. Ireland, the HLC Alliance and SPRING have worked with Department of Agriculture, Environment and Rural Affairs (DAERA) to highlight the benefits of social prescribing in rural areas. This has led to the employment of 8 part-time social prescribers in rural Healthy Living Centres using the SPRING model, as part of the Government strategy to address rural poverty.
- 2.22.** Work with Department for Communities (DfC), through the NI Housing Executive, has led to the funding of a part-time social prescriber to support 80 housing tenants in the Derry and Strabane District Council area as part of the Government strategy to prevent homelessness.

Health Service Advisory Groups

- 2.23.** In Scotland, SPRING is an active member of the Physical Activity Referral Group, established by Public Health Scotland to support people to maintain good physical exercise. SPRING is also an active member of the National Rural Mental Health Forum Scotland, supporting people in rural areas experiencing poor mental health and isolation. In N. Ireland, the HLC Alliance regional coordinator is a member of the Transformation Implementation Group led by the Department of Health which is overseeing the development of multi-disciplinary teams in Primary care.
- 2.24.** In partnership with the South Lanarkshire Health and Social Care Partnership, delivery partners Healthy Valleys and Healthy n Happy Community Development Trust are leading the development of a Social Prescribing framework based on the SPRING model.

Strategic Partnerships

- 2.25.** SPRING is collaborating with National Trust Scotland to develop a pilot programme to provide free access to people participating in SPRING to National Trust sites. In N. Ireland, SPRING has developed a pilot programme with National Museums NI to provide free access

"The National Trust has 500 or so properties all across the UK and there are other properties interested in setting up social prescribing (as a result of SPRING)." Tammi Peak, Mount Stewart, National Trust

to museums for people participating in SPRING.

- 2.26.** A partnership has also been developed with British Red Cross which gives SPRING social prescribers in N. Ireland access to hardship funds for people who are experiencing Covid related financial difficulties.

3. How well did SPRING do it?

| | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>For People</p> | <ul style="list-style-type: none"> • Without SPRING people would have reached crisis point • Participating in SPRING resulted in improved health and well-being, higher confidence, reduced anxiety and improved social connections. • Building trust with social prescriber is fundamental to success • Visiting the social prescriber in a community setting normalises the engagement and encourages participation • Peer support is highly valued |
| <p>For Healthcare</p> | <ul style="list-style-type: none"> • SPRING is improving the health and wellbeing of patients and has had a positive impact on primary care • Being community led makes services accessible to a wider range of patients • Healthcare professionals are more aware of community led health initiatives • SPRING is helping to tackle the root cause of patient issues |
| <p>For Communities</p> | <ul style="list-style-type: none"> • Delivery partners are better able to serve harder to reach members of the community – SPRING is adding value to delivery partners • SPRING is helping to develop relationships between community sector organisations and between community and public sector organisations • SPRING partnerships are helping partners to share resources and learning |
| <p>For Government</p> | <ul style="list-style-type: none"> • Acknowledgement from health board managers that social prescribing is part of the wider direction of travel • Support for community-based social prescribers working with local primary care teams • Acknowledgement of SPRING’s sphere of influence at regional and national levels, but recognition that this differs across the programme |

3.1. This section considers qualitative information about SPRING obtained through independent research carried out in November 2020 by Community Enterprise Limited. We would like to acknowledge the work carried out by Community Enterprise which exclusively informs this section of the evaluation report.

3.2. The qualitative research aimed to explore key perspectives and experiences from a range of stakeholders involved in SPRING. Data was collected through semi-structured interviews and focus groups, and additional written comments were submitted by 3 participants who were unable to attend these. In total 31 people took part in the research.

3.3. An overview of stakeholders who participated in the research is shown below.

| | Clients | Health and Primary Care | Delivery Partners | Social Prescribers | External Community Sector Partners |
|------------------------|------------------------------------------------------------------------------------|-------------------------|----------------------------|----------------------------|------------------------------------|
| Data collection | 4 interviews 1 Focus group | 5 interviews | 1 Focus group 2 written | 1 Focus group 1 written | 4 interviews |
| Total | 13 interviews 3 written submissions 3 Focus groups 31 stakeholders | | | | |

Key Findings from research

For People

3.4. People were very positive about their experience with SPRING and reported feeling better as a result of their social prescription. They said that as result of their participation in SPRING, they had higher confidence and reduced anxiety, increased their participation in other activities and improved their social connections.

3.5. Social prescribers were very well regarded. People reported that developing this trusting relationship was fundamental to achieve anything else. This was especially true for those with more complex health needs.

3.6. Situating the social prescriber in a community setting rather than in a GP surgery helped to make it “normal” for people attending. Many highlighted that they felt that they would not have attended sessions in a medical setting – or that these would have been a very different interaction.

3.7. Without SPRING most people felt they would have reached a crisis point, especially with the additional pressures from COVID-19. Several people highlighted that prior to seeking support they had suicidal thoughts

- 3.8.** The researcher noted that some groups demonstrated very strong social connections between them. Groups that had been developed by Social Prescribers were felt to be more successful for individuals with complex health needs than referrals to existing groups.
- 3.9.** Peer support was highly valued by people, providing support to newcomers to groups and encouraging peer-led groups to form outside of SPRING. Some people felt this was an area that they could further encourage and develop.
- 3.10.** Being part of SPRING was felt to have helped people to cope with the strain of COVID-19 lockdowns during 2020. Many reported that they were “coping well” despite the current challenges and attributed this to the ongoing support and connection provided by the social prescribers.
- 3.11.** Without the support from SPRING most clients highlighted that they would not have had the confidence to be involved in this research and share their stories.

Clanrye

PM was referred to SPRING at Clanrye by his local GP, as his family was concerned about his poor social connections and his withdrawal from society.

The Social Prescriber engaged with PM and his parents to establish a comfortable connection for PM. She did this via telephone support, socially distanced garden visits and one to one walking and talking activities. The Social Prescriber established that PM was keen to develop a social network and build a routine into his day.

The Social Prescriber and PM engaged in a number of activities, which included Talking Therapies, taking part in a social café online, completing a Take 5 workshop on Zoom, going on weekly walks and eventually joining the weekly walking group. The Social Prescriber also introduced PM to the Training for Success programme and supported him on visits and interviews. The Training for Success programme is a 3-year training and employment program suitable for 16 -25-year-olds with additional needs.

PM has now progressed to Further Education with Training for Success where he hopes to make friends, and gain qualifications in a fun and supported environment. PM now feels empowered to make decisions. He has more assertive communication skills which help him manage the anxiety he experienced through social interaction. His social progress and attendance at Further Education is a huge step forward in his development and a huge milestone for PM and his parents.

For Healthcare

- 3.12.** Healthcare professionals who took part in the research felt SPRING was improving patients' health and wellbeing through their interaction with social prescribers and because of the variety of programmes and activities available.
- 3.13.** The community-led nature of SPRING helps make services accessible to a wider range of patients (if compared to a practice-based model).
- 3.14.** There was increased awareness and recognition for the skills, resources, and contribution of community-led health initiatives.
- 3.15.** It was acknowledged that SPRING is helping to tackle the root causes of patient issues, as Social Prescribers and other external services have the time, skills and relationships needed to dig deeper into underlying issues.
- 3.16.** Healthcare professionals reported a positive impact on primary care team due to:
- Knowledge that patients are receiving high quality help and support services that otherwise may not have been open to them.
 - Reports that patients who regularly attend GP practices are seeking support through SPRING instead of their GP.
 - Knowledge that they can refer patients into an effective and robust service was reassuring for staff. This was a concern about social prescribing prior to SPRING commencing.
 - Having a formalised referral process, as this takes pressure off primary care staff to remember scope and status of local community-based groups and organisations.
 - Referral process also recognised as encouraging patient uptake of service.

"There have been clients...who [attended] their GP for years [but] when the social prescriber built the relationship, there have been disclosures of child sexual abuse, that [were] never disclosed to primary care...maybe the social prescribers have more time and [they're] building that relationship...sometimes it's also easier [for patients] to talk to someone they don't know about those issues than their primary caregiver who's known them all their life." Dr Laura McDonnell, Fermanagh

For Communities

Social Prescribers

- 3.17.** SPRING social prescribers indicated a high level of job satisfaction with their role.
- 3.18.** Common referrals are for: Low-grade mental health issues, isolation, and living with long term conditions. These are often exacerbated by limited local social networks (e.g., new to the area) or recovering from other health issues.
- 3.19.** Being based in the community was well supported by social prescribers. They highlighted a range of benefits to this model, recognising it:
- Promotes non-medical model of health, helping to reduce stigma and increase attendance.
 - Enables easier access to community-based groups, activities, and other external programmes through broad knowledge base of third sector support.
 - Makes identifying gaps in provision easier (due to network and knowledge base) and enables the creation of new programmes and activities. There is a strong belief that this would be more bureaucratic and harder to achieve within statutory services.
 - Enabled delivery partners and social prescribers to adapt quickly to Covid-19. There was no break of service between in-person support from the Social Prescriber and remote support, moving online during lockdown.
 - Enables programmes to be shaped to local contexts and react to changing circumstances due to the lack of bureaucracy (compared to statutory agencies).
- 3.20.** It was reported that in the main, the role works well with local primary care teams, although some relationships and communication lines appeared stronger than others – these benefited from early work with primary care, explaining the Social prescriber’s role and how it would complement existing services. There was some feeling of “competition” reported between different social prescribing roles e.g., Link Workers, Community Connectors.

Yipworld

A 59-year-old woman was referred to SPRING Social Prescribing at Yipworld, Cumnock by the Community Mental Health Team. The woman had struggled with mental health issues for 20 years. Her anxiety and ongoing panic attacks resulted in numerous absences from work and she lost her job as a result.

She also has several dependents. Her husband has C.O.P.D., and her mother has been unwell with potential dementia. On a physical level, she is clinically obese because of comfort eating due to her personal circumstances.

The Social Prescriber helped develop a person-centred plan for health improvement. This aimed to tackle her lack of confidence which is compounded by her client's weight issues. She was fully involved in the planning and personal goals which included a plan for 'walk and talk' sessions along with membership for a slimming group. The Social Prescriber met with the client and they went on one-on-one walk and talk sessions.

Today she has lost over two stone and has been crowned "Slimmer of the Week" for the last two months in a row, which has greatly increased her confidence. This has had a huge impact on her life which she says has been "decluttered".

When her mother was diagnosed with dementia, she originally could not cope with this. However now that she is in a positive mindset, she has found the skills to be able to care for her mother.

Delivery Partners

- 3.21. Community based delivery partners felt SPRING is profile raising for the organisation and adds value to their current offerings.
- 3.22. They felt that they are able to better serve hard to reach members of their community because of SPRING.
- 3.23. The budget associated with operating SPRING was considered to be tight. For some delivery partners the cost of running this programme outweighs resources available, however all delivery partners who took part in the research highlighted that they were not involved in SPRING for financial gains.
- 3.24. It was pointed out that SPRING is helping delivery partners to develop good relationships across the Community and Voluntary sector (CVS) and with public sector organisations. It was recognised that there were some links in place prior to SPRING but formalising this has

been beneficial. In particular, it was recognised that SPRING is helping to build awareness and recognition of value of the community sector amongst health care sectors.

- 3.25.** Being located in a community setting meant that they were able to respond quickly to COVID-19 crisis – as they are closer to community, there is less stigma, and because of the de-medicalisation of the model.
- 3.26.** Some inappropriate referrals were reported– not often but occasionally.
- 3.27.** It was pointed out that providing COVID-19 online support is more resource intensive for staff and organisations.

External Community Partners

- 3.28.** Working with SPRING helps organisations meet their charitable aims and objectives - evidencing their own impact and enabling them to access a wider and more diverse population.
- 3.29.** Referral by trusted social prescribers helps to reassure people about (the legitimacy of) the partner organisation and its offering e.g., financial help and concern over scams.
- 3.30.** Participating in social prescribing helps to increase awareness of community or voluntary sector partner, widening community reach and helping to shift perceptions e.g., National Trust.
- 3.31.** Involvement with SPRING helps to increase participation in the partner’s activities (potentially useful evidence for funding). However, some concern was reported over the wider impact on partner capacity, resources, and staff time especially if social prescribing has a greater uptake in future.
- 3.32.** Partners reported high levels of staff and volunteer satisfaction from helping people to access their services.
- 3.33.** Those who took part in the research acknowledged the wider support gained from partnership working with SPRING, including:
- COVID-19 advice and support
 - Sharing resources and learning e.g., mental health training
 - Building other partnerships and activities e.g., Art therapy classes

- 3.34.** Some smaller community groups are worried about changing the dynamic of a group they are facilitating due to referrals from SPRING. They may not have the capacity to support the needs for social prescribing clients. There is also a desire to remain independent of statutory services.
- 3.35.** It was recognised that referrals to other partners are not suitable for some clients and groups within the Healthy Living Centres were felt to work better (at least initially). Within these, there was less stigma and more opportunity to connect with peers. For some rural areas it was recognised that there is limited availability of community-based groups and activities and groups have to be organised through Healthy Living Centre (more resource intensive).

For Government

- 3.36.** There was broad support from regional health board managers that social prescribing projects like SPRING are part of the wider direction of travel. There was also widespread support for community-based SPRING social prescribers working in partnership with local primary care teams.
- 3.37.** SPRING's sphere of influence was felt to be considerable with recognition of efforts to share learning about SPRING and its delivery model at regional and national levels.
- 3.38.** It was recognised that community and voluntary sector delivery partners are advocates for SPRING and these relationships could be developed further.
- 3.39.** A wide range of partners recognised that ongoing external research and evaluation by SPRING was an element of the model they valued. It was acknowledged that this contributes to the impression of SPRING as a robust and transparent model with a commitment to shared learning.
- 3.40.** At the strategic level it was recognised that SPRING's influence is different across the programme. In general, it was considered that SPRING should have a stronger voice, but recognised that constant staff turnover in public sector roles makes maintaining relationships challenging.

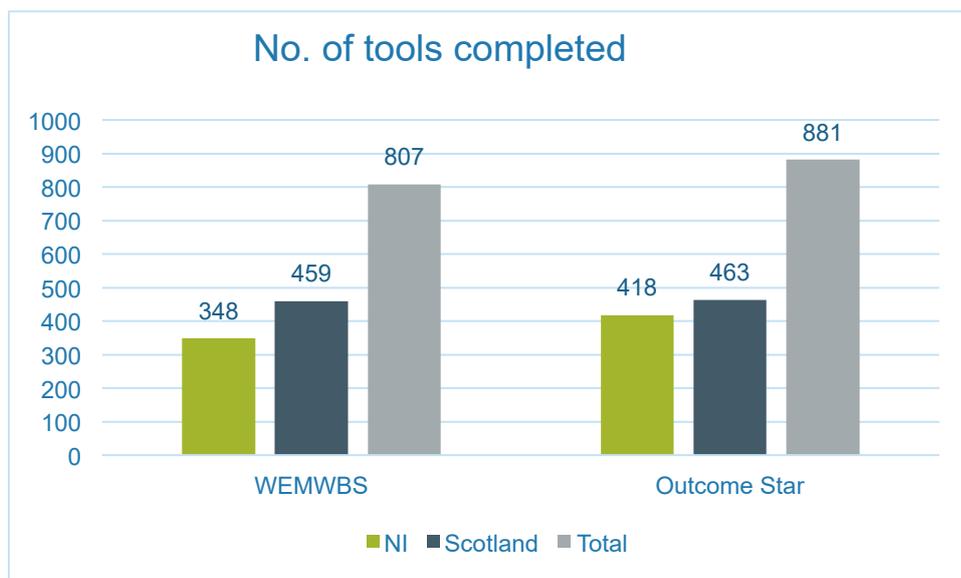
4. What difference has SPRING made?

| | |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>For People</i> | <ul style="list-style-type: none"> 85% of people who completed the Warwick Edinburgh monitoring tool during the period showed an improvement in their health and wellbeing. The average improvement was 21.5% 84% of people who completed the Outcome Star monitoring tool during the period showed an improvement in their health and wellbeing. The average improvement was 18.4% |
| <i>For Healthcare</i> | <ul style="list-style-type: none"> A sample of people from two delivery partners reported that on average their GP attendances had reduced by over 50% following completion of a social prescription |
| <i>For Communities</i> | <ul style="list-style-type: none"> SPRING has established a social prescribing network in Scotland and plays a lead role in the All-Ireland social prescribing network, helping to strengthen links amongst community organisations and with public sector organisations Your Voice has established a local partnership with community connectors and community link workers helping to embed social prescribing in Inverclyde SPRING's partnership with 'Make the Call' has led to £35,000 annualised benefit money. |
| <i>For Government</i> | <ul style="list-style-type: none"> SPRING's partnership with DAERA has led to £500,000 investment in social prescribing in rural areas A partnership with NI Housing Executive has resulted in a pilot social prescribing programme for social housing tenants SPRING is working to embed social prescribing in medical training and 10 trainee doctors have shadowed SPRING social prescribers |

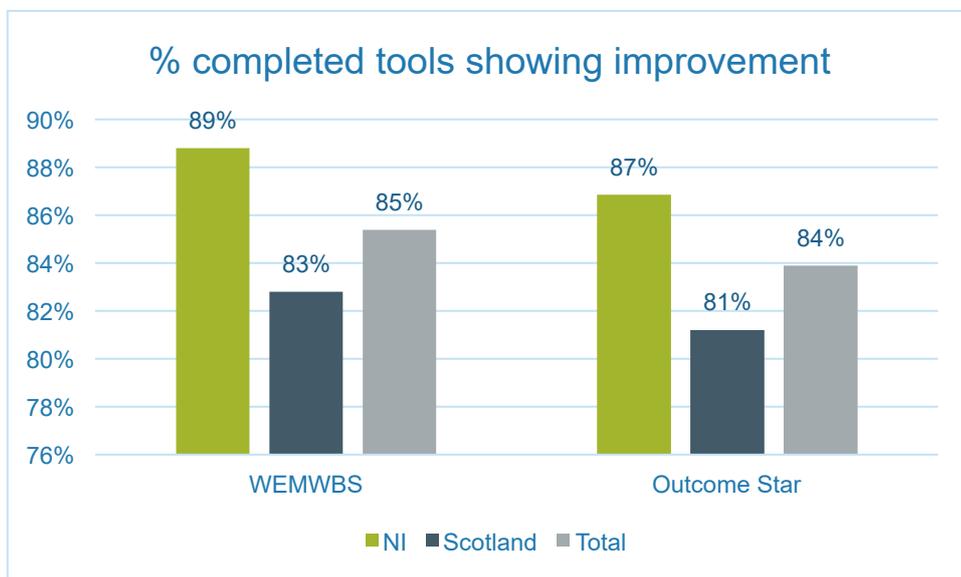
For People

"I don't know many times I thought 'God, the only way out of this mess is just take my own life'. I wouldn't have said that to my doctor...but I could tell the [SP]. She made it feel like a normal path I was on."

- 4.1. Two monitoring tools are used to record the level of health improvement achieved by people attending SPRING during their time with the project.
- 4.2. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) is a scale of 14 positively worded questions for assessing mental well-being.
- 4.3. The Outcome Star (wellbeing star) encourages people to consider a range of factors that can impact on quality of life. As with Warwick Edinburgh, the Outcome Star takes the form of a questionnaire, with the Star scaling wellbeing from 1-5 based on eight key areas; Your lifestyle; Looking after yourself; Managing symptoms; Work, volunteering and other activities; Money; Where you live; Family & friends; and Feeling positive.
- 4.4. Where appropriate, Social Prescribers complete both monitoring tools with individuals referred to SPRING before co-producing a social prescription (pre). The monitoring tools are then completed once the social prescription has been delivered (post). It should be noted that that monitoring tools are not completed for everyone attending SPRING. As noted previously, many individuals referred to the project have traditionally been difficult to engage. In some circumstances, social prescribers feel that based on their experience with the person they are working with, it is inappropriate or difficult to complete either one or both of the assessment tools.
- 4.5. The monitoring tool scores are recorded on Elemental and this section considers the scores recorded for people who completed social prescriptions in the period July 2019 to October 2020. It should be noted that some of these people may have been recorded as referrals in year 1, and some of those referred to SPRING in 2019/20 will complete social prescriptions post 31 October 2020.



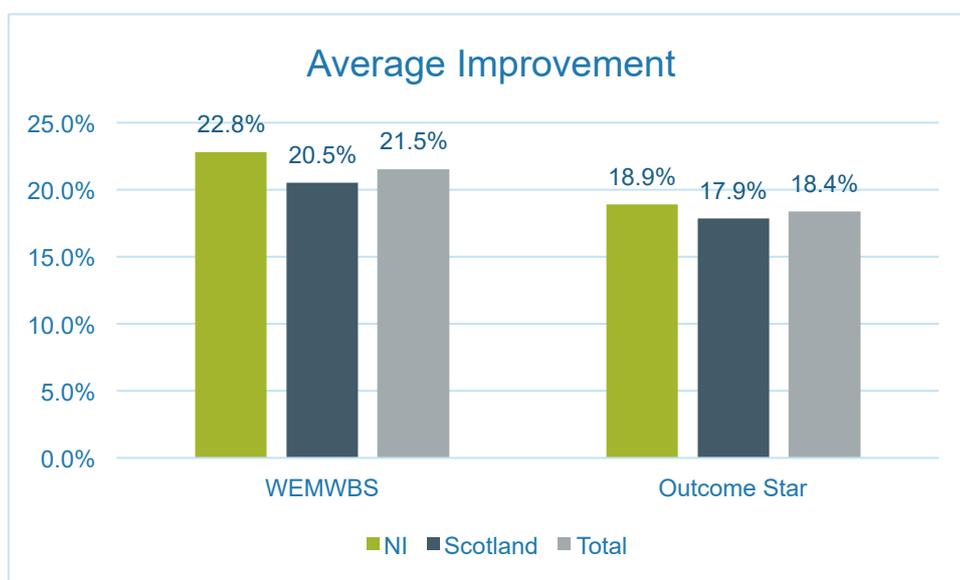
4.6. During the period July 2020 to October 2020, pre and post WEMWBS questionnaires were completed by 807 people, 459 (57%) in Scotland and 348 (43%) in N. Ireland. In the same period, 881 pre- and post-Outcome Star questionnaires were completed by people who had finished their social prescription, 463 (53%) in Scotland and 47% in N. Ireland.



4.7. Overall, 85% of the people who completed WEMWBS monitoring tools in this period showed an improvement in their score, 89% of in N. Ireland and 83% in Scotland. This is mirrored

by the findings for completed Outcome Star questionnaires, with 84% of people showing an improvement in scores, 87% in N. Ireland and 81% in Scotland.

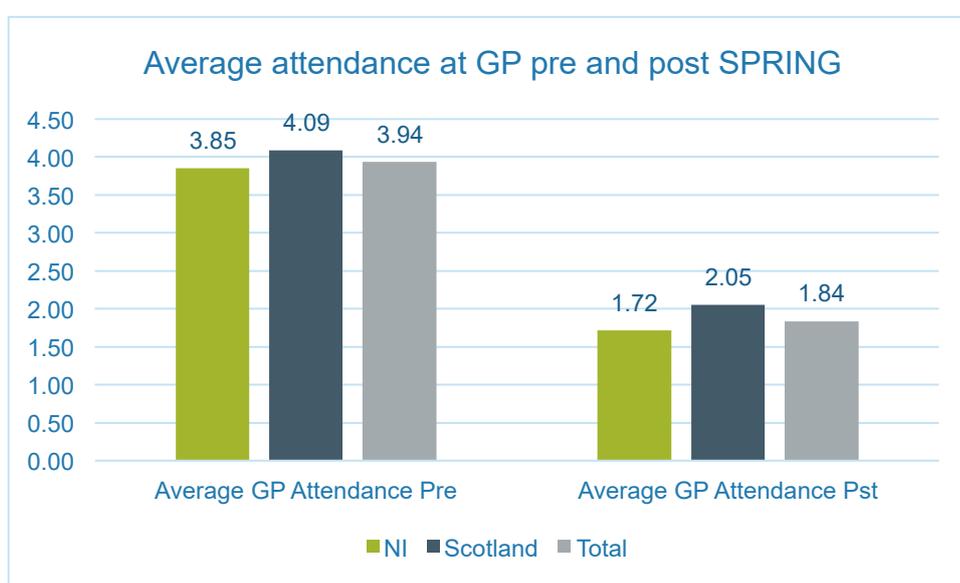
- 4.8.** This is a significant finding, demonstrating that SPRING makes a positive difference to people’s health and wellbeing.



- 4.9.** On average those who completed WEMWBS questionnaires in the period showed a 21.5% improvement and those who completed Outcome Star questionnaires showed 18.4% improvement.

For Healthcare

"Referrals we are seeing...they are changing.... there's people coming to the surgery who have never been for mental health issues before but need to now...maybe they're worried about Covid or lost their job...they tend to be working with kids...maybe caring roles and are overwhelmed.... but they are wanting tablets or maybe CBT." Allison Rae, Mental Health Nurse, Burnbrae Medical Practice, Shotts



4.10. When people first engage with a social prescriber, they are asked how many times they have attended their GP in the last 3 months. They are then asked this question again after they have completed their social prescription. This information is recorded on Elemental. Data was extracted for two Healthy Living Centres – Bogside and Brandywell Health Forum in N. Ireland, an urban centre (99 people) and GBT Shotts in Scotland, a rural centre (55 people). The data extracted is for people who attended SPRING in 2019/20 and answered the questions on GP attendance before and after their social prescription.

4.11. Whilst the data is self-reported and based on a sample, it shows that the average GP number of attendances before and after attending SPRING decreased by over 50%. The average number of attendances recorded before developing a social prescription for the sample examined was 3.94 and this reduced to 1.84. This is significant emerging finding, demonstrating a reduction in GP attendances for people who have completed a social prescription.

- 4.12.** A challenge for SPRING has been to encourage GPs to make referrals digitally. This should lead to an instant referral process and in turn, may encourage a larger number of referrals. To date, 20 GPs have made digital referrals to SPRING using Elemental software, although some have referred a low number of patients this way. Most GP referrals remain paper based.
- 4.13.** Currently most GPs who want to make a digital referral to SPRING must log into the Elemental cloud-based system, as Elemental is not integrated with the GP Software used by their practice. However, Elemental software is compatible with EMIS Web and Vision, the software generally used in GP practices in Scotland, and it is possible to integrate Elemental with the CCG software system used by GP Practices in N. Ireland, but this integration has not been approved by the Health and Social Care Board.
- 4.14.** A GP at Lorn Medical Centre, Oban, Scotland worked with the Deputy Head of E-Health, NHS Highlands to undertake a Data Protection Impact Assessment of the Elemental system, to ensure information transferred this way is secure and meets legislative requirements under GDPR. The outcome of this assessment has been approval from E-Health NHS Highlands for the GPs at Lorn Medical Centre to use cloud based Elemental software to make digital referrals to SPRING. This is important learning for SPRING and should pave the way for further digital referrals from GPs in years 4 and 5.

"I think it could reduce demand on primary care but that's not the prime reason...it's at an individual patient level...the benefits are so enormous." Dr Helen Reid, Clinical Lecturer, Queens University Belfast (QUB)

For Communities and Delivery Partners

- 4.15.** Some of the impact SPRING has had on communities and delivery partners is demonstrated by the following examples.

Social Prescribing Networks

- 4.16.** The all-Ireland Social Prescribing Network was established in 2017 and the HLC Alliance regional co-ordinator is co-chair.
- 4.17.** SPRING has applied learning from the all-Ireland network to develop a Social Prescribing Network in Scotland which first met in June 2020 and has a membership of 22 social prescribing initiatives.

"Spring has enhanced what we had already, and given us the opportunity to focus on the much more vulnerable people that come through the Centre doors." Julie Fox, Annexe Communities

- 4.18.** The networks share learning on social prescribing practice, policy, and strategy.

Collaborative Partnerships

- 4.19.** Your Voice (Inverclyde) has established a partnership with; Community Connectors (funded by the Health and Social Care Partnership), Community Link Workers (funded by the Scottish Government) and SPRING. This partnership has led to the development of an effective triage system between the 3 partners. Under the system, typically, Tier 1 referrals are addressed by the SPRING social prescriber and Tier 2 and above referrals go to Community Connectors and Community Link Workers. This model makes the most of scarce resources and the skill sets of the partners. The success of the model is due to strong working relationships in the locality.
- 4.20.** There has been important learning from this model, including the benefits of collaboration over competition; the need for clarity of roles, responsibilities, and areas of focus; and the importance of developing strong working relationships. SPRING has captured this learning and shared it with delivery partners who operate in areas where there are other social prescribing initiatives, including Belfast, the Scottish Borders and Dumfries and Galloway. Although progress has been impacted by the Covid 19 pandemic as some NHS based staff

have been temporarily redeployed, the learning from the Inverclyde model provides an evidence base to help inform future discussions.

- 4.21.** The National Association of Link Workers is the only and largest professional membership network for Social Prescribing Link Workers. At the 2020 National Association of Link Workers Awards, two SPRING Social Prescribers won the top awards. Sean MacFarlane from Your Voice (Inverclyde) won the Link Worker of the year award and Bronagh Cooper (BBHF) as runner up.



"SPRING has had a positive impact in my CLW role and a positive impact on my patients' lives throughout the pandemic." Patricia Compston, Community Link Worker, CVS Interclyde.

- 4.22.** In N. Ireland, the Department of Health has established multi-disciplinary teams (MDTs) in primary care in the Derry, Down and Causeway areas. These teams include practice-based physiotherapists, social workers, and mental health practitioners. County Down Rural Community Network (CDRCN) and the MDTs from the Down GP Federation have built a strong partnership which has led to the MDTs referring 287 people to community-based activities, using the SPRING model. Important learning from the partnership to date includes workshops to make MDTs aware of community assets and establishing cluster groups based around several GP practices to ensure maximum communication and

collaboration. The emergence of MDTs has altered relationships between GPs and SPRING. Work on MDT and social prescribing referral pathways was delayed during Covid 19 lockdowns but has recently been refreshed. The learning from this will help inform future collaboration between SPRING and MDTs.

"The SPRING Model has allowed Senior Mental Health Practitioners (within MDTs) to be able to signpost patients to a service that provides easily accessible local initiatives in a community environment which ensures full participation and interaction.

One of the concerns for the SMHP's is the importance of patients with mental health concerns in attending appointments or groups in which they have been signposted to. The SPRING Model takes this risk from the SMHP as it is set up in such a way that the referred patient is no longer seen as a patient from a GP practice but as an individual. This has proved to be the most reassuring aspect of the referral process." Stephen Browne, Mental Health Lead, Derry GP Federation

Make the Call NI

- 4.23.** Make the Call is an advice line that helps to ensure individuals and households across Northern Ireland are receiving all the benefits, supports and services to which they and their families are entitled. During the 2019/20 financial year, SPRING referred 50 clients into Make the Call over a 6-8 month period. As a result, around 60 additional benefits, supports and services were identified with over £35,000 of annualised benefit money generated for clients.

For Government

- 4.24.** The three examples below show how SPRING has influenced Government departments.

Partnership with Department of Agriculture, Environment and Rural Affairs (DAERA)

- 4.25.** 'Tackling Rural Poverty and Social Isolation' (TRPSI) is one of the major objectives of the NI Programme for Government. The Healthy Living Centre Alliance and SPRING have worked with DAERA to discuss the benefits of social prescribing in addressing social

isolation. These discussions used evidence captured by SPRING and as a result, DAERA has provided funding over an 18 month period for a pilot project to employ 8 part-time social prescribers in rural areas. These social prescribers are based in Healthy Living Centres and use the SPRING delivery model and infrastructure.

- 4.26.** There is important learning emerging for SPRING and the HLC Alliance from the first year of the DAERA social prescribing initiative, which can help inform future discussions with Government. Learning includes time taken to plan the initiative and the arrangements in place before commencement; the focus on numbers participating and activities undertaken by DAERA; the pressures being experienced by delivery partners to meet expectations from DAERA in contrast to the levels of funding available; and the issues created by the divergence in reporting requirements between the DAERA initiative and SPRING. The SPRING management team and HLC Alliance have put arrangements in place to reflect on this learning.

Partnership with Northern Ireland Housing Executive (NIHE)

- 4.27.** The Bogside and Brandywell Health Forum has worked in partnership with NIHE to develop a social prescribing housing pilot. This is funded by the Department for Communities (DfC) and a social prescriber has been employed to support 80 tenants living in social housing, using the SPRING delivery model and infrastructure, with referrals being made by NIHE Housing Officers and Patch Managers.
- 4.28.** Learning from the pilot has demonstrated that Housing Officers often deal with tenants who have needs beyond Tier 2 and as a result, the referral pathway has been extended to include referrals from community housing networks and MDTs.
- 4.29.** SPRING is adapting the learning from this pilot to develop a social prescribing housing pilot in Scotland, which will be delivered in partnership with a local housing association.

Partnership with Queen's University Belfast

- 4.30.** SPEx (Social Prescribing Experience) for Medical Students, is a joint initiative involving Department of Health, Queens University Belfast, and SPRING. Through this, SPRING aims to embed social prescribing in the training curriculum for Doctors, especially those who are training to become GPs. To date, over 10 trainee medical doctors have shadowed SPRING social prescribers to gain broader knowledge of the SPRING social prescribing model and community led health development.

- 4.31.** SPRING and Ulster University (UU) are exploring options to embed social prescribing into the curriculum for UU's Graduate Entry Medical School which will receive its first intake of students in September 2021.

*"Definitely in our department [NI Department for Communities] I have seen a lot of SPRING coming up....you definitely see it popping up here in there, internal articles and workshops."
Joanne McCaffrey, Make The Call NI*

5. Conclusions and Recommendations

Conclusions

- 5.1. The Evaluation Report for year 1 concluded that in its first year, SPRING had put in place the building blocks for the future development of the project.
- 5.2. The period July 2019 to October 2020 was initially a period of growth, as SPRING capitalised on the foundations established in year 1. Further delivery partners were recruited in N. Ireland, additional GP practices were engaged, and more people received social prescriptions across the geography covered by SPRING.
- 5.3. SPRING's sphere of influence increased, establishing, leading, and developing national networks bringing together key players in social prescribing in Ireland and Scotland, being involved in regional steering groups with Public Health Scotland and Department of Health in N. Ireland and building partnerships with national charities and Government departments beyond health. Locally, several delivery partners successfully developed working relationships with community connectors, link workers and primary care based multi-disciplinary teams.
- 5.4. Then, in March 2020, the global Covid 19 pandemic hit Scotland and Ireland. This had a direct impact on the people being referred to SPRING as mental health issues and isolation increased during national and local lockdowns. SPRING reacted quickly, and in March 2020, social prescribers and delivery partners developed and delivered the Connect Well service to ensure people in the communities they served remained connected.

Connect Well has been a success, however the pandemic has had a wider impact on SPRING, delaying its ability to further influence key decision and policy makers as they focus all their attention on responding to the impact of the pandemic. This scenario is likely to continue well into 2021. On a positive note, this does present an opportunity for SPRING to continue to gather evidence demonstrating the difference it is making.

"This is one of the biggest...impacts on our organisation of any project that I've managed over the years... it has raised our profile with the GPs, with the primary care teams, with the health service locally." Nicholas McCrickard, County Down RCN

This evaluation report provides evidence that in the period July 2019 to October 2020, SPRING helped

- i) People to improve their health and well-being
- ii) Health professionals to deal more effectively with their patients
- iii) Delivery partners to respond to the needs of their communities,
and
- iv) Government to understand the benefits of social
prescribing and community led health provision.

Recommendations and Future considerations

5.5. As SPRING moves towards year 4 and 5 the Management Group and the project team should continue to build on the considerable momentum, relationships and infrastructure developed to date. In doing this and based on learning so far, it would be helpful to consider the following

1. Enhanced referral pathway. Learning from years 1 and 2 shows that social prescribers are most effective when they spend time with people to build trust and rapport and understand their needs, which are often multi-faceted. It takes time to co-produce an effective social prescription. As a result, the referral pathway was enhanced for year 3 of the project to enable social prescribers to spend more time with people referred to SPRING to understand their needs. In years 4 and 5, SPRING should continue to use the enhanced referral pathway developed for year 3. SPRING should also continue to receive referrals from Covid response hubs in 2021.

2. Collaborative working. SPRING should continue to encourage collaborative working, through sharing learning between delivery partners and with other community and voluntary sector organisations. Collaborative working with other social prescribing initiatives should continue to be developed nationally through social prescribing networks and locally by individual delivery partners with link workers, community connectors and primary care based multi- disciplinary teams.

3. Influencing policy makers. SPRING should continue to share learning from the project with policy makers, through working on national steering groups and building on existing relationships with Government departments. Learning to date should be considered when developing future initiatives and partnerships. The structure, composition

and operation of the Strategic Advisory Panel should be reviewed and strengthened.

4. Impact of community based social prescribing. SPRING should use the learning and evidence gathered to date to promote and reinforce the impact and sustainability of community based social prescribing. The SPRING Management Group should use their knowledge of health economics and the wellbeing economy, to demonstrate the economic impact of community based social prescribing and community led approaches to improving health and wellbeing.

5. Data capture. SPRING should continue to refine its information systems to ensure they are easy to use and capture relevant information consistently across all delivery partners.

6. Financial resources. To date, the resources invested in SPRING have been utilised to create a network of social prescribers. Now that there is clear evidence available as to the type of activities delivered through social prescriptions and their effectiveness, the focus for the next two years should include the development of a continuity and sustainability strategy based on relevant evidence (including for example, evidence relating to cost benefit, countering failure demand and the economic efficiency of holistic community approaches to health improvement). This strategy should include building the case for increased resources to secure appropriate community capacity to respond effectively to increasing numbers of social prescriptions.

It's been a great process for us...the relationships that have formed with...GPs, other medical professionals, mental health teams. It's been enlightening to see the people who have benefited from it. But it's come with additional problems...there's a huge range of additional support people need...it is capacity, its never-ending, my staff are working constantly on it." June Vallance, GBT Manager

www.springsp.com

Acknowledgements

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CavanaghKelly

