

Research Programme Meeting

Impact of social prescribing on health and wellbeing

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the hashtag #FuseRPM*



What is Fuse?

- Centre of Excellence in Public Health Research
- A virtual centre, operating across the 5 NE universities
- USP - Translational Research in Public Health
- Working in partnership with policy makers and practitioners, enabling research findings to be understood and applied to public health issues
- Founding member of the NIHR School for Public Health Research



www.fuse.ac.uk

Rules of engagement

- Ensure your microphone is **muted** and remains so unless invited to speak
- Please **stop your own video** to help with streaming quality - but please feel free to start it during the panel discussion
- During the presentations and the panel session, **type your questions in the chat box** - the Chair will manage and put the questions to our speakers. During the panel session there will be the opportunity to ask **live questions** from the floor.
- Professional conduct is expected
- If you feel that someone is behaving inappropriately or is a cause for concern, **message one of the hosts or co-hosts**

What is social prescribing?

- SP enables healthcare professionals to address non-medical causes of ill-health through using resources of the voluntary & community sectors
- Typically SP links patients into services from health, voluntary & community sectors to improve health and wellbeing
- To encourage engagement many SP schemes involve a facilitator (link worker) who supports service users to identify and achieve personalised goals



Public Health England Healthmatters

Social prescribing – addressing people’s needs in a holistic way
GPs and other health care professionals can refer people to a range of local, non-clinical services, supported by a link worker or connector

Policy and evidence

- 2006 - Department of Health supported introduction of SP for people with long term conditions
- 2006 – present - Numerous SP initiatives
- *2017 Systematic review (Bickerdike et al) 2019 PHE evidence synthesis
Both concluded no evidence for effectiveness (but evidence not robust)*
- 2018 Royal College of GPs highlighted potential of SP to reduce workload and increase capacity in primary care
- 2019 NHS Long Term Plan

2019

- SP part of the personalised care agenda
- SP link workers employed within primary care networks
- By end 2024
 - over 1000 trained social prescribing link workers in place
 - over 900,000 people referred



The NHS Long Term Plan



NHS Long Term Plan

“Social prescribing can help to strengthen **community resilience** and **personal resilience**, and **reduces health inequalities** by addressing the wider determinants of health, such as debt, poor housing and physical inactivity, by increasing people’s active involvement with their local communities.”

(NHS England 2019: 98)

Ways to Wellness Social Prescribing

(1) *DEVELOPMENT AND AIMS*

- Extensive pilot work over an 8 year period, co-produced with people with long term conditions
- Started in 2015, initially for 7 years – by March 2021 over 5,800 engaged ¹

Aims

To improve health-related outcomes and quality of life for people with long-term conditions and to reduce costs and/or improve value to the NHS

1. Ways to Wellness, The First Six Years. Approach, Findings and Learning
[wtw-publication-digital-aug21.pdf \(waystowellness.org.uk\)](https://www.waystowellness.org.uk/wtw-publication-digital-aug21.pdf)



Characteristics of the social prescribing intervention (2) COMMISSIONING & FUNDING

- **Funders**

Clinical Commissioning Group (main), Cabinet Office Social Outcomes Fund, Big Lottery Fund Commissioning Better Outcomes Fund, Social Investor

- **Funding model**

Social Impact Bond

Ways to Wellness a *Special Purpose Vehicle* –contracts service providers, receive investments and make outcomes payments

- **Intervention delivery by 2 not-for-profit organisations**

- **Outcomes payments** based on (i) improved LTC self-management and (ii) reduced secondary healthcare costs

Ways to Wellness Social Prescribing

(3) REFERRAL CRITERIA

➔ **Registered** with GP practice in locality

➔ Aged **40-74**

➔ **Long term condition:** COPD, Asthma, Diabetes (Type 1 or 2), Coronary Heart Disease, Heart Failure, Epilepsy, Osteoporosis

➔ **Further** prioritised referral criteria:

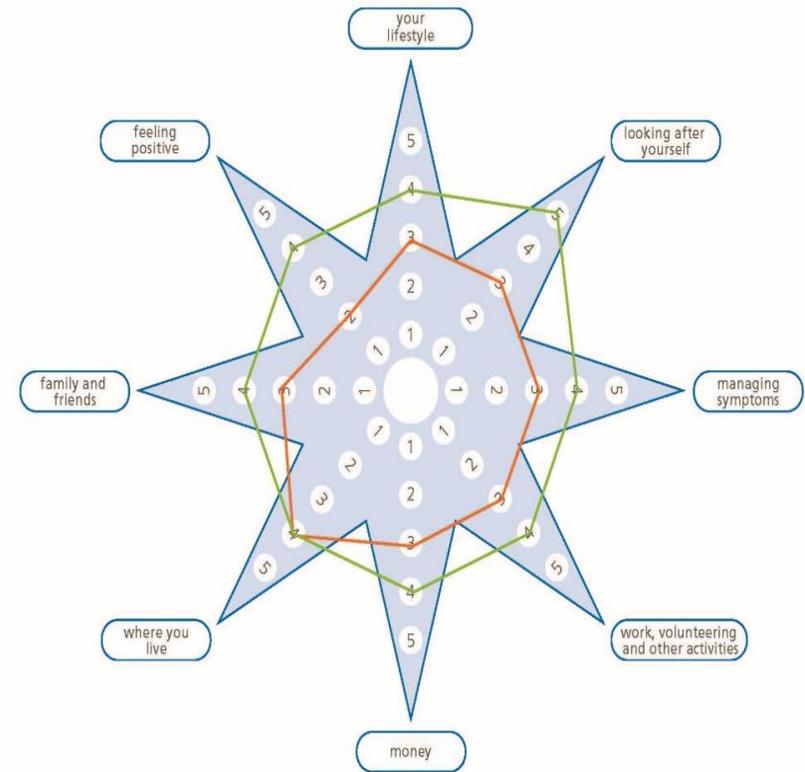
- social isolation
- poor understanding of condition, frequent attender at GP or hospital, poor adherence to prescription
- anxiety or depression (in addition to one of the above LTCs)
- poor health but with scope to improve with lifestyle change
- poor English literacy
- obese or inactive

Ways to Wellness Social Prescribing

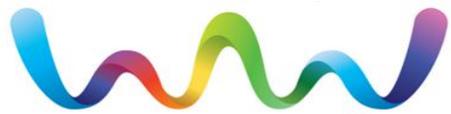
(4) *OUTCOMES*

Wellbeing Star™ self assessment tool

- 8 domains: lifestyle, self-care, symptom management, work/volunteering/activity, money, home environment, personal relationships, positive feeling
- Baseline and every 6 months
- Provider payments linked to completion of stars



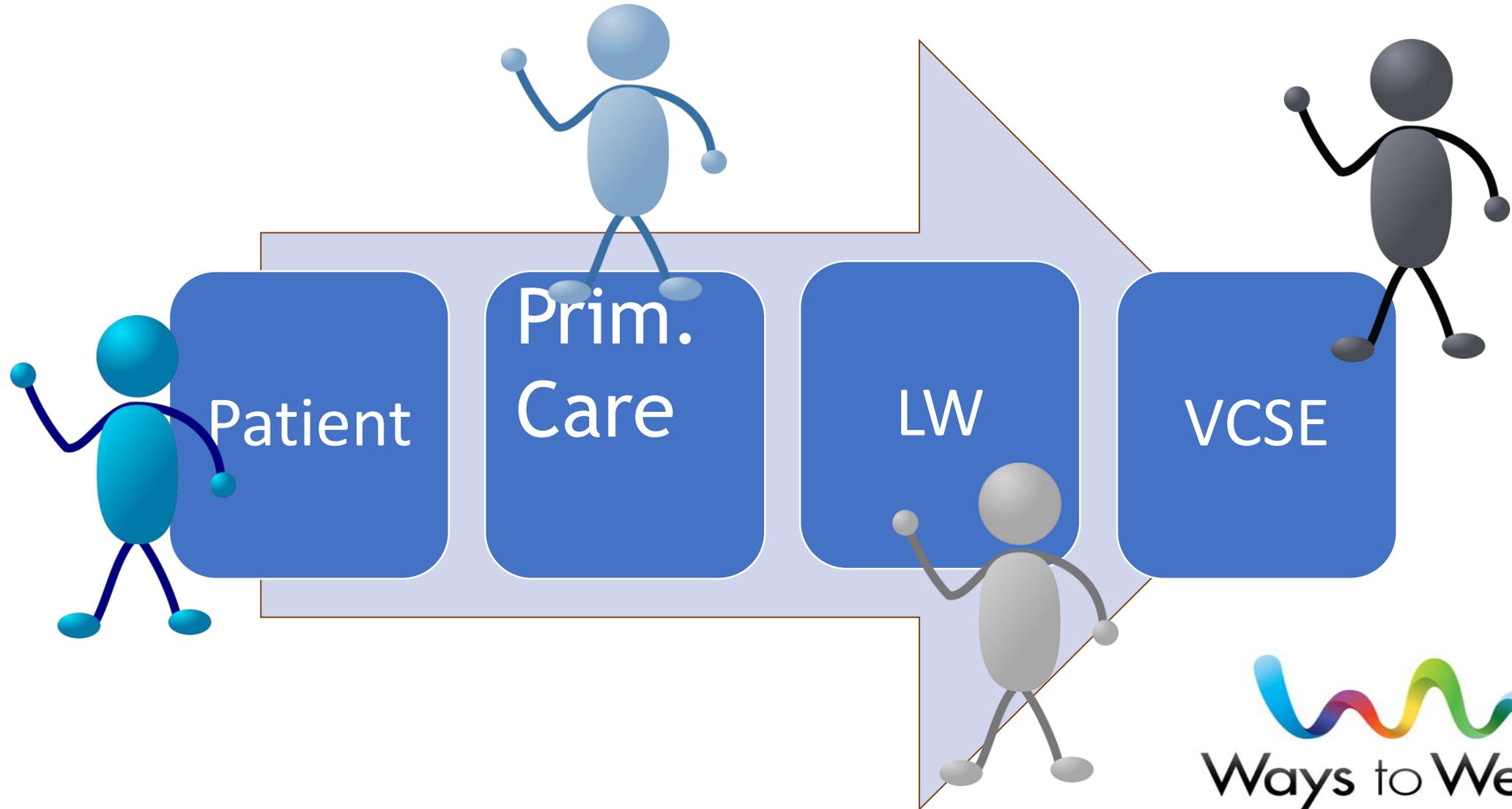
Well-being Star™ (2nd Edition) © Triangle Consulting Social Enterprise Ltd
Authors: Sara Burns and Joy Mackeith
www.outcomesstar.org.uk



Ways to Wellness

Ways to Wellness Social Prescribing

(5) MODEL



Communities served by Ways to Wellness

- 16 general practices
- 10 electoral wards in West Newcastle, total pop 100,050
- Population higher than England average for:
 - Limiting LTC/disability (8 wards)
 - Long-term unemployment (7 wards)
 - Social renting (6 wards)
 - Deprivation (10 wards)
 - Ethnicity (7 wards)



Social Prescribing In the North East

(SPRING_NE Study)



Aims

To evaluate the impact and costs of a link worker social prescribing intervention on health and healthcare costs and utilisation and to observe link worker delivery and patient engagement.

NIHR Public Health Research Programme Project 16/122/33



Multimethod design

- **Target group** – people with T2DM
- **Quantitative**
 - HbA1C (primary), BP, cholesterol, BMI, smoking
 - Health care costs and cost effectiveness
- **Qualitative**
 - Link worker ethnography
 - Service user ethnography
 - Interview study examining impact of COVID-19

Open access

Protocol

BMJ Open Evaluating the impact of a community-based social prescribing intervention on people with type 2 diabetes in North East England: mixed-methods study protocol

Suzanne Moffatt,¹ John Wildman,² Tessa M Pollard,³ Linda Penn,¹ Nicola O'Brien,¹ Mark S Pearce,¹ Josephine M Wildman¹

Funded by

NHS

National Institute for
Health Research

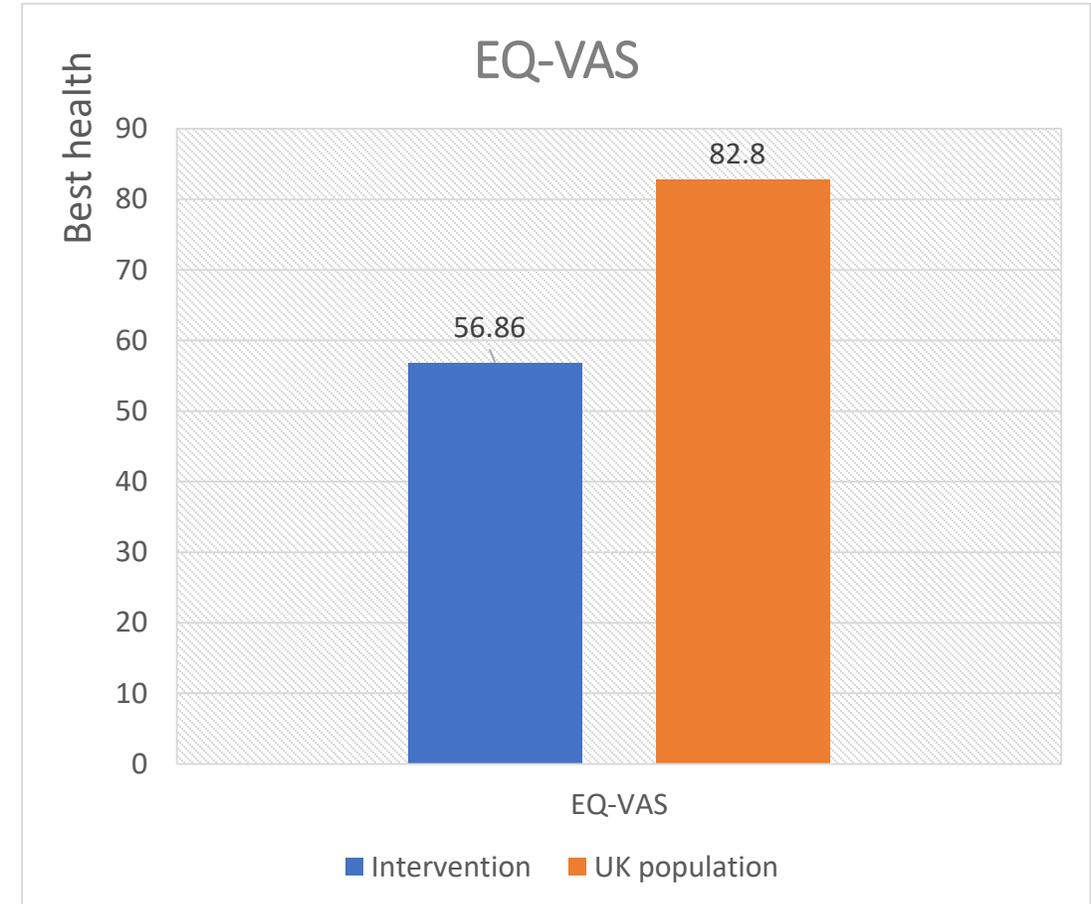
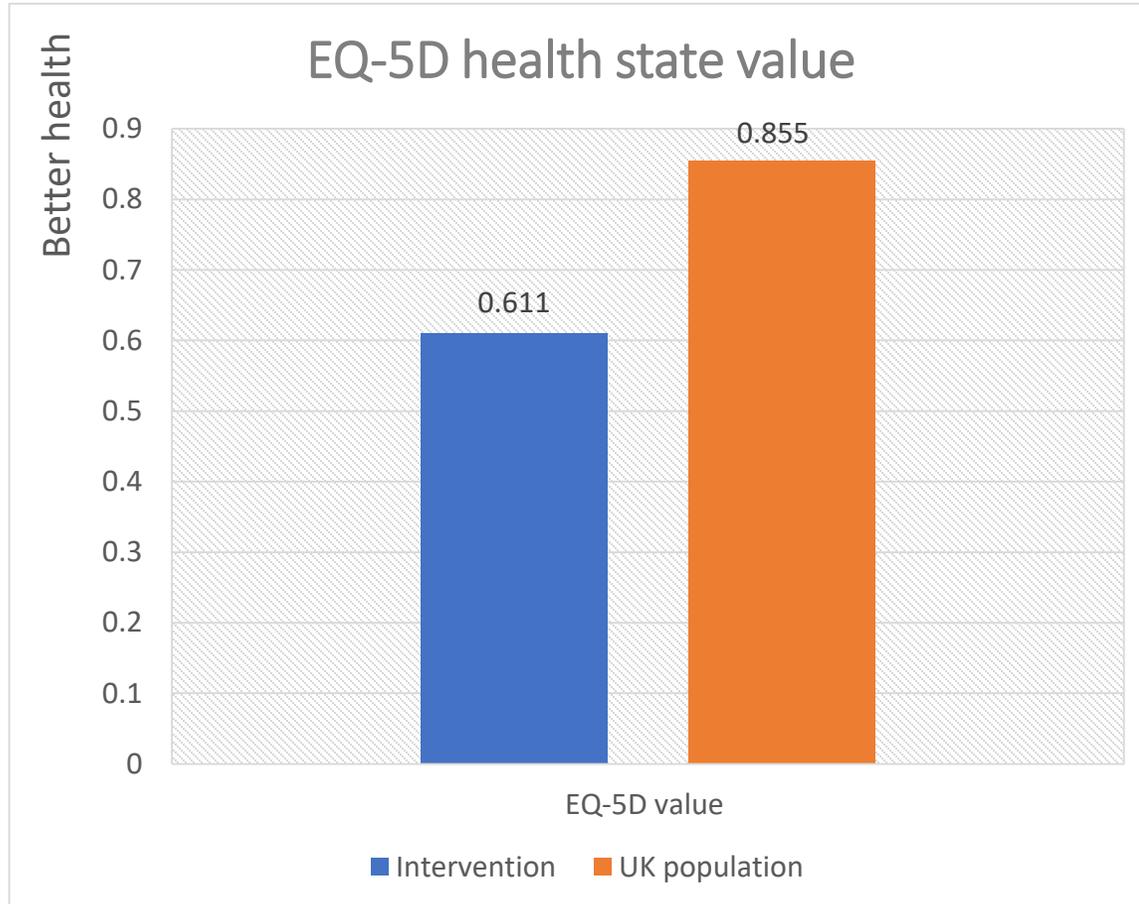


Health of the population



- Health-related quality of life data from **694** individuals at referral to the intervention for any eligible LTC
- EQ-5D-5L
 - **descriptive** system (choose one of 5 levels for mobility, self-care, usual activities, pain/discomfort & anxiety/depression)
 - summary **health state value** (higher value = better health)
 - EQ **VAS** (current health 0-100: worst-best health)

Health of the study population compared to UK population



Reporting some problems: 67% mobility, 41% self-care, 64% usual activities, 81% pain/discomfort, 64% anxiety/depression