



BRIGHTLIFE LEGACY REPORT
5. BRIGHTLIFE EVALUATION:
SOCIAL PRESCRIBING
EXECUTIVE SUMMARY

*Evaluation
status report*

The University of Chester Evaluation Team

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5. Social Prescribing: Evaluation Status Report

Executive Summary

This summary presents research findings of Brightlife team members who have been involved in design and implementation of the social prescribing initiative. In keeping with the test and learn process, semi-structured interviews were conducted with three Brightlife Social Prescribers in November 2016, six months after the first wave of interviews. Interviews were audio recorded, transcribed and thematic analysis undertaken to search for, identify and review patterns across all interviews.

Five main themes emerged from the analysis:

Perceptions about the Social Prescribing role

Social Prescribers (SPs) understood the role is to help reduce social isolation in adults over the age of 50, signposting and encouraging older people to engage in activities offered locally. Furthermore, SPs were confident of the difference their role made in terms of connecting older people but there is need to gather more empirical evidence on impact.

Role boundaries and supervision

Compared to the first wave of interviews conducted in May 2016, SPs had a better understanding of professional boundaries, for example, not to befriend or visit participants at home. At the time of the interviews, SPs had not received formal training on how to avoid becoming emotionally involved with participants. However, regular supervision for SPs, is now being provided by the Social Prescribing manager and it was felt this would help SPs to deal with issues identified as requiring support or improvement.

Referrals

In comparison with the first report produced in September 2016, there is greater acceptance to utilise social prescribing among local professionals and organisations. Initially, the Brightlife pathway required referrals from GP practices but SPs are now receiving referrals from a wider range of organisations, for example; churches, charitable organisations, the Citizen's Advice Bureau, hospital discharge teams, social workers and the Fire Service. To simplify the referral pathway in primary care, referrals have now been integrated into the Egton Medical Information System (EMIS) used by GPs.

Inappropriate referrals of individuals with complex needs, for example serious mental health issues or living outside the target areas, appear to have reduced. However, there are concerns over screening new participants to determine the degree of intervention required. Equally, there is no clear procedure for discharging social prescribing participants from Brightlife services.

Use of the Common Measurement Framework (CMF) questionnaire

Questionnaire completion had improved significantly since wave one interviews, with SPs introducing the questionnaire to participants during the first visit. SPs found it helpful to explain to participants beforehand that some questions might be perceived as sensitive. Moreover, SPs felt responding to the questions prompted individuals to better evaluate the situation and helped to focus the conversations around social isolation and potential activities to support needs. Nonetheless, SPs considered participants had difficulty understanding the evaluation aspect of the project, including the completion of consent forms and the Common Measurement Framework (CMF).

Activity provision

Availability of Brightlife commissioned activities SPs can refer participants to remains a challenge but new activities had recently been commissioned in the Chester and Winsford areas. SPs found well established drop-in sessions helpful in building relationships with older people and introducing them to Brightlife activities, although continued to emphasize the need to tailor activities towards individual needs. For example, activities such as bird watching, painting, nature walks and bee keeping have not been suitable for individuals with mobility issues. Correspondingly, lack of transport and sustainability of activities were reported as the main barriers to participation in Brightlife activities.

Recommendations

A number of recommendations are listed in the report ranging from the need for formal evidence on health improvement and increased social networks, to developing guidelines on the referral process, discharging participants and formulating policy on role boundaries. Consideration should also be given to faster pathways for commissioning providers, transport provision and promoting sustainability of projects after Brightlife funding ends.

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