Independent Evaluation of

Social Prescribing

Undertaken by
Social Enterprise Solutions CIC

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Health Matters

Health Matters is a programme connecting small and medium size enterprises (SMEs) with health, care, technology and commercial resource.

The aim of the programme is to catalyse businesses in Lancashire to become market leaders in health, wellbeing and care by encouraging the development of new products, services and solutions. The programme offers support and development to any innovative businesses across Lancashire capable of moving into the health and care sectors with new or existing products.

The programme helps businesses navigate the health ecosystem and provides real-word validation of products and services, showing evidence of impact and benefits. Businesses can take advantage of the knowledge and expertise in the partnership, including unique access to the NHS, clinical staff, commissioners and academics.

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Acknowledgements

Contents

Introduction

Social Enterprise Solutions CIC (SES CIC) enrolled on the Lancashire Health MATTERS Programme for a Real-World Validation (RWV) assessment to be undertaken to evaluate their social prescribing service. Colleagues from the Social Prescribing Unit collaborated to evaluate this service under the Lancashire Health Matters programme.

The Social Enterprise Solutions service aims to assist the community and voluntary sector to address inequalities and bridge gaps in the provision for patients who require help to alleviate social problems impacting their health and wellbeing. The current focus of their work is centred around crisis resolution and addressing needs of clients with mental wellbeing challenges. The assistance given uses both a traditional model of social prescribing where individuals are referred on to local resources and is also used as a destination provider of social prescribing, actively helping individuals become work ready, cooking meals, daily check-ins for those with poor mental health and providing food parcels.

The goal of this RWV assessment was to evaluate whether the use of Social Enterprise Solutions has a positive impact on people identified by their GP as having social issues and barriers that impact both their physical and mental health. Tackling these social issues has the potential to significantly improve individuals' health and wellbeing, and address health inequalities. Improving an individual's situation, can provide future tangible benefits to the NHS in reducing hospital admissions, medications, and dependence on services (or frequency of appointments) thus empowering individuals to live healthier lives. This also aligns with the principles of personalised care and campaigns such as #BeyondPills.

<u>Social Enterprise Solutions aims to understand:</u>

1. What has social prescribing by this service achieved for patients in this area?

2. What are SES CIC transformational coaches (link workers) perspectives on this service?

3. What are client perspectives on this service?

4. What are the referrer (e.g., GP, nurse, health and social care professionals) perspectives on this service?

5. What do the Patient Activation Measures (PAMS) show?

By addressing these questions, a determination can be made about whether Social Enterprise Solutions is an efficient tool for use in the community with clients and for NHS patients. The site of the RWV included people from South Shore, Blackpool locality and GP surgeries, GPs, nurses, occupational therapists and those who refer to the service. The area has a high level of nationally recognised social inequalities, is a deprived area and there is already a social prescribing service in place.

Key stakeholders in this RWV assessment included UCLan, the Social Prescribing Unit at UCLan, Social Enterprise Solutions Ltd, and the Innovation Agency. Social Enterprise Solutions are the data controller, and a data sharing agreement has been signed by the stakeholders. Additionally, as the intention was to sample GP and health & social care professionals' perspectives, and collect/ use PAMS data, a service evaluation ethical permission was requested via UCLan ethics.

Questionnaire data was collected from referrers and clients referred to the Social Enterprise service during a 4-month period (with follow up) to answer the research questions over in spring 2023. From this, qualitative and some mixed methods data were generated and analysed to explore themes relevant to evaluating the service. Conclusions were presented based on the data aligning with evaluating the service.

Two questionnaires were used to collect data: one for partners (refers: GP, health and social care professionals, other link workers, community members who refer clients to SES CIC) and clients (those receiving social prescribing from SES CIC). The client questionnaire was repeated (same questionnaire used at the start of intervention and after 3 months) and the clients PAM scores were collected at the start and end of intervention. Conclusions were drawn within the evaluation of the service based on this anonymised data, and limitations were stated.

To assess the potential advantages for both individuals who are referred to the service, referrers (GP & health and social care professionals) and transformational coaches (link workers), survey method were used at the point of referral and 3 months later after clients and transformational coaches (link workers) had used social prescribing. PAMS score comparison was used. Questions included open and closed questions, for both thematic analyses to draw out key conclusions.

The key objectives to describe this project are listed below:

- Captured new model of social prescribing (where a social enterprise, rather than NHS, CA or CVS) acts as both link worker and destination provider of social prescribing

- Conducted a survey to assess client and transformational coach (link worker) experience using SES CIC

- Conducted a survey to assess referrer (partner) experiences of using Social Enterprise Solutions

- Analysed PAMS data

- Disseminated the findings of the Real-World Validation assessment in report format

Executive Summary

The Need for Social Prescribing in Blackpool

There is a clear need for social prescribing in Blackpool given the extent of health inequalities and impact of the core and wider determinants of health. Marmot et al., (2020) identified "Blackpool is the most deprived (lower-tier) local authority in the country" with the town being a level 1 priority in the government Levelling up agenda. "For females in Blackpool, healthy life expectancy is 8.2 years less than the England average and for males it is 9.5 years less" (Marmot et al., 2020 p23). "Blackpool had the fifth highest mortality rate among local authorities, alongside high levels of depression and poor life satisfaction" (Marmot et al., 2020 p34). Although not every social prescribing offer addresses health inequalities as a significant level of personalisation is required to meet an individuals real world circumstances, in applying Marmots principle of "proportionate universalism", Blackpool therefore needs more access to social prescribing opportunities which directly address health inequalities (and inequities) than other less deprived areas in England.

Successful Social Prescribing

Successful social prescribing needs to be based on "what works, for whom, in what circumstances" (Husk et al., 2020). Hassan et al. (2023) identified the key components of successful social prescribing practices across the Northwest coast in England (including Blackpool) as "a personalised approach; meaningful service-user and community involvement; and whole systems working". IVAR (2021) conducted research on "A social prescribing network in the Fylde" where link workers could connect, citing success as: "more control and choice over individuals' health and wellbeing, increased connection with each other, reducing time spent with GP, making the most of community assets". Social Prescribing link workers from Citizens Advice Blackpool are described in this report (Marmot et al., 2020 p76) and the priority of addressing social isolation in the link worker role in this region. Critically, the place-based social prescribing offer within an Integrated Care Service needs to reflect community need.

Background

Social Enterprise Solutions CIC (SES CIC) has worked in Blackpool South Shore for 15 years and has delivered support to individuals, charities, communities, and businesses over this time. They have received funding from the National Lottery Community Fund, United Utilities and Community Foundation for Lancashire. During the COVID-19 pandemic, the team of transformational coaches (link workers) were calling 500 patients per week. Both short term and long-term care can be provided such as urgent grief counselling or preparation for employment. In addition, social prescribing is part of the NHS Long Term Plan by creating personalised care for patients for both their physical and mental health.

They aim to provide 1,000 link workers to connect 900,000 people to wider community services. This would acknowledge the complexity of patient's needs and improve their wellbeing with social and clinical interaction (Long Term Plan, 2021).

Due to 10% of medications dispensed in primary care being over-prescribed, the government is introducing a new clinical director to increase the use of social prescribing.

This over-prescribing is partially due to the medication being provided but not needed or wanted. Instead, the social, practical, and cultural issues can be tackled by involving the patient in their care, asking their needs, and reviewing prescriptions more effectively.

A change in this approach provides further benefits to the NHS by preventing unnecessary spending on medications, and by reducing the number of prescriptions, impact on medicine production and aid with the NHS's net zero goal (GOV.UK, 2021).

By supporting Social Enterprise Solutions to evaluate their service, the UCLan Social Prescribing Unit will be helping support local social prescribing through underpinning research. By completing a RWV the benefits could be reaped locally, employment opportunities could be created, the local economy could be boosted.

From a Social Return on Investment (SROI) financial perspective, the NHS and the social sector saving could be significant if patients care receive care out of an NHS setting for non-medicalised needs, time and resources would be saved. From a patient care perspective, if the patient is involved in their own care and the most appropriate treatment or solution can be reached, this would be more efficient and decrease treatment time. Regarding patient experience, stress could be reduced if their social problems are identified, which can prevent the escalation of health conditions (Marmot, 2020).

The desired outcome of undertaking a RWV assessment is to provide evidence to support the claims made by SES CIC regarding their product by:

1. Answering the questions set out in this document

2. Provide the NHS with a more efficient solution to the problem/clinical need identified

3. Which in turn will provide the Social Enterprise Solutions and the Innovation Agency with the evidence they require to begin a dialogue with individual trusts to generate increased adoption of their product within the NHS

4. Evaluation of the service may bring further benefits to:

   a. The NHS by reducing the number of resources needed to treat patients who can be cared for with social interventions

   b. Increase the number of patients who have access to this service

   c. Both Blackpool and Lancashire and South Cumbria may benefit in economic terms in the form of individuals returning to work

Summary of Key Findings

- **100% referrers thought SES CIC was "excellent" (70%) or "very good" (30%) as a service (20)**

- 95% referrers thought SES CIC couldn't have done anything more, 5% thought SES CIC could provider "longer term support"

- Referrers (20) reported transformational coaches: improved clients mental wellbeing, got a "good result" for the individual, increased confidence to seek support from their GP surgery and other services, increased access to food/ benefits and alcohol/ smoking cessation through coaching and "bridged the gap" to additional services.

- Most referrers reported the main impact was improving mood/mental wellness/mental wellbeing of clients.

- The majority of clients stated SES CIC had increased their ability to cope with life, confidence and provided practical help

- PAMS scores indicated an overall trend of clients increasing the active role in their own health after SES CIC social prescribing intervention

- Transformational coaches reported they delivered on the national social prescribing agenda by signposting, coaching, empowering, flexing to need, and bridging the gaps an individual can face in accessing services and getting the correct support for challenges relating to social, mental wellbeing and the wider determinants of health.

- The SES CIC social prescribing model aligns with the concept of link workers (transformational coaches) acting as a "vehicle for accruing social capital (trust, sense of belonging, practical support) ... then gives patients the confidence, motivation, connections, knowledge and skills to manage their own well-being, thereby reducing their reliance on GPs" (Tierney et al., 2020).

RWV Approach and Methodology

1 OBJECTIVES AND OUTCOME MEASURES/ENDPOINTS

Social Enterprise Solutions aims to understand:

1. What has social prescribing by this service achieved for patients in this area?

2. What are SES CIC transformational coaches (link workers) perspectives on this service?

3. What are client perspectives on this service?

4. What is referrer (e.g., GP, nurse, health and social care professionals) perspectives on this service?

5. What do the Patient Activation Measures (PAMS) show?

Objectives:

- Collect baseline data of client demographics before receiving social prescribing (in context of health inequities)

- Collect PAMS data of before and after social prescribing (across 3 months of intervention with the service)

- Compare this baseline data with that collected from the RWV and analyse with thematic analysis

- Conduct a survey twice to assess citizen/patient referred to the service (30) at point of referral and 3 months in, referrers to the service (GP & health and social care staff) (12) and link workers working in the service (6). Recruitment and data collection to occur over 4 months. Assess 3 months from point of referral.

- Disseminate the findings of the Real-World Validation assessment to Social Enterprise Solutions and the Innovation Agency (this evaluation report)

2 RESEARCH DESIGN

In designing this trial (2022) we spoke with an NHSE personalised care lead who advised the use of Patient Activation Measures (PAMS) based on the historic roll out within Lancashire and South Cumbria. A one-point increase on PAMS can equate to a significant improvement in overall healthy behaviour and a reduction in individuals unnecessarily and inappropriately accessing health services (Janamian et al., 2022; The Kings Fund, 2014; NALW, 2019; Tierney et al., 2020).

3 RESEARCH SETTING AND ETHICAL APPROVAL

Ethical approval was obtained from the UCLan Health Research Panel in January 2023 (see appendices).

4 PARTICIPANT ELIGIBILITY CRITERIA

People were eligible for inclusion in the partner evaluation questionnaire if they were aged18 years and above and were a health and social care professional who currently or has referred clients to the social prescribing service through Social Enterprise Solutions CIC.

People were eligible for inclusion in the client evaluation questionnaire if they were aged18 and above and were partners of Social Enterprise Solutions CIC.

People were eligible for inclusion in group three if they were aged 18 and above and had been referred to a Transformation coach employed by Social Enterprise Solutions CIC and were able to understand English, with or without assistance from SES CIC.

5 RECRUITMENT

An email invitation was sent to partners and clients to take part in the research. Transformational coaches 5 responded. Clients 30 responded. Referrers 20 responded.

5.1 Participant Identification

All participants were anonymised. No identifiable information was included in this evaluation report.

5.2 Payment

Participants did not receive any incentives for taking part in this evaluation.

5.3 Consent

Participants gave consent after reading the participant information sheet (Appendix 2) by completing a preliminary section of the MS Forms questionnaire.

6 RANDOMISATION

Participants were not randomised. Purposive sampling occurred where participants gave consent to take part. They were either clients of the service, referrers, or staff (transformational coaches).

7 FOLLOW-UP QUESTIONNAIRE (CLIENTS)

Client participants received a follow up questionnaire at the end of SES CIC intervention, or at the 3-month point. This follow up was the same questionnaire as at the intervention start (see client questionnaire, Appendix 2). Partners (referrers) did not receive a follow up questionnaire.

8 END OF TRIAL

Data collection ended at the start of June 2023.

Data Collection and Analysis

SES CIC transformational coaches collected the data, and colleagues from The University of Central Lancashire's Social Prescribing Unit completed analysis (June 2023). Data collection started after all transformational coaches within the service received Patient Activation Measure (PAMS) training.

Data Collection Tasks (RWV SES CIC)

Target: End April 2023.

TASKS	FEB	MARCH	APRIL	MAY
Stage 1: New Client	Collect			
Stage 2: Prompt/exit info or at end of intervention			Collect	

Product Summary: SES CIC & Social Prescribing

SES CIC delivers on a new model of social prescribing (SES CIC, 2023). Traditional link worker models (Husk et al., 2019) utilise link workers based in GP surgeries to act as a point of assessment and signposting. Some link workers have extended remits where they can work with individuals or go with them to community assets, but not all. At SES CIC, link workers are called **"transformational coaches"**. This is not a term used in the literature.

Utilising social prescribing approaches, they are involved in signposting individuals to relevant services, receive referrals from primary care for additional signposting to community assets and activities (SES CIC, 2023). Transformational coaches also have a remit to work with their clients which includes healthy eating advice/coaching, coaching re: low mood) as seen with Husk et al (2019) models of social prescribing (below).

1. Signposting

Primary Care (eg. GP Consultation) → **Signpost to Activity (eg. Leaflet)**

2. Direct Referral from Primary Care

Primary Care (eg. GP Consultation) → **Activity**

3. Link Worker

Primary Care (eg. GP Consultation) → **Link Worker** → **Activity**

4. Holistic

Primary Care (eg. GP Consultation) → **Link Worker / Hub** → **Activity**

Figure 1: Husk et al. (2019) Models of social prescribing

SES CIC employ qualified counsellors who triage referrals for individuals as they come into the service. The transformational coach with the most appropriate experience of the barriers and challenges is then selected to work with the individual (e.g., drug and alcohol, homeless etc). SES CIC additionally deliver on secondary care and community referral thus "bridging the gap" through partnership working between traditional services and community assets by addressing the barriers they face. This includes working with individuals (e.g., investing time with them to help fill out forms/ navigate digital systems/ go with them to the community asset). This could be considered both community to community referrals (as seen in Morris et al., (2010) CESP model of "Community Enhanced Social Prescribing" and the "Connecting People" models).

Individuals can leave and re-enter the intervention at any point of the cycle as desired/required

Morris et al. (2020 p190) highlighted the potential outcomes of increased sense of community and connectedness for individuals facing health inequities, and the correct support to navigate barriers. SES CIC has demonstrated delivering on connecting the individual to the community both through "connecting people referred to them via social prescriptions to local community assets and support them to engage with them" and support "people (to) try new activities, engage with local resources and develop new networks". SES CIC deliver personalised support to address barriers as highlighted in Morris et al. (2020) models (above & below).
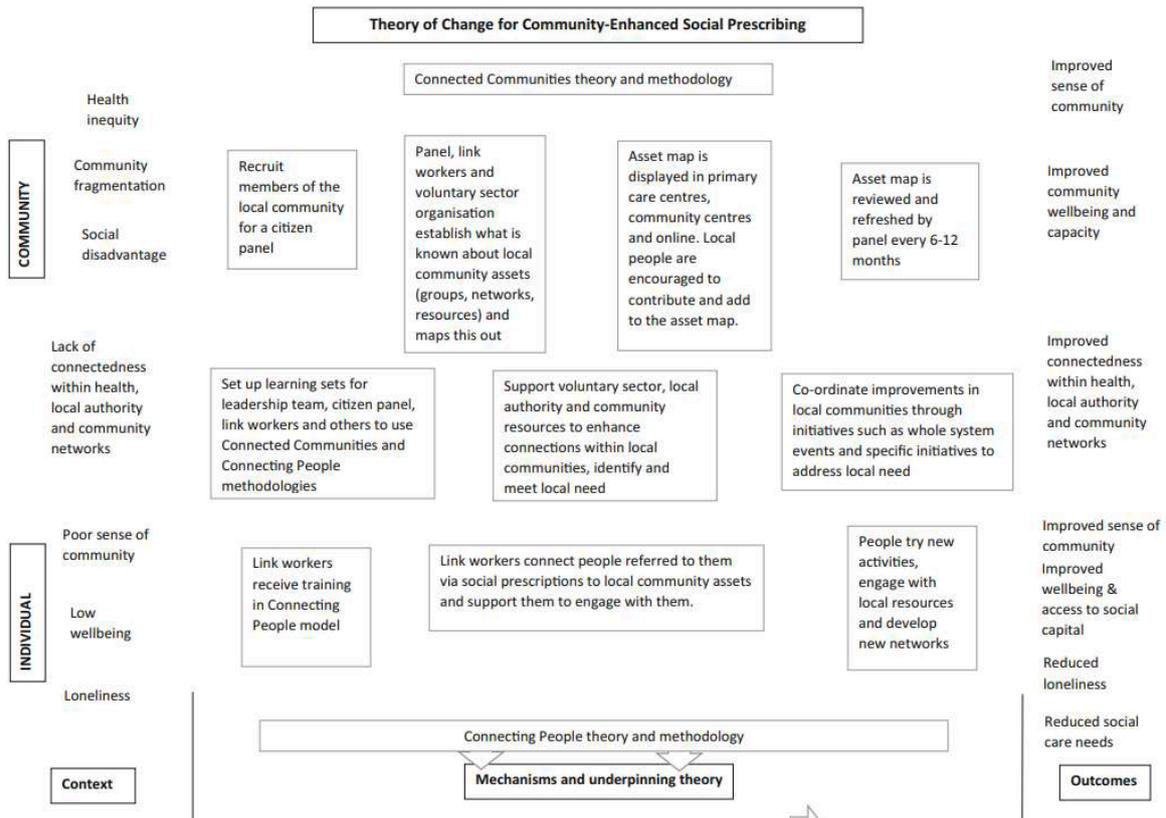

Fig. 2 Community enhanced social prescribing theory of change

'Transformational coaches' are not used in extant literature on social prescribing to describe the link worker role. Existing literature does acknowledge additional terms including "link worker, community connector, community navigator and health trainer" (Drinkwater et al., 2019 p364) where the role can be based either inside or outside of the GP surgery. SES CIC host a community-based link worker role hosted by the CIC which is responsive to community, individual and place-based need (ref SES CIC website). This includes receiving referrals from the NHS. Transformational coaches feed into multidisciplinary team meetings with the GP surgery they work with (Skills for Health, 2021).

Although social prescribing utilises coaching (Frostick & Bertotti, 2019) given the potential for increasing "patient activation" (Calderón-Larrañaga et al., 2022) and could be seen as "transformational", link workers based in GP surgeries have not been articulated as "transformational coaches" in extant literature. Fuller (2022 p15) stated "…health coaches and social prescribing link workers provide a fantastic opportunity for neighbourhood teams to take a more active role in improving health, and where successfully incorporated into primary care, teams are transforming not just the lives of people and families they work with but also the culture and function of the clinical teams they work alongside.

Where used most effectively, these roles can help form an effective bridge into local communities, building trust, connecting up services and galvanising the wealth of expertise in the VCS(F)E sector". The SES CIC model of social prescribing, based on the results from this evaluation is illustrated below:
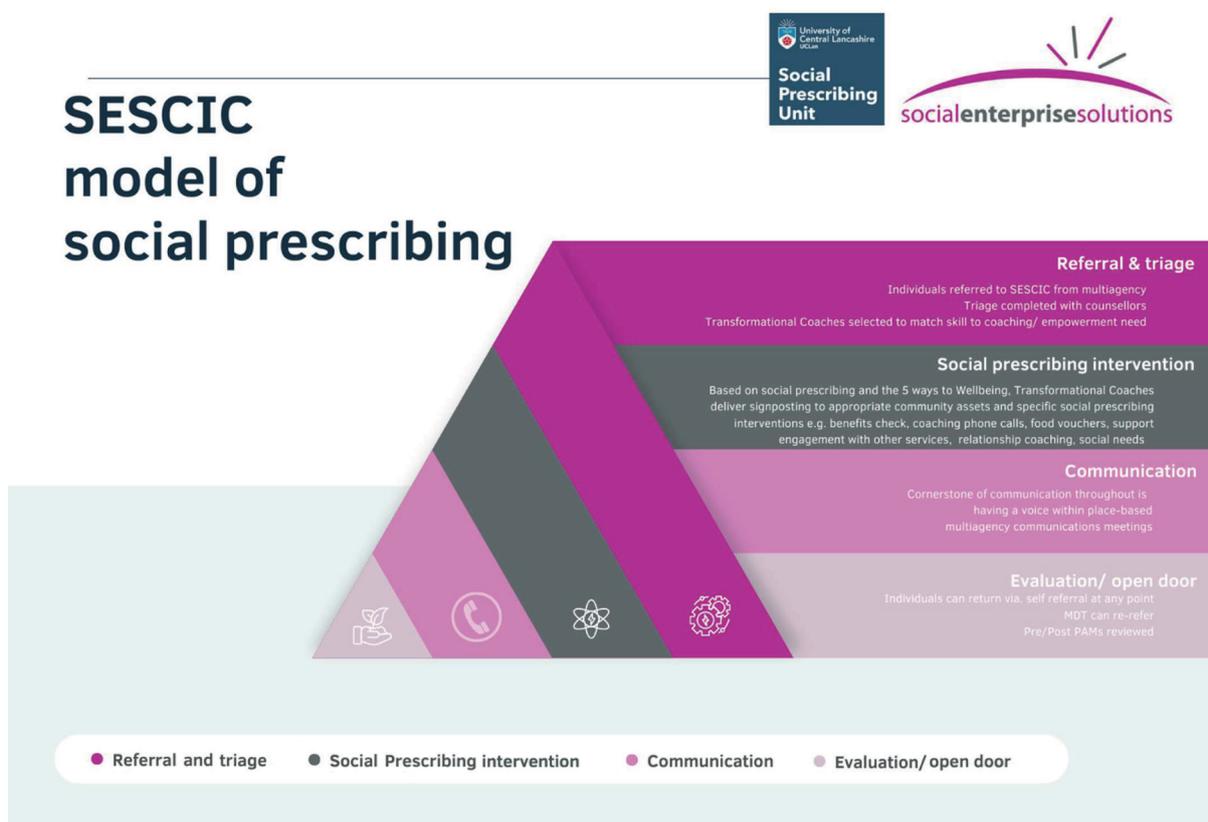
RWV Research Questions

Client and partner questionnaires are illustrated in Appendix 2.

RWV Results & Analysis

1 CLIENT QUESTIONNAIRES RESULTS

34 clients forms were sent to the research team (stage 1 and stage 2), however 4 of these did not include data. The data presented in section 9 is analysed from 30 clients each having completed a pre and post intervention form.

Clients' reasons for seeking help were varied and included (clients may have cited more than one reason for referral).

Of the 20 clients who responded to question 8 asking them if their concern had been resolved, 17 answered yes, and 3 no. Of the 3 clients who answered 'no', two did not provide a reason and one stated that the service had been unable to resolve their issue concerning a lack of money.

29 clients provided feedback on the service, with 20 rating the service as excellent, 7 good, and 2 average. This means that approximately 66% of people attending consider the service provided by SES CIC as excellent, and 90% as positive. No clients felt that the service had been poor.

When asked if SES CIC could do anything better 4 clients said they could but did not make any suggestions on how this could be achieved.

ISSUE	NUMBER OF CLIENTS
Depression and anxiety	7
Effects of historic abuse	4
Family issues	6
Lack of confidence	4
Money worries	4
Return to work	4
Anger management	4
Loneliness	4
Coping with illness	3
Substance misuse	3
Benefit entitlement issues	2
Self-harm and suicidal thoughts	2
PTSD	2
Housing	2

When asked about the impact of the service on their lives, this ranged from very little to profound. Most clients felt the service to have helped them considerably.

Their statements include:

- I can deal with my moods and anger in a civilised way – it means I can socialise

- Introduced me to a social life

- Helped me enter back into life

- Before this I just stayed at home – they released me from this prison in my head

- I have a roof over my head

- Helped me come to terms with a terminal illness

- Gave me peace of mind

- Got me back in touch with my children

- Feel a lot better

- Feel better

- Feel more confident

- Feel happier

- Feel able to talk to others

- I can now deal with life a lot better

- Stopped smoking and feel more confident

- No money worries now

- Allowed me to return to the love of my life which is my work – Brilliant

- It saved my career

- I am not carrying anybody else's guilt and shame any more

- It saved my life

- It saved my life – I now volunteer to help others

Clients reported a wide range of impacts, largely centred around their ability to cope with life, improved confidence, and they appreciated the practical help put in place particularly around housing, benefits, and referrals to other sources of advice and help. Clients were able to integrate more successfully into society and were experiencing enhanced connections with others and fewer incidences of loneliness. Changes for some were profound to the extent of stating that it had saved their lives.

The issues described by clients were largely consistent with the themes expressed by the practitioners when completing their questionnaires.

PAMS scores

PAMS scores were reported for 34 client at the start and end of intervention (see Table 1 below). The difference in score between PAMS 1 and 2 for individuals showing movement, so the first column for instance ' I am the person taking responsibility for my health' has had a positive shift from disagree (-8) to positive Agree (+8). Overall, this would suggest people are taking a more active role and believe they have a responsibility to manage their own health in line with the Personalised Care and Social Prescribing agenda (NHSE, 2020) after intervention by SES CIC.

	PAM 1					PAM 2					PAM 1 vs PAM 2				
	Agree	S. Agree	Disagree	S. Disagree	No Answer	Agree	S. Agree	Disagree	S. Disagree	No Answer	Agree	S. Agree	Disagree	S. Disagree	No Answer
I am the person who is responsible for taking care of my health	20	4	9	1	0	21	11	2	0	0	+1	+7	-7	-1	+/-
Taking an active role in my own health care is the most important thing that affects my health	23	2	9	0	0	32	2	0	0	0	+9	+/-	-9	+/-	+/-
I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition	17	1	16	0	0	25	1	8	0	0	+8	+/-	-8	+/-	+/-
I know what each of my prescribed medications do	17	4	12	0	1	15	10	7	0	2	-2	+6	+7	+/-	+1
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	16	4	13	1	0	14	6	14	0	0	-2	+2	+1	-1	+/-
I am confident that I can tell a doctor about concerns I have even when he or she does not ask	11	8	13	2	0	15	13	6	0	0	+4	+5	-7	-2	+/-
I am confident that I can follow through on medical treatments I may need to do at home	14	7	11	0	2	23	6	5	0	0	+9	-1	-6	+/-	-2
I understand my health problems and what causes them	24	1	7	1	0	30	0	0	0	3	+6	-1	-7	-1	+3
I know what treatments are available for my health problems	6	0	22	2	4	19	1	11	0	3	+13	+1	-11	-2	-1
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	13	0	17	3	1	20	0	14	0	0	+7	+/-	+11	-3	-1
I know how to prevent problems with my health	14	1	16	1	2	26	1	6	0	0	+12	+/-	-10	-1	-2
I am confident I can figure out solutions when new problems arise with my health	10	1	19	1	3	12	2	18	0	2	+2	+1	-1	-1	-1
I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress	9	1	18	3	3	20	0	13	1	0	+11	-1	-5	-2	-3

2 PARTNER QUESTIONNAIRE RESULTS

Partner questionnaire: "What was the main reason for referral?"

1 reason   2 reasons   3 reasons
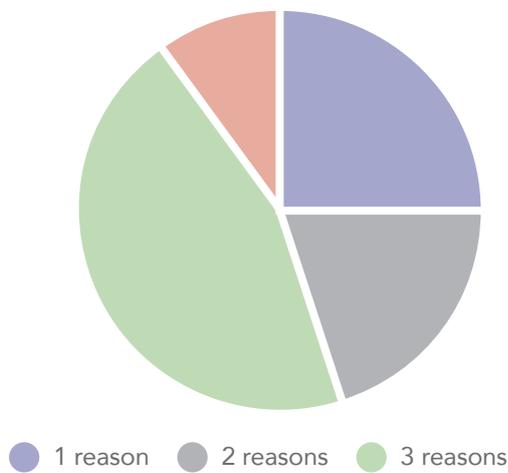
Initial referral reason varies from 1 reason (25% included; financial issues, alcohol use, complex social issues, excessive phone calls to emergency services), 2 reasons (20% included; diabetes & stroke, temporary accommodation & drinking), 3 reasons (45% included; alcohol problems & temporary accommodation & challenging living conditions, anxiety – challenges with work/house/coping with crowds, grief/counselling/ not on benefits) or greater than 3 reasons (20% included; homeless, living in hotels, not eating, struggling). Everyone referred to SES CIC had a different reason for referral and the majority of referral were for 3 reasons (45%). All reasons for referral related to mental wellbeing and challenges relating to the core and wider determinants of health (Marmot et al., 2020).

Partner questionnaire "what is your profession?"

19 partners responded:
6 GP, 4 other health care professional, 9 nurses

What is your profession?

- GP
- Occupational Therapist
- Another link worker
- Transformational Coach
- Other health or social care professional
- Pharmacy
- Self referred
- Family member
- Nurse

GP   Nurse

Other Healthcare Professional
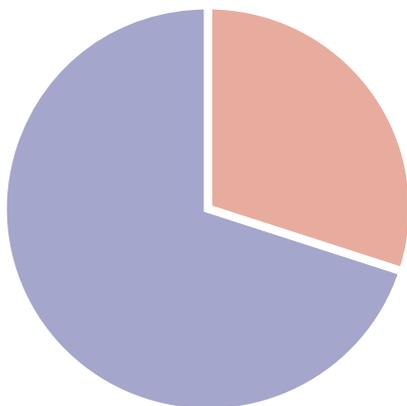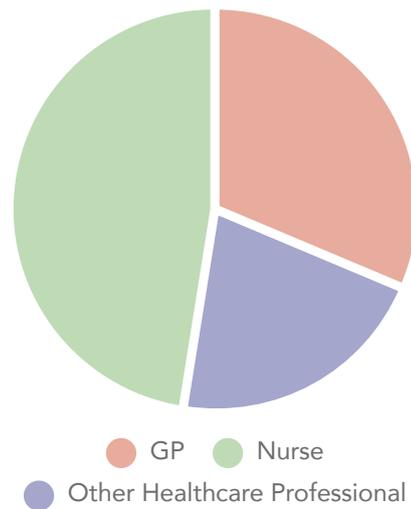
Participant question "How do you rate SES CIC?"

Most respondents reported SES CIC as "excellent" (70%). 30% of respondents reported SES CIC as good. No respondents selected "very good", "average" or "poor".


Excellent   Good

Participant question "What did Social Enterprise Solutions do for the individual which you referred?"

- Long-term depression, unable to leave home, worked together to get a kitten and reduce anger/ antisocial behaviour
- Worked with partners, now in care, visited hospital when no other relatives visited
- Phone calls, encouraged patient to access services
- Alcohol and personality challenges – supported to find accommodation and increase access to children thus positively impacting alcohol consumption
- Benefits check referral
- Benefits check referral
- Provide alternative arrangements to dialling 999 unless an emergency
- Food vouchers, contacted the council
- Coaching, counselling to reduce anxiety and panic after heart surgery and support return to work
- Helped client engage, offered support
- Engaged patient established victim of domestic abuse and PTSD. Suicide attempt where individual rang link worker – supported with appropriate services, supported to attend group therapy after and supported to improve relationship with staff at GP surgery
- Telephone counselling, access services
- Supported with application for universal credit and PIP, increased medication compliance
- Supported to attend support group for alcoholics run by SES CIC, moderated drinking
- Increased confidence, increased going out (e.g. to restaurant, school) supported to appeal school decision for own child
- Initially declined nurse, supported with food diaries, diet, healthy eating practices
- Liaised with primary care mental health services early intervention
- Supported wife, liaised with GP re clients deterioration and offered support to wife re: violence
- Assisted with applying for PIP, supported anxiety/panic, supported applying for jobs
- Met with patient re: giving up smoking, explored what made them smoke (social issues, cardiac issues), explored healthy lifestyle (healthy eating, exercise and decreasing smoking)

Themes

These responses aligned with themes of basic needs (money, food, accommodation/ place of safety), health inequalities and inequities (not having access to basic needs due to events (relative with alcohol problems, incorrect benefits), relationships and engagement with services and the core and wider determinants of health.
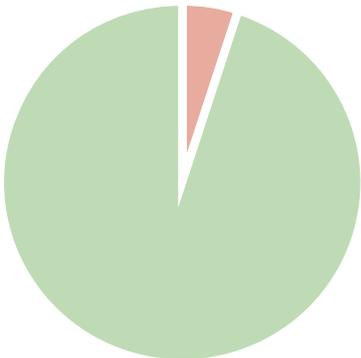
Participant question: "Is there anything they could have done better?"

Most respondents replied "no" (19).
One participant replied "yes", stating "longer term support".

● Yes   ● No

Participant response: "Did social prescribing have an impact on the person's life?"

- Increased mood
- Team got good result for the individual
- Yes, as the patient feels lifted and is now open to the possibility of integrating more.
- Can see improvements in the patient
- Don't know the outcome
- Outcome links
- Brilliant result
- Increased access to food
- Increased mental wellness
- Similar findings to how the patient deals with health services
- More confidence to discuss with GP staff her medication because of link with SES staff now feels able after suicide attempt to make more contact with nurses and staff at surgery doesn't feel as intimidated by authority and organisation.
- Better relationship with GP and mental health services
- Increased mental wellbeing
- Increased contact with GP
- Patient feels more in control
- Increased communications with (GP) surgery
- Significant improvement to life
- Social prescribing filled the gap and supported health service
- Significant improvement in wellbeing
- Increased relationship with (GP) surgery

Themes

- Wellbeing
- Mood
- Relationships
- Food

The main impact reported from referrers was improving mood/mental wellness/mental wellbeing/ "feels more in control". Improvements in quality of life were implied. The second main impact was improved relationships between client and services (integrating, with GP, with GP surgery (staff). Surprisingly, one impact was described as "social prescribing filled the gap and supported health service". No participants reported a negative result. One participant stated, "don't know the outcome".

3 TRANSFORMATIONAL COACH'S QUESTIONNAIRE RESULTS

5 Transformational coaches responded. Referrals for individuals needing to be seen by a transformational coach were due to primarily social and mental health needs.

Why are clients referred to you?

| 1	They are referred as they are deemed to need social support.
2	They have social needs which they need support to meet.
3	I am a qualified counsellor, psychotherapist, and wellbeing coach and often the patients have not responded to other services like mental health. They present with addiction, depression, anxiety, suicidal tendencies (which is increasing), dementia, disordered eating. I also do seem to do a lot of work on people's relationships with their partners and with their own families. I am quite happy to attend places that the NHS deems too dangerous such as anger management cases, drug and drink induced psychotic cases and violence as I have that training.
4	Loneliness, health problems impacting on their quality of life.
5	As a former service user, I understand the importance of this service and I now use my Lived Experience.

Referrals are received from GP surgeries, health professionals in the community, statutory bodies and third sector partners as illustrated below (SES CIC, 2022).

How do you rate SES CIC?

80% of Transformational Coaches rated SES CIC as "excellent" with 20% rating "very good".

● Excellent ● Very Good
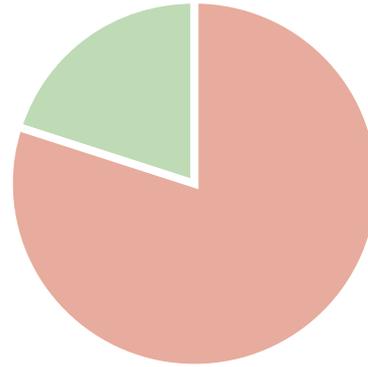
Transformational coaches reported they delivered on the national social prescribing agenda by signposting, coaching, empowering, flexing to need, and bridging the gaps an individual can face in accessing services and getting the correct support for challenges relating to social, mental wellbeing and the wider determinants of health.

What did Social Enterprise Solutions do for individuals?

1	Offer a variety of support in an efficient and timely manner.
2	Supported, advised and provided emotional and practical help.
3	We engage at any level with any person in any predicament and we give people as long as they need - which is different from 'tick box' services. We make people feel valued and listened to and treat them with respect. We help them to find the answers to their life's problems, we don't tell them what they should do. It gives them independence, responsibility and engage in their own life's journey rather than being told what to do, which people often rebel against. They become to author's of their own book of life.
4	Helped with benefits people weren't receiving. Food parcels electrical items that were essential. An most importantly gave individuals a person who they can talk to in confidence and who they trust.
5	They ease loneliness and isolation, increasing a sense of wellbeing and empowering people to seek opportunities either through work or volunteering

The majority of transformational coaches stated nothing could have been done better.

Is there anything they could have done better

1	No
2	No
3	Yes
4	No
5	No

Additional comments

Future funding of the SES CIC service was identified as a need by one transformational coach. NHSE has committed to a ten-year extension of the ARRS funding in the "Delivery plan for recovering access to primary care" (DHSC, 2023). GP & PCN can choose to host link workers in GP surgery and commission link workers based in the community depending on the needs of their ward. Demonstrating outcomes is critical to accessing this funding.

"NHS England will continue to support social prescribing link workers who improve patient outcomes and reduce pressure on primary care" (DHSC, 2023 p14). Future projects could focus on the cost benefit and Social Return on Investment to support commissioning of SES CIC given the real potential for social prescribing to "alleviate pressure on GPs" (Torjesen, 2016; LancsLive, 2022) and contribute to the complex picture of positive local economic impact (NASP, 2022).

**Please expand on the previous question**

	We have a structure that works and brings significant benefit to people. If the service got more funding, we could help more people and help them to move forward in their lives. We often see people at crisis point and there is an argument for more services like ours to help people before they get to the crisis situation.
	I feel that the experienced staff work tirelessly to provide the best support at the right time.

100% of transformational coaches stated social prescribing has a positive impact on individuals' lives. The National Associate of Link Workers (NALW, 2022) stated the link worker role is "crucial in improving lives of individuals and communities". NHSE and DHSC (2023) have committed to continued funding of Link Worker roles based on understanding the impact they can make within Primary care. The Transformational Coach bridges primary care, secondary care and community services therefore it could be argued the full impact of a transformational coaches role has not yet been fully evaluated.

Did social prescribing have an impact on the person's life?

1	Yes very much so.
2	Yes.
3	Definitely! In some cases, it saves lives. In many cases, other services have believed that the person has no hope of living a better life.
4	Lives have changed from a person feeling hopeless that they had nothing to live for after losing a loved one, to enjoying life in a different way and being able to move forward. A lady who went out nowhere due to agoraphobia and extreme anxiety to being able to leave her house on occasion.
5	Without a shadow of doubt.

Overall, this SES CIC social prescribing model aligns with the concept of link workers (transformational coaches) acting as a "vehicle for accruing social capital (trust, sense of belonging, practical support) then gives patients the confidence, motivation, connections, knowledge and skills to manage their own well-being, thereby reducing their reliance on GPs" (Tierney et al., 2020).
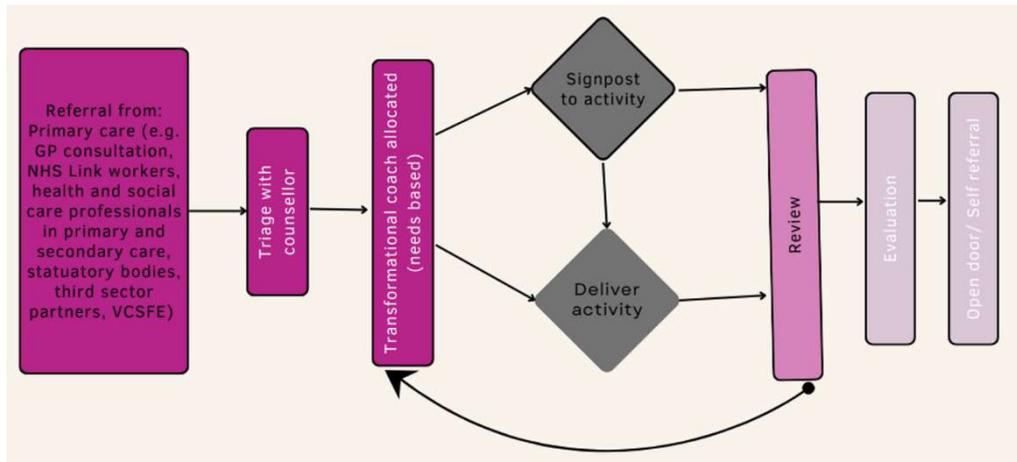
4 LIMITATIONS OF THE STUDY

- Social Prescribing outcome measures used by NHS link workers and in research can include the WemWBS, ONS4, Wellbeing star amongst others (The Access Group, 2023). At the point of data collection, transformational coaches were not using these but had recent training and access to PAMS training and PAMS scoring for clients based on advice from a local personalised care lead.

- Overall small sample size of clients, transformational coaches, and referrers

- Lack of longitudinal follow up (beyond 3 months)

- Research constructed within the time constraints of funding

- Unclear if other link worker services use counsellors to triage, and the impact of this within the SES CIC social prescribing model.

- Full impact of the role of transformational coaches is not yet known.

- Cost benefit and SROI calculations were not included in this study

RWV Conclusion

In summary, SES CIC social prescribing service was evaluated over a 3-month period (spring 2023) which involved obtaining opinions from referrers, transformational coaches (employed by SES CIC) and clients (using SES CIC). This ethically approved research project by colleagues at the Social Prescribing Unit, University of Central Lancashire identified the following conclusions.

- 85% clients stated SES CIC had resolved their problem

- 67% clients stated SES CIC was "excellent"

- The majority of clients stated SES CIC had increased their ability to cope with life, confidence and provided practical help

- PAMS scores indicated an overall trend of clients increasing the active role in their own health after SES CIC social prescribing intervention

- 100% referrers stated SES CIC was "excellent" or "very good" as a service (20)

- 95% referrers stated SES CIC couldn't have done anything more, 5% thought SES CIC could provider "longer term support"

- Referrers (20) reported transformational coaches: improved clients mental wellbeing, got a "good result" for the individual, increased confidence to seek support from their GP surgery and other services, increased access to food/ benefits and alcohol/ smoking cessation through coaching and "bridged the gap" to additional services

- Most referrers reported the main impact was improving mood/mental wellness/mental wellbeing of clients

- Transformational coaches reported they delivered on the national social prescribing agenda by signposting, coaching, empowering, flexing to need, and bridging the gaps an individual can face in accessing services and getting the correct support for challenges relating to social, mental wellbeing and the wider determinants of health

- The SES CIC social prescribing model aligns with the concept of link workers (transformational coaches) acting as a "vehicle for accruing social capital (trust, sense of belonging, practical support) … then gives patients the confidence, motivation, connections, knowledge and skills to manage their own well-being, thereby reducing their reliance on GPs" (Tierney et al., 2020)

- Recommendations for future research are illustrated in the next section

Recommendations

- Explore funding opportunities for future research including:

  › Larger sample size analysis of clients and referrers

  › Explore concept of "the bridge", "bridging the gap" between services and the role of transformational coaches (and link workers) in social prescribing

  › Transformational coaches adopt a social prescribing outcome measure to capture impact their impact on individual wellbeing e.g. ONS4/ WemWBS

  › Explore specifics of individuals complex needs, specific transformational coach interventions and efficacy from the individual's perspective (case studies/autoethnographic research)

  › Longitudinal follow up of impact of social prescribing beyond 12 months

  › Sustainable local funding model for SES CIC to continue social prescribing to respond to place-based needs and address health inequities and inequalities

  › SES CIC may benefit from access to software which connects to NHS systems including EMIS and System one (such as Elemental (The Access Group, 2023) to capture longitudinal data on social prescribing outcomes and specifics of interventions

  › Publication of the SES CIC model of social prescribing (and potential for scalability)

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Appendices

APPENDIX 1: ETHICAL APPROVAL

University of Central Lancashire
Preston PR1 2HE
01772 201201
uclan.ac.uk

20th January 2023

Sam Pywell
School of Community Health and Midwifery
University of Central Lancashire

Dear Sam,

Re: HEALTH Ethics Panel Application
Unique Reference Number HEALTH0397

The HEALTH Ethics Review Panel has granted approval of your proposal application, 'Real World Evaluation (RWV) of Social Prescribing delivered within Social Enterprise Solutions CIC'.

Approval is granted up to the end of project date*.

It is your responsibility to ensure that

- the project is carried out in line with the information provided in the forms you have submitted
- you regularly re-consider the ethical issues that may be raised in generating and analysing your data
- any proposed amendments/changes to the project are raised with, and approved, by Committee
- you notify ethicsinfo@uclan.ac.uk if the end date changes or the project does not start
- serious adverse events that occur from the project are reported to Panel
- a closure report is submitted to complete the ethics governance procedures (Existing paperwork can be used for this purpose e.g., funder's end of grant report. abstract for student award or NRES final report. If none of these are available, use e-Ethics Closure Report Proforma)

Yours sincerely.

Julie Cook
Vice Chair
HEALTH Ethics Panel

* For research degree students this will be the final lapse date

NB - Ethical approval is contingent on any health and safety checklists having been completed, and necessary approvals gained.

APPENDIX 2: PARTICIPANT INFORMATION SHEET, CLIENT AND PARTNER QUESTIONNAIRES

Social Prescribing Unit
Participant Information Sheet
An evaluation of Social Enterprise Solutions CIC

1. Invitation Paragraph

You are invited to participate in this research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and colleagues if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. Thank you for reading this.

2. What is the purpose of the study?

Social Enterprise Solutions CIC (SES CIC) have been supporting social enterprise in a range of different ways since 2006, and from 2016 have provided social prescribing transformational coaches across multiple GP surgeries within Blackpool and the Fylde. This study will explore your reasons for accessing and experience of using the service.

3. Why have I been invited to take part?

You have been invited to take part as someone who has experienced social prescribing by Social Enterprise Solutions CIC (SES CIC) (either as a client receiving social prescribing, referrer to SES CIC or transformational coach employed by SES CIC). We are hoping around 20-30 clients will take part and all health and social care professionals (and transformational coaches) involved with SES CIC will also take part.

4. Do I have to take part?

Participation is voluntary and participants are free to withdraw their participation at any time, without explanation. Choosing to participate in this way will not affect your treatment in any way.

5. What will happen if I take part?

You will be asked if you would like to opt in and complete a questionnaire to help us evaluate Social Enterprise Solutions CIC (SES CIC).

Client – your transformational coach based at SES CIC will email you the questionnaire link with a request to participate and explain this verbally. If you need any assistance to complete the questionnaire (e.g. no internet access/ difficulties reading/ difficulties typing) the transformational coaches will be on hand to assist.

Partners – the questionnaire will be emailed to you by Alistair Clarke SES CIC, with a request to complete.

6. How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit".

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The University privacy notice for research participants can be found on the attached link https://www.uclan.ac.uk/data_protection/privacy-notice-research-participants.php

Further information on how your data will be used can be found in the table below.

How will my data be stored?	Only anonymised data will be stored securely at UCLan by the Social Prescribing Unit researchers. This data is stored behind UCLans password protected secured server.
How long will my data be stored for?	The data retention period is 7 years
What measures are in place to protect the security and confidentiality of my data?	The MS Form will only collect anonymised data. Colleagues at SES CIC will email only anonymised content. No participant information will be shared between SES CIC and UCLan. SES CIC will hold the list of participant numbers used. This is for client questionnaire data to be connected (between first and second questionnaire)
Will my data be anonymised?	The data will be anonymised and include the details of any anonymisation, including when in the research lifecycle this will take place.
How will my data be used?	Data will be collected for the purpose of evaluation. This will include: • What people think of the social prescribing intervention by SES CIC Data may be used in the future for outputs. This may include: • Conference presentations • Teaching materials • Publications • Report to commissioners • Share on SES CIC website Data is used in this way as it is necessary for the research outcome e.g. evaluation of the service.
Who will have access to my data?	Access to the anonymised data will include the Social Prescribing Unit research team. SES CIC have consented to clients and referrers being recruited for the purpose of this evaluation. However, we have agreed it is more appropriate for SES CIC to recruit, and for the research team to analyse the data objectively. SES CIC will receive a copy of the evaluation report upon completion, and have our consent to disseminate.
Will my data be archived for use in other research projects in the future?	A copy of this evaluation will be held on open access through UCLan CLOK and via Health Matters. Data from the evaluation report may be cited, however raw data will not be used in future research projects.
How will my data be destroyed?	After the retention period, all files will be deleted.
Transferring data outside the EU	No data will be transferred outside the EU

7. Are there any risks in taking part?

Emotional distress - In the event of any emotional distress occurring, or clients having additional questions relating to their situation, they will first be directed to their transformational coach who will follow internal procedures (to SES CIC) to support them.

8. Are there any benefits from taking part?

There are no financial incentives to participants taking part

9. What will happen to the results of the study?

The results of this evaluation will be made available to participants as the results are likely to be published in other outputs e.g. cited in other research, published at conference, used for teaching and learning, placed on SES CIC and UCLan Website (Social Prescribing Unit at CLOK).

The participants information will not be identifiable from the results unless they have consented to being so.

10. What will happen if I want to stop taking part?

Participants in this evaluation is voluntary and participants are free to not complete the survey. If they stop part way through and close the browser without submitting/ saving their questionnaire is not retained. One it is submitted it is too late to withdraw. Participants do not need to offer any reasons or explanation for why they wish to withdraw from the study. Participants can request their data is removed from the evaluation prior to it being anonymised.

As data is anonymised in this evaluation it can only be withdrawn prior to anonymisation; afterwards it will not be possible to tell which results belong to which person. It may not be possible to remove the data after it has been anonymised.

Participants can contact: socialprescribing@uclan.ac.uk to request their data be withdrawn. As explained above, the limitations on the withdrawal of information is from the point data have been fully anonymised.

11. What if I am unhappy or if there is a problem?

If you have any questions, or if there is a problem, please feel free to let us know by contacting Sam Pywell, Principal Investigator, SPywell2@uclan.ac.uk and we will try to help. If you have a complaint which you feel you cannot come to us with, then please contact the Ethics, Integrity and Governance Unit at OfficerForEthics@uclan.ac.uk.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Researchers – the researchers are based at the University of Central Lancashire's Social Prescribing Unit. They have been asked by Health Matters (based at UCLan) to complete this evaluation/ Real World Evaluation.

No audio or visual recording will take part in this research. Participants will not be identifiable.

If you have any questions about this research please contact the research time on: socialprescribing@uclan.ac.uk

Client questionnaire: Social Enterprise Solutions CIC Service Evaluation

This questionnaire is for clients receiving social prescribing from Social Enterprise Solutions CIC (and for those who have finished).

By completing this questionnaire, you are consenting to the anonymised answers being held at UCLan. No identifiable information will be held at UCLan. This information will be used for the purpose of research, an evaluation report of Social Enterprise Solutions CIC and potential future publications (e.g., conference proceedings).

You will be asked to complete this questionnaire at the start of working with Social Enterprise CIC and 3 months after.

Please read the participant information sheet, UCLan privacy notice and complete the consent form from Social Enterprise CIC

Please DO NOT provide any identifiable information

Withdrawal - once this questionnaire is submitted it cannot be withdrawn due to anonymity.

If you need to speak with someone after this questionnaire, please contact your Transformational Coach

If you have any additional questions about this study please contact: socialprescribing@uclan.ac.uk

From: The Social Prescribing Unit at the University of Central Lancashire.

*Required

1. I confirm that I have read and have understood the information sheet dated 18.1.23 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily *

   ◯ Yes   ◯ No

2. I understand that taking part in the study involves completing an electronic questionnaire hosted on Microsoft Forms by UCLan. If I am a client of SES CIC, the questionnaire will be repeated at the end of intervention, or within 3 months of starting, whichever comes first. *

   ◯ Yes   ◯ No

3. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time before submitting this questionnaire without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions. I understand that the information I provide will be anonymised and therefore once submitted can not be recognised. I understand that following anonymisation I will no longer be able to request access to or withdrawal of the information I provide. *

   ◯ Yes   ◯ No

4. I understand that the information I provide will be held securely and in line with data protection requirements a t the University of Central Lancashire. *

   ◯ Yes   ◯ No

5. Do you give your consent to proceed *

   ◯ Yes   ◯ No

6. Who were you referred by?

○ GP ○ Pharmacy ○ Occupational Therapist ○ Self-referred

○ Another link worker ○ Family member ○ Nurse

○ Other health or social care professional ○ Transformational coach

7. What were you initially referred for?

[   ]

8. Was this resolved?

○ Yes ○ No

9. If answered no to the question above, please give more information here.

[   ]

10. Are there any other problems in your life have you been able to speak with us about?

[   ]

11. How do you rate the overall service provided by Social Enterprise solutions CIC?

○ Excellent ○ Good ○ Average ○ Poor ○ Very poor

12. What did Social Enterprise solutions offer/ do?

[   ]

13. Was this provided by Social Enterprise Solutions, or were you referred on?

[   ]

14. Is there anything they could have done better?

○ Yes ○ No

15. If answered YES to the previous question, what could they have done better?

[   ]

16. Did social prescribing have an impact on you and your life? If so, how?

[   ]

17. Do you know your PAMS score (for this month?)

○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4

Partner questionnaire: Social Enterprise Solutions CIC Service Evaluation

This questionnaire is for partners involved in delivering social prescribing via Social Enterprise Solutions CIC, and partners who refer people to the service. This includes: transformational coaches (employed by the CIC), other link workers, Allied Health Professionals, GPs, pharmacists and any member of staff referring into Social Enterprise CIC.

By completing this questionnaire you are consenting to the anonymised answers being held at UCLan. No identifiable information will be held at UCLan. This information will be used for the purpose of research, an evaluation report of Social Enterprise Solutions CIC and potential future publications (e.g. conference proceedings).

Please read the participant information sheet which explains about this study.

Please DO NOT provide any identifiable information.

Withdrawal - once this questionnaire is submitted it can not be withdrawn due to anonymity.

If you have any additional questions about this study please contact: socialprescribing@uclan.ac.uk

From: The Social Prescribing Unit at the University of Central Lancashire.

*Required

1. I confirm that I have read and have understood the information sheet dated 18.1.23 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. *

   ( ) Yes   ( ) No

2. I understand that taking part in the study involves completing an electronic questionnaire hosted on Microsoft Forms by UCLan. If I am a client of SES CIC, the questionnaire will be repeated at the end of intervention, or within 3 months of starting, whichever comes first. *

   ( ) Yes   ( ) No

3. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time before submitting this questionnaire without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions. I understand that the information I provide will be anonymised and therefore once submitted can not be recognised. I understand that following anonymisation I will no longer be able to request access to or withdrawal of the information I provide. *

   ( ) Yes   ( ) No

4. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Central Lancashire. *

   ( ) Yes   ( ) No

5. Do you give your consent to proceed *

   ( ) Yes   ( ) No

6. As a member of staff what is your profession:

○ GP   ○ Pharmacy   ○ Occupational Therapist   ○ Another link worker

○ Nurse   ○ Other health or social care professional   ○ Transformational coach

7. What was the main reason for initial referral

[   ]

8. How do you rate Social Enterprise solutions CIC?

○ Excellent   ○ Good   ○ Average   ○ Poor   ○ Very poor

9. What did Social Enterprise Solutions do for the individual which you referred?

[   ]

10. Is there anything they could have done better

○ Yes   ○ No

11. Please expand on the previous question

[   ]

12. Did social prescribing have an impact on the person's life?

[   ]

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Microsoft Forms

Approval

We approve the project as described below and authorise the team to proceed.

	Name	Title	Date
Social Enterprise Solutions (UK) CIC	Alistair Clarke MBE	Chair of the Board of Directors	
UCLan	Peter Leather	Project Director	25/08/2023
UCLan	Christopher Sayers	Project Manager	11/09/2023
Lead Academic Investigator(s):	Sam Pywell\n\nDr. Jean Duckworth	Social Prescribing Unit Coordinator	31/06/2023
Innovation Agency:	Steve Adams	IA Commercial Manager	18/09/2023

social**enterprise**solutions
community interest company

HEALTH
MATTERS
Lancashire

European Union
European Regional
Development Fund

NORTHERN
POWERHOUSE
HM Government

University of
Central Lancashire
UCLan

iNNOVATION AGENCY
Academic Health Science Network
for the North West Coast