Expanding the social prescribing offer in south London – An evaluation report

Health Innovation Network

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Acknowledgements and Notices

About the Health Innovation Network

The Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs across England. It connects academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in South London with the objective of accelerating the spread and adoption of evidence-based innovations and best practice across large populations. We focus on some major areas of improvement and key local clinical priorities (e.g. diabetes, musculoskeletal) and innovation themes (e.g. digital health) identified by our members. The HIN is hosted by Guy's and St Thomas' NHS Foundation Trust and based at London Bridge, but we work locally, regionally and nationally.

More information about the HIN and its work can be found here
https://healthinnovationnetwork.com/

About HealthUnlocked

HealthUnlocked is an established, scaled online patient-centred self-care platform. Through established partnerships with over 250 patient organisations, it brings experience of scalable peer support and that is more accessible to all patients. This means as well as local face-to-face peer support, patients can access online local and national peer support 24/7. Used by over 12 million people a year across the UK, it has integrated into NHS Choices since 2012 and is supported by the NHS England's Innovation Accelerator led by Bruce Keogh and also supported by the 15 AHSNs.

About Healthy London Partnership

Healthy London Partnership (HLP) formed in 2015. The aim is to make London the healthiest global city by working with partners to improve Londoners' health and wellbeing, so everyone can live healthier lives.

HLP's partners are many and include London's NHS in London (Clinical Commissioning Groups, Health Education England, NHS England, NHS Digital, NHS Improvement, trusts and providers), the Greater London Authority, the Mayor of London, Public Health England and London Councils.

One of the ambitions is to develop capabilities to develop local commissioners to roll out Social Prescribing across London.

Acknowledgements

This report is provided to Healthy London Partnership under the terms of licence as set out in the NHS Terms and Conditions for the Supply of Goods and the Provision of Services

Executive Summary

Healthy London Partnership (HLP) commissioned the Health Innovation Network (HIN) in partnership with Merton and Wandsworth Clinical Commissioning Groups (CCGs) and the digital health company HealthUnlocked to develop and deliver a pilot project to build on the existing Social Prescribing projects in the two boroughs. The aim of the pilot was to explore how a volunteer model which utilises digital health solutions can support Social Prescribing to become more widely available, sustainable and scalable in primary care and voluntary sector settings. A 'how to' guide on the process of the work as well as learnings and recommendations has been produced alongside this evaluation report to support the spread aim.

The model was developed to support people who need less intensive support than is provided by a link worker, and therefore increase the reach of Social Prescribing in Merton and Wandsworth. The model was designed to utilise the primary care and voluntary sector workforce by introducing a digital tool to support them to deliver social prescribing. The use of digital tools to support Social Prescribing is a relatively new area of practice and this pilot was a chance to test its feasibility and efficacy.

Over an 18 week period, 67 Social Prescribing champions (hereafter champions) were trained from various NHS and voluntary organisations. The majority of champions were non-clinical staff and represented a number of different professional groups. A digital tool called 'Discover' Merton or Wandsworth was developed to support champions in delivering Social Prescribing.

A total of 204 social prescriptions were created during the 18 week period. These social prescriptions were created by 41 champions. Clients were supported by the champions to select different terms most relevant to their needs and/or condition. There was a total of 18 terms included within the tool. The most commonly selected terms were anxiety (58), low mood (44) and social isolation (37).

There were several operational challenges during the project that have impacted on the overall success. The amount and the quality of the data collected was lower than expected. Two long delays pushed the timeframes of the project back affecting momentum and engagement with stakeholders.

Key recommendations include identifying the key stakeholders and a clinical lead from the geography. Senior stakeholder buy-in is likely to improve the uptake of the intervention and ensure sustainability of the model beyond the lifetime of the pilot. Additionally, the managers of the champions need to be 'signed-up' to the project to provide ongoing managerial and pastoral support. Finally, consideration should be given to when the project is initiated, ensuring the project meets local priorities and objectives.

This project provides the ground work for a model for expanding the provision of Social

Prescribing using volunteers and a digital tool. A well-regarded training package has been developed that could be adopted and used in other areas. Further work is needed to evaluate the effectiveness of volunteers utilising a digital tool to provide Social Prescribing but this report and the 'how to' guide provide a framework to build on that can lead to further developments into the use of digital tools and volunteers in the delivery of Social Prescribing.

Introduction

Typically, Social Prescribing has been delivered in primary care through a link worker or navigator and Social Prescribing interventions focus on providing intensive support for patients with the most complex health and care needs. However, Social Prescribing and link workers are not available in all GP surgeries and are often over-burdened when they are.

The HIN in partnership with Merton and Wandsworth CCGs and the digital health company HealthUnlocked developed and delivered a pilot project to build on the existing social prescribing projects in the two boroughs and explore how digital health solutions can support Social Prescribing to become more widely available, sustainable and scalable in primary care and voluntary sector settings.

Aims of the project were to:
- Develop the primary care and voluntary sector workforce in Social Prescribing
- Increase the number of people in the community who can benefit from Social Prescribing
- Pilot the use of a digital platform to support Social Prescribing interventions
- Develop a model that can be spread to other areas

Understanding Social Prescribing

NHS England describes Social Prescribing as "helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity." Community services could range from art classes to walking clubs or support groups. Social Prescribing enables health care professionals to refer people to a range of non-clinical support, often via a link worker who understands what is available in the community for a social prescription. It is intended to help people to have more control over their lives, avoiding them becoming trapped in a 'revolving door' of services.

Social Prescribing is particularly useful for people who:
- Are lonely or isolated
- Have long-term conditions
- Use the NHS the most
- Have mental health needs
- Struggle to engage with services
- Have wider social issues e.g. debt, housing problems, employability issues, relationship problems
- Are carers

Policy background

The five year forward view estimated there would be a £30 billion funding gap by 2020, suggesting that developing innovative approaches to delivering healthcare was integral to the long-term future of the NHS. The report highlighted the need to support people more holistically, linking health with social care and other support needs, and ensuring that there is a focus on prevention and early intervention. Social Prescribing is one such model that is being widely promoted as a way of supporting people manage wider determinants of health and wellbeing, as well as making General Practice more sustainable. Social Prescribing is not a new concept, it was highlighted in 2006 in the White Paper Our health, Our Care, Our Say as a mechanism for promoting health, independence and access to local services[1].

Additionally, in 2016 NHS England published the General Practice forward view which set out ambitious plans to reduce workload, expand the wider workforce, invest in technology and estates and develop a national programme to speed up transformation of services in primary care[2]. The report highlights several ways in which Social Prescribing can be used to achieve these ambitions. Furthermore, the Government's first loneliness strategy has recently been launched. The strategy identifies loneliness as one of the greatest public health challenges of our time. One of the commitments in the strategy is to support GP practices to offer Social Prescribing services and the aim is for all GPs to be able to refer patients experiencing loneliness to community activities and voluntary services by 2023.[3]

Finally, the Mayor of London, Sadiq Khan has shown a firm commitment to supporting Social Prescribing. He has said he 'will champion the work of NHS GPs and other frontline healthcare professionals to help people of all ages find social, emotional or practical solutions to improve their health and wellbeing'[4] and believes this will help address health inequalities across London.

Impact of Social Prescribing – Emerging Evidence

There is emerging and building evidence which supports the use of Social Prescribing in primary care. Most of the available evidence consists of pragmatic studies conducted in 'real world settings' which are designed to test feasibility, these studies rarely have a control group or other mechanisms to control variables. Most of the evidence is focused on how Social Prescribing can be used to reduce the burden on the health sector.

The majority of the models included in these studies involve a link worker, conducting face to face consultations with a client. In these examples a social prescription is generated based on the link workers' knowledge of the services, activities and opportunities which are available in the community.

There is limited published evidence to support the use of a digital social prescribing interventions as it is a new and emerging field. However, a recent report commissioned by the Greater London Authority[5] (GLA) reviewed digital and information technologies within the social prescribing landscape. The report highlights the challenges of a digital approach to Social Prescribing but also offers recommendations to support a digital approach across London.

The Intervention

This section describes the social prescribing intervention and the methodological approaches used to evaluate the intervention. It sets out the rationale for the overall design of the intervention, approach to recruitment and the methods for data collection.

Social Prescribing in Wandsworth and Merton

Merton: Since January 2017 Merton CCG, in partnership with Merton Council and Merton Voluntary Service Council (MVSC), have been running a Social Prescribing pilot. This service model involved employing a 'link worker' known as a social prescribing Navigator, who holds face to face social prescribing clinics at two Practices, two days a week each. The Navigator has access to patient's records on EMIS and is seen as a fully integrated member of the practice teams which allows for many opportunistic referrals and direct feedback of cases to clinicians. This has proved integral to the success of the pilot. The Navigator, who is supported and employed by MVSC, has a wealth of knowledge about local services and has built relationships with local voluntary sector organisations.

When a GP refers a patient for social prescribing, the Social Prescribing Navigator books a one-hour initial consultation appointment. At this consultation the Navigator undertakes the following;

1. Completion of the Wellbeing Star tool to assess individual needs (also used as a validated outcome measure).
2. Sign posting and referral – directing patients to non-clinical services / self-directed advice.
3. Assistance with form filling, benefits eligibility checks, and initial engagement in counselling, if required.

Additional support can be given around;

1. Improving stability of home and family life;
2. Promoting better mental health and resilience;
3. Exploring relationship support needs;
4. Volunteering;
5. Social connectedness to reduce isolation.

Following the consultation, the patient is offered a follow-up appointment and the Navigator records notes directly into the patients EMIS record.

In addition to the East Merton Pilot, a West Merton Community Navigation Service was also commissioned at the Nelson Health Centre, which has now been expanded to an additional three practices in the West.

Wandsworth: The Wandsworth Wellbeing Hub is a social prescribing tool which aims to improve access to services that can aid self-management and develop personal capability and resilience. The Hub links primary care patients to a variety of local non-clinical services which promote wellbeing, encourage social inclusion, offer practical support, promote self-care, and can in turn, prevent ill health.

The Wellbeing Hub provides an online and telephone signposting service run by Community Navigators. A Community Navigator is a person in the local community who has a knowledge of groups, organisations and services, and helps clients to access them. They provide clear information to enable clients to make their own choices and decisions. The Wellbeing Hub Community Navigators engage with patients to understand the services which may be most appropriate for their individual health, social and/or welfare needs. They utilise their local knowledge, in conjunction with local service directories, to provide information and signposting, but do not offer individual advice. Without Social Prescribing, many patients and carers would be unaware of, or unable to access, these services. The service is being expanded to include a pilot face to face Social Prescribing service in the borough (similar to the Merton social prescribing model).
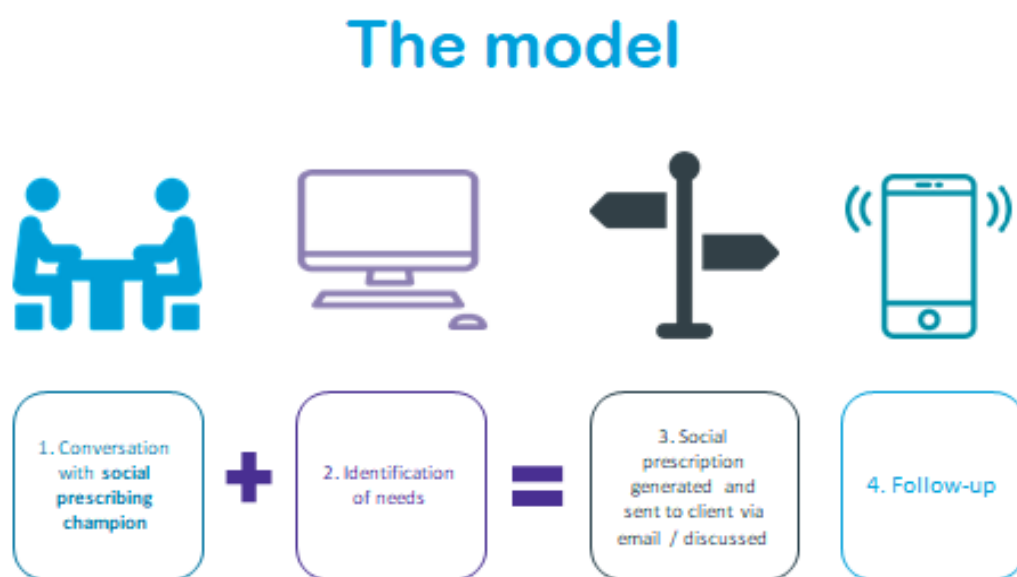
The Pilot Model

As described above, both Merton and Wandsworth had established social prescribing services prior to the pilot project. This project provided an opportunity to build on existing services and expand the reach of social prescribing in the two boroughs. The model was developed to reach a greater number of people who required less intensive support than those who typically meet with a Social Prescribing Navigator.

GP practices, voluntary sector organisations and other NHS organisations were contacted and invited to nominate non-clinical staff to attend training. The training was held over a six week period between June and August.

For further details on the model and training course please refer to the 'how to' guide. The model consisted of four stages (as shown in figure one):

- The initial conversation between a social prescribing champion and the client to build rapport and explore the client's motivation to change their health behaviours.
- Identification of the clients' needs, highlighting the areas they wish to focus on and improve or change.
- Using the 'Discover' digital tool to select the terms which reflect their needs and conditions. This creates a bespoke 'prescription' detailing relevant local services, activities and resources.
- Follow up. The client was sent a series of emails designed to encourage uptake of the prescribed services and activities.

Figure 1. The four stages of the model

The model

1. Conversation with **social prescribing** champion

+

2. Identification of needs

=

3. Social prescription generated and sent to client via email / discussed

4. Follow-up

HealthUnlocked 'Discover'

HealthUnlocked 'Discover' is a simple and easy to use, web-based digital tool. Champions and/or clients select terms from a pre-set list which relate to a need or condition. This information is then combined with the client's postcode to create a bespoke social prescription which lists local services, voluntary sector online communities, editorial content and other online resources for disease focused or holistic support. The information presented in the social prescription can be clicked on and links directly to the service or activity. Additionally, the information is sent to the client in an email. This allows the client to revisit the information discussed during their consultation. For more information about the HealthUnlocked 'discover' tool please see our 'how to' guide.

Evaluation Methodology

The evaluation of the pilot project was a mixed method approach consisting of both quantitative and qualitative data.

Data and feedback was collected to understand the following:
- Whether the training provided to social prescribing champions was adequate to support them in delivering a social prescribing intervention using a digital tool.
- The efficacy of the HealthUnlocked digital tool
- The experiences of the champions
- The experiences of clients
- The experiences of managers

Training

The training aimed to provide champions with an understanding of the background to social prescribing and the pilot project, train them to use the digital tool and give them the ability to apply motivational interviewing techniques to support behaviour change. A post-training survey (appendix 1) was given to the participants on completion of the training to assess the value of the training in relation to its aims.

HealthUnlocked data

Weekly reporting was provided by HealthUnlocked on the social prescriptions created through the digital tool. Data consisted of the number of prescriptions, a breakdown of needs and conditions as well as the length of each session (time).

Champion feedback

Throughout the life of the project the champions were offered pastoral support from the HIN team. Champions were supported through phone calls, emails and fortnightly newsletters. All feedback provided by the champions was recorded.
Focus groups and semi-structured interviews were planned as part of the evaluation however participation in this planned activity was low. The questions that were developed for the interviews are in appendix 2.
A survey (appendix 3) was sent out using SurveyMonkey to all the champions (n=67). The survey explored their experience of using the 'Discover' tool and delivering social prescribing. This survey was sent out on multiple occasions through SurveyMonkey's email system, through the newsletter and direct emails with a link to the survey.

Client feedback

Two client surveys were developed; the first (appendix 4) was a survey produced using SmartSurvey sent via MailChimp; this email was sent to clients who provided an email address two week after the consultation. The second survey (appendix 5) was produced due to low responses to the SmartSurvey in which champions were provided a paper survey which could be given to clients after the consultation.

Client focus groups and semi-structured interviews were planned as part of the evaluation. However, it was not possible to conduct these interviews as no clients responded to participate. The questions for the planned interview are in appendix 6.

Feedback from managers of the health champions

The line managers of the champions were approached for feedback via email regarding the pilot, particularly around their awareness of the pilot and the support available to their

staff. Questions that were asked can be seen in appendix 7.
Focus groups and semi-structured interviews were planned as part of the evaluation. However, it was not possible to conduct these interviews as no managers responded to participate. The questions for the planned interview are in appendix 8.

Steering group workshop

In the final stages of the project an end of project review workshop was held with the project steering group. The workshop was facilitated by an independent facilitator and covered a discussion on what went well, the challenges and the learning from the project as well as recommendations for future practice.
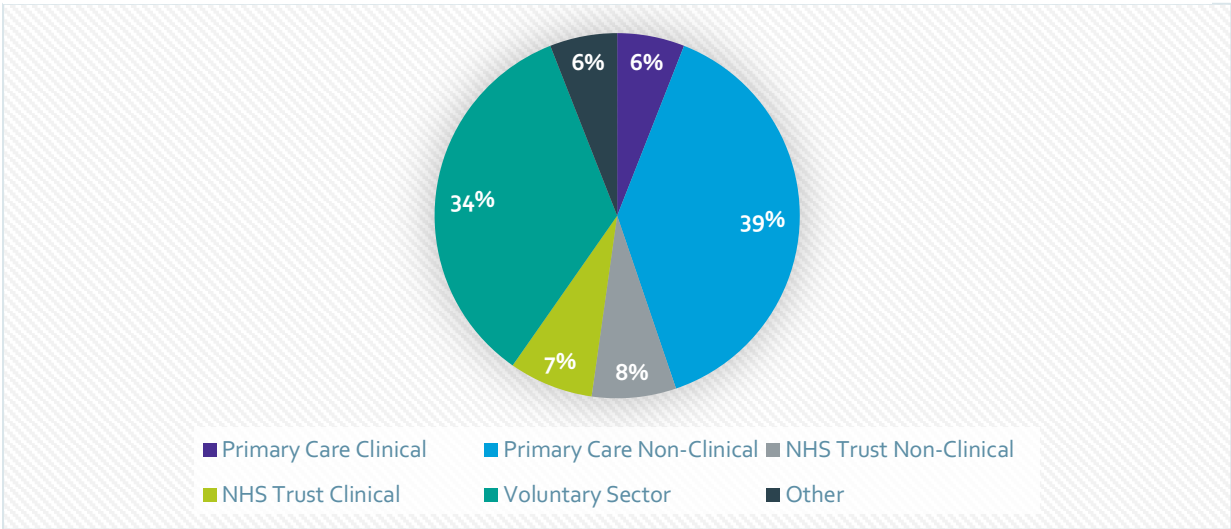
Results

Training

Five training sessions were held during June, July and August 2018. 67 people attended a half day training session, of those who attended 37 were working with organisations based in Merton and 31 in Wandsworth. Attendance at these sessions were high with 81% of those that signed up attending.

Table 1. Attendance of training	
Training	**Attendance %**
Merton	**82**
Wandsworth	**78**
All	**81**

The champions came from a number of professional roles although they were predominantly from an NHS organisation (60%). The aim was to deliver the training to a mixture of non-clinical staff from general practice as well as people working in volunteer organisations.

The champions were from 54 different organisations, 29 GP practices and 19 voluntary organisations. The roles of the champions included nurses, administrators, healthcare assistants and navigator/coordinators.

Figure 2. A pie chart showing the organisational distribution of participants to the training

- Primary Care Clinical
- Primary Care Non-Clinical
- NHS Trust Non-Clinical
- NHS Trust Clinical
- Voluntary Sector
- Other

There was a high response rate to the survey given at the end of the training with 79% of the people trained completing a survey. The quality of training delivery was rated highly with 52 out of 53 respondents evaluating the training as either Good or Excellent. The responses to all the questions in the survey are shown in figure 3 below.

Additionally, the survey included free text boxes for participants to provide additional information. These responses have been analysed for common themes:

- Participants felt the quality of the trainer and the structure of the course was very good
- Motivational interviewing was highly regarded and was something that participants would have liked more training in
- The training was a good opportunity to meet people from different roles and hear other views
- The participants liked the Discover Merton/Wandsworth tool, but felt training could have been improved by providing a live demonstration and time to practice with it

Participants stated that the training was beneficial to the roles they were already doing.

Figure 3. A graph showing the agreement to a variety of statements regarding the training
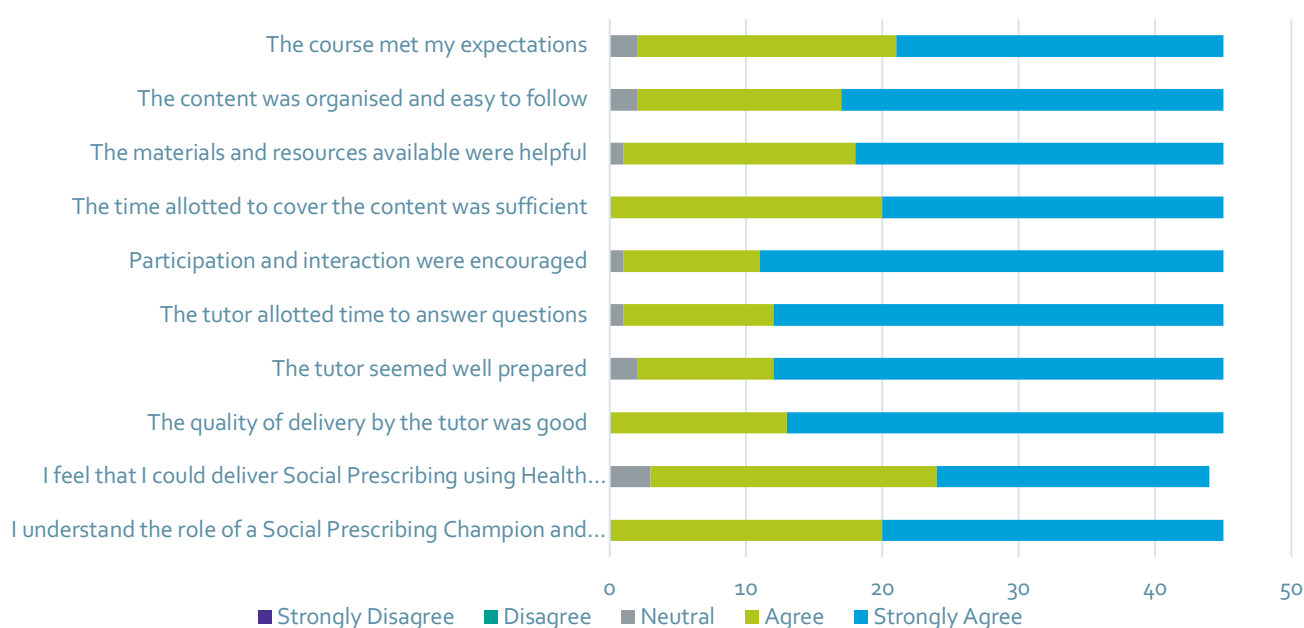
HealthUnlocked Data

Data was collected for 18 weeks starting from 2nd July 2018. 204 social prescriptions were produced during this period, averaging 11 per week with a median of 8. Merton produced 106, averaging 6 per week with a median of 5. Wandsworth produced 98, averaging 5 per week with a median of 2.5. Figure 4 shows a run chart of the number of social prescriptions produced each week for both Merton and Wandsworth.

Figure 4. A run chart showing the number of Social Prescriptions each week across Merton and Wandsworth
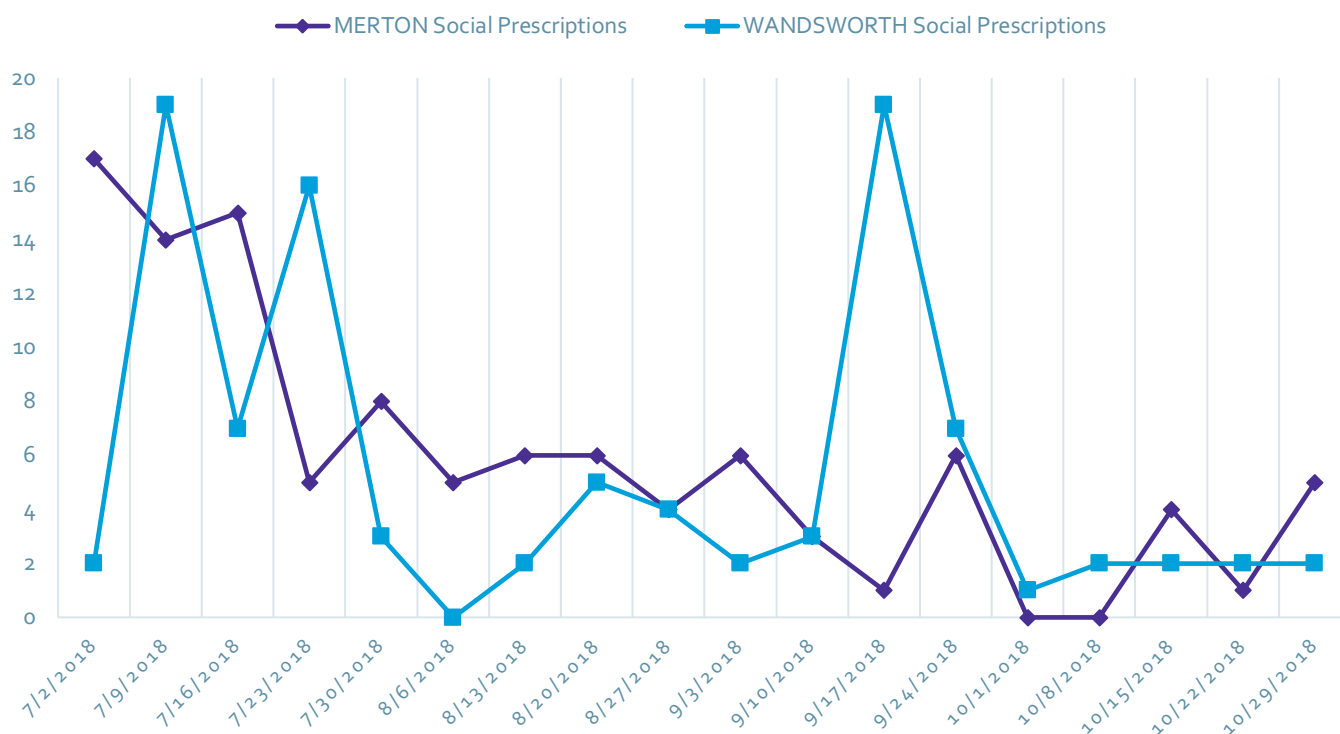

In the first four weeks of the project there were between 15-20 social prescriptions produced each week. The high number of prescriptions created at the beginning of the project are likely to be a combination of testing and high engagement of champions as they had just completed the training. However, by the 5th week the number of prescriptions decreased, fluctuating between zero and eight per week for both boroughs. There was a peak for Wandsworth in the week commencing 17th September (n=19), this coincides with the tool being updated and a subsequent increase in the communications sent out to the champions.

Figure 5 shows the number of social prescriptions produced by condition and need. The most commonly selected term is Anxiety (58) followed by Low mood (44) and Social isolation (37). Conditions that would require a medical diagnosis such as Diabetes, Cancer and COPD were selected less often, this would suggest the people accessing social prescribing through this model of care required additional support with the wider determinants of health and not specific health conditions. On average sessions lasted 3 minutes 35 seconds with the longest session taking 7 minutes 19 seconds.

Figure 5. A bar chart showing the number of Social Prescriptions produced by conditions (purple) and needs (blue)
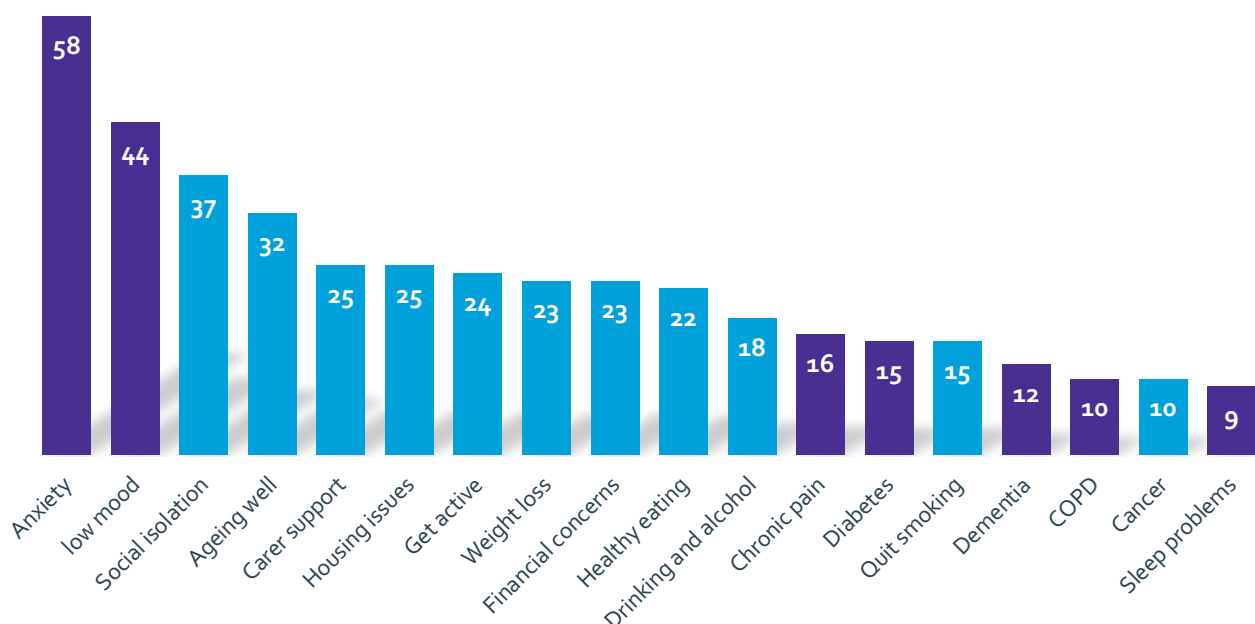
There were 41 individual champions that used the tool throughout the pilot. The highest number of social prescriptions produced by one champion was nine. Three champions used Discover Merton/Wandsworth in more than one week (two champions used the tool in two different weeks and one champion in five different weeks). Five new champions produced social prescriptions in the final two weeks of the pilot.

Over the project 16 email addresses were entered on behalf of the client, twelve in Merton and four in Wandsworth; this represents 8% of the total number of social prescriptions created. Client email address not available was selected six times across both boroughs.

Champions feedback

16 out of the 67 champions responded to the survey (24%). 79% of respondents said that the Discover tool helps with Social Prescribing. Figure 6 shows the weighted score for the level of agreement with five statements. On average those that responded to the survey agreed with all the statements. However, champions rated their 'confidence in using the tool' and 'having enough time to deliver social prescribing' the lowest with a score of 3.75 and 3.86 respectively.

Of those champions who responded to the survey 67% had used the tool whereas 33% had never used the tool. Figure 7 shows a break down in the frequency in which Champions used the tool. Nearly one quarter of the champions who attended the training responded to the survey. If this data was representative of all 67 champions it would suggest 22 people never used the tool, nine use it every other day, four use it three to four times per week, 18 use it once per week and 13 use it once per month.

Figure 6. A bar chart showing the weighted agreement level to 5 responses

4	3.75	4	3.86	4
I am confident in delivering 1 to 1 Social Prescribing consultations	I am confident in using Discover Merton/Wandsworth for Social Prescribing	The training prepared me to deliver Social Prescribing	I have enough time to deliver Social Prescribing as part of my existing role	I am able to access a computer or tablet to use Discover Merton/Wandsworth for Social Prescribing

Figure 7. A bar chart showing the frequency champions used Discover Merton/Wandsworth

	2	1	4	3	5
Every day	Every other day	Three to four times per week	Once per week	Once per month	Never
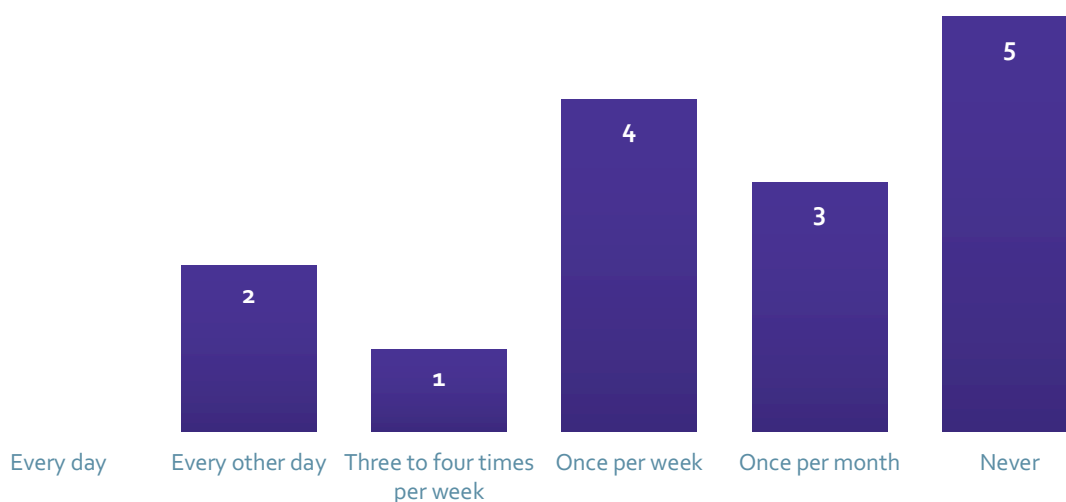
From the surveys, ad hoc conversations through support and one semi-structured interview with a champion the tool was commonly thought to be simple to use, providing easy access to relevant services in the area for the clients needs.

Not all the clients were willing to use the platform, in some cases clients had 'reservations about online access or [were] without online access' and so the tool was not used in these cases. Of those responding to the survey, four champions stated that their clients did not have an email address. They highlighted this was particularly the case for an older person, and it was not uncommon for clients to refuse to provide them.

In the cases where an email address was not provided, champions would either print off or write down the recommendations prescribed. Champions suggested an easy way to print off the recommendations would be an improvement to the tool in the future.

Feedback suggests champions felt that the recommendations were 'very broad brush, referring to well known services'. Having a more up to date list of service that are known to make a difference to the clients would have improved the service. One champion suggested it would be advantageous to be able to update services and their own details onto Discover Merton/Wandsworth.

Client feedback

Out of the 16 clients who provided email addresses two responded to the SmartSurvey. Both respondents stated they were thinking about their health and wellbeing more than before and found the conversation and information very useful. They found it helpful to receive the recommendation by email and one client had already contacted the services recommended.

Due to the low number of client responses via SmartSurvey champions were given a paper-based survey to provide to clients. No responses were returned in time for the evaluation report.

Data protection regulations mean clients can only be contacted with consent and only two clients provided consent. Both clients were contacted to participate in a phone interview to understand their experience of Social Prescribing however neither responded. Champions and managers of champions were asked to speak to clients to see if they would be willing to provide feedback however none responded in time for the report.

Feedback from champions' line managers

Two managers provided feedback answering questions covering support to the champions, awareness of the project and barriers. In one case, a practice manager, said they had not used the tool since the training was provided. The other manager was very aware of the Discover tool and was supporting their team to use it. They did not highlight any barriers.

Feedback from the steering group workshop

The steering group workshop had four main discussion points: the positives, the challenges, the learning and the recommendations.

Positives

Participants felt the training course was a high point for the project, stating there was a lot of enthusiasm and positive feedback that came from it. Another positive was using Discover Merton/Wandsworth for the first time and seeing how simple it was to use as well as seeing the first social prescriptions that were produced.
The group felt the model provided a good basis to test a lighter touch approach and could be adopted by other areas. It was felt that the steering group achieved a good partnership of working together.

Challenges

The group highlighted several challenges that impacted the project. There were two major delays in the project. Firstly, the project start was delayed due to a delay in awarding the contract. The second delay was due to the new General Data Protection Regulations (GDPR) that was enforced on 28th May 2018. This change in regulation meant that Discover Merton/Wandsworth was not compliant in its original form. The project was further delayed by three months as Discover Merton/Wandsworth was made compliant and arrangements were made to restart the project.
Both aforementioned delays had a serious and negative impact on the level of

engagement in the project. Considerations were made on whether the project should be ended. Stakeholders had to be re-engaged on several occasions. Due to time and financial pressures voluntary organisations were not as involved in the mapping of the services as they could have been which could have led to Discover Merton/Wandsworth being more effective.

Learning

It was acknowledged that a longer timeframe for the project would have been beneficial. More time to test the model and embed it into the system would have helped, as well as a longer period for the engagement of stakeholders. It was felt that the project needed coordination and leadership support for the champions from their organisations which was not always in place.

Recommendations

Key recommendations from the steering group include:

- Identifying the key stakeholders and a clinical lead from the geography. Senior stakeholder buy-in is likely to improve the uptake of the intervention and ensure sustainability of the model beyond the lifetime of the pilot.
- The managers of the champions need to be 'signed-up' to the project to provide ongoing managerial and pastoral support.
- Consideration should be given to when the project is initiated, ensuring the project meets local priorities and objectives.
- Identify the most appropriate services to meet the needs of your local population, cast your net wide, seek feedback from a wide range of stakeholders including link workers, expert patients and navigators.

Discussion

Despite the low numbers that have responded to provide feedback via surveys and interviews, this project has demonstrated that a model of social prescribing delivered by the voluntary and primary care workforce supported by a digital tool has the potential to be a model which could be adopted and spread by other areas. Further work is required to fully evaluate the effectiveness of using a digital tool with volunteers to provide Social Prescribing. This could include a cost benefit analysis and social return on investment which have not been done as part of this project.

Whilst the training was highly valued, particularly the motivational interviewing, there is a high drop off rate from attending training and using the tool to provide Social Prescribing. 41 champions used Discover Merton/Wandsworth during the pilot. However, a third of those that responded to the survey had never used it.

New champions started using the tool even after 16 weeks of the pilot start date as five new champions produced social prescriptions in the final two weeks of data collection. This is also supported in the survey in which one champion responded that they had just started 'utilising the tool' because they had 'been very busy'. The response was received in the final week of the project. This would suggest that new champions are interested in using Discover Merton/Wandsworth and that despite approximately four months since being trained, they may still utilise the digital tool.

204 social prescriptions were created during the 18 week period of the project with only 8% of the social prescriptions produced sent to the clients via email. Across Merton and Wandsworth, the total number of social prescriptions created was similar (106 to 98) with Wandsworth producing eight less. As the number of people trained was similar across both boroughs with Wandsworth having six less champions. This would suggest that the tool was considered useful across the two regions despite Merton having a more advanced face to face Social Prescribing offer. There are however differences in the two boroughs; Merton consistently produced a higher number of social prescriptions each week with a median of five whereas Wandsworth produced less each week, median 2.5. Despite this we saw peaks of activity in Wandsworth with high numbers of social prescriptions created. It is not clear from the data collected why this is the case.

Champions noted clients in some cases were unwilling to provide email addresses or did not have access to email and so Discover Merton/Wandsworth was used in a different way than expected. Champions came up with innovative ways to use Discover Merton/Wandsworth to support their social prescribing activities. Champions stated they would provide print outs of the services available or talk through the options with the client. The ability to incorporate a simple method for printing information from the digital platform could be helpful in the future.

The low number of emails was unexpected due to the fact that a similar HealthUnlocked digital tool is being used in primary care in Barking & Dagenham and over 600 social prescriptions have been sent via email between February and June 2018[6]. However, these were produced by GPs during their normal consultations rather than by champions. In the Barking and Dagenham model emails are automatically pulled through from the patient's EMIS record and this may be an interesting area to explore in the future.

By not providing an email address, clients missed out on much of the value that Discover Merton/Wandsworth provides other than just linking clients to helpful services. By logging into HealthUnlocked, which is a free online peer-support service, clients could have

accessed several online communities that could help with their needs/conditions through peer-support and validated help. Champions awareness of the added benefits of HealthUnlocked was not apparent in their responses and this could have been emphasised during the training session and through the ongoing support.

Data from champions who responded to the survey and phone interviews suggests that Discover Merton/Wandsworth is helpful in supporting them to have conversations about Social Prescribing. It is important to provide access to an up to date list of local services and activities that can address the client's needs, and this was a key theme raised by the champions about the tool. Whilst the tool was generally thought to be easy to use, champions suggested the range of services and activities suggested was too 'broad brush' and only captured the services already well-known to the champions.

Champions used Discover Merton/Wandsworth with varying frequency, ranging from every other day to once per month. The average length of a session was approximately four minutes suggesting that the conversations utilising the tool are short. However, this does not take into consideration the time a champion might spend with a client before accessing the tool; the full length of the conversation is unknown. From the HealthUnlocked data we can see few champions used the tool on multiple occasions in the same week. In most cases champions only used the tool in one week, suggesting that the tool was only used by a small cohort of the people trained. However, due to issues with the champions' identifiers it is difficult to say for certain.

Feedback from clients was minimal, making it difficult to draw conclusions. However, those that responded said they had found the intervention helpful and were thinking about their health more. Due to the low number of email prescriptions provided, very few clients received follow-up emails which may impact subsequent uptake of services. In a conversation with one of the champions it was noted that some clients may be unwilling to try new services without the support of someone else. The data is not available from this project to understand how many would have accessed services after the conversations, but the risk is it could be low without any further support offered.

Support was provided to the champions through phone calls, newsletters and regular emails. A single point of contact was provided to champions for any queries they may have. It was not possible for the project team to provide operational day to day support to the champions. Engagement with the line mangers of the champions could have been improved which may have helped provide more day to day support. There was some incentive for champions to use Discover Merton/Wandsworth, but it would only be used if it was believed to be beneficial to their work by saving time or supporting their clients; being able to better evidence this to the champions may have increased its use.

Challenges and Limitations of the Project

The project had two delays which greatly impacted the overall efficacy of the pilot. There was an initial delay of 16 weeks to starting the project and signing the contract. The second delay due to GDPR delayed the launch of Discover Merton/Wandsworth by a further 16 weeks. Stakeholders needed to be re-engaged due to both delays which could have had an impact on training numbers and organisations involvement in the work as they may not have been confident the project would progress. Sign up to training was high before the second delay.

When the project was first started Merton had just completed an evaluation of their existing Social Prescribing service and Wandsworth had the Wellbeing Hub which provides an online and telephone signposting service run by Community Navigators and were looking to develop a link worker model similar to the work taking place in Merton already.

The initial thoughts were that this would be a good time to implement a Social Prescribing project working with people at a lower level of need than the project that was already running. On reflection by those involved in the project there is a chance that this was not the ideal time to implement this project as focus was on implementing and spreading the work already taking place. The landscape of Social Prescribing in Merton and Wandsworth progressed whilst the project was delayed which may have impacted on the engagement in this project.

During the early stages of development, HealthUnlocked carried out a GDPR assessment of the tool and identified that the tool would not be GDPR compliant due to the system they used to send emails. It was unfortunate timing as GDPR was still not finalised well into 2018. A delay was agreed to allow the tool to be developed to comply with GDPR. The project was put on hold while decisions were made on whether to continue the project and it required significant effort to re-engage stakeholders when the project re-started.

The 'live' period of the intervention was approximately four and a half months from the first training session to the final data collection. The short timeframe limited the amount of data generated to inform the evaluation. The project also ran over the summer holiday period which also likely had an impact on the amount of social prescribing activity taking place. Learning from other projects, such as the HealthUnlocked project in Barking & Dagenham has shown it can take up to 12 months before high levels of engagement are seen and the digital tool is fully embedded in to the local health landscape.

Although 204 social prescriptions were generated, the number of emails sent to clients was much lower than expected and the tool was being used in a different manner to how it was initially planned. The data and feedback from clients has been low, as highlighted above with only 16 emails sent. Due to data protection requirements, this was our only method for contacting clients and only if they gave their permission. Only two clients gave us permission to contact them and neither client responded to provide more feedback.

Conclusion

The aims of this project were to:
- Develop the primary care and voluntary sector workforce in social prescribing
- Increase the number of people in the community who can benefit from social prescribing
- Pilot the use of a digital platform to support social prescribing interventions
- Develop a model that can be spread to other areas

Due to the limitations of the data it is not possible to conclude if all these aims were successfully met. Discover Merton/Wandsworth is licensed for 18 months from the launch of the tool which will allow for a further period of data collection to gain further insights.

More work is needed in this area to understand the viability of utilising a digital platform with volunteers across primary care and the voluntary sector to deliver social prescribing. The model has the potential to reach a higher number of people than the existing social prescribing initiatives.

Further research is needed to understand the value that volunteers using a digital tool provides in the Social Prescribing offer. Further work could include a social return on investment or cost/benefit analysis study.

How to Guide

For more in-depth detail on how the pilot was developed, as well as tips for implementing the project and pitfalls to avoid, please refer to the 'How To' guide.

Appendix

1. Social Prescribing Champions feedback form

2. Champions focus group questions

3. SurveyMonkey survey questions

4. HealthUnlocked 'Discover' south London – Feedback survey

5. Social Prescribing client survey

6. Client focus group questions

7. Email to managers for feedback

8. Manager focus questions

9. References