Social Prescribing Literature Search 2019- June 2021

2021

Benson T, Seers H, Webb N, McMahon P. **Development of social contact and loneliness measures with validation in social prescribing.** BMJ Open Qual. 2021;10(2):e001306. doi: 10.1136/bmjoq-2020-001306.

Aims: This paper describes two patient-reported measures of social contact and loneliness, which are closely related concepts. The first measure (R-Outcomes Social Contact measure) was developed from scratch, based on customer needs and literature review. It covers emotional and social aspects using positive terms. The second measure (R-Outcomes Loneliness measure) is adapted from the GSS Loneliness Harmonised Standard. Both measures are patient-reported outcome measures, based on patients' own perception of how they feel. Method: This development started in 2016 in response to customers' requests to measure social contact/loneliness for patients in social prescribing projects.Both measures are compared with three other loneliness measures (the GSS Loneliness Harmonised Standard, De Jong Gierveld and Campaign to End Loneliness). Both measures are short (36 and 21 words, respectively). Mean improvement is reported as a positive number on a 0-100 scale (where high is good).We tested the psychometric performance and construct validity of the R-Outcomes Social Contact measure using secondary analysis of anonymised data collected before and after social prescribing interventions in one part of Southern England. Results: In the validation study, 728 responses, collected during 2019-2020, were analysed. 90% were over 70 years old and 62% women. Cronbach's α=0.76, which suggests that it is appropriate to use a single summary score. Mean Social Contact scores before and after social prescribing intervention were 59.9 (before) and 66.7 (after, p<0.001). Exploratory factor analysis shows that measures for social contact, health status, health confidence, patient experience, personal well-being, medication adherence and social determinants of health are correlated but distinct factors. Construct validation shows that the results are consistent with nine hypotheses, based on the loneliness literature. Conclusion: The R-Outcomes Social Contact measure has good psychometric and construct validation results in a population referred to social prescribing. It is complementary to other R-Outcomes measures.

Bhatti S, Rayner J, Pinto AD, Mulligan K, Cole DC. **Using self-determination theory to understand the social prescribing process: a qualitative study**. BJGP Open. 2021; 5(2):BJGPO.2020.0153. doi: 10.3399/BJGPO.2020.0153

Background: Social prescribing (SP) assists patients to engage in social activities and connect to community supports as part of a holistic approach to primary care. Rx: Community was a SP project, which was implemented within 11 community health centres (CHCs) situated across Ontario, Canada. Aim: To explore how SP as a process facilitates positive outcomes for patients. Design & setting: Qualitative methods were used. Eighteen focus groups were conducted at CHCs or by video-conferencing, and involved 88 patients. In addition, eight in-depth telephone interviews were undertaken. Method: Interviews and focus groups were transcribed verbatim, and analysed thematically using a theoretical framework based on self-determination theory (SDT). Results: Participants who had received social prescriptions described SP as an empathetic process that respects their needs and interests. SP facilitated the patient's voice in their care, helped patients to develop skills in addressing needs important to them, and fostered trusting relationships with staff and other participants. Patients reported their social support networks were expanded, and they had improved mental health and ability in self-management of chronic conditions. Patients who became involved in SP as voluntary 'health champions' reported this was a positive experience and they gained a sense of purpose by giving back to their communities in ways that felt meaningful for them. Conclusion: SP produced positive outcomes for patients, and it fits well within the community health centre model of primary care. Future research should examine the impact on health outcomes and examine the return on investment of developing and implementing SP programmes.

Calderón-Larrañaga S, Milner Y, Clinch M, Greenhalgh T, Finer S. **Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review.** BJGP Open. 2021: BJGPO.2021.0017. doi: 10.3399/BJGPO.2021.0017

Background: Social prescribing (SP) involves linking patients in primary care with services provided by the voluntary and community sector (VCS). Despite growing interest within NHS primary care, it remains unclear how and under what circumstances SP might contribute to good practice. Aim: To define 'good' practice in SP by identifying context-specific enablers and tensions. To contribute to the development of an evidence-based framework for theorising and evaluating SP within primary care. Design & setting: Realist review of secondary data from primary care-based SP

schemes. Method: Academic articles and grey literature were searched for qualitative and quantitative evidence following the Realist And Meta-narrative Evidence Syntheses - Evolving Standards (RAMESES). Common SP practices were characterised in three settings (general practice, link workers, and community sector) using archetypes that ranged from best to worst practice. Results: A total of 140 studies were included for analysis. Resources were identified influencing the type and potential impact of SP practices and four dimensions were outlined in which opportunities for good practice arise: 1) individual characteristics (stakeholder's buy-in, vocation, and knowledge); 2) interpersonal relations (trustful, bidirectional, informed, supportive, and transparent and convenient interactions within and across sectors); 3) organisational contingencies (the availability of a predisposed practice culture, leadership, training opportunities, supervision, information governance, resource adequacy, accessibility, and continuity of care within organisations); and 4) policy structures (bottom-up and coherent policymaking, stable funding, and suitable monitoring strategies). Findings were synthesised in a multilevel, dynamic, and usable SP framework. Conclusion: The realist review and resulting framework revealed that SP is not inherently advantageous. Specific individual, interpersonal, organisational, and policy resources are needed to ensure SP best practice in primary care.

Calderón Larrañaga S, Clinch M, Greenhalgh T, Finer S. **Could social prescribing contribute to type 2 diabetes prevention in people at high risk? Protocol for a realist, multilevel, mixed methods review and evaluation**. BMJ Open. 2021;11(4):e042303. doi: 10.1136/bmjopen-2020-042303.

Introduction: Social prescribing is an innovation being widely adopted within the UK National Health Service policy as a way of improving the management of people with long-term conditions, such as type 2 diabetes (T2D). It generally involves linking patients in primary care with non-medical community-based interventions. Despite widespread national support, evidence for the effectiveness of social prescribing is both insufficient and contested. In this study, we will investigate whether social prescribing can contribute to T2D prevention and, if so, when, how and in what circumstances it might best be introduced. Methods and analysis: We will draw on realist evaluation to investigate the complex interpersonal, organisational, social and policy contexts in which social prescribing relevant to T2D prevention is implemented. We will set up a stakeholder group to advise us throughout the study, which will be conducted over three interconnected stages. In stage 1, we will undertake a realist review to synthesise the current evidence base for social prescribing. In stage 2, we will investigate how social prescribing relevant to people at high risk of T2D 'works' in a multiethnic, socioeconomically diverse community and any interactions with existing T2D prevention services using qualitative, quantitative and realist methods. In stage 3 and building on previous stages, we will synthesise a 'transferable framework' that will guide implementation and evaluation of social prescribing relevant to T2D prevention at scale. Ethics and dissemination: National Health Service ethics approval has been granted (reference 20/LO/0713). This project will potentially inform the adaptation of social prescribing services to better meet the needs of people at high risk of T2D in socioeconomically deprived areas. Findings may also be transferable to other long-term conditions. Dissemination will be undertaken as a continuous process, supported by the stakeholder group. Tailored outputs will target the following audiences: (1) service providers and commissioners; (2) people at high risk of T2D and community stakeholders; and (3) policy and strategic decision makers.

Chng NR, Hawkins K, Fitzpatrick B, O'Donnell C, MacKenzie M, Wyke S, Mercer S. **Implementing social prescribing in primary care in areas of high socioeconomic deprivation: process evaluation of the 'Deep End' community links worker programme.** Br J Gen Pract. 2021: BJGP.2020.1153. doi: 10.3399/BJGP.2020.1153.

Background: Social prescribing involving primary care-based 'link workers' is a key UK health policy which aims to reduce health inequalities. However, the process of implementation of the link worker approach has received little attention despite this being central to desired impact and outcomes. Aim: Our objective was to explore the implementation process of such an approach in practice. Design and setting: Qualitative process evaluation of the 'Deep End' Links Worker Programme (LWP) over a two-year period, in seven general practices in deprived areas of Glasgow. Methods: We used thematic analysis to identify the extent of LWP integration in each practice and key factors associated with implementation. Analysis was informed by Normalisation Process Theory. Results: Only three of the seven practices fully integrated the LWP into routine practice within two years, based on NPT constructs of coherence, cognitive participation, and collective action. Compared to 'Partially Integrated Practices', 'Fully Integrated Practices' had better shared understanding of the programme among staff, higher staff engagement with LWP, and were implementing all aspects of LWP at patient, practice and community levels of intervention. Successful implementation was associated with GP buy-in, collaborative leadership, good team dynamics, link worker support, and the absence of competing innovations. Conclusions: Even in a well-resourced government funded programme,

the majority of practices involved had not fully integrated the LWP within the first two years. Implementing social prescribing and link workers within primary care at scale is unlikely to be a 'quick fix' for mitigating health inequalities in deprived areas.

Gibson K, Pollard TM, Moffatt S. Social prescribing and classed inequality: A journey of upward health mobility? Soc Sci Med. 2021; 280:114037. doi: 10.1016/j.socscimed.2021.114037.

Social prescribing, characterised by a link worker connecting patients with local groups and services, is currently being widely implemented in the UK. Taking clients' experiences of a social prescribing intervention in the North of England between November 2019 and July 2020 as its focus, this paper employs ethnographic methods to explore the complex social contexts in which social prescribing is delivered. Building on Bourdieusian approaches to class, we concentrate on four case studies to offer a theoretically-grounded analysis which attends to the relationship between everyday contexts and the classed processes by which health capital may be accrued. By following clients' experiences and trajectories through shifting positions across time - often entailing moments of tension and disjuncture - we explore how processes of classed inequality relate to engagement in the social prescribing intervention. Our results show how structural contexts, and relatedly the possession of capital, shape clients' priorities to invest in the cultural health capital offered by the intervention. Importantly, while inequalities shaped participants' capacity to engage with the intervention, all participants recognised the value of the health capital on offer. We conclude by arguing that inequalities cannot be tackled through focusing on the individual in the delivery of personalised care and therefore offer a counter narrative to socio-political assumptions that social prescribing reduces health inequalities. Crucially, we argue that such assumptions wrongly presuppose that people are homogenously disposed to engaging in their future health.

Giebel C, Morley N, Komuravelli A. **A socially prescribed community service for people living with dementia and family carers and its long-term effects on well-being**. Health Soc Care Community. 2021 Feb 2. doi: 10.1111/hsc.13297

Support services for people with dementia are variable depending on the area or town they live. People with dementia and family carers can often get very little support after a diagnosis. Services might not be suitable or they may not be aware of the service in the first place. The aim of this study was to evaluate a socially prescribed community service provided to people with dementia and family carers offering physical and mental activities. People with dementia and family carers were recruited from a community centre in the North West of England to complete in this study. Participants provided demographic information and completed the Short Warwick-Edinburgh Mental Well-Being Scale at baseline, and after 3 and 6 months. Postcode data were used to generate an Index of Multiple Deprivation score for information on participants' socioeconomic background. Data were analysed using paired samples t-tests to compare well-being scores between baseline and follow-up assessments. A total of 25 people with dementia (n = 14) and family carers (n = 11) participated in the service. Visits ranged from 1 to 36, with 22 and 15 participants completing the 3- and 6-month follow-up respectively. Some reasons for discontinuation were lack of transport and other commitments. Most participants lived in some of the most disadvantaged neighbourhoods. Compared to baseline, well-being was significantly higher at both follow-ups. This is one of the first studies reporting the benefits of a social prescribing service in dementia. Future implementation work needs to design an implementation plan so that the service can be implemented in other community centres across the country.

Halder MM, Wakefield JR, Bowe M, et al. **Evaluation and exploration of a social prescribing initiative: Study protocol**. J Health Psychol. 2021;26(3):345-356. doi: 10.1177/1359105318814160.

Attention is being given to healthcare initiatives with the potential to save money and improve lives. One example is social prescribing, which supports patients whose ill-health is exacerbated by loneliness. While evidence has accumulated attesting to social prescribing's efficacy, one limitation has been the lack of a theoretical framework, which limits understanding of how tackling loneliness improves health. In our evaluation of a social prescribing pathway, we adopt a 'Social Cure' approach, which posits that social relations affect health. Our study will evaluate the efficacy of the pathway and determine the extent to which group processes are responsible for health improvements.

Hazeldine E, Gowan G, Wigglesworth R, Pollard J, Asthana S, Husk K. **Link worker perspectives of early implementation of social prescribing: A 'Researcher-in-Residence' study**. Health Soc Care Community. 2021 Feb 2. doi: 10.1111/hsc.13295.

Social prescribing (SP) is increasing in popularity in the UK and can enable healthcare providers to respond more effectively to a range of non-clinical needs. With the NHS commitment to establish an SP link worker in all GP practices, there is a rapid increase in the number of SP schemes across the country. There is currently insufficient evidence concerning the implementation and acceptability of SP schemes. In this paper, we report our analysis of the descriptions of the experiences of SP link workers, regarding the early implementation of SP link workers in two SP programmes in the South West. Data were gathered using the 'Researcher in Residence' (RiR) model, where the researcher was immersed in the environments in which the SP was managed and delivered. The RiR undertook conversations with 11 SP link workers, 2 SP link worker managers and 1 SP counsellor over six months. The RiR visited seven link workers at their GP practices (service 1) and four at their head office (service 2). The RiR met with the link worker managers at their offices, and the RiR spoke with the SP counsellor on the telephone. Data from these conversations were analysed using Thematic Analysis and six codes were constructed to advance our understanding of the components of early implementation of the SP programmes. Training (particularly around mental health), workforce support, location and SP champions within GP practices were found to be key strategies of SP implementation, link worker involvement acting as a conduit for the impacts of these strategies. This paper suggests that the implementation of SP programmes can be improved by addressing each of these areas, alongside allowing link workers the flexibility and authority to respond to challenges as they emerge.

Kiely B, Clyne B, Boland F, O'Donnell P, Connolly D, O'Shea E, Smith SM. **Link workers providing social prescribing and health and social care coordination for people with multimorbidity in socially deprived areas (the LinkMM trial): protocol for a pragmatic randomised controlled trial.** BMJ Open. 2021; 11(2):e041809. doi: 10.1136/bmjopen-2020-041809.

Introduction: Link workers are non-health or social care professionals based in primary care who support people to develop and achieve a personalised set of health and social goals by engaging with community resources. Link workers have been piloted in areas of deprivation, but there remains insufficient evidence to support their effectiveness. Multimorbidity is increasing in prevalence, but there are limited evidence-based interventions. This paper presents the protocol for a randomised controlled trial (RCT) that will test the effectiveness of link workers based in general practices in deprived areas in improving health outcomes for people with multimorbidity. Methods and analysis: The protocol presents the proposed pragmatic RCT, involving 10 general practitioner (GP) practices and 600 patients. Eligible participants will be community dwelling adults with multimorbidity (≥two chronic conditions) identified as being suitable for referral to a practice-based link worker. Following baseline data collection, the patients will be randomised into intervention group that will meet the link worker over a1-month period, or a 'wait list' control that will receive usual GP care. Primary outcomes are health-related quality of life as assessed by EQ-5D-5L and mental health assessed by Hospital Anxiety and Depression Scale. Secondary outcomes are based on the core outcome set for multimorbidity. Data will be collected at baseline and on intervention completion at 1 month using questionnaires self-completed by participants and GP records. Parallel process and economic analyses will be conducted to explore participants' experiences and examine cost-effectiveness of the link worker intervention. Ethics and dissemination: Ethical approval has been granted by the Irish College of General Practitioners Ethics Committee. The findings will be published in peer-reviewed journals.

Mahut ME, Fortune D. **Social Prescribing and Therapeutic Recreation: Making the Connection**. Therapeutic Recreation Journal 2021; 55(2): DOI: https://doi.org/10.18666/TRJ-2021-V55-I2-10694

An increasing number of people are experiencing social isolation and loneliness and this trend is becoming cause for concern around the world. Considering that isolation and loneliness give rise to a number of health problems, it is essential to find innovative ways to address this issue. One such approach is to enhance experiences of belonging within communities. Social prescribing (SP) is a method that can promote belonging by connecting people to the social support they need. The purpose of this paper is to explore the potential relationship that can exist between therapeutic recreation (TR) and SP. As we explain, TR can complement SP efforts by ensuring people have access to inclusive, social leisure and recreation opportunities. In this sense, TR professionals are well positioned to be key players in SP processes. We contend that TR practice is best positioned to work in tangent with SP to nurture socially connected communities when it focuses on building community capacity, facilitates welcoming and inclusive leisure

and recreation experiences that foster regular social interaction, and adopts principles of community development as part of a social justice model of practice.

Patel S, Craigen G, Pinto da Costa M, Inkster B. **Opportunities and Challenges for Digital Social Prescribing in Mental Health: Questionnaire Study**. J Med Internet Res. 2021;23(3):e17438. doi: 10.2196/17438.

Background: The concept of digital social prescription usually refers to social prescriptions that are facilitated by using technology. Tools that enable such digital social prescriptions may be beneficial in recommending nonmedical activities to people with mental illness. As these tools are still somewhat novel and emerging, little is known about their potential advantages and disadvantages. Objective: The objective of this study is to identify the potential opportunities and challenges that may arise from digital social prescriptions. Methods: We developed a qualitative questionnaire that was disseminated through social media (Facebook and Twitter). A purposive sample targeting digital mental health experts and nonexperts was approached. The questionnaire asked participants' views about digital social prescription; the core elements linked with a definition of digital social prescription; and the strengths, weaknesses, opportunities, and threats associated with digital social prescription. Results: Four core elements were recommended to define the concept of digital social prescription: digital, facilitate, user, and social. The main strength identified was the possibility to rapidly start using digital social prescription tools, which were perceived as cost-effective. The main weaknesses were their poor adherence and difficulties with using such tools. The main opportunities were an increased access to social prescription services and the prevention of serious mental illness. The main threats were certain groups being disadvantaged, patients being subject to unintended negative consequences, and issues relating to confidentiality and data protection. Conclusions: Although digital social prescriptions may be able to effectively augment the social prescriptions, a careful consideration of practical challenges and data ethics is imperative in the design and implementation of such technologies.

Pescheny JV, Gunn LH, Pappas Y, Randhawa G. **The impact of the Luton social prescribing programme on mental well-being: a quantitative before-and-after study**. J Public Health 2021;43(1):e69-e76. doi: 10.1093/pubmed/fdz155.

Background: Social prescribing programmes expand the range of options available to primary care health professionals to address patients' psychosocial needs, impacting on their health and well-being. The objective of this study was to assess the change in the mental well-being of service users after participation in the Luton social prescribing programme. Methods: Skew-normal (SN) regression was applied to analyse the change in mental well-being post-intervention (N = 63). The short Warwick-Edinburgh mental well-being scale was used as the outcome measure. Results: The SN regression found a statistically significant change (P < 0.0001) in the average difference score between baseline and post-intervention measures. However, the observed change does not appear to be of clinical relevance. No significant associations in mental well-being scores by gender, age or working status were found. Conclusion: Findings of this study indicate that social prescribing may have the potential to improve the mental well-being of service users. The study findings contribute to the sparse evidence base on social prescribing outcomes by socio-demographic characteristics of participants and highlight the importance of considering subgroup analysis in future research.

Rhodes J, Bell S. **'It sounded a lot simpler on the job description'': A qualitative study exploring the role of social prescribing link workers and their training and support needs (2020).** Health Soc Care Community. 2021 Mar 24. doi: 10.1111/hsc.13358.

Social prescribing is an increasingly popular approach to promoting health and well-being, by addressing the wider determinants of health such as physical inactivity, social isolation and financial insecurity. Social prescribing link workers (SPs) connect people to local, non-clinical services. As part of the NHS Long Term Plan, NHS England aims to recruit 1,000 SPs across England by 2021. Understanding the role of SPs, including challenging aspects of the role and the types of training and support needed by SPs is crucial to optimising the effectiveness of social prescribing. Semi-structured qualitative interviews were conducted with nine SPs from five NHS and voluntary sector organisations in London to explore the role of SPs and identify SP training and support needs. Interviews were analysed thematically and three key themes emerged for which SPs needed particular support: defining and promoting their role; supporting clients with complex needs and coping with the emotional demands of their role. SP perceptions of training and future training needs is presented as a fourth theme. Most SPs felt that the initial training received for their role did not prepare them for the most demanding aspects of their roles. The findings of this study support the assertion that the

social prescribing link worker role is complex and challenging. SPs are required to have in-depth knowledge of local services, which is built over time and makes retention in the role of high importance. Steps have been taken to develop online resources to support SPs, however, there may be a need for more comprehensive training, especially in mental health. SPs benefit from access to peer or one-to-one support to help them manage the emotional demands of the role and could benefit from the formation of local networks, especially for SPs working in isolation.

Roberts T, Lloydwin C, Pontin D, Williams M, Wallace C. **The role of social prescribers in Wales: a consensus methods study**. Perspect Public Health. 2021 Apr 15:1757913921990072. doi: 10.1177/1757913921990072

Aims: Social prescribing continues to grow and change across healthcare services in Wales; however, research of the day-to-day performance of social prescribers is limited. This study aimed to explore which roles are perceived to be the most important and frequently used by social prescribers in Wales and compare these results to reports in studies of services in other countries in order to support future role development and potential standardisation. Methods: This study used the Group Concept Mapping via the Concept Systems Global Max™ software to collect and analyse all data from both participants and literature. Results: There was a total of 101 statements generated (119 participants, 84 literature) ranging from generic interpersonal skills to specialised training (cognitive behavioural therapy). These statements were then sorted by conceptual similarity into seven clusters (Providing a Specialist Service, Working in a person-centred way, Skills, Connecting Clients with Community, Collaborative Working, Evaluating and postprogramme duties, and Networking/Community). Statements were rated based on their perceived importance and frequency, with the 'Skills' cluster having the highest overall average and 'Providing a Specialist Service' having the lowest. Conclusions: Reports indicate that in general there is variation in the roles performed by individual participants in Wales; however, greater variation was observed between participants and literature suggesting geographical divergence in practice. In the top 12 highest rated statements for both frequency and importance, individualistic traits such as empathy and 'being a listener' are favoured over specialised methods such as cognitive behavioural therapy and behaviour change taxonomy. Results suggest that local need plays a part in the choices and performance of social prescribers and as such should be considered in future standardisation.

Scott J, Fidler G, Monk D, Flynn D, Heavey E. **Exploring the potential for social prescribing in pre-hospital emergency and urgent care: A qualitative study**. Health Soc Care Community. 2021; 29(3):654-663. doi: 10.1111/hsc.13337.

There is a sustained increase in demand for emergency and urgent care services in England. The NHS Long Term Plan aims to reduce the burden on emergency hospital services through changing how pre-hospital care operates, including increased delivery of urgent care. Given the recognised potential of social prescribing to address wider determinants of health and reduce costs in other settings, this study aimed to understand the role that social prescribing can play in pre-hospital emergency and urgent care from the perspectives of staff. Semi-structured interviews (n = 15) and a focus group (n = 3) were conducted with clinical staff (n = 14) and non-clinical health advisors (n = 4) from an English Ambulance Service covering emergency (999) and non-emergency (111) calls. Data were analysed using a pre-defined framework: awareness of social prescribing; potential cohorts suitable for social prescribing; and determinants of social prescribing. Awareness and knowledge of social prescribing was limited, though when social prescribing was explained to participants they almost universally recognised its benefits for their role. Social prescribing was considered to be most beneficial to those calling for reasons relating to mental health, loneliness or social isolation, in particular older people and frequent users of 999 and 111 services. Determinants of social prescribing were identified across the micro (patient and staff acceptability of social prescribing), meso (triage and referral pathways) and macro (commissioning and funding) levels of analysis. This is the first empirical study to explore social prescribing in pre-hospital emergency and urgent care services, which suggests that it has potential to improve quality of care at the point of people accessing these services. There is a pressing need to address the micro, macro and meso level determinants identified within this study, in order to support staff within pre-hospital emergency and urgent care services to socially prescribe.

Stuart A, Stevenson C, Koschate M, Cohen J, Levine M. **'Oh no, not a group!' The factors that lonely or isolated people report as barriers to joining groups for health and well-being.** Br J Health Psychol. 2021 May 24. doi: 10.1111/bjhp.12536.

Objectives: Belonging to groups can significantly affect people's health and well-being for the better ('the social cure') or worse ('the social curse'). Encouraging people to join groups is a central component of the Social Prescribing movement; however, not everyone who might benefit from Social Prescribing aspires to participating in groups. This study aims to identify what barriers are preventing people from experiencing the associated health and well-being benefits of group belonging. Method: Semi-structured interviews analysed using reflexive thematic analysis. Participants were 11 white British people (aged 48-86), 1 male and 10 female, recruited by a charity partner of a Social Prescribing project. Results: The themes derived from the interviews are as follows: (1) 'The dread, the fear of being in a group': When groups do not meet needs; (2) 'I can remember as quite a young child backing out of things': Accumulative barriers over the lifetime, and (3) 'I'm singing away and feeling terribly miserable': the challenges of fitting in with others in groups. The themes reflect how people can feel deterred from social interaction, which interferes with their ability to derive a sense of belonging or shared identity associated with the 'social cure'. Conclusions: A key challenge for Social Prescribing is to meet the social needs of people disinclined to join groups; groups can be detrimental to health and well-being if there are barriers to integration. Alternative ways of structuring groups or activities may be more effective and can still avail of the belonging and identity associated with 'the social cure'.

Sumner RC, Crone DM, Hughes S, James DVB. **Arts on prescription: observed changes in anxiety, depression, and well-being across referral cycles**. Public Health. 2021; 192:49-55. doi: 10.1016/j.puhe.2020.12.008.

Objectives: Arts on prescription (AoP) interventions are part of mainstream social prescribing provision in primary health care. Whilst the body of evidence for AoP interventions has been developing, this has primarily focused on well-being. Study design: The present work is an observational longitudinal study on a community-based AoP social prescribing intervention in the South West UK. Method: The present study assessed changes in anxiety, depression, and well-being in a cohort of patients participating in up to two eight-week cycles of AoP. The sample consisted of 245 individuals referred into the programme from 2017 to 2019, with a sub-sample of participants (N = 110) with identifiable multimorbidity. Outcomes were measured pre- and post-intervention at both initial and re-referral. Results: Anxiety, depression, and well-being were all significantly improved after initial referral, re-referral, and overall from initial to post re-referral for this intervention in the whole sample and multimorbid sub-sample. Multivariate analyses revealed that no participant variables appeared to account for the variance in outcome change scores. Conclusion: The research provides further support for AoP interventions, finding associations with reduced anxiety and depression and increased well-being. Additionally, these outcomes are evidenced in those with multimorbidity, as well as across initial- and re-referral cycles.

Thomas G, Lynch M, Spencer LH. **A Systematic Review to Examine the Evidence in Developing Social Prescribing Interventions That Apply a Co-Productive, Co-Designed Approach to Improve Well-Being Outcomes in a Community Setting**. Int J Environ Res Public Health. 2021 Apr 8;18(8):3896. doi: 10.3390/ijerph18083896.

This systematic review aims to investigate the evidence in applying a co-design, co-productive approach to develop social prescribing interventions. A growing body of evidence suggests that co-production and co-design are methods that can be applied to engage service users as knowledgeable assets who can contribute to developing sustainable health services. Applying the Preferred Reporting Items for Systemic Reviews and Meta-Analyses (PRISMA) guidelines, a systematic literature search was conducted. Peer-reviewed articles were sought using electronic databases, experts and grey literature. The review search concluded with eight observational studies. Quality appraisal methods were influenced by the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) Framework approach. A narrative thematic synthesis of the results was conducted. The evidence suggests that a co-design and co-productive social prescribing can lead to positive well-being outcomes among communities. Barriers and facilitators of co-production and co-design approach were also highlighted within the evidence. The evidence within this review confirms that a co-production and co-design would be an effective approach to engage stakeholders in the development and implementation of a SP intervention within a community setting. The evidence also implies that SP initiatives can be enhanced from the outset, by drawing on stakeholder knowledge to design a service that improves health and well-being outcomes for community members.

Vidovic D, Reinhardt GY, Hammerton C. **Can Social Prescribing Foster Individual and Community Well-Being? A Systematic Review of the Evidence**. Int J Environ Res Public Health. 2021; 18(10):5276. doi: 10.3390/ijerph18105276.

Social prescribing programmes (SP) are person-centred coaching schemes meant to help participants improve individual circumstances, thereby to reduce demand on health and social care. SP could be an innovative means to improve preventive and public health in the pursuit of universal financially sustainable healthcare. Given its potential, our systematic review assesses type, content, and quality of evidence available regarding SP effectiveness at the individual, system, and community levels. We examine the impact of SP on addressing loneliness, social isolation, well-being, and connectedness, as well as related concepts, which are not yet considered jointly in one study. Following PRISMA, we search: EBSCOHost (CINAHL Complete; eBook Collection; E-Journals; MEDLINE Full Text; Open Dissertations; PsycARTICLES; PsycINFO); Web of Science Core Collection; and UK National Institute for Health and Care Excellence. Excluding systematic reviews and articles without impact evaluations, we review 51 studies. Several studies do not distinguish between core concepts and/or provide information on the measures used to assess outcomes; exactly one peer-reviewed study presents a randomised controlled trial. If we wish to know the potential of social prescribing to lead to universal financially sustainable healthcare, we urge researchers and practitioners to standardise definitions and metrics, and to explore conceptual linkages between social prescribing and system/community outcomes.

Wallace C, Elliott M, Thomas S, et al. **Using consensus methods to develop a Social Prescribing Learning Needs Framework for practitioners in Wales**. Perspect Public Health. 2021;141(3):136-148. doi: 10.1177/1757913919897946.

Aims: Social prescribing is being widely implemented in Wales, but there is no consensus on the necessary learning, training and education needs for people delivering social prescribing. The purpose of the study was to develop an education and training needs conceptual framework for social prescribers in Wales, which could be used by commissioners and providers for the development of social prescribing curricula. Methods: This study used two consensus methods. First, Group Concept Mapping using Concept Systems Global MaxTM software which identified the important and available learning needs of 18 (n = 18) geographically spread social prescribing practitioners. Second, a world café style workshop asked 85 (n = 85) social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills. Results: A Social Prescribing Learning Needs Framework was developed identifying important learning needs and their availability across a timeline from induction onwards. This was conceptualised from a group concept mapping cluster map and go-zone report. The map comprises five clusters of statements (compassion, interpersonal relationships, socioeconomic disadvantage, networking and monitoring data) from the original 120 statements of learning needs identified by participants. The Go-Zone report displayed how each learning need was rated by participants on scales of importance and availability. A large number of training needs (45%) that were identified as important, are not currently available to social prescribers. All training needs were placed within the first year of the social prescriber working timeline, with 39% placed in an induction period. Conclusion: The use of two different consensus methods enabled social prescribers geographically spread across Wales to engage with the study. The Social Prescribing Learning Needs Framework will be used to inform the commissioning and decommissioning of training for people delivering social prescribing in Wales.

Wood E, Ohlsen S, Fenton SJ, Connell J, Weich S. **Social prescribing for people with complex needs: a realist evaluation**. BMC Fam Pract. 2021; 22(1):53. doi: 10.1186/s12875-021-01407-x.

Background: Social Prescribing is increasingly popular, and several evaluations have shown positive results. However, Social Prescribing is an umbrella term that covers many different interventions. We aimed to test, develop and refine a programme theory explaining the underlying mechanisms operating in Social Prescribing to better enhance its effectiveness by allowing it to be targeted to those who will benefit most, when they will benefit most. Methods: We conducted a realist evaluation of a large Social Prescribing organisation in the North of England. Thirty-five interviews were conducted with stakeholders (clients attending Social Prescribing, Social Prescribing staff and general practice staff). Through an iterative process of analysis, a series of context-mechanism-outcome configurations were developed, refined and retested at a workshop of 15 stakeholders. The initial programme theory was refined, retested and 'applied' to wider theory. Results: Social Prescribing in this organisation was found to be only superficially similar to collaborative care. A complex web of contexts, mechanisms and outcomes for its clients are described. Key elements influencing outcomes described by stakeholders included social isolation and wider determinants of health; poor interagency communication for people with multiple needs. Successful Social Prescribing requires a non-

stigmatising environment and person-centred care, and shares many features described by the asset-based theory of Salutogenesis. Conclusions: The Social Prescribing model studied is holistic and person-centred and as such enables those with a weak sense of coherence to strengthen this, access resistance resources, and move in a health promoting or salutogenic direction.

2020

Aggar C, Thomas T, Gordon C, Bloomfield J, Baker J. **Social Prescribing for Individuals Living with Mental Illness in an Australian Community Setting: A Pilot Study**. Community Ment Health J. 2020 May 13. doi: 10.1007/s10597-020-00631-6.

Social prescribing, also known as "community referral", is a means of referring individuals living in the community to existing local non-clinical health, welfare, and social support services. International evidence demonstrates that social prescribing improves biopsychosocial quality of life, and burden on health services. Australia's first social prescribing pilot program for individuals with mental illness (mood and psychotic spectrum disorders) was implemented in Sydney in 2016/2017; this study evaluates that program. Participants included 13 adults who were assessed at baseline and six-month follow-up. Outcomes included self-perceived quality of life, welfare needs, health status, loneliness, social participation, and economic participation. Results indicate significant improvements in quality of life and health status. This pilot program demonstrates that social prescribing may improve participant outcomes. It fits well within Australian health policy and funding models which focus on bolstering community care, and may be scalable, particularly in geographically isolated communities

Aggar C, CaruanaT, Thomas T, Baker JR. **Social prescribing as an intervention for people with work-related injuries and psychosocial difficulties in Australia.**

Psychosocial interventions that encourage optimism and connectedness can promote workplace injury recovery and improve wellbeing. A mixed-methods evaluation of a twelve-week program for injured workers in Sydney, Australia, explored three research questions: if a social prescribing approach contributed to (1) increased social and economic participation, (2) improved psychological functioning and quality of life, and (3) decreased health service utilisation. Retrospective analysis of pre- and post-intervention data was undertaken, involving quantitative indicators of social, economic, and health status using validated psychosocial assessment tools (n = 175). These findings were augmented with data from the insurance regulator (n = 177) and insights from link worker documentation of participant activity (n = 178), a program satisfaction survey (n = 167), and participant interviews (n = 44). The social prescribing program was associated with significant improvements in frequency and confidence in participating in social activities and returning to work, in all measures of biopsychosocial wellbeing, and in reducing health service use. Qualitative information identified a range of personal improvements, including greater self-awareness, social connections, and ability to cope with the effects of injury and employment loss. This is the first known Australian study to evaluate a social prescribing intervention for psychosocial rehabilitation for injured workers in Australia. These findings suggest that a social prescribing approach is effective, but further consideration of barriers, including workplace characteristics and procedural difficulties in accessing occupational rehabilitation services, is needed.

Aughterson H, Baxter L, Fancourt D. **Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners**. BMC Fam Pract. 2020; 21(1):194. doi: 10.1186/s12875-020-01264-0.

Background: There is growing evidence for the use of social prescribing as a means to improve the mental health of patients. However, there are gaps in understanding the barriers and enablers faced by General Practitioners (GPs) when engaging in social prescribing for patients with mental health problems. **Methods**: This study uses a qualitative approach involving one-to-one interviews with GPs from across the UK. The COM-B model was used to elucidate barriers and enablers, and the Theoretical Domains Framework (TDF) and a Behaviour Change Theory and Techniques tool was used to identify interventions that could address these. **Results**: GPs recognised the utility of social prescribing in addressing the high levels of psychosocial need they saw in their patient population, and expressed the need to de-medicalise certain patient problems. GPs were driven by a desire to help patients, and so they benefited

from regular positive feedback to reinforce the value of their social prescribing referrals. They also discussed the importance of developing more robust evidence on social prescribing, but acknowledged the challenges of conducting rigorous research in community settings. GPs lacked the capacity, and formal training, to effectively engage with community groups for patients with mental health problems. Link workers, when available to GPs, were of fundamental importance in bridging the gap between the GP and community. The formation of trusting relationships was crucial at different points of the social prescribing pathway, with patients needing to trust GPs in order for them to agree to see a link worker or attend a community activity, and GPs requiring a range of strong inter-personal skills in order to gain patients' trust and motivate them. **Conclusion**: This study elucidates the barriers and enablers to social prescribing for patients with mental health problems, from the perspectives of GPs. Recommended interventions include a more systematic feedback structure for GPs and more formal training around social prescribing and developing the relevant inter-personal skills. This study provides insight for GPs and other practice staff, commissioners, managers, providers and community groups, to help design and deliver future social prescribing services.

Bertotti M, Frostick C, Temirov O. A**n evaluation of Social Prescribing in the London Borough of Redbridge: final evaluation report.** University East London 2020

Includes key findings and recommendations. Link to report:
https://repository.uel.ac.uk/download/b166f8139440a6183a11e5756431965c13846b3c8716079c07ec309a5d258586/1290254/Final%20evaluation%20draft%20report%20Redbridge%20SP%20100920%20final.pdf

Bertotti M, Temirov O. **Outcome and economic evaluation of City and Hackney Social Prescribing scheme.** Report. University East London 2020

Key recommendation included: Strengthening longer term support to service users; consolidating the current opportunities offered by COVID-19; Training for Social Prescribing Link Workers; Commissioning further work that captures the impact of COVID-19.

Suggestions included:

- *Post-referral follow up is strengthened to ensure a longer-term contact between Social Prescribing Link Worker and service user. One option may be to increase follow up from one to two contacts over two periods (e.g. three months and six months);*
- *In the future a 'hybrid' model could be considered where GP referrals are used alongside selecting specific target populations (e.g. low/moderate mental health problems, living alone, co-morbidities) from GP practice database systems. The inclusion of council databases and integration with GP practice data could also be considered as part of the wider social prescribing offer*
- *Appropriate consideration is given to specialised Social Prescribing Link Worker training and intelligence gathering from social prescribing nationally or internationally*
- *An evaluation of the impact of Covid-19 is undertaken by examining Family Action database of service users, conducting a range of retrospective case study interviews of service users, and focus groups with other stakeholders involved in the delivery of social prescribing*

Link to report:
https://www.researchgate.net/profile/Marcello_Bertotti/publication/344192159_Outcome_and_economic_evaluation_of_City_and_Hackney_Social_Prescribing_scheme/links/5f5a3aee4585154dbbc549df/Outcome-and-economic-evaluation-of-City-and-Hackney-Social-Prescribing-scheme.pdf

Collins B. **Social prescribing and NHS facilities. How could the NHS better use its facilities to support social prescribing, holistic care and community resilience?** King's Fund Nov 2020

List of key findings includes: The long-term objective should be to create healthy spaces, welcoming spaces where people feel a sense of belonging, connecting spaces which help to build relationships, and flexible spaces that can be adapted to different uses to support health and wellbeing.

Link: https://www.property.nhs.uk/media/2890/the-kings-fund-report-social-prescribing-and-nhs-facilities.pdf

Dayson C, Damm C. **Evaluation of the Rotherham Social Prescribing Service for Long Term Conditions**. Project Report. Sheffield University 2020

The evaluation of the RSPS included hospital admissions and ED presentations. Overall, there was a small overall increase in the number and cost of RSPS patients' inpatient spells and accident and emergency attendances in the 12 months following referral but these masks a much more complex picture. When the data are explored in more detail our analysis suggests that the likelihood of an RSPS patient seeing a reduction in their secondary care utilisation in the 12 months following their referral is predominantly affected by two factors:

- *How many times they accessed secondary in the previous 12 months, with the highest users seeing the biggest reductions.*
- *Age, with younger patients more likely to see a reduction than older patients.*

Link: http://shura.shu.ac.uk/27312/2/eval-rotherham-social-prescribing-long-term-conditions-17-18.pdf

Dayson C, Painter J, Bennett E. Social prescribing for patients of secondary mental health services: emotional, psychological and social well-being outcomes. Journal of Public Mental Health 28 Mar 2020; 19(4): https://www.emerald.com/insight/content/doi/10.1108/JPMH-10-2019-0088/full/html#sec010

Purpose: This paper aims to identify the well-being outcomes of a social prescribing model set within a secondary mental health service recovery pathway and understand the key characteristics of a social prescribing referral for producing these outcomes. **Design/methodology/approach:** A qualitative case study of one mental health social prescribing service with three nested case studies of social prescribing providers. Semi-structured interviews were undertaken with commissioners, providers and patients (n = 20) and analysed thematically. **Findings:** Social prescribing makes a positive contribution to emotional, psychological and social well-being for patients of secondary mental health services. A key enabling mechanism of the social prescribing model was the supportive discharge pathway which provided opportunities for sustained engagement in community activities, including participation in peer-to-peer support networks and volunteering. **Research limitations/implications:** More in-depth research is required to fully understand when, for whom and in what circumstances social prescribing is effective for patients of secondary mental health services. **Practical implications:** A supported social prescribing referral, embedded within a recovery focussed secondary mental health service pathway, offers a valuable accompaniment to traditional approaches. Current social prescribing policy is focussed on increasing the number of link workers in primary care, but this study highlights the importance models embedded within secondary care and of funding VCSE organisations to receive referrals and provide pathways for long-term engagement, enabling positive outcomes to be sustained. **Originality/value:** Social prescribing is widely advocated in policy and practice but there are few examples of social prescribing models having been developed in secondary mental health services, and no published academic studies that everybody are aware of.

Esmene DS; Leyshon PC; Leyshon DM. **Beyond adherence to social prescriptions: How places, social acquaintances and stories help walking group members to thrive.** Health & Place. 64:102394, 2020 Jul.

Social prescribing (SP) is an increasingly popular means of enabling medical professionals to refer people to social activities. However, how individuals accommodate activity groups into their routines has been neglected by studies exploring SP. This paper uses qualitative approaches to explore how place and sociability influence the experiences of individuals with type-2 diabetes in a social prescription walking group. Using in-situ conversations and in-depth interviews, we demonstrate how place and sociability extends beyond a group via storytelling, and allows individuals to become part of a group. Understanding place, sociability and storytelling is critical in characterising the benefits of social prescription.

Fixsen A, Seers H, Polley M, Robins J. **Applying critical systems thinking to social prescribing: a relational model of stakeholder "buy-in".** BMC Health Serv Res. 2020 Jun 24;20(1):580. doi: 10.1186/s12913-020-05443-8.

Background: Social prescribing (SP) allows health professionals to refer primary care patients toward health and wellbeing interventions and activities in the local community. Now widely implemented across the UK and adopted in

other nations, questions arise concerning the modelling of present and future schemes, including challenges to full engagement encountered by stakeholders, which lie beyond the scope of traditional evaluations. Critical Systems Thinking (CST) allows for holistic analysis of fields where multiple stakeholders hold diverse interests and unequal power. **Methods:** We use CST to (a) critically examine a developing rural social prescribing scheme from multiple stakeholder perspectives and (b) present a relational model for local social prescribing schemes. Our fieldwork included 24 in-depth interviews, regular planning meetings with key stakeholders, and discussions with those involved with national and international SP landscaping. A modified grounded theory approach was used for the analysis, and to consider the core elements of social prescribing sustainability. **Results**: Our study confirms that local social prescribing schemes must operate with numerous stakeholder interests in mind, seeking to address real life social complexity and offer integrated solutions to multifaceted issues. Three main areas are discussed: holistic vision and boundary judgments; barriers and facilitators; relational issues and "emotional buy in". Problems for staff include selecting suitable clients, feedback and technological issues and funding and evaluation pressures. Barriers for clients include health, transport and expense issues, also lack of prior information and GP involvement. Emotional "buy-in" emerged as essential for all stakeholders, but hard to sustain. Based on our findings we propose a positive relational model comprising shared vision, confidence and commitment; motivation and encouragement, support and wellbeing focus, collaborative relationships, communication and feedback, access to information /resources, learning in and from action, with emotional "buy-in" at its heart. **Conclusion:** Those implementing social prescribing in different localities inevitably face hard choices about what and whom to include. Research on the sustainability of social prescribing remains limited, studies are required to ascertain which "holistic" models of social prescribing work best for which communities, who are the main beneficiaries of these approaches and how "buy-in" is best sustained.

Fleming J; Bryce C; Parsons J; Wellington C; Dale J. **Engagement with and delivery of the 'parkrun practice initiative' in general practice: a mixed methods study.** British Journal of General Practice. 70(697):e573-e580, 2020 08.

BACKGROUND: The parkrun practice initiative, a joint collaboration between parkrun and the Royal College of General Practitioners, was launched to encourage general practices to improve the health and wellbeing of patients and staff through participating in local 5 km parkrun events. Why and how practices engage with the initiative is unknown. AIM: To investigate engagement with and delivery of the parkrun practice initiative in general practice. DESIGN AND SETTING: Mixed methods study conducted from April-July 2019 comprising an online survey of all registered parkrun practices, and interviews and a focus group with practice staff in the West Midlands. METHOD: The designated contacts at 780 registered parkrun practices were invited to complete an online survey. A purposive sample of parkrun practice staff and non-registered practice staff took part either in semi-structured interviews or a focus group, with transcripts analysed thematically. RESULTS: Of the total number of parkrun practices, 306 (39.2%) completed the survey. Sixteen practice staff (from nine parkrun practices and four non-registered practices) took part in either semi-structured interviews (n = 12) or a focus group (n = 4). Key motivators for becoming a parkrun practice were: to improve patient and staff health and wellbeing, and to become more engaged with the community and enhance practice image. Practices most commonly encouraged patients, carers, and staff to take part in parkrun and displayed parkrun flyers and posters. Challenges in implementing activities included lack of time (both personal and during consultations) and getting staff involved. Where staff did engage there were positive effects on morale and participation. Non-registered practices were receptive to the initiative, but had apprehensions about the commitment involved. CONCLUSION: Practices were keen to improve patient and staff health. Addressing time constraints and staff support needs to be considered when implementing the initiative.

Foster A, Thompson J, Holding E, Ariss S, Mukuria C, Jacques R, Akparido R, Haywood A. **Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme**. Health Soc Care Community. 2020 Oct 20. doi: 10.1111/hsc.13200.

Loneliness is considered a global public health issue because of its detrimental impact on physical and mental health but little is known about which interventions can reduce loneliness. One potential intervention is social prescribing, where a link worker helps service-users to access appropriate support such as community activities and social groups. Some qualitative studies have identified that social prescribing may help to reduce service-users' loneliness. Given this, the British Red Cross (a third sector organisation) developed and delivered a national social prescribing service in

the United Kingdom to support people who were experiencing, or at risk of, loneliness. Service-users could receive up to 12 weeks of support from a link worker. A mixed methods study was conducted to understand the impact of the support on loneliness, and to identify the facilitators and barriers to service delivery. The study included: (a) analysis of quantitative data collected routinely between May 2017 and December 2019 (n = 10,643) including pre-post analysis of UCLA data (n = 2,250) and matched comparator work to measure changes in loneliness; (b) semi-structured interviews with service-users, link workers and volunteers (n = 60) and (c) a Social Return on Investment Analysis. The majority of the service-users (72.6%, n = 1634/2250) felt less lonely after receiving support. The mean change in UCLA score was -1.84 (95% CI -1.91 to -1.77) of a maximum change of 6.00 (decrease indicates an improvement). Additional benefits included improved wellbeing, increased confidence and life having more purpose. The base case analysis estimated a social return on investment of £3.42 per £1 invested in the service. Having skilled link workers and support tailored to individual needs appeared key. However, challenges included utilising volunteers, meeting some service-users' needs in relation to signposting and sustaining improvements in loneliness. Nonetheless, the service appeared successful in supporting service-users experiencing loneliness.

Golubinski V, Wild EM, Winter V, Schreyögg J. **Once is rarely enough: can social prescribing facilitate adherence to non-clinical community and voluntary sector health services? Empirical evidence from Germany**. BMC Public Health. 2020; 20(1):1827. doi:10.1186/s12889-020-09927-4

Background: Non-clinical health interventions provided by the voluntary and community sector can improve patients' health and well-being and reduce pressure on primary and secondary care, but only if patients adhere to them. This study provides novel insights into the impact of doctor referrals to such services, known as social prescribing, on patients' adherence to them. **Methods:** Using a negative binomial model, we analysed electronic visitor records from a community health advice and navigation service in Germany between January 2018 and December 2019 to determine whether social prescribing was associated with greater adherence to the service (measured in terms of return visits) compared to patients who self-referred. We also explored whether this effect differed according to patient characteristics. **Results:** Based on 1734 observations, we found that social prescribing was significantly associated with a greater number of return visits compared to patient self-referrals (p < 0.05). For patients who visited the service because of psychological concerns, the effect of social prescribing was lower. For all other patient characteristics, the effect remained unchanged, suggesting relevance to all other patient groups. **Conclusions**: The results of our study indicate that social prescribing may be an effective way to facilitate adherence to non-clinical community and voluntary sector health services. This knowledge is important for policy makers who are deciding whether to implement or expand upon social prescribing schemes.

Hamilton-West K, Milne A, Hotham S. **New horizons in supporting older people's health and wellbeing: is social prescribing a way forward?** Age Ageing. 2020 Apr 27;49(3):319-326. doi: 10.1093/ageing/afaa016.

Older people's health and care needs are changing. Increasing numbers live with the combined effects of age-related chronic illness or disability, social isolation and/or poor mental health. Social prescribing has potential to benefit older people by helping those with social, emotional or practical needs to access relevant services and resources within the local community. However, researchers have highlighted limitations with the existing evidence-base, while clinicians express concerns about the quality of onward referral services, liability and upfront investment required. The current article provides a critical review of evidence on social prescribing, drawing on the RE-AIM Framework (Glasgow et al., 1999) to identify questions that will need to be addressed in order to inform both the design and delivery of services and the evolving research agenda around social prescribing. We emphasise the need for researchers and planners to work together to develop a more robust evidence-base, advancing understanding of the impacts of social prescribing (on individuals, services and communities), factors associated with variation in outcomes and strategies needed to implement effective and sustainable programmes. We also call on policymakers to recognise the need for investment in allied initiatives to address barriers to engagement in social prescribing programmes, provide targeted support for carers and improve access to older adult mental health services. We conclude that social prescribing has potential to support older people's health and wellbeing, but this potential will only be realised through strategic alignment of research, local level implementation and national policy and investment.

Hassan SM, Giebel C, Morasae EK, Rotheram C, Mathieson V, Ward D, Reynolds V, Price A, Bristow K, Kullu C. **Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model.** BMC Health Serv Res. 2020 Jan 6;20(1):19. doi: 10.1186/s12913-019-4882-7.

Background: People live socially complex lives and have different health care needs influenced by socio-economic factors such as deprivation, unemployment, and poor housing. Lack of access to community based social care results in people seeking social support from health care services. This study explores the Life Rooms as a social prescribing model addressing the social determinants of mental health by providing support and access to resources in a local community setting. With an aim to identify key elements that contribute toward enhancing the effectiveness of the Life Rooms social prescribing approach. **Methods:** Data were obtained through six semi-structured focus groups with mental health service users from two locations in the North West of the UK. Postcode data was collected to generate an Index for Multiple Deprivation (IMD) score, to understand their socio-economic background. Data were analysed using thematic analysis. **Results:** A total of 18 participants took part in the study. The majority of participants came from disadvantaged backgrounds; 14 participants measuring 3 and below in terms of overall IMD scores and 9 participants belonged to the poorest decile (IMD score = 1). Participants reported on different elements of the Life Rooms which they found as an effective approach to care. Four main themes emerged from the data: 1) social belonging: being able to just 'be' 2) resourceful and accessible; 3) social inclusion and connectedness; and 4) moving forward: self-development and independence. **Conclusion**: Findings support the need and benefit social prescribing to improve mental health wellbeing and reduce the burden of mental illness.

Holding E, Thompson J, Foster A, Haywood A. **Connecting communities: A qualitative investigation of the challenges in delivering a national social prescribing service to reduce loneliness**. Health Soc Care Community. 2020;28(5):1535-1543. doi:10.1111/hsc.12976

Loneliness is a global public health concern linked to a range of negative health outcomes (Cacioppo & Cacioppo, 2018. The Lancet. 391(10119), 426). Internationally, this has led to the development of a number of interventions, but these are rarely implemented or evaluated on a large scale. This paper is one of the first of its kind to describe elements of an evaluation of a large-scale national social prescribing scheme to reduce loneliness, deploying individual link workers to signpost people to community activities. Reporting on findings from interviews with staff (n = 25 of which 6 were repeat interviews) and volunteers (n = 9) between October 2017 and December 2018 in localities across the United Kingdom. We reflect on the complexities of the link worker role, the challenges of service delivery and the importance of community infrastructure. There was evidence that highly skilled link workers who had developed positive relationships with providers and service-users were key to the success of the intervention. As well as providing an effective liaison and signposting function, successful link workers tailored the national programme to local need to proactively address specific gaps in existing service provision. For social prescribing services to be successful and sustainable, commissioners must consider additional funding of community infrastructure.

Howarth M, Griffiths A, da Silva A, Green R**. Social prescribing: a 'natural' community-based solution**. Br J Community Nurs. 2020 Jun 2;25(6):294-298. doi: 10.12968/bjcn.2020.25.6.294.

This paper discusses social prescribing as part of the wider NHS England universal personalised care model, and it describes how community nurses can engage with social prescribing systems to support community resilience. A case study based on the example of gardening, as a nature-based social prescription provided by the RHS Bridgewater Wellbeing Garden, is provided to illustrate the scope, reach and impact of non-medical, salutogenic approaches for community practitioners. The authors argue that social prescribing and, in particular, nature-based solutions, such as gardening, can be used as a non-medical asset-based approach by all health professionals working in the community as a way to promote health and wellbeing. They consider how the negative impact of social distancing resulting from COVID-19 restrictions could be diluted through collaboration between a holistic, social prescribing system and community staff. The paper presents a unique perspective on how community nurses can collaborate with link workers through social prescribing to help combat social isolation and anxiety and support resilience.

Husk K, Blockley K, Lovell R, et al. **What approaches to social prescribing work, for whom, and in what circumstances? A realist review.** Health Social Care 2020; 28(2):309-324

The use of non-medical referral, community referral or social prescribing interventions has been proposed as a cost-effective alternative to help those with long-term conditions manage their illness and improve health and well-being. However, the evidence base for social prescribing currently lags considerably behind practice. In this paper, we explore what is known about whether different methods of social prescribing referral and supported uptake do (or do not) work. Supported by an Expert Advisory Group, we conducted a realist review in two phases. The first identified evidence specifically relating to social prescribing in order to develop programme theories in the form of 'if-then'

statements, articulating how social prescribing models are expected to work. In the second phase, we aimed to clarify these processes and include broader evidence to better explain the proposed mechanisms. The first phase resulted in 109 studies contributing to the synthesis, and the second phase 34. We generated 40 statements relating to organising principles of how the referral takes place (Enrolment), is accepted (Engagement), and completing an activity (Adherence). Six of these statements were prioritised using web-based nominal group technique by our Expert Group. Studies indicate that patients are more likely to enrol if they believe the social prescription will be of benefit, the referral is presented in an acceptable way that matches their needs and expectations, and concerns elicited and addressed appropriately by the referrer. Patients are more likely to engage if the activity is both accessible and transit to the first session supported. Adherence to activity programmes can be impacted through having an activity leader who is skilled and knowledgeable or through changes in the patient's conditions or symptoms. However, the evidence base is not sufficiently developed methodologically for us to make any general inferences about effectiveness of particular models or approaches.

Jani A, Liyanage H, Hoang U, Moore L, Ferreira F, Yonova I, Tzortziou Brown V, de Lusignan S. **Use and impact of social prescribing: a mixed-methods feasibility study protocol.** BMJ Open. 2020 Sep 18; 10(9):e037681. doi: 10.1136/bmjopen-2020-037681.

Introduction: Social prescribing aims to address social determinants of health, which account for 80%-90% of health outcomes, but the evidence base behind it is limited due to a lack of data linkingsocial prescribing activity and outcomes. **Methods and analysis:** The objective of the quantitative component of this feasibility studyisto identify the characteristics of individuals who receive social prescriptions and describe the use and estimate the impact of social prescribing; the latter will be done on a homeless subgroup. We will use the Oxford Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) primary care sentinel network, whose general practicescover a population of over 4 000 000 patients. Social prescribing data will be extracted onall recorded patients for 5 years up to 31 January 2020. The objective for the qualitative component of the study isto explore approaches to understand the contextual factors that will have influenced our quantitative findings to identify mechanisms to encourage adoption of social prescribing in primary care while improving data quality. Itwill comprise up to three 90-120 minute advisory group meetings for six to eight participants. Participants will be recruited based on their experience of delivering primary care within Oxfordshire and Surrey. The advisory group outputs will be analysed using framework analysis and will be used to create a survey instrument consisting of statements that surveyees, who will consist of primary care practitioners within the RCGP RSC, can agree or disagree with. **Ethics and dissemination**: All RCGP RSC data are pseudonymised at the point of data extraction. No personally identifiable data are required for this investigation. This protocol follows the Good Reporting of a Mixed Methods Study checklist. The study results will be published in a peer-reviewed journal and the dataset will be available to other researchers.

Jani A; Liyanage H; Okusi C; Sherlock J; Hoang U; Ferreira F; Yonova I; de Lusignan S. **Using an Ontology to Facilitate More Accurate Coding of Social Prescriptions Addressing Social Determinants of Health: Feasibility Stud**y. Journal of Medical Internet Research. 22(12):e23721, 2020 Dec 11.

BACKGROUND: National Health Service (NHS) England supports social prescribing in order to address social determinants of health, which account for approximately 80% of all health outcomes. Nevertheless, data on ongoing social prescribing activities are lacking. Although NHS England has attempted to overcome this problem by recommending 3 standardized primary care codes, these codes do not capture the social prescribing activity to a level of granularity that would allow for fair attribution of outcomes to social prescribing. OBJECTIVE: In this study, we explored whether an alternative approach to coding social prescribing activity, specifically through a social prescribing ontology, can be used to capture the social prescriptions used in primary care in greater detail. METHODS: The social prescribing ontology, implemented according to the Web Ontology Language, was designed to cover several key concepts encompassing social determinants of health. Readv2 and Clinical Terms Version 3 codes were identified using the NHS Terms Browser. The Royal College of General Practitioners Research Surveillance Centre, a sentinel network of over 1000 primary care practices across England covering a population of more than 4,000,000 registered patients, was used for data analyses for a defined period (ie, January 2011 to December 2019). RESULTS: In all, 668 codes capturing social prescriptions addressing different social determinants of health were identified for the social prescribing ontology. For the study period, social prescribing ontology codes were used 5,504,037 times by primary care practices of the Royal College of

General Practitioners Research Surveillance Centre as compared to 29,606 instances of use of social prescribing codes, including NHS England's recommended codes. CONCLUSIONS: A social prescribing ontology provides a powerful alternative to the codes currently recommended by NHS England to capture detailed social prescribing activity in England. The more detailed information thus obtained will allow for explorations about whether outputs or outcomes of care delivery can be attributed to social prescriptions, which is essential for demonstrating the overall value that social prescribing can deliver to the NHS and health care systems.

Killbery Wilkinson E, Lees A, Weekes S, Duncan G, Meads G, Tapson K. **A collaborative, multi-sectoral approach to implementing a social prescribing initiative to alleviate social isolation and enhance well-being amongst older people.** Journal of Integrated Care 11 June 2020, https://www.emerald.com/insight/content/doi/10.1108/JICA-02-2020-0004/full/html

Purpose: In 2019, St Johns Winchester, a CQC-registered charity, launched the Hand in Hand (HiH) Service, a social prescribing (SP) initiative to alleviate social isolation/loneliness amongst older people via integration between primary care and the third sector. Arising from collaborative stakeholder reflection, this article explicates processes instigated to plan, implement and evaluate the HiH service which has been locally recognised as an exemplar of good practice. It aims to fill a gap in the literature which has hitherto lacked contextual description of the drivers, mechanisms and processes of SP schemes, leading to confusion over what constitutes SP and which models can work. **Design/methodology/approach:** The article defines the context of, drivers for and collaborative process followed to implement and evaluate HiH and reflects on challenges, facilitators and key points for transferable learning. Early evaluation findings are presented. **Findings**: Key features underpinning the success of the pilot phase were: having clear referral pathways, working collaboratively with health and voluntary sector partners, building relationships based on trust, adherence to high-quality standards and governance, a well-trained team of volunteers and access to up-to-date information source. There remains a disparity between the urgent need for rigorous evaluation data and the resources available to produce it. **Originality/value:** The article offers a novel contribution for those planning SP at the level of practice and policy and for the developing field of SP evaluation.

Mahase E. **Social prescribing: is it working?** BMJ 2020; 368 doi: https://doi.org/10.1136/bmj.m950

Results from the roll out of social prescribing across England look promising, with uptake increasing in general practice, but it must be given time to settle before the full effects can be seen, warns researcher Daisy Fancourt, who is evaluating the scheme for NHS England. Fancourt, associate professor of behavioural science and health at University College London, has been working to assess whether using link workers as a bridge between GPs and community services and activities is an effective way to deliver social prescribing.

McHale S, Pearsons A, Neubeck L, Hanson CL. **Green Health Partnerships in Scotland; Pathways for Social Prescribing and Physical Activity Referral**. Int J Environ Res Public Health. 2020 Sep 18;17(18):6832. doi: 10.3390/ijerph17186832.

Increased exposure to green space has many health benefits. Scottish Green Health Partnerships (GHPs) have established green health referral pathways to enable community-based interventions to contribute to primary prevention and the maintenance of health for those with established disease. This qualitative study included focus groups and semi-structured telephone interviews with a range of professionals involved in strategic planning for and the development and provision of green health interventions (n = 55). We explored views about establishing GHPs. GHPs worked well, and green health was a good strategic fit with public health priorities. Interventions required embedding into core planning for health, local authority, social care and the third sector to ensure integration into non-medical prescribing models. There were concerns about sustainability and speed of change required for integration due to limited funding. Referral pathways were in the early development stages and intervention provision varied. Participants recognised challenges in addressing equity, developing green health messaging, volunteering capacity and providing evidence of success. Green health interventions have potential to integrate successfully with social prescribing and physical activity referral. Participants recommended GHPs engage political and health champions, embed green health in strategic planning, target mental health, develop simple, positively framed messaging, provide volunteer support and implement robust routine data collection to allow future examination of success.

Morris D, Thomas P, Ridley J, Webber M. **Community-Enhanced Social Prescribing: Integrating Community in Policy and Practice** [published online ahead of print, 2020 Dec 2]. International Journal of Community Well-Being. 2020; 1-17. doi:10.1007/s42413-020-00080-9

The NHS Plan is introducing social prescribing link workers into GP surgeries in England. The link workers connect people to non-health resources in the community and voluntary sector, with the aim of meeting individual needs beyond the capacity of the NHS. Social prescribing models focus on enhancing individual wellbeing, guided by the policy of universal personalised care. However, they largely neglect the capacity of communities to meet individual need, particularly in the wake of a decade of austerity. We propose a model of community enhanced social prescribing (CESP) which has the potential to improve both individual and community wellbeing. CESP combines two evidence-informed models – Connected Communities and Connecting People – to address both community capacity and individual need. CESP requires a literacy of community which recognises the importance of communities to individuals and the importance of engaging with, and investing in, communities. When fully implemented the theory of change for CESP is hypothesised to improve both individual and community wellbeing.

Mulligan K, Bhatti S, Rayner J, Hsiung S. **Social Prescribing: Creating Pathways Towards Better Health and Wellness**. J Am Geriatr Soc. 2020 Feb;68(2):426-428. doi: 10.1111/jgs.16249.

Mulligan, K., Hsiung, S., Bhatti, S., Rehel, J. & Rayner, J. Social Prescribing in Ontario: Final Report. Toronto: Alliance for Healthier Communities. March 2020, https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf

Orellana K; Manthorpe J; Tinker A.**Day centres for older people - attender characteristics, access routes and outcomes of regular attendance: findings of exploratory mixed methods case study research.** BMC Geriatrics. 20(1):158, 2020 05 04.

BACKGROUND: Social prescribing is encouraged to promote well-being, reduce isolation and loneliness. Traditional, generalist day centres for older people could be suggested by social prescribing, but little is known about their clientele or their outcomes. As part of a larger study of the role, outcomes and commissioning of generalist English day centres for older people, the characteristics of attenders at 4 day centres, their reasons for attendance and outcomes were explored. METHODS: This mixed-methods study used qualitative interviews and standardised tools within an embedded multiple-case study design. Semi-structured interviews with older day centre attenders (n = 23, 62% of eligible attenders) of 4 day centres in south-east England, recruited purposively to reflect organisational differences, were analysed. RESULTS: Participants reported non-elective withdrawal from socialisation following health or mobility decline, or losses. Apart from living arrangements and marital status, attenders' profiles differed between centres. Access had been mostly facilitated by others. Day centre attendance enhanced quality of life for this group of socially isolated people with mobility restrictions and at risk of declining independence and wellbeing. The positive impact on attenders' social participation and involvement and on meaningful occupation was significant (p-value < 0.001, 99% CI), with an average ASCOT gain score of 0.18. Ten outcome themes were identified. CONCLUSION: Outcomes of day centre attendance are those targeted by social care and health policy. Centres were communities that 'enabled' and offset loss or isolation, thus supporting ageing in place through wellbeing and contributed something unique to their attenders' lives. By monitoring attenders' health and wellbeing and providing practical support, information and facilitating access to other services, centres offered added value. Attendance needs to be set in the context of other social engagement and care provision which may not overlap or duplicate centre support. Professionals may wish to explore the benefits of social prescriptions to day centres but should map local centres' provision, engage with their organisers, and seek information on attenders, who may differ from those in this study.

Pescheny JV, Randhawa G, Pappas Y. **The impact of social prescribing services on service users: a systematic review of the evidence.** Eur J Public Health. 2020 Aug 1;30(4):664-673. doi: 10.1093/eurpub/ckz078.

Background: Social prescribing initiatives are widely implemented in the UK National Health Service to integrate health and social care. Social prescribing is a service in primary care that links patients with non-medical needs to sources of support provided by the community and voluntary sector to help improve their health and wellbeing. Such programmes usually include navigators, who work with referred patients and issue onward referrals to sources of non-medical support. This systematic review aimed to assess the evidence of service user outcomes of social prescribing programmes based on primary care and involving navigators. **Methods:** We searched 11 databases, the grey literature, and the reference lists of relevant studies to identify the available evidence on the impact of social prescribing on service users. Searches were limited to literature written in English. No date restrictions were applied, and searches were conducted to June 2018. Findings were synthesized narratively, employing thematic analysis. The Mixed Methods Appraisal Tool Version 2011 was used to evaluate the methodological quality of included studies. **Results:** Sixteen studies met the inclusion criteria. The evidence base is mixed, some studies found improvements in health and wellbeing, health-related behaviours, self-concepts, feelings, social contacts and day-to-day functioning post-social prescribing, whereas others have not. The review also shows that the evaluation methodologies utilized were variable in quality. **Conclusion**: In order to assess the success of social prescribing services, more high quality and comparable evaluations need to be conducted in the future.

Pescheny JV; Gunn LH; Randhawa G; Pappas Y. **The impact of the Luton social prescribing programme on energy expenditure: a quantitative before-and-after study.** BMJ Open. 9(6):e026862, 2019 06 16.

Pescheny JV; Gunn LH; Randhawa G; Pappas Y. **The impact of the Luton social prescribing programme on energy expenditure: a quantitative before-and-after study.** BMJ Open. 9(6):e026862, 2019 06 16.

OBJECTIVES: The objective of this study was to assess the change in energy expenditure levels of service users after participation in the Luton social prescribing programme. DESIGN: Uncontrolled before-and-after study. SETTING: This study was set in the East of England (Luton). PARTICIPANTS: Service users with complete covariate information and baseline measurements (n=146) were included in the analysis. INTERVENTION: Social prescribing, which is an initiative that aims to link patients in primary care with sources of support within the community sector to improve their health, well-being and care experience. Service users were referred to 12 sessions (free of charge), usually provided by third sector organisations. PRIMARY OUTCOME MEASURE: Energy expenditure measured as metabolic equivalent (MET) minutes per week. RESULTS: Using a Bayesian zero-inflated negative binomial model to account for a large number of observed zeros in the data, 95% posterior intervals show that energy expenditure from all levels of physical activities increased post intervention (walking 41.7% (40.31%, 43.11%); moderate 5.0% (2.94%, 7.09%); vigorous 107.3% (98.19%, 116.20%) and total 56.3% (54.77%, 57.69%)). The probability of engaging in physical activity post intervention increased, in three of four MET physical activity levels, for those individuals who were inactive at the start of the programme. Age has a negative effect on energy expenditure from any physical activity level. Similarly, working status has a negative effect on energy expenditure in all but one MET physical activity level. No consistent pattern was observed across physical activity levels in the association between gender and energy expenditure. CONCLUSION: This study shows that social prescribing may have the potential to increase the physical activity levels of service users and promote the uptake of physical activity in inactive patient groups. Results of this study can inform future research in the field, which could be of use for commissioners and policy makers.

Pretty J; Barton J. **Nature-Based Interventions and Mind-Body Interventions: Saving Public Health Costs Whilst Increasing Life Satisfaction and Happiness.** International Journal of Environmental Research & Public Health [Electronic Resource]. 17(21), 2020 10 23.

A number of countries have begun to adopt prevention pays policies and practices to reduce pressure on health and social care systems. Most affluent countries have seen substantial increases in the incidence and costs of non-communicable diseases. The interest in social models for health has led to the growth in use of social prescribing and psychological therapies. At the same time, there has been growth in application of a variety of nature-based and mind-body interventions (NBIs and MBIs) aimed at improving health and longevity. We assess four NBI/MBI programmes (woodland therapy, therapeutic horticulture, ecotherapy/green care, and tai chi) on life satisfaction/happiness and costs of use of public services. These interventions produce rises in life satisfaction/happiness of 1.00 pts to 7.29 (n = 644; p < 0.001) (for courses or participation >50 h). These increases are

greater than many positive life events (e.g., marriage or a new child); few countries or cities see +1 pt increases over a decade. The net present economic benefits per person from reduced public service use are 830-31,520 (after 1 year) and 6450-11,980 (after 10 years). We conclude that NBIs and MBIs can play a role in helping to reduce the costs on health systems, while increasing the well-being of participants.

Robinson JM, Jorgensen A, Cameron R, Brindley P. **Let Nature Be Thy Medicine: A Socioecological Exploration of Green Prescribing in the UK**. Int J Environ Res Public Health. 2020 May 15;17(10):3460. doi: 10.3390/ijerph17103460.

Prescribing nature-based health interventions (green prescribing)-such as therapeutic horticulture or conservation activities-is an emerging transdisciplinary strategy focussed on reducing noncommunicable diseases. However, little is known about the practice of, and socioecological constraints/opportunities associated with, green prescribing in the UK. Furthermore, the distribution of green prescribing has yet to be comprehensively mapped. In this study, we conducted a socioecological exploration of green prescribing. We deployed online questionnaires to collect data from general practitioners (GPs) and nature-based organisations (NBOs) around the UK and conducted spatial analyses. Our results indicate that GPs and NBOs perceive and express some common and distinct constraints to green prescribing. This highlights the need to promote cross-disciplinary communication pathways. Greenspace presence and abundance within close proximity (100 and 250 m) to GP surgeries (but not greenness-as a proxy for vegetation cover) and NBO presence within 5 km were associated with higher levels of green prescribing provision. Lower levels of deprivation were associated with higher frequency of NBOs. This suggests that the availability of greenspaces and NBOs could be important for green prescribing provision, but there could be greater opportunities in less deprived areas. Important foci for future research should be to establish transdisciplinary collaborative pathways, efficient infrastructure management and a common vocabulary in green prescribing-with the overall aim of reducing inequalities and enhancing planetary health.

Roland M, Everington S, Marshall M. **Social Prescribing - Transforming the Relationship between Physicians and Their Patients.** N Engl J Med. 2020 Jul 9;383(2):97-99. doi: 10.1056/NEJMp1917060.

Savage RD, Stall NM, Rochon PA. **Looking Before We Leap: Building the Evidence for Social Prescribing for Lonely Older Adults**. J Am Geriatr Soc. 2020 Feb;68(2):429-431. doi: 10.1111/jgs.16251

Siette J, Berry H, Jorgensen M, et al. **Social Participation Among Older Adults Receiving Community Care Services**. Journal of Applied Gerontology. July 2020. doi:10.1177/0733464820938973

Aged care services have the potential to support social participation for the growing number of adults aging at home, but little is known about the types of social activities older adults in community care are engaged in. We used cluster analysis to examine the current profiles of social participation across seven domains in 1,114 older Australians, and chi-square analyses to explore between-group differences in social participation and sociodemographic and community care service use. Two distinct participation profiles were identified: (a) connected, capable, older rural women and (b) isolated, high-needs, urban-dwelling men. The first group had higher levels of engagement across six social participation domains compared with the second group. Social participation among older adults receiving community care services varies by gender, age, individual care needs, and geographical location. More targeted service provision at both the individual and community levels may assist older adults to access social participation opportunities.

Sumner RC, Crone DM, Baker C, Hughes S, Loughren EA, James DVB. **Factors associated with attendance, engagement and wellbeing change in an arts on prescription intervention**. J Public Health (Oxf). 2020 Feb 28; 42(1):e88-e95. doi: 10.1093/pubmed/fdz032.

Background: Arts on prescription interventions have grown in number in recent years with a corresponding evidence base in support. Despite the growth and presence of these interventions, there have been no evaluations to date as to what factors predict patient success within these referral schemes. **Methods:** Using the largest cohort of patient data to date in the field (N = 1297), we set out to understand those factors that are associated with attendance, programme engagement and wellbeing change of patients. Factors associated with these outcomes were assessed

using three binary logistic regression models. **Results**: Baseline wellbeing was associated with each outcome, with higher baseline wellbeing being associated with attendance and engagement, and lower baseline wellbeing associated with positive wellbeing change. Additionally, deprivation was associated with attendance, with those from the median deprivation quintile being more likely to attend. **Conclusions**: The role of baseline wellbeing in each outcome of these analyses is the most critical associative factor. Whilst those that are lower in wellbeing have more to gain from these interventions, they are also less likely to attend or engage, meaning they may need additional support in commencing these types of social prescribing interventions.

Thomson LJ, Morse N, Elsden E, Chatterjee HJ. **Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections.** Perspect Public Health. 2020; 140(5):277-285. doi: 10.1177/1757913920910443.

Aims: To assess the biopsychosocial effects of participation in a unique, combined arts- and nature-based museum intervention, involving engagement with horticulture, artmaking and museum collections, on adult mental health service users. **Methods**: Adult mental health service users (total n = 46 across two phases) with an average age of 53 were referred through social prescribing by community partners (mental health nurse and via a day centre for disadvantaged and vulnerable adults) to a 10-week 'creative green prescription' programme held in Whitworth Park and the Whitworth Art Gallery. The study used an exploratory sequential mixed methods design comprising two phases - Phase 1 (September to December 2016): qualitative research investigating the views of participants (n = 26) through semi-structured interviews and diaries and Phase 2 (February to April 2018): quantitative research informed by Phase 1 analysing psychological wellbeing data from participants (n = 20) who completed the UCL Museum Wellbeing Measure pre-post programme. **Results:** Inductive thematic analysis of Phase 1 interview data revealed increased feelings of wellbeing brought about by improved self-esteem, decreased social isolation and the formation of communities of practice. Statistical analysis of pre-post quantitative measures in Phase 2 found a highly significant increase in psychological wellbeing. **Conclusion:** Creative green prescription programmes, using a combination of arts- and nature-based activities, present distinct synergistic benefits that have the potential to make a significant impact on the psychosocial wellbeing of adult mental health service users. Museums with parks and gardens should consider integrating programmes of outdoor and indoor collections-inspired creative activities permitting combined engagement with nature, art and wellbeing.

Tierney, S., Wong, G., Roberts, N. et al. **Supporting social prescribing in primary care by linking people to local assets: a realist review.** BMC Med 2020; 18, 49. https://doi.org/10.1186/s12916-020-1510-7

Background: Social prescribing is a way of addressing the 'non-medical' needs (e.g., loneliness, debt, housing problems) that can affect people's health and well-being. Connector schemes (e.g., delivered by care navigators or link workers) have become a key component to social prescribing's delivery. Those in this role support patients by either (a) signposting them to relevant local assets (e.g., groups, organisations, charities, activities, events) or (b) taking time to assist them in identifying and prioritising their 'non-medical' needs and connecting them to relevant local assets. To understand how such connector schemes work, for whom, why and in what circumstances, we conducted a realist review. **Method:** A search of electronic databases was supplemented with Google alerts and reference checking to locate grey literature. In addition, we sent a Freedom of Information request to all Clinical Commissioning Groups in England to identify any further evaluations of social prescribing connector schemes. Included studies were from the UK and focused on connector schemes for adult patients (18+ years) related to primary care. **Results**: Our searches resulted in 118 included documents, from which data were extracted to produce context-mechanism-outcome configurations (CMOCs). These CMOCs underpinned our emerging programme theory that centred on the essential role of 'buy-in' and connections. This was refined further by turning to existing theories on (a) social capital and (b) patient activation. **Conclusion:** Our realist review highlights how connector roles, especially link workers, represent a vehicle for accruing social capital (e.g., trust, sense of belonging, practical support). We propose that this then gives patients the confidence, motivation, connections, knowledge and skills to manage their own well-being, thereby reducing their reliance on GPs. We also emphasise within the programme theory situations that could result in unintended consequences (e.g. increased demand on GPs).

Wakefield JRH, Kellezi B, Stevenson C, McNamara N, Bowe M, Wilson I, Halder MM, Mair E. **Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a**

Social Prescribing pathway. J Health Psychol. 2020 Jul 23:1359105320944991. doi: 10.1177/1359105320944991.

We examined whether the Social Cure (SC) perspective explains the efficacy of a Social Prescribing (SP) pathway which addresses healthcare needs through enhancing social connections. Data were collected at pathway entry from patients with long-term health conditions, or who felt isolated/lonely/anxious (N = 630), then again 4 months later (N = 178), and 6-9 months later (N = 63). Being on the pathway was associated with increased group memberships between T0 and T1. The relationship between increased group memberships and quality-of-life was serially mediated by belonging, support and loneliness. This study is the first to show SP enhances health/well-being via SC mechanisms.

Wallace C, Elliott M, Thomas S, Davies-McIntosh E, Beese S, Roberts G, Ruddle N, Groves K, Rees S, Pontin D. **Using consensus methods to develop a Social Prescribing Learning Needs Framework for practitioners in Wales.** Perspect Public Health. 2020 Jan 28:175913919897946. doi: 10.1177/175913919897946.

Aims: Social prescribing is being widely implemented in Wales, but there is no consensus on the necessary learning, training and education needs for people delivering social prescribing. The purpose of the study was to develop an education and training needs conceptual framework for social prescribers in Wales, which could be used by commissioners and providers for the development of social prescribing curricula. **Methods:** This study used two consensus methods. First, Group Concept Mapping using Concept Systems Global MaxTM software which identified the important and available learning needs of 18 (n = 18) geographically spread social prescribing practitioners. Second, a world café style workshop asked 85 (n = 85) social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills. **Results**: A Social Prescribing Learning Needs Framework was developed identifying important learning needs and their availability across a timeline from induction onwards. This was conceptualised from a group concept mapping cluster map and go-zone report. The map comprises five clusters of statements (compassion, interpersonal relationships, socioeconomic disadvantage, networking and monitoring data) from the original 120 statements of learning needs identified by participants. The Go-Zone report displayed how each learning need was rated by participants on scales of importance and availability. A large number of training needs (45%) that were identified as important, are not currently available to social prescribers. All training needs were placed within the first year of the social prescriber working timeline, with 39% placed in an induction period. **Conclusion**: The use of two different consensus methods enabled social prescribers geographically spread across Wales to engage with the study. The Social Prescribing Learning Needs Framework will be used to inform the commissioning and decommissioning of training for people delivering social prescribing in Wales.

Ward A, Asif A, Cattermole R, Chima J, Ebbatson T, Mahi I, Richardson N, Sheikh H. **Social prescribing by students: the design and delivery of a social prescribing scheme by medical students in general practice.** Educ Prim Care. 2020 Sep;31(5):318-322. doi: 10.1080/14739879.2020.1799437

Background Social prescribing is a means of enabling primary care professionals to refer people to a range of local, non-clinical services. Medical students at a large GP surgery in Corby designed, implemented and led a social prescribing service for the practice's patients. Through the project students gained an understanding of social prescribing in an authentic setting. **Methods** During a 12 week GP placement students collated information on local organisations, charities and schemes into a social prescribing directory. A clinic was set up and a social prescribing protocol created to enable suitable patients to be referred to the service. Students educated staff and collected feedback on how the service should run. Patients referred to the service were seen by medical students, who identified suitable social prescribing opportunities. Follow up was arranged to encourage patient engagement with services. The student-led service has been successfully integrated with the work of the new PCN link worker. **Outcome** Medical students were able successfully identify social prescribing opportunities for patients referred to them in primary care. Experential learning enabled them to develop an understanding of social prescribing and its place in healthcare. **Discussion** Medical students successfully designed and delivered a social prescribing intervention providing authentic educational experience in real-life clinical practice. The introduction of a Primary Care Network link worker enhanced this work and student input has continued in the ongoing service. It is hoped the scheme will be rolled out across the Primary Care curriculum in Leicester.

Yannitell Reinhardt G, Vidovic D, Hammerton C. **Understanding Loneliness: a Systematic Review of the Impact of Social Prescribing Initiatives on Loneliness**. University of Essex June 2020
http://repository.essex.ac.uk/28754/5/PerspPublicHealth_SocialPrescribing-Loneliness.pdf

Younan H-C, Junghans C, Harris M et al. **Maximising the impact of social prescribing on population health in the era of COVID-19.** J Royal Soc Med 2020; 113(10): 377-382, https://doi.org/10.1177/0141076820947057

Examined the impact of different social prescribing schemes in England, from a population health perspective, that focus on individuals, communities or a combination of both.

Conclusion: The COVID-19 pandemic shows the importance of strong social support within the community to meet major public health challenges and presents an opportunity to rethink social prescribing nationally and globally. A household social prescribing model for the UK, as in Brazil, that embeds principles of universality, comprehensiveness, and integration is urgently needed to improve population health along with adequate community funding.

2019

Benson T; Sladen J; Liles A; Potts HWW. **Personal Wellbeing Score (PWS)-a short version of ONS4: development and validation in social prescribing.** BMJ Open Quality. 8(2):e000394, 2019.

Aims: Our aim was to develop a short generic measure of subjective well-being for routine use in patient-centred care and healthcare quality improvement alongside other patient-reported outcome and experience measures. Methods: The Personal Wellbeing Score (PWS) is based on the Office of National Statistics (ONS) four subjective well-being questions (ONS4) and thresholds. PWS is short, easy to use and has the same look and feel as other measures in the same family of measures. Word length and reading age were compared with eight other measures. Anonymous data sets from five social prescribing projects were analysed. Internal structure was examined using distributions, intra-item correlations, Cronbach's alpha and exploratory factor analysis. Construct validity was assessed based on hypothesised associations with health status, health confidence, patient experience, age, gender and number of medications taken. Scores on referral and after referral were used to assess responsiveness. Results: Differences between PWS and ONS4 include brevity (42 vs 114 words), reading age (9 vs 12 years), response options (4 vs 11), positive wording throughout and a summary score. 1299 responses (60% female, average age 81 years) from people referred to social prescribing services were analysed; missing values were less than 2%. PWS showed good internal reliability (Cronbach's alpha=0.90). Exploratory factor analysis suggested that all PWS items relate to a single dimension. PWS summary scores correlate positively with health confidence (r=0.60), health status (r=0.58), patient experience (r=0.30) and age group (r=0.24). PWS is responsive to social prescribing intervention. Conclusions: The PWS is a short variant of ONS4. It is easy to use with good psychometric properties, suitable for routine use in quality improvement and health services research.

Bird EL; Biddle MSY; Powell JE. **General practice referral of 'at risk' populations to community leisure services: applying the RE-AIM framework to evaluate the impact of a community-based physical activity programme for inactive adults with long-term conditions.** BMC Public Health. 19(1):1308, 2019 Oct 17.

BACKGROUND: In the UK a high proportion of adults with long-term conditions do not engage in regular physical activity. General practice (GP) referral to community-based physical activity is one strategy that has gained traction in recent years. However, evidence for the real-world effectiveness and translation of such programmes is limited. This study aimed to evaluate the individual and organisational impacts of the 'CLICK into Activity' programme - GP referral of inactive adults living with (or at risk of) long-term conditions to community-based physical activity. METHODS: A mixed methods evaluation using the RE-AIM framework was conducted with data obtained from a range of sources: follow-up questionnaires, qualitative interviews, and programme-related documentation, including programme cost data. Triangulation methods were used to analyse data, with findings synthesised across each dimension of the RE-AIM framework. RESULTS: A total of 602 individuals were referred to CLICK into Activity physical activity sessions. Of those referred, 326 individuals participated in at least one session; the programme therefore reached 30.2% of the 1080 recruitment target. A range of individual-, social-, and environmental-level factors contributed to initial physical activity participation. Positive changes over time in physical activity and other outcomes

assessed were observed among participants. Programme adoption at GP surgeries was successful, but the GP referral process was not consistently implemented across sites. Physical activity sessions were successfully implemented, with programme deliverers and group-based delivery identified as having an influential effect on programme outcomes. Changes to physical activity session content were made in response to participant feedback. CLICK into Activity cost 175,000 over 3 years, with an average cost per person attending at least one programme session of 535. CONCLUSIONS: Despite not reaching its recruitment target, CLICK into Activity was successfully adopted. Positive outcomes were associated with participation, although low 6- and 12-month follow-up response rates limit understanding of longer-term programme effects. Contextual and individual factors, which may facilitate successful implementation with the target population, were identified. Findings highlight strategies to be explored in future development and implementation of GP referral to community-based physical activity programmes targeting inactive adults living with (or at risk of) long-term conditions.

Drinkwater C, Wildman J, Moffat S. **Social prescribing.** BMJ 2019; 364:l1285 doi: 10.1136/bmj.l1285
https://research.ncl.ac.uk/media/sites/researchwebsites/nuspemedia/Drinkwater%20et%20al%202019.pdf

Good summary of social prescribing and link workers:

Key aspects of the link worker role include: working with patients to identify meaningful goals; co-producing an action plan with the patient; enabling access to activities and sources of support in the community, and providing ongoing motivational support to help patients achieve their goals. In some schemes, link workers also work with clinicians to generate social prescribing referrals and provide feedback to referring clinicians on patients' progress. Ideally a link worker is someone with community connections and an in-depth knowledge of sources of community activities and support. An understanding of the local community is particularly crucial in areas of socioeconomic disadvantage, as the link worker role may also involve generating and building capacity in the local voluntary and community sectors to provide a wide range of local activities. The recent NHS Long Term Plan for England includes the aim to recruit more than 1000 trained social prescribing link workers by the end of 2020-21, with a further increase by 2023-24.

Frostick C; Bertotti M. **The frontline of social prescribing - How do we ensure Link Workers can work safely and effectively within primary care?** Chronic Illness. 1742395319882068, 2019 Oct 17.

OBJECTIVE: To identify the training, skills and experience social prescribing Link Workers, working with patients presenting with long-term conditions, need to carry out their role safely and effectively within primary care services. METHOD: Qualitative data were collected from Link Workers as part of the evaluation of three social prescribing schemes. Interviews and focus groups were audio-recorded and transcribed. RESULTS: Link Workers describe the complexity of the work and the need to define the boundaries of their role within existing services. Previous life and work experience were invaluable and empathy was seen as a key skill. A variety of training was valued with counselling skills felt to be most critical. Clinical supervision and support were felt to be essential to conduct the work safely. DISCUSSION: Social prescribing is a significant theme within UK health policy and internationally and schemes in primary care services are common. Patient accounts consistently suggest that the Link Worker is key to the success of the pathway. Link Workers can facilitate positive behaviour change; however they must be recruited, trained and supported with a clear understanding of the demands of this complex role.

Hamilton-West K; Gadsby E; Zaremba N; Jaswal S. **Evaluability assessments as an approach to examining social prescribing.** Health & Social Care in the Community. 27(4):1085-1094, 2019 07.

We report on two evaluability assessments (EAs) of social prescribing (SP) services in South East England conducted in 2016/7. We aimed to demonstrate how EAs can be used to assess whether a programme is ready to be evaluated for outcomes, what changes would be needed to do so and whether the evaluation would contribute to improved programme performance. We also aimed to draw out the lessons learned through the EA process and consider how these can inform the design and evaluation of SP schemes. EAs followed the steps described by Wholey, New Dir Eval 33:77, (1987) and Leviton et al., Annu Rev Public Health 31:213, (2010), including collaboration with stakeholders, elaboration, testing and refinement of an

agreed programme theory, understanding the programme reality, identification and review of existing data sources and assessment against key criteria. As a result, evaluation of the services was not recommended. Necessary changes to allow for future evaluation include gaining access to electronic patient records, establishing procedures for collection of baseline and outcome data and linking to data on use of other healthcare services. Lessons learned include ensuring that: (a) SP schemes are developed with involvement (and buy in) of relevant stakeholders; (b) information governance and data sharing agreements are in place from the start; (c) staffing levels are sufficient to cover the range of activities involved in service delivery, data monitoring, reporting, evaluation and communication with stakeholders; (d) SP schemes are co-located with primary care services; and (e) referral pathways and linkages to health service data systems are established as part of the programme design. We conclude that EA provides a valuable tool for informing the design and evaluation of SP schemes. EA can help commissioners to make best use of limited evaluation resources and prioritise which programmes need to be evaluated, as well as how, why and when.

Husk K, Elston J, Gradinger F, Callaghan L, Asthana S. **Social prescribing: where is the evidence?** Editorial Br J Gen Pract. 2019 Jan;69(678):6-7. doi: 10.3399/bjgp19X700325.

In summary, we would argue that social prescriptions have the potential to greatly benefit individuals with complex health and social care needs. However, it is important that interest, investment and innovation are supported and informed by a high-quality concomitant research programme that addresses the points raised, if this potential is to be fully realised.

Husk K, Blockley K, Lovell R, et al. **What approaches to social prescribing work, for whom, and in what circumstances? A realist review**. Health Soc Care Community. 2020;28(2):309-324. doi:10.1111/hsc.12839

The use of non-medical referral, community referral or social prescribing interventions has been proposed as a cost-effective alternative to help those with long-term conditions manage their illness and improve health and well-being. However, the evidence base for social prescribing currently lags considerably behind practice. In this paper, we explore what is known about whether different methods of social prescribing referral and supported uptake do (or do not) work. Supported by an Expert Advisory Group, we conducted a realist review in two phases. The first identified evidence specifically relating to social prescribing in order to develop programme theories in the form of 'if-then' statements, articulating how social prescribing models are expected to work. In the second phase, we aimed to clarify these processes and include broader evidence to better explain the proposed mechanisms. The first phase resulted in 109 studies contributing to the synthesis, and the second phase 34. We generated 40 statements relating to organising principles of how the referral takes place (Enrolment), is accepted (Engagement), and completing an activity (Adherence). Six of these statements were prioritised using web-based nominal group technique by our Expert Group. Studies indicate that patients are more likely to enrol if they believe the social prescription will be of benefit, the referral is presented in an acceptable way that matches their needs and expectations, and concerns elicited and addressed appropriately by the referrer. Patients are more likely to engage if the activity is both accessible and transit to the first session supported. Adherence to activity programmes can be impacted through having an activity leader who is skilled and knowledgeable or through changes in the patient's conditions or symptoms. However, the evidence base is not sufficiently developed methodologically for us to make any general inferences about effectiveness of particular models or approaches.

Ige J, Gibbons L, Bray I, Gray S. **Methods of identifying and recruiting older people at risk of social isolation and loneliness: a mixed methods review**. BMC Med Res Methodol. 2019 Aug 29;19(1):181. doi: 10.1186/s12874-019-0825-6.

Background: Loneliness and social isolation are major determinants of mental wellbeing, especially among older adults. The effectiveness of interventions to address loneliness and social isolation among older adults has been questioned due to the lack of transparency in identifying and recruiting populations at risk. This paper aims to

systematically review methods used to identify and recruit older people at risk of loneliness and social isolation into research studies that seek to address loneliness and social isolation. **Methods:** In total, 751 studies were identified from a structured search of eleven electronic databases combined with hand searching of reference bibliography from identified studies for grey literature. Studies conducted between January 1995 and December 2017 were eligible provided they recruited community living individuals aged 50 and above at risk of social isolation or loneliness into an intervention study. **Result:** A total of 22 studies were deemed eligible for inclusion. Findings from these studies showed that the most common strategy for inviting people to participate in intervention studies were public-facing methods including mass media and local newspaper advertisements. The majority of participants identified this way were self-referred, and in many cases self-identified as lonely. In most cases, there was no standardised tool for defining loneliness or social isolation. However, studies that recruited via referral by recognised agencies reported higher rates of eligibility and enrolment. Referrals from primary care were only used in a few studies. Studies that included agency referral either alone or in combination with multiple forms of recruitment showed more promising recruitment rates than those that relied on only public facing methods. Further research is needed to establish the cost-effectiveness of multiple forms of referral. **Conclusion:** Findings from this study demonstrate the need for transparency in writing up the methods used to approach, assess and enrol older adults at risk of becoming socially isolated. None of the intervention studies included in this review justified their recruitment strategies. The ability of researchers to share best practice relies greatly on the transparency of research.

Jani A, Pitini E, Jungmann S, et al. A Social Prescriptions Formulary: **Bringing social prescribing on par with pharmaceutical Prescribing.** J Royal Soc Med Dec 2019; 112(12): 498-502, https://doi.org/10.1177%2F0141076819877555;

Kellezi B, Wakefield JRH, Stevenson C, McNamara N, Mair E, Bowe M, Wilson I, Halder MM**. The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision.** BMJ Open. 2019 Nov 14;9(11):e033137. doi: 10.1136/bmjopen-2019-033137.

Objectives: This study aimed to assess the degree to which the 'social cure' model of psychosocial health captures the understandings and experiences of healthcare staff and patients in a social prescribing (SP) pathway and the degree to which these psychosocial processes predict the effect of the pathway on healthcare usage. **Design**: Mixed-methods: Study 1: semistructured interviews; study 2: longitudinal survey. **Setting**: An English SP pathway delivered between 2017 and 2019. **Participants**: Study 1: general practitioners (GPs) (n=7), healthcare providers (n=9) and service users (n=19). Study 2: 630 patients engaging with SP pathway at a 4-month follow-up after initial referral assessment. **Intervention:** Chronically ill patients experiencing loneliness referred onto SP pathway and meeting with a health coach and/or link worker, with possible further referral to existing or newly created relevant third-sector groups. **Main outcome measure**: Study 1: health providers and users' qualitative perspectives on the experience of the pathway and social determinants of health. Study 2: patients' primary care usage. **Results:** Healthcare providers recognised the importance of social factors in determining patient well-being, and reason for presentation at primary care. They viewed SP as a potentially effective solution to such problems. Patients valued the different social relationships they created through the SP pathway, including those with link workers, groups and community. Group memberships quantitatively predicted primary care usage, and this was mediated by increases in community belonging and reduced loneliness. **Conclusions**: Methodological triangulation offers robust conclusions that 'social cure' processes explain the efficacy of SP, which can reduce primary care usage through increasing social connectedness (group membership and community belonging) and reducing loneliness. Recommendations for integrating social cure processes into SP initiatives are discussed.

Leavell MA, Leiferman JA, Gascon M, Braddick F, Gonzalez JC, Litt JS. **Nature-Based Social Prescribing in Urban Settings to Improve Social Connectedness and Mental Well-being: a Review**. Curr Environ Health Rep. 2019 Dec;6(4):297-308. doi: 10.1007/s40572-019-00251-7.

Purpose of review: Recent reports of a "loneliness epidemic" in the USA are growing along with a robust evidence base that suggests that loneliness and social isolation can compromise physical and psychological health. Screening for social isolation among at-risk populations and referring them to nature-based community services, resources, and activities through a social prescribing (SP) program may provide a way to connect vulnerable populations with the broader community and increase their sense of connectedness and belonging. In this review, we explore opportunities

for social prescribing to be used as a tool to address connectedness through nature-based interventions. **Recent findings:** Social prescribing can include a variety of activities linked with voluntary and community sector organizations (e.g., walking and park prescriptions, community gardening, farmers' market vouchers). These activities can promote nature contact, strengthen social structures, and improve longer term mental and physical health by activating intrapersonal, interpersonal, and environmental processes. The prescriptions are appropriate for reaching a range of high-risk populations including moms who are minors who are minors, recent immigrants, older adults, economically and linguistically isolated populations, and unlikely users of nature and outdoor spaces. More research is needed to understand the impact of SPs on high-risk populations and the supports needed to allow them to feel at ease in the outdoors. Additionally, opportunities exist to develop technologically and socially innovative strategies to track patient participation in social prescriptions, monitor impact over time, and integrate prescribing into standard health care practice.

Moffatt S, Wildman J, Pollard TM, Penn L, O'Brien N, Pearce MS, Wildman JM. **Evaluating the impact of a community-based social prescribing intervention on people with type 2 diabetes in North East England: mixed-methods study protocol**. BMJ Open. 2019;9(1):e026826. doi: 10.1136/bmjopen-2018-026826.

Introduction: Social prescribing enables healthcare professionals to use voluntary and community sector resources to improve support for people with long-term conditions. It is widely promoted in the UK as a way to address complex health, psychological and social issues presented in primary care, yet there is insufficient evidence of effectiveness or value for money. This study aims to evaluate the impact and costs of a link-worker social prescribing intervention on the health and healthcare use of adults aged 40-74 with type 2 diabetes, living in a multi-ethnic area of high socioeconomic deprivation. **Methods and analysis**: Mixed-methods approach combining (1) quantitative quasi-experimental methods to evaluate the effects of social prescribing on health and healthcare use and cost-effectiveness analysis and (2) qualitative ethnographic methods to observe how patients engage with social prescribing. Quantitative data comprise Secondary Uses Service data and Quality Outcomes Framework data. The primary outcome is glycated haemoglobin, and secondary outcomes are secondary care use, systolic blood pressure, weight/body mass index, cholesterol and smoking status; these data will be analysed longitudinally over 3 years using four different control conditions to estimate a range of treatment effects. The ranges where the intervention is cost-effective will be identified from the perspective of the healthcare provider. Qualitative data comprise participant observation and interviews with purposively sampled service users, and focus groups with link-workers (intervention providers). Analysis will involve identification of themes and synthesising and theorising the data. Finally, a coding matrix will identify convergence and divergence among all study components. **Ethics and dissemination**: UK NHS Integrated Research Approval System Ethics approved the quantitative research (Reference no. 18/LO/0631). Durham University Research Ethics Committee approved the qualitative research. The authors will publish the findings in peer-reviewed journals and disseminate to practitioners, service users and commissioners via a number of channels including professional and patient networks, conferences and social media. Results will be disseminated via peer-reviewed journals.

Payne K, Walton E, Burton C. **Steps to benefit from social prescription: a qualitative interview study**. Br J Gen Pract. 2019 Dec 26;70(690):e36-e44. doi: 10.3399/bjgp19X706865.

Background: The popularity of social prescribing has grown in recent years following a series of high-profile recommendations in scientific reviews, political reports, and media coverage. Social prescribing has the potential to address multiple health and social problems, but few studies have examined how it works. **Aim:** To explore the ways by which social prescribing may be beneficial to individuals undertaking socially prescribed activity (SPA). **Design and setting:** A qualitative interview study involving people attending a range of SPA. **Method:** Participants were purposively recruited from a multi-activity social prescribing provider. Data were collected using semi-structured face-to-face interviews. Analysis used a thematic approach, in which emerging themes were contextualised with interview transcripts and findings from existing literature. **Results**: The study identified five themes, which together formed a journey of engagement and participation. While not always present for any one individual, the themes occurred in a consistent order: receiving professional support for social problems; engaging with others through participation in SPA; learning different ways to relate to other people and developing new skills; changing perceptions by realising personal assets and becoming open to the possibility of new futures; and developing a positive outlook on the present while moving forwards in pursuit of future goals and better health. **Conclusion**: SPA appears to benefit individuals by a process that begins with personalised professional help to address social problems and moves through engagement with activities and others, to the recognition of personal and social assets and opportunities.

Pescheny JV, Gunn LH, Pappas Y, Randhawa G. **The impact of the Luton social prescribing programme on mental well-being: a quantitative before-and-after study**. Journal of Public Health 2019; fdz155, https://doi.org/10.1093/pubmed/fdz155

Background: Social prescribing programmes expand the range of options available to primary care health professionals to address patients' psychosocial needs, impacting on their health and well-being. The objective of this study was to assess the change in the mental well-being of service users after participation in the Luton social prescribing programme. **Methods:** Skew-normal (SN) regression was applied to analyse the change in mental well-being post-intervention (N = 63). The short Warwick–Edinburgh mental well-being scale was used as the outcome measure. **Results:** The SN regression found a statistically significant change (P < 0.0001) in the average difference score between baseline and post-intervention measures. However, the observed change does not appear to be of clinical relevance. No significant associations in mental well-being scores by gender, age or working status were found. **Conclusion:** Findings of this study indicate that social prescribing may have the potential to improve the mental well-being of service users. The study findings contribute to the sparse evidence base on social prescribing outcomes by socio-demographic characteristics of participants and highlight the importance of considering subgroup analysis in future research.

Redmond M; Sumner RC; Crone DM; Hughes S. **'Light in dark places': exploring qualitative data from a longitudinal study using creative arts as a form of social prescribing.** Arts & Health. 11(3):232-245, 2019 10.

Background: This paper draws on a longitudinal study exploring the outcomes of an arts referral programme in General Practice in the South West of England since 2009. It focuses on the qualitative responses of the patient cohort Methods: Using qualitative methods and thematic analysis, this paper explores and considers the responses from n = 1297 participants who provided feedback from an open-ended questionnaire on self-reported benefits of the arts referral programme. Results: Participant reactions demonstrate that the programme provided a range of personal and social benefits rarely considered or explored in comparative studies. The analysis suggests participants were able to self-manage aspects of their health-related conditions, and were able to make progress towards a better physical and/or mental health. Conclusions: The evidence suggests that arts-based referral programmes, have a range of benefits for participants that may not have been fully appreciated. The consequences on self-management requires further investigation.

Smith TO; Jimoh OF; Cross J; Allan L; Corbett A; Sadler E; Khondoker M; Whitty J; Valderas JM; Fox C. **Social Prescribing Programmes to Prevent or Delay Frailty in Community-Dwelling Older Adults.** Geriatrics. 4(4), 2019 Nov 27.

The increasing incidence of frailty is a health and social care challenge. Social prescription is advocated as an important approach to allow health professionals to link patients with sources of support in the community. This study aimed to determine the current evidence on the effectiveness of social prescribing programmes, to delay or reduce frailty in frail older adults living in the community. A systematic literature review of published (DARE, Cochrane Database of Systematic Reviews, MEDLINE, EMBASE, CINAHL, NICE and SCIE, National Health Service (NHS) Economic Evaluation Database) and unpublished databases (OpenGrey; WHO Clinical Trial Registry; ClinicalTrials.gov) were searched to July 2019. Studies were eligible if they reported health, social or economic outcomes on social prescribing, community referral, referral schemes, wellbeing programmes or interventions when a non-health link worker was the intervention provider, to people who are frail living in the community. We screened 1079 unique studies for eligibility. No papers were eligible. There is therefore a paucity of evidence reporting the effectiveness of social prescribing programmes for frail older adults living in the community. Given that frailty is a clinical priority and social prescribing is considered a key future direction in the provision of community care, this is a major limitation.

Taylor DA; Nicholls GM; Taylor ADJ. **Perceptions of Pharmacy Involvement in Social Prescribing Pathways in England, Scotland and Wales**. Pharmacy: A Journal Of Pharmacy Education And Practice. 7(1), 2019 Mar 04.

Social prescribing is increasingly viewed as a non-pharmacological option to address psychosocial consequences of social isolation, loneliness and bereavement; key contributors to poor mental health and wellbeing. Our study explored experiences and attitudes of pharmacists and pharmacy technicians to social prescribing in England, Scotland, and Wales, using an on-line survey. (Ethical approval, University of Bath, November 2017). The electronic survey was distributed to pharmacists registered with Royal Pharmaceutical Society local practice forum network groups in England, Scotland, and Wales, and pharmacy technicians via social media platforms. Data were analysed

using descriptive statistics and free text by thematic analysis. One hundred and twenty respondents took part in the survey; (94.6% pharmacists and 5.4% pharmacy technicians). Responses indicated a lack of knowledge and experience with social prescribing; however, there was enthusiasm for pharmacists and the wider pharmacy team to be involved in local social prescribing pathways. Respondents believed they were well positioned within the community and consequently able to be involved in identifying individuals that may benefit. Barriers to involvement, included time, funding and training while enablers were pharmacist skills and the need within the community for social prescribing. There is a willingness in pharmacy, to be involved in social prescribing, however further research is required to enable pharmacy to be full participants in social prescribing pathways.

Wildman JM, Moffatt S, Penn L, O'Brien N, Steer M, Hill C. **Link workers' perspectives on factors enabling and preventing client engagement with social prescribing.** Health Soc Care Community. 2019;27(4):991-998. doi: 10.1111/hsc.12716.

For a social prescribing intervention to achieve its aims, clients must first be effectively engaged. A 'link worker' facilitating linkage between clients and community resources has been identified as a vital component of social prescribing. However, the mechanisms underpinning successful linkage remain underspecified. This qualitative study is the first to explore link workers' own definitions of their role in social prescribing and the skills and qualities identified by link workers themselves as necessary for effective client linkage. This study also explores 'threats' to successful linked social prescribing and the challenges link workers face in carrying out their work. Link workers in a social prescribing scheme in a socioeconomically deprived area of North East England were interviewed in two phases between June 2015 and August 2016. The first phase comprised five focus groups (n = 15) and individual semi-structured interviews (n = 15) conducted with each focus group participant. The follow-up phase comprised four focus groups (n = 15). Thematic data analysis highlighted the importance of providing a holistic service focusing on the wider social determinants of health. Enabling client engagement required 'well-networked' link workers with the time and the personal skills required to develop a trusting relationship with clients while maintaining professional boundaries by fostering empowerment rather than dependency. Challenges to client engagement included: variation in the volume and suitability of primary-care referrals; difficulties balancing quality of intervention provision and meeting referral targets; and link workers' training inadequately preparing them for their complex and demanding role. At a broader level, public sector cuts negatively impacted upon link workers' ability to refer patients into suitable services due to unacceptably long waiting lists or service cutbacks. This study demonstrates that enabling client engagement in social prescribing requires skilled link workers supported by healthcare referrer 'buy-in' and with access to training tailored to what is a complex and demanding role.

Wildman JM, Moffatt S, Steer M, Laing K, Penn L, O'Brien N. **Service-users' perspectives of link worker social prescribing: a qualitative follow-up study.** BMC Public Health. 2019 Jan 22;19(1):98. doi: 10.1186/s12889-018-6349-x.

Background: Social prescribing enables health-care professionals to address non-medical causes of ill-health by harnessing the resources of the voluntary and community sectors in patient care. Although increasingly popular in the UK, evidence for the effectiveness of social prescribing is inconclusive and longer-term studies are needed. This study aimed to explore experiences of social prescribing among people with long-term conditions one to two years after their initial engagement with a social prescribing service. **Methods:** Qualitative methods comprising semi-structured follow-up interviews were conducted with 24 users of a link worker social prescribing service who had participated in an earlier study. Participants were aged between 40 and 74 years and were living in a socioeconomically-deprived area of North East England. Results: Participants reported reduced social isolation and improvements in their condition management and health-related behaviours. However, many participants had experienced setbacks, requiring continued support to overcome problems due to multi-morbidity, family circumstances and social, economic or cultural factors. Findings indicated that, in this sample of people facing complex health and socioeconomic issues, longer-term intervention and support was required. Features of the link worker social prescribing intervention that were positively appraised by participants, included a highly personalised service to reflect individual goal setting priorities and a focus on gradual and holistic change dealing with issues beyond health. The important role of a strong and supportive relationship with an easily-accessible link worker in promoting sustained behaviour change highlights the importance of link worker continuity. A lack of suitable and accessible voluntary and community services for onward referral acted as a barrier to involvement for some participants. **Conclusions:** This study highlights issues of interest to commissioners and providers of social prescribing. Engagement with social prescribing for up to two years was examined and continued involvement was identified for those with complex issues, suggesting that a long-term intervention is required. The availability of onward referral services is an important consideration for social prescribing

in a time of constrained public spending. From a research perspective, the range of improvements and their episodic nature suggest that the evaluation of social prescribing interventions requires both quantitative and qualitative data collected longitudinally.