

Mapping & Evaluating Social Prescribing in Leicester Ageing Together

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The institute is a partnership between Nottinghamshire Healthcare NHS Foundation Trust & The University of Nottingham



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Outline

- **Introduction**
- **What is social prescription?**
- **Methodology**
- **Emerging Findings**
- **Conclusion**



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What is social prescription?

‘Social prescribing is a way of linking patients in primary care with sources of support in the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing’ - **NHS England (2017)**

‘A means of enabling GPs and other frontline healthcare professionals to refer patients to a Link Worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. ‘co-produce’ their ‘social prescription’- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector.’ - Social Prescribing Network (January 2016)



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Methodology

- Mixed Methods
- Realist Evaluation approach (Pawson & Tilley 1997; 2004)
- Interviews with 25 key stakeholders



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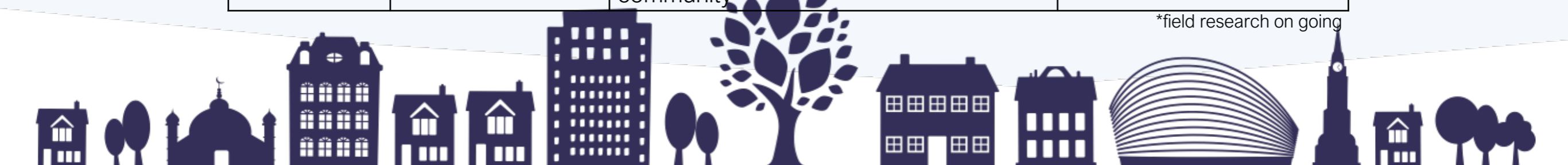
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Emerging finding

Context

Project	Geographical setting	Referral process	Delivered by
Service 1:	Multiple locations – including all 5 city wards in LAT programme	Receives referrals from healthcare professionals, self-referrals/family referrals, resolves social issues and prescribes services, providing bespoke 1-1 support	1 Key member of staff responding to referrals via home visits. (Volunteers)*
Service 2:	Single location – 1 ward in the LAT programme	Connects with patients via a patient coffee morning run by the PPG from a GP surgery, develops individualised social and learning programmes in response to needs, works on a 1-1 with beneficiaries to create a programme around one activity, this can involve other patients/members of the community	1 Key member of staff (run in partnership with PPG Group)*

*field research on going



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Emerging Findings

- **Operating within different contexts**
- **Mixed models**
- **Service 1 has referrals in from healthcare professionals and signposts to existing services**
- **Service 2 connects with beneficiaries at PPG coffee morning to co-produce learning and social events.**
- **SP staff provide multiple visits/meetings**



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Emerging Findings

Mechanisms

- **Time to build a rapport with patients/ beneficiaries**
- **Motivated and flexible SP worker**
- **Different referral systems**
- **Healthcare professionals understanding of SP services**



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Demographics

- **Female (70%) & Male (30%)**
- **White (56%), Black (3%) & Asian/Asian UK -Indian (41%)**
- **Christian (53%), Hindu (26%), Muslim (9%) & No Religion (9%)**



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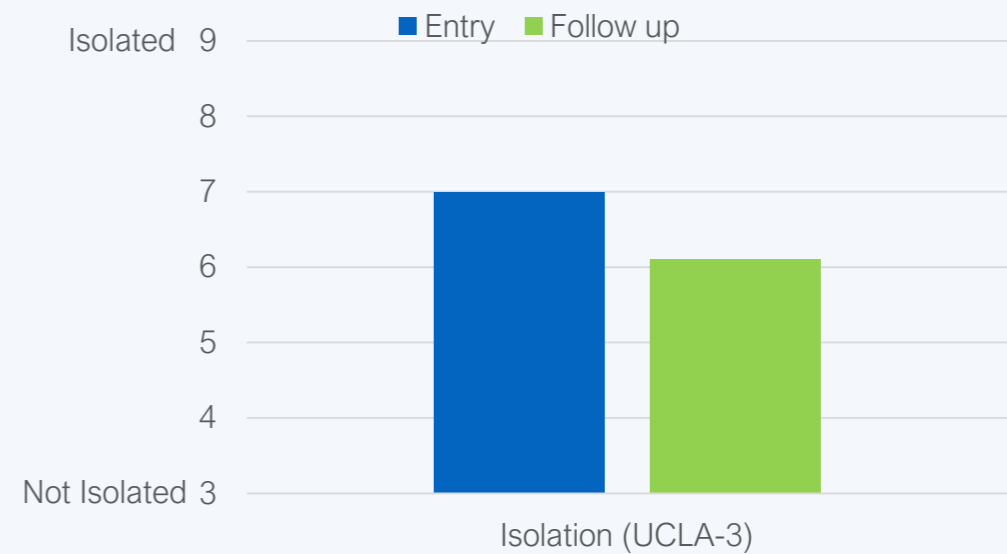
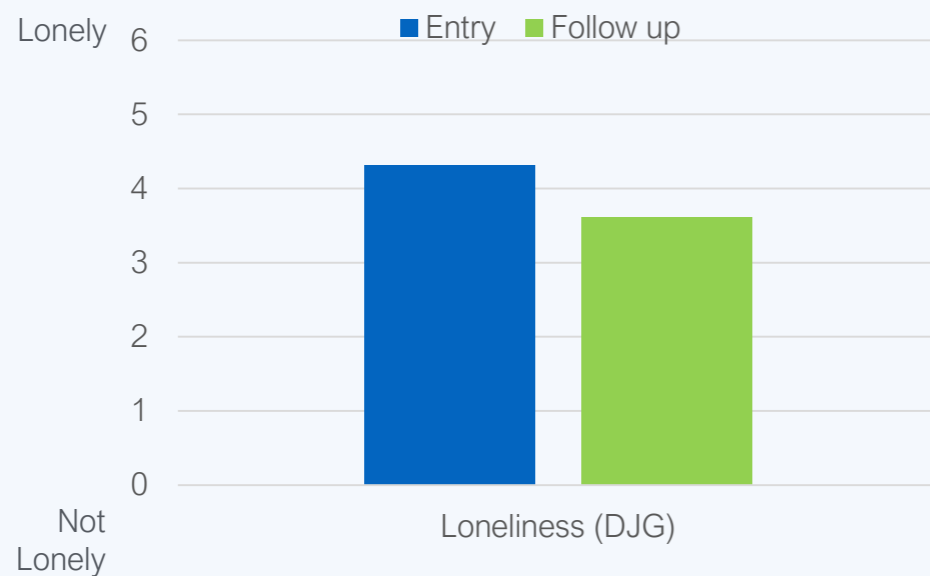


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Emerging Findings

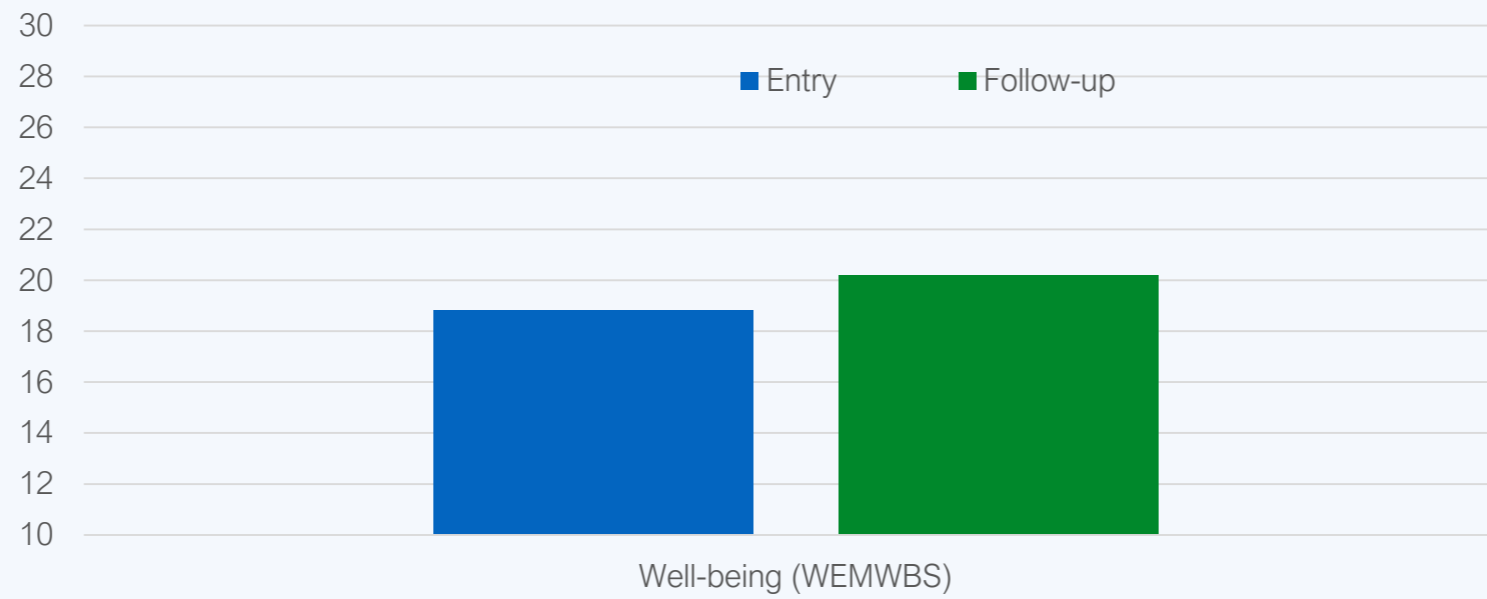
Outcomes

- Changes in Loneliness and Isolation



Emerging Findings

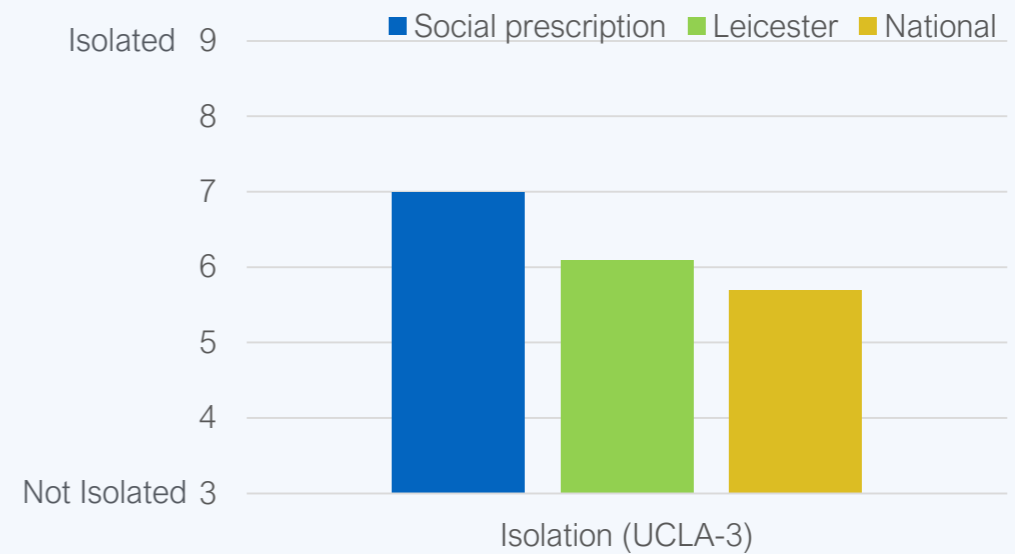
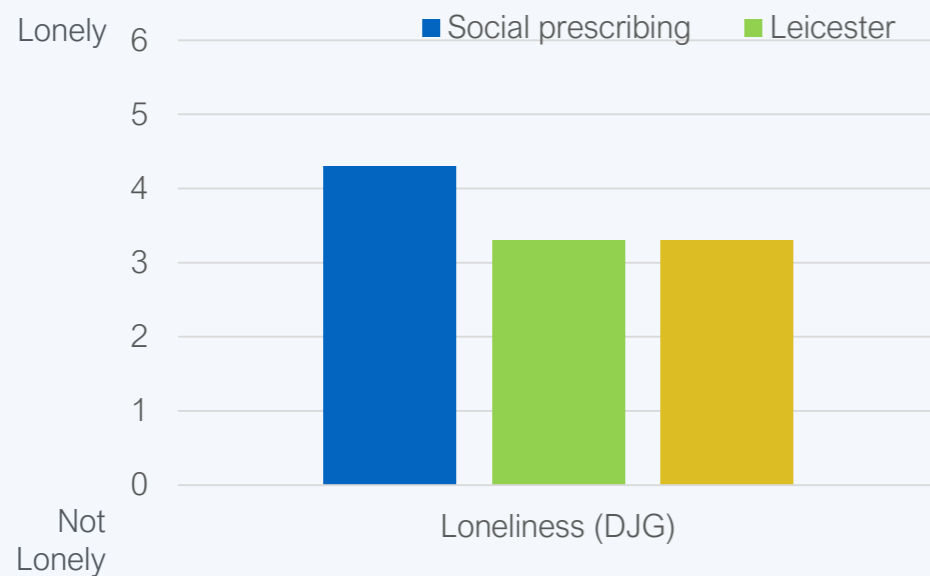
Changes in Well-being



Emerging Findings

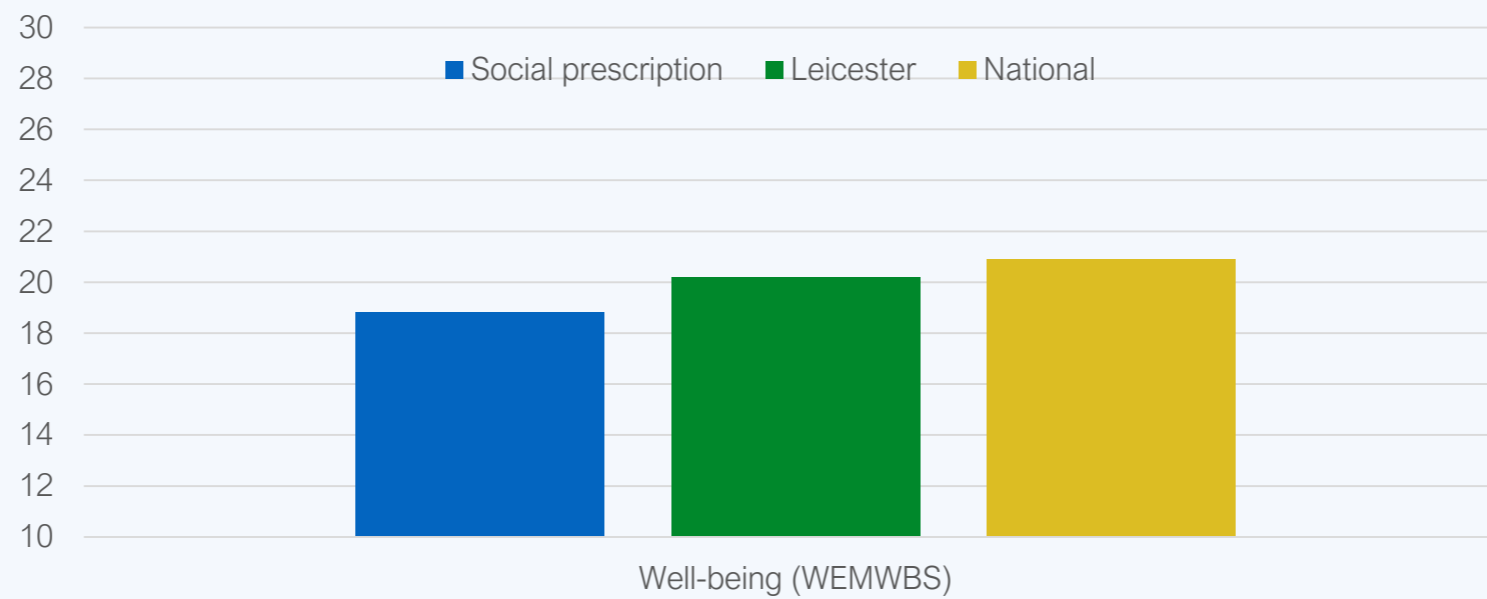
Outcomes Loneliness and Isolation

- Comparison at baseline



Emerging Findings

Comparison of Well-being



Conclusion

- **Two projects working within different contexts**
- **Some similar mechanism**
- **Improved wellbeing of beneficiaries**



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