



National
Academy
for Social
Prescribing

What is the evidence for social prescribing?

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Housekeeping

- Please note we are **recording** this webinar (you will be sent the slides and the link to the recording, and they will be on NASP's website too.)
- Presentations, then a **Q&A session** at the end.
- Please **submit questions via the chat**.
- Please use the chat for introducing yourself and networking.
- Please stay on **mute** and **camera off**.



Accessibility

- **Closed Captions** are available – turn these on at the bottom of your screen
- **BSL interpretation** is available – the interpreters will be spotlit
- Please put any technical questions into the chat



Overview of session

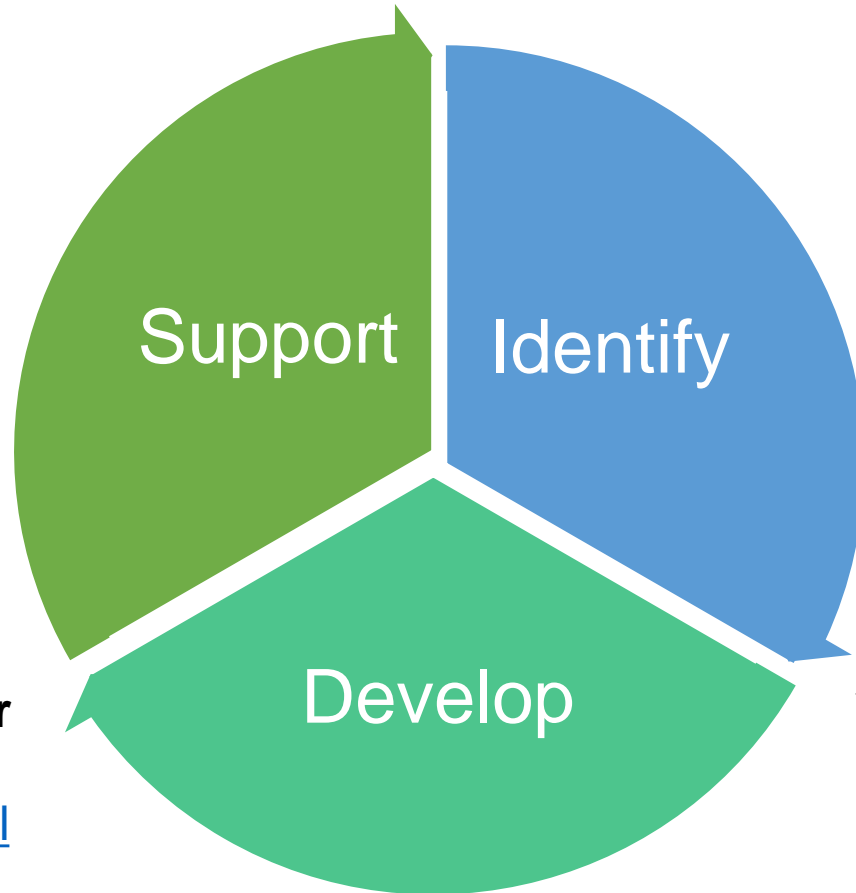
- Introduction to NASP's evidence programme: 5 minutes
- Headlines from first set of evidence reviews (2020/21) and second set of evidence reviews (2022/23): 30 minutes
- Case study: 10 minutes
- Q and A: 30 minutes



NASP's evidence programme

We will **support** NASP to put evidence at the heart of everything we do

Read the evidence and register for the evidence collaborative here:
[Evidence programme - The National Academy for Social Prescribing | NASP](https://socialprescribingacademy.org.uk/evidence-programme)
 [\(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk)



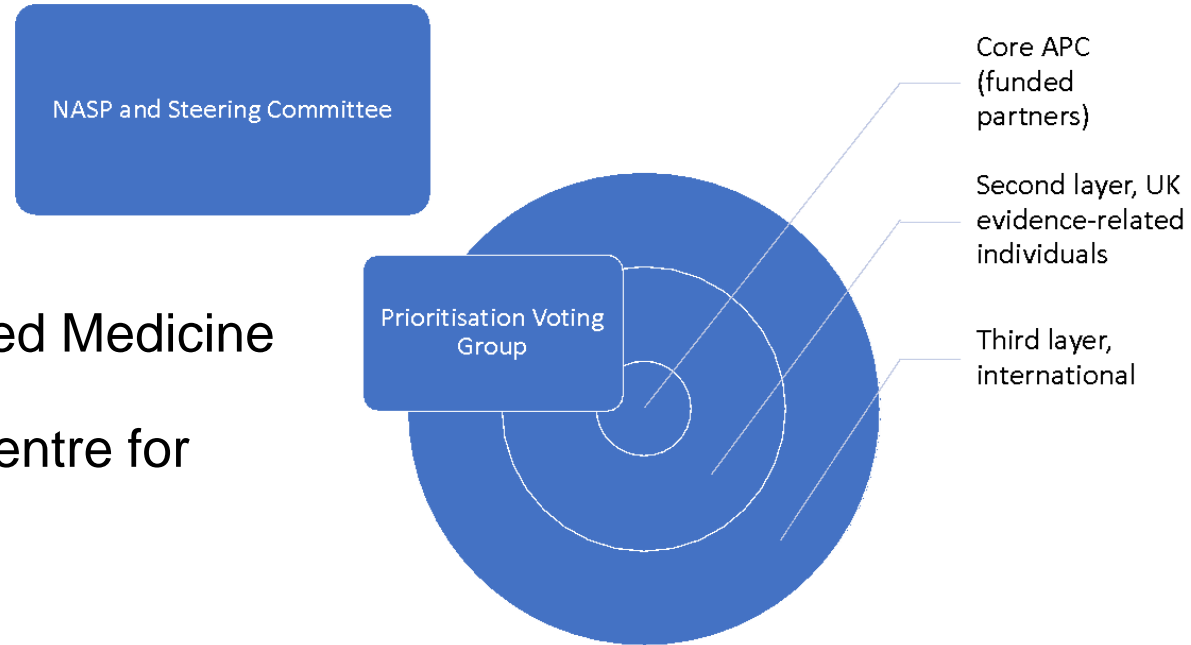
We will **identify** where evidence is most needed (a strategic evidence needs mapping.)

We will **develop** our International Evidence Collaborative to help us address priority evidence needs, by sharing the evidence more effectively and improving the evidence base.

Collaborative creation

We brought together some of the core teams working on social prescribing:

- NIHR Applied Research Collaboration (University of Plymouth and Exeter)
- University of Oxford, Centre for Evidence Based Medicine
- Sheffield Hallam University
- University College London and the National Centre for Creative Health
- University of East London
- University of the West of England
- The Social Prescribing Network



Kerryn Husk, Sheena Asthana, Richard Byng, Julian Elston, Kamal Mahtani, Stephanie Tierney, Marcello Bertotti, Chris Dayson, Marie Polley, Richard Kimberlee, Helen Chatterjee. *Researchers:* Lucy Cartwright, Hassina Carder-Gilbert, Oluwafunmi Akinyemi

Prioritisation and methods

“We would like to invite your views on the areas where evidence summaries would be most helpful to your role/position.”

Vote	POLICY SYSTEM FUNDING				Researchers		Prescribers	Referred to	VCSE Sector National	VCSE Sector Local	Participants	
1												
2												
3												
4												
5												
6												
7												Total votes
total votes	7	7	7	4	7	7	14	14	7	7	14	95

Rapid review methodology – searches and synthesis

Headlines from first 6 evidence reviews

Social prescribing can **reduce pressure on primary care** and save costs.

NASP used one of the high quality studies in the reviews to create an illustration of the potential scale of impact of the NHS Link Worker Programme alone on two key metrics - this forecast was for **4.5M fewer GP appointments (and £300M cost saving) p.a.**

Social prescribing can have a positive impact on a very wide range of outcomes, including **reduction in loneliness, and improvements to mental health & wellbeing and social connectivity.**

Academic Rapid Evidence Reviews, and associated Briefings

<https://socialprescribingacademy.org.uk/our-work/evidencing-social-prescribing/social-prescribing-the-evidence/>



Who is and who isn't being referred to social prescribing?

- Social prescribing in England is for all ages, research lacking in children and young people
- Twice as many women as men
- Limited data on people living in deprived areas, and disabled people
- Small amount of research on ethnicity; suggestion social prescribing is mainly accessed by white people
- Also see Social Prescribing Observatory (<https://orchid.phc.ox.ac.uk/index.php/social-prescribing-observatory-prod/>)



Accessibility of social prescribing schemes to people from Black, Asian and ethnically diverse groups:

- Black, Asian and ethnically diverse groups are under-represented
- Little evidence as to why
- Evidence suggests some factors to be aware of:
 - Communication/awareness raising
 - Cultural expectations
 - Building trust
 - Inclusivity
 - Outreach

Evidence reviews revealed the following outcome areas:

Welfare – including employment, education and skills, volunteering, housing and debt

Social - making social connections, reduced loneliness, reduced social isolation, building self-worth

General psychological wellbeing – including quality of life, feeling positive, feeling cheerful and relaxed, empowerment

Psychological/emotional health - including improvements in symptoms of anxiety, depression, negative mood, self-esteem and confidence, sense of control, hope for the future,

Physical and physiological health – including activity, CVD risk, pain, healthy behaviours, alcohol/ drug use, immune function

Cognitive - including memory, understanding, thinking and decision making

Reduce pressure and costs for the NHS



The economic impact of social prescribing

- Evidence suggests social prescribing can reduce pressure on primary care
- Some studies reported a link to reduction in secondary service use
- We still need more research on economic impact

Funding models

VCFSE sector is central to all models (but very little information on costs)

Public, private and charitable funding sources

Limited data available (at the time) on sustainability

Social prescribing is most effective when a range of local partners work together

2022 evidence reviews

Arts, Culture and Heritage

Social Financial and Legal Advice

Physical Activity

Natural Environment



How the natural environment can support health and wellbeing through social prescribing

How to cite this report

Mughal R., Seers H., Polley M., Sabey A. & Chatterjee H.J. (2022) How the natural environment can support health and wellbeing through social prescribing. NASP.



How arts, heritage and culture can support health and wellbeing through social prescribing

How to cite this report

Mughal R., Polley M., Sabey A. & Chatterjee H.J. (2022) How Arts, Heritage and Culture can support health and wellbeing through social prescribing. NASP.



An evidence review of social prescribing and physical activity

How to cite this report

Polley M. & Sabey A. (2022). An evidence review of social prescribing and physical activity. NASP.

How can arts, culture, and heritage support health and wellbeing through social prescribing?



Impact on physical and psychological health.

- ↳ Increased social interaction, healthy behaviours, physical movement and activity, and decreased stress.
- ↳ Preventing and treating long-term conditions

Collaboration with the wider local community infrastructure is **important for the success** of social prescribing models.

People in areas rich in these local assets and organisations **experience lower rates of mental and physical ill health**

How can social, legal and financial advice support health and wellbeing through social prescribing?



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- Financial insecurity is **linked to long term physical and mental wellbeing.**
- Social prescribing of integrated health and social welfare advice can lead to **improvements in mental health, wellbeing, and quality of life**
- **Social prescribing schemes supported**
 - Avoiding homelessness, housing standards,
 - prevention of the loss or stopping benefits,
 - improvements in financial health/ debt management,
 - alleviation of difficult financial situations

How can the physical activity support health and wellbeing through social prescribing?

Physical health: Increased physical activity levels, and increased healthy behaviours.

↳ improvements in BMI and blood pressure, blood sugar levels

Patient empowerment: Increase in the skills, belief, and confidence to help people manage their own health.

Emerging reduction in health service utilisation Primary and Secondary Care:

- Some evidence reports a **significant reduction in the number of visits to a GP**, and a reduction in **emergency hospital activity**
- One study found a **17.4% and 26% reduction in social care and health costs** respectively, although for a small number of people the overall costs increased.
- One study reported a Social Return on Investment (SROI) analysis of a £5.07 return for every £1 invested.
- **This is in line with NASP's previous evidence review on economic impact.**





How can the natural environment support health and wellbeing through social prescribing?

Contact with, and connection to, nature play a role in improving health & wellbeing

- Connection to nature' reflects how we feel and think about nature, not just how much time we spend in it
- Time spent in nature is linked to a range of mental and physical health benefits
- Nature-based social prescriptions can benefit long term health and wellbeing, particularly life satisfaction and happiness by
 - Reducing social isolation
 - Developing connection to nature
- Spending time in nature is good for children's health, increasing physical activity, wellbeing and cognitive performance.
- Families on lower incomes and minority groups often have less access to nature, and the time children spend playing outside without adult supervision continues to decline.

Observations across the reviews

Health inequalities

- **Increase representation** from groups likely to be experiencing health inequalities : greater outreach initiatives would benefit these wider audiences.
- **Length of time:** particularly for those with complex health and social needs, who may need to be supported for longer, and with more frequent visits
- **Trusting relationships:** those created by healthcare workers is a significant enabler in accessing individuals including people at greatest risk of experiencing health inequalities, such as migrants

Cross-sector partnerships:

- **Improve working partnerships** between local organisations, social and health care bodies and those providing referral pathways to enable greater access
- **Co-design and co-production** consistently appear within the literature as effective ways of implementing arts, heritage and culture programmes within primary care and social prescribing
- **Co-location:** For example, locating social advice and health services together is an effective form of integration and gives opportunities for regular discussion as to how advice services can support both healthcare services and patients

Increased demand due to Covid-19



[Home](#) > [Evidence for Social Prescribing](#)

DOES SOCIAL PRESCRIBING WORK? Read the evidence



Evidence on Social Prescribing

How effective is social prescribing? Our briefings and visual guides give a clear overview of existing evidence. They point to the success of social prescribing initiatives. And they identify where we need to do more research. You can come back to this page to download up-to-date evidence whenever you need.

Read our evidence reviews and register for the International Evidence Collaborative here:
<https://socialprescribingacademy.org.uk/read-the-evidence/>

[Find the reviews completed for Natural England published here](#)

For more information, please contact us at evidence@nasp.info

Can you help? Call out for evaluation resources

- We are mapping the evaluation resources currently being used by the VCSFE sector to help with monitoring and evaluation.
- Please fill out this short survey to tell us about the evaluation resources you find useful, what sorts of data you are asked to collect by commissioners/funders, and what else would support you with your evaluation.
- Please complete and share: • <https://t.co/ulsWKdr2eV>

Re-engage

Dr Georgina Everett, impact and evaluation manager



Using evidence to develop and deliver activity groups

Dr Georgina Everett
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impact@reengage.org.uk

Reengage

Bringing generations together

Who we are

Re-engage alleviates loneliness for older people across the UK who are experiencing loneliness and social isolation, with a special focus on the UK's oldest old - those over 75.

With the support of around 11,000 volunteers, we offer tea parties and lunch clubs, activity groups, and telephone befriending to more than 8000 older people across England, Scotland and Wales.

Almost half of our older people are referred by social prescribers or health professionals.

www.reengage.org.uk



Bringing generations together

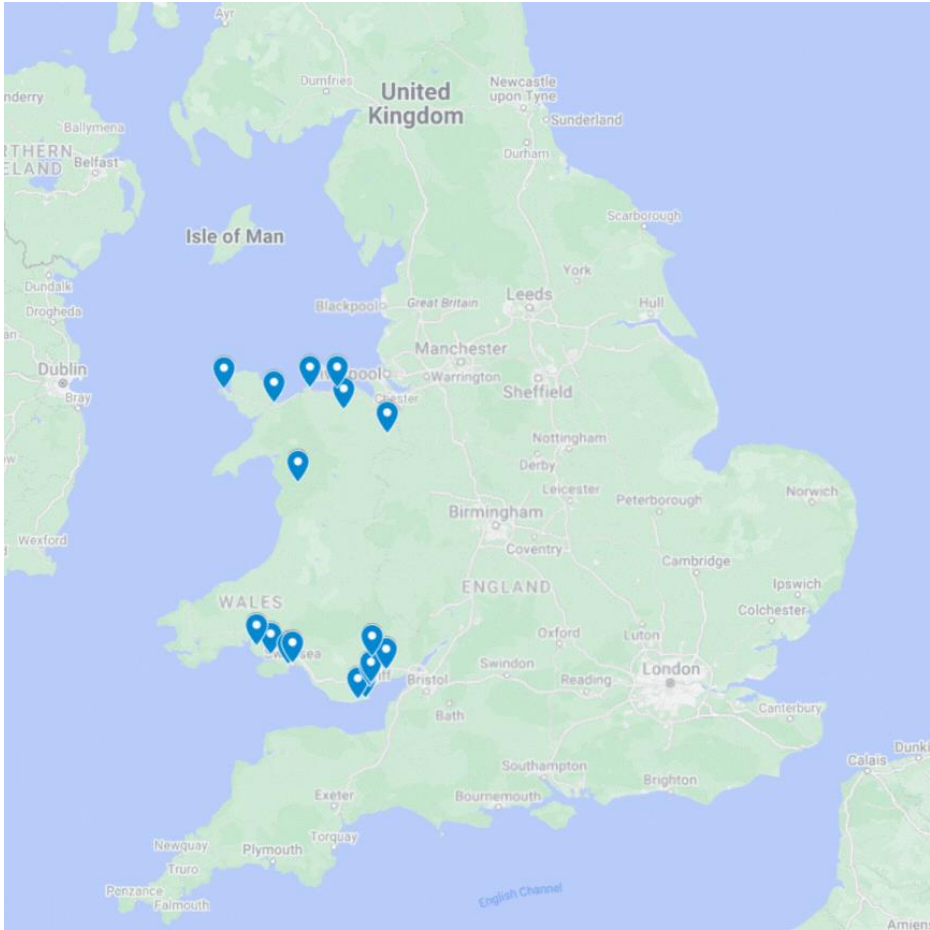


Monitoring, evaluation and learning

- Framework of regular surveys/questionnaires, interviews, and focus groups with older people and volunteers
- Questionnaires use standardised and bespoke measures to understand impact
 - Averages/aggregates, change over time, correlations to other factors
 - Perception of services, experiences, benefits and other outcomes
- Desk research to review our work alongside wider evidence base

Bringing generations together

Re-engage activity groups



- Launched in Wales in 2020, expanded to West Yorkshire in 2021
- Free in-person and online activity groups hosted by instructors and volunteers, drivers to assist with travel
- Activities vary from Tai Chi, chair exercise and accessible Zumba to skittles, boccia and cornhole
- Now growing into Birmingham, Bristol and the south-west of England
- Exploring need for groups in other areas of England and Scotland

Bringing generations together



e.g. loneliness/isolation and health co-morbidities, social frailty↔physical frailty

e.g. large-scale data from Sport England; local population health/wellbeing data

e.g. evidence of outcomes and factors in such as link worker support

e.g. scheduling, transport, accessibility and adaptability, perceptions and support

e.g. levels/type of need, gaps in provision, transport, venues, partnerships

e.g. participant feedback, regular monitoring of wellbeing etc. to review for change

Bringing generations together



Local steering: putting evidence into practice

Evidence/recommendation

Referrers and link workers play a role in engagement/outcomes

Referrer concerns about activities can impact on referrals/success

Person-centred approach/co-production enables participants

Group-based activities and social opportunities enable participants

Example of practice

Working with neighbourhood networks to build local activities and pathways

Giving social prescribers first-hand experience of our activity groups

Steering groups, ongoing feedback, older people driving sessions

Social participation at the heart of session design and use of resources



Bringing generations together



**Thank
you**

www.reengage.org.uk/refer

Bringing generations together

A large light blue circle is partially visible at the top right. Below it, several pink and white diagonal stripes extend from the right edge towards the center.

Any Questions?



National Academy for Social Prescribing

Get in touch

socialprescribingacademy.org.uk



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