



BRIGHTLIFE LEGACY REPORT

10. BRIGHTLIFE EVALUATION:
SOCIAL PRESCRIBING
EXECUTIVE SUMMARY

*Evaluation
status report
(Three)*

The University of Chester Evaluation Team

Originally February 2018

10. Social Prescribing Evaluation Report Three

Executive Summary

This summary provides an analysis and evaluation of the third wave of social prescribing interviews on the Brightlife Project, the fifth report related to social prescribing in the Brightlife evaluation. Results from this third wave of data collection will inform the progress and ongoing experience of social prescribers and will evaluate the continued development of this service in the areas of Chester, Malpas and Winsford.

Following the results from the first and second waves of social prescribing interviews, four members of the social prescribing team participated in a focus group. The focus group method was especially suitable for the purposes of increasing the level of understanding about the social prescriber role and experiences. The open discussion also enabled reflection on changes in the role.

Key findings from thematic analysis of the focus group transcript were as follows:

Social Prescribing role and development

Social Prescribers' (SP) perceptions of the role were consistent with findings from the 1st and 2nd wave interviews in May 2016 and November 2016. They report feeling more established in the role and are observing successful outcomes for social prescribing participants.

Role Boundaries

All SPs acknowledged a noticeable improvement in support provided by the newly appointed SP manager; SPs commented that the role regularly involved difficult and emotive situations. However, SPs described the importance of keeping a professional distance from participants and the need to employ strategies to ensure their own physical safety, particularly when visiting new participants or those with mobility and/or mental health conditions.

Referrals and Signposting

- Increase in referrals from a range of organisations (churches, charities supporting individuals with Parkinson's or dementia, the Citizen's Advice Bureau, hospital discharge teams, social workers and the Fire Service) had commenced, in addition to GP referrals.
- Assessment of level of need of participants needs more attention.
- Consideration of a screening tool to determine level of social isolation.

Questionnaire and Discharge Challenges

Difficulties remain around Common Measurement Framework (CMF) completion and discharge of participants from social prescribing, although SPs are writing case studies to capture more information about participants' journeys through social prescribing. A process for discharging participants from social prescribing remains a challenge.

Activity Provision

There are now a range of commissioned and non-commissioned activities provided, although some confusion by participants over which are Brightlife activities. Nonetheless, good feedback is being received regarding the activities attended by participants

Conclusions

From these key findings, we conclude SPs are feeling more established in the role, however are still facing challenges with regard to new participant referrals and information provided about participant level of need. SPs are writing case studies to capture the journey of participant experience with a view to providing a more complete story. Whilst an increase in referrals from a range of sources is noted SPs do not always receive accurate information about participant level of need. This has potential to pose difficulties for SP safety and management of participant prescription options.

Following the analysis and drafting of this report, and the initial data collection for the next participant evaluation report, it was unclear if an understanding of social prescribing was shared by the evaluation and Brightlife teams. The teams met to discuss the social prescribing model, and it was agreed that a learning event would benefit both groups to maintain a shared understanding of the Brightlife social prescribing model.

It is recommended Brightlife Partners and SPs:

- gather supporting evidence regarding health improvement and increased social networks via contact sheets or case studies, whilst maintaining continuation of regular meetings to share best practice and peer support;
- conduct an analysis of monitoring data in relation to referral pathway, participant level of need assessments, guidance on appropriate levelling of need, particularly for self-referred participants;
- review lone working and risk assessments;
- review procedures and guidance on discharging participants from social prescribing;
- clarify terminology for 'criteria' for being considered socially isolated and 'level of need'.

February 2018.