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GM POLICY HUB

Social prescribing: equitable and effective health and wellbeing support

Paul Wilson, Professor of Primary Care and Health Services Research

Anna Wilding, Research Fellow in Health Economics

Charlotte Leonhardsen, Programme Manager for Social Prescribing and
Workforce Lead at NHS Greater Manchester

Chaired by **Arpana Verma**, Clinical Professor of Public Health and Epidemiology

The University of Manchester

1:00 - 2:30pm

Tuesday, 28 January 2025

Revisiting rhetoric and reality - Assessing the impact of the rollout of the national social prescribing link worker programme

Paul Wilson and Anna Wilding
University of Manchester
NIHR ARC Greater Manchester

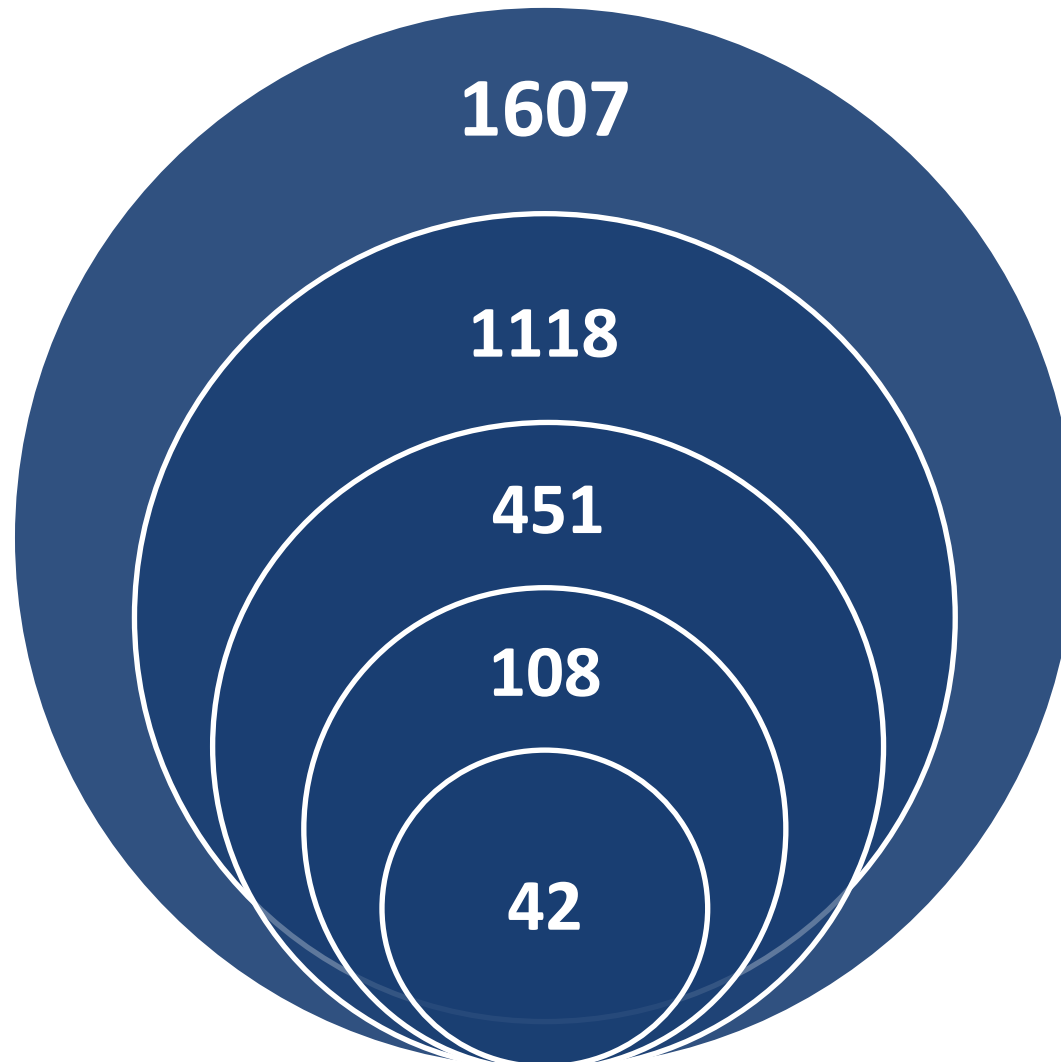
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BMJ Open Social prescribing: less rhetoric and more reality. A systematic review of the evidence

Liz Bickerdike,¹ Alison Booth,² Paul M Wilson,³ Kate Farley,⁴ Kath Wright¹

Most evaluations small scale and limited by poor design and reporting. All were rated as a having a high risk of bias.....Despite clear methodological shortcomings, most evaluations presented positive conclusions.

An example



Referred to link worker

Onward referral

6 month follow up

12 month follow up

12 month follow up
of onward referral
attendees

Time passes.....evaluations accumulate

- More 'me too' reviews reaching same conclusions
- More reviews saying everything is brilliant
- Mixed messages from the occasional rigorous evaluation
 - Mercer et al. *Effectiveness of Community-Links Practitioners in Areas of High Socioeconomic Deprivation*
 - Wildman et al. *Evaluation of a Community Health Worker Social Prescribing Program Among UK Patients With Type 2 Diabetes*

Summary of where we are at

- We have a good theoretical understanding of how link workers could work to support access and engagement with services
- We know engagement with community-based activities, groups and services can improve health and well-being
- Not all individuals referred actually go on to engage with support and activities provided in the community
- But those that do engage generally report positive experiences
- We don't know if the link worker model promotes engagement with community assets

Evaluation context

Commissioned by NIHR on behalf of NHS England

Although many social prescribing services predate the **2019 NHS Long Term Plan**, the policy funded a rapid expansion of link worker provision across England.

Funded through the **Additional Roles Reimbursement Scheme (ARRS)**

Aim - every person in England can access a social prescribing service through their GP practice, facilitated by the introduction of 1,000 new link worker roles

University of Manchester is leading a national team to evaluate the impact of this national roll out of social prescribing link-workers

Our approach

Multi-region mixed methods approach to map current provision and to assess whether access, engagement and outcomes vary by delivery model, geography and population characteristics over time.

- NIHR Applied Research Collaboration Greater Manchester
- NIHR Applied Research Collaboration North East and North Cumbria
- NIHR Applied Research Collaboration West
- NHS Greater Glasgow and Clyde
- NHS Lothian

Pragmatic and efficient use of resources

Multiple social prescribing link worker initiatives

Sufficient variation in population and geography

Impact of the rollout of the national social prescribing link worker programme on population outcomes: evidence from a repeated cross-sectional survey

The NHS DES Scheme:

Patients referred by healthcare professional (or self-referral) to a link worker.

Aimed at patients:

- I. with long-term condition
- II. who require support for mental health
- III. are lonely or isolated and/or
- IV. have complex social needs

Link worker connects patients to activities, groups or services

NHS Intended impacts on patients:

- I. feels more in control and able to manage their own health and wellbeing
- II. is more physically active
- III. is better able to manage practical issues, such as debt, housing, and mobility
- IV. is more connected to others and less isolated or lonely.

Objective

To determine whether the rollout of social prescribing link workers has improved population outcomes

Design

Repeated cross-section surveys combined with administrative workforce data

Setting and Participants

4,132,676 respondents to the GP Patient Survey¹⁴ from 6,991 general practices across 1,427 primary care networks in England from 2018 to 2023

Population Outcomes – from GP Patient Survey

NHS Intended impacts on patients:

I. feels more in control and able to manage their own health and wellbeing



II. is more physically active

III. is better able to manage practical issues, such as debt, housing, and mobility



IV. is more connected to others and



ADDITIONAL

Alleviating GP pressures (through the mechanism of improved general practice experience)

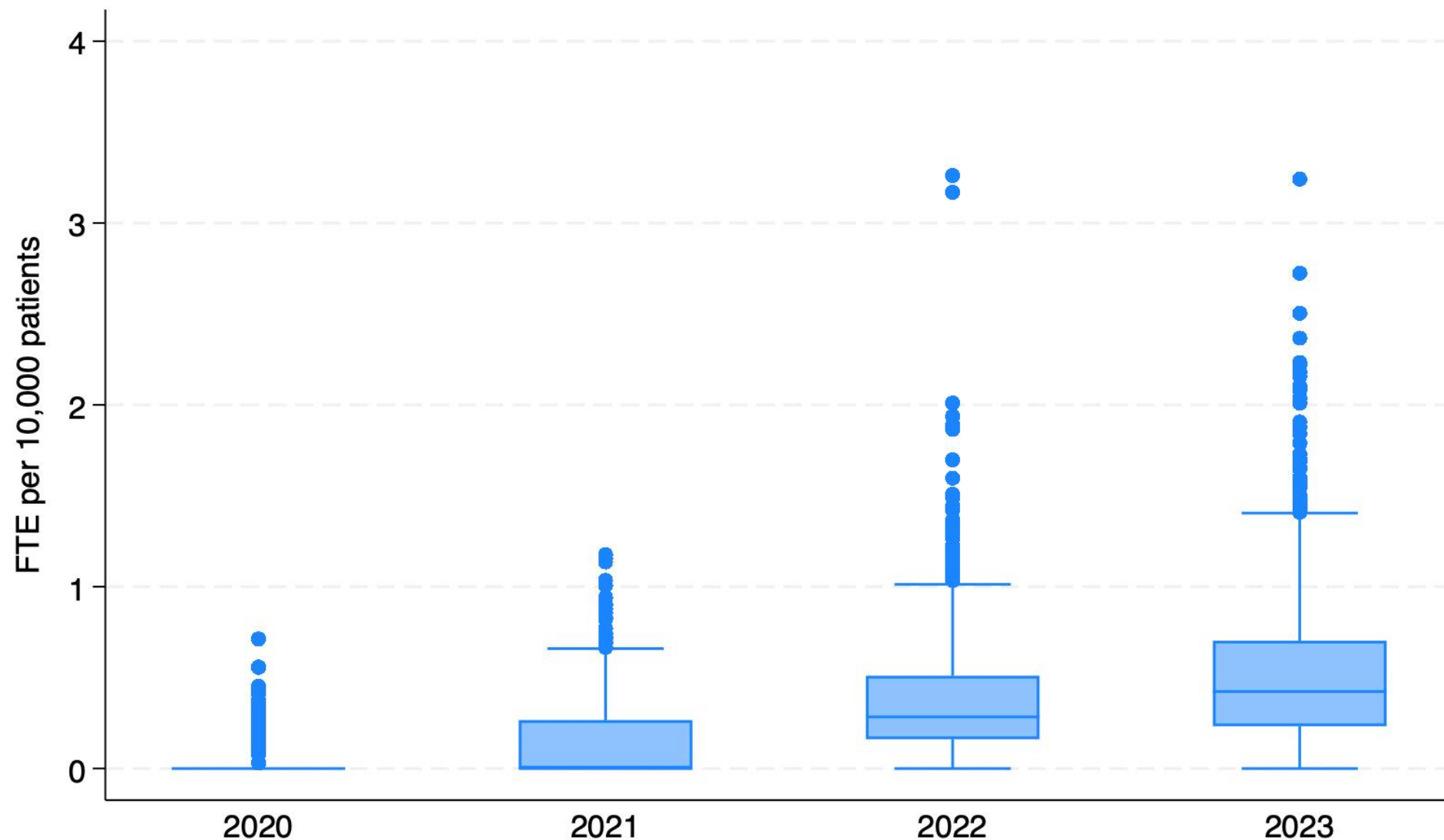
Addressing mental health needs (through a question on whether mental health needs were understood in the last appointment)

Exposure/ Treatment

Link Workers
employed at
PCN-level³

Each patient is
linked to a GP,
which is part
of a PCN

Calculate FTE
per 10,000
patients to
account for
PCN size



Methods I

Natural experiment^{15,16} in continuous exposure

Making better use of natural experimental evaluation in population health

Rather than arguing about the suitability of natural experimental methods to inform decisions we need to focus on refining their scope and design, say **Peter Craig and colleagues**

Peter Craig,¹ Mhairi Campbell,¹ Adrian Bauman,² Manuela Deidda,³ Ruth Dundas,¹ Niamh Fitzgerald,⁴ Judith Green,⁵ Srinivasa Vittal Katikireddi,¹ Jim Lewsey,³ David Ogilvie,⁶ Frank de Vocht,^{7,8} Martin White⁶

Using these methods
over RCT designs

Natural Experiments: An Overview of Methods, Approaches, and Contributions to Public Health Intervention Research

Peter Craig, Srinivasa Vittal Katikireddi,
Alastair Leyland, and Frank Popham

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow G2 3QB, United Kingdom; email: peter.craig@glasgow.ac.uk, vittal.katikireddi@glasgow.ac.uk, alastair.leyland@glasgow.ac.uk, frank.popham@glasgow.ac.uk

Methods

All PCNs treated at the same time, but they employ link workers at different rates – treatment intensity varies.

We estimate a model for each of our outcomes, which includes:

- Number of link workers in their area (part we are interested in)
- Control variables – e.g. age, gender, ethnicity etc.
- Year indicators – controlling for time effects e.g. covid

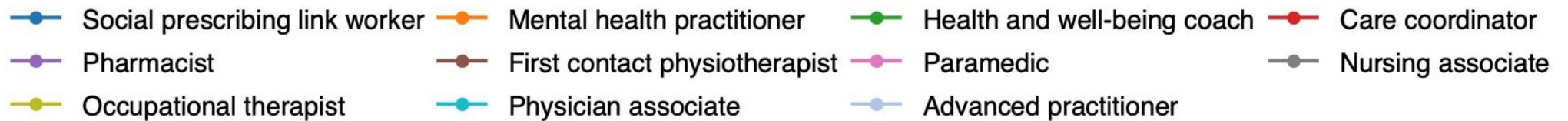
Results I – Odds Ratios

	(1) Confidence managing Long Term Condition	(2) Support	(3) Not Isolated	(4) Good GP experience	(5) Mental Health Needs Addressed
Link Worker	1.029* (1.006 to 1.053)	1.023* (1.003 to 1.043)	1.004 (0.982 to 1.026)	1.079** (1.019 to 1.142)	1.063** (1.017 to 1.111)
SD Δ	0.84 p.p.	0.42 p.p.	0.13 p.p.	2.25 p.p.	1.87 p.p.
Mean value of outcome	83.8%	52.9%	92.0%	82.8%	86.1%
Observations	2,299,469	2,280,921	4,132,676	4,176,173	1,651,376

Robustness check: Different Roles in General Practice?

- Primary care networks have budgets to employ staff for their patient's needs within the ARRS
- Are we capturing the impact of increased roles overall, or is it, in fact, social prescribing link workers?

Isolate the impact of Social Prescribing link workers by all direct patient care staff within our model



Results III – SA comparison

	(1)	(2)	(3)	(4)	(5)
	Confidence managing Long Term Condition	Support	Not Isolated	Good GP experience	Mental Health Needs Addressed
Main Model					
Link Worker	1.029* (1.006 to 1.053)	1.023* (1.003 to 1.043)	1.004 (0.982 to 1.026)	1.079** (1.019 to 1.142)	1.063** (1.017 to 1.111)
SA					
Link Worker	1.040*** (1.017 to 1.063)	1.024* (1.004 to 1.045)	1.010 (0.988 to 1.033)	1.084** (1.023 to 1.150)	1.069** (1.021 to 1.118)

Other robustness checks

- **Sub-group analysis on cohort SP aimed at, individuals with:**
 - Long term conditions – magnitude a little higher
 - Mental health needs – much the same
- **Non-linear effects – evidence of optimal provision**
- **Impact on health inequalities:**
 - For having enough support from local services - widening inequalities.
 - For not being isolated – narrowing health inequalities

Conclusions

- Rollout of link workers associated with improved outcomes specifically targeted for social prescribing
- Supports the NHS's aims for the person for social prescribing
- Spill-over effects on improving overall experience all patients reported with their general practice
- Robust to stress testing

Thank you for listening

This research is independent research funded via a competitive review process by the National Institute for Health Research Health Services and Care Delivery Research programme (NIHR134066).

The views expressed in this presentation are those of the author(s) and not necessarily those of the National Institute for Health Research, NHS England or the Department of Health and Social Care.

<https://arc-gm.nihr.ac.uk/projects/Multi-region-evaluation-of-social-prescribing-link-workers>

Social Prescribing in Greater Manchester

Charlotte Leonhardsen

Programme Manager/Social Prescribing and Workforce Lead

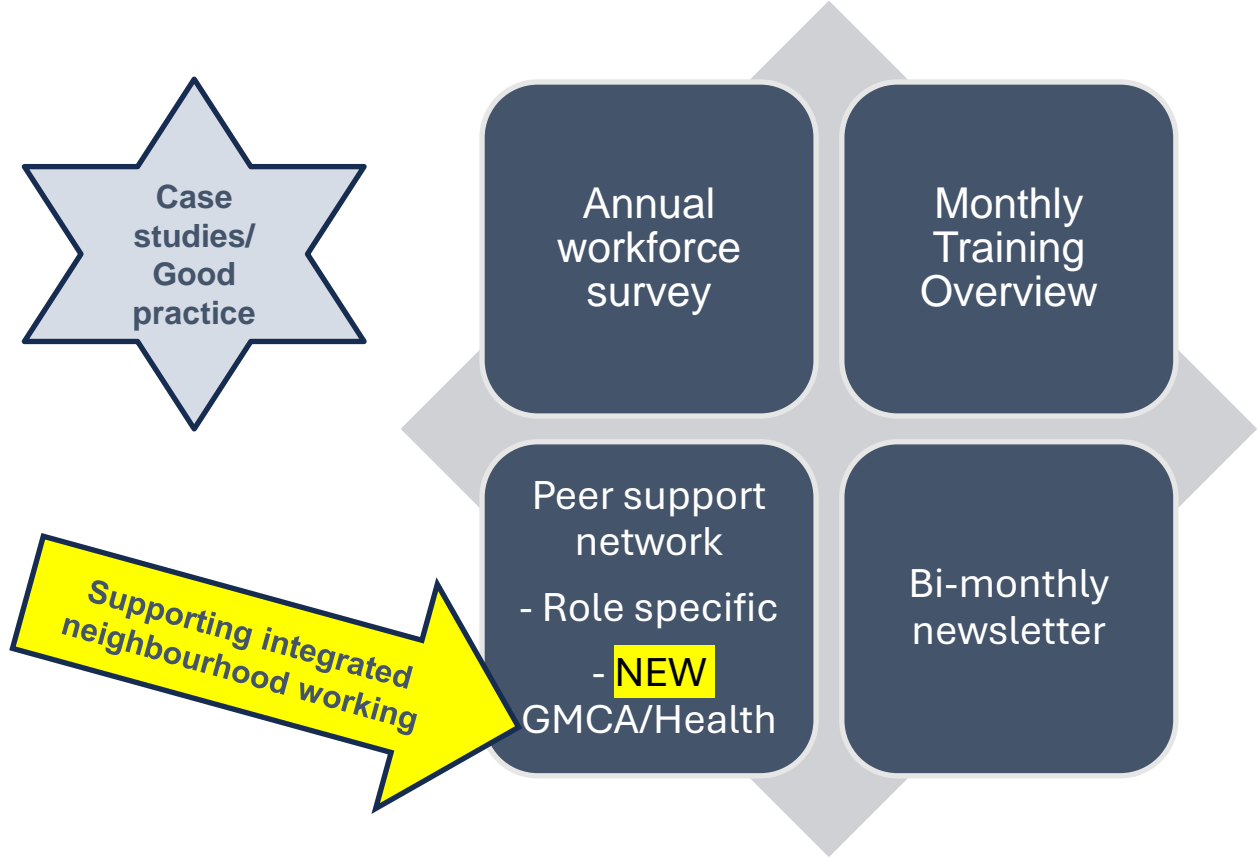
Person and Community Centred Approaches Team

**Greater
Manchester
Integrated Care
Partnership**



Social Prescribing GM Support

Social Prescribing Link Workers	ARRS funded 161	Other funding 83	Total 244
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Approx 55.000 Referrals
a year

Social Prescribing Leads Drop in

- Informal space to share good practice and peer support

GM Social Prescribing Operational Group

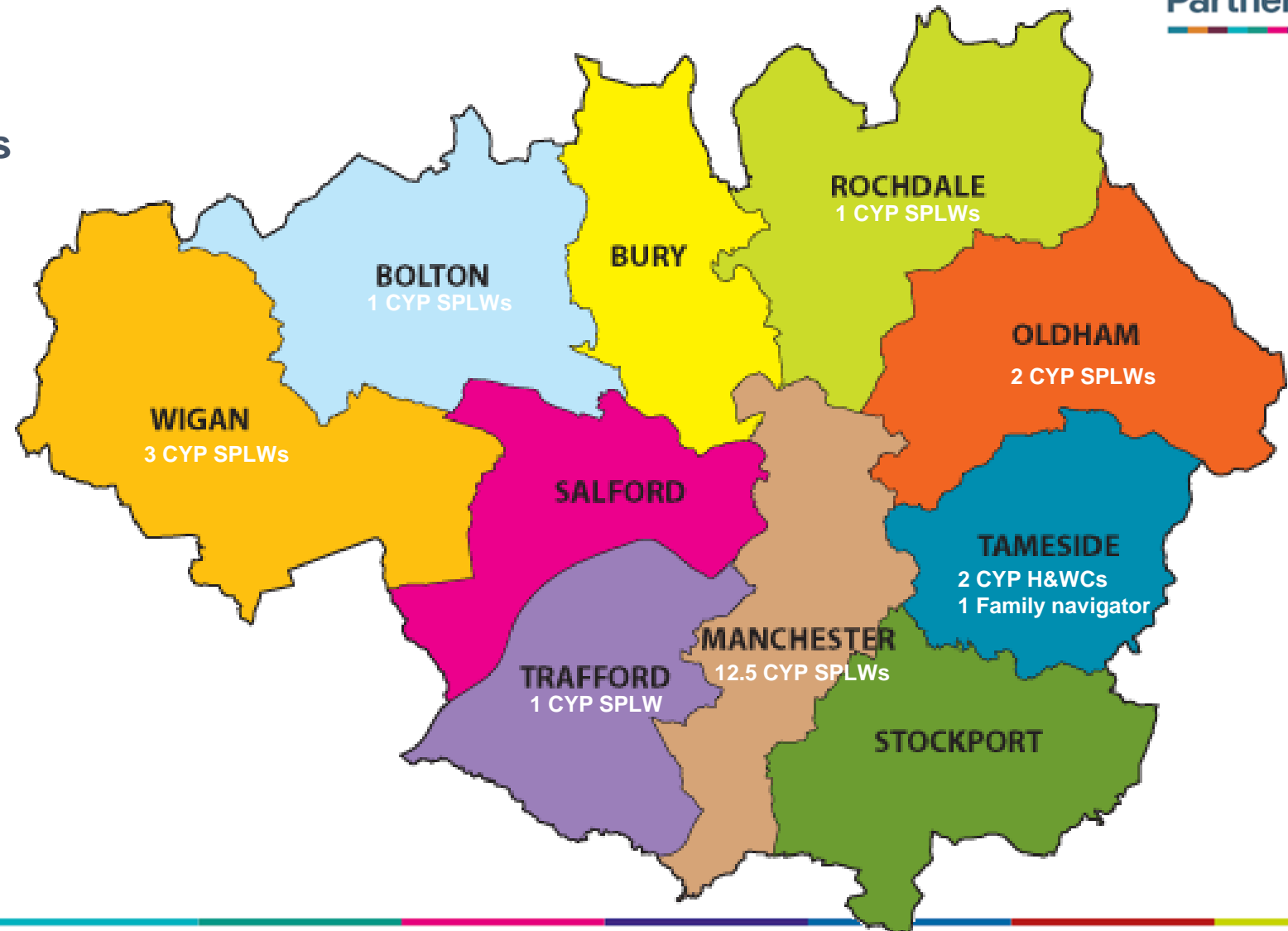
- Strategic space to discuss and further develop Social Prescribing in GM

Map of Social Prescribing in Greater Manchester

25 Social Prescribing Providers

12 PCNs
2 GP Feds
1 Local Authority
1 Adult Social Care Team
6 VCFSE

11 CYP SP providers



What is going well

Proactive use of Social Prescribing Link Workers;

Multi-disciplinary community events; e.g. CVD prevention, MSK

Multi-disciplinary Health bus delivering support and health checks in community

Outreach and offer of support within neighbourhoods experiencing HI

Targeted outreach ; e.g. men's group, schools, family hubs, carers events

Number of Social Prescribing Link Workers

Fairly consistent levels of link worker (nationally we have seen a drop)

Collaborative SP providers

Social Prescribing Operational group

Minimum data set for Social Prescribing in GM

Children and Young People

Collaborative working to further embed and demonstrate impact of Social Prescribing for CYP,- #BeeWell, Anna Freud, CYP SP providers

Working with national bodies (NASP, Rugby League Carers) to bring additional resources into schools to combat poor mental health

Investment from natural England to carry out a consultation with CYP around Green spaces

UCL pilot of SP support in Schools

UCL pilot in CAMHs

Challenges and risks

Changes to the
Primary Care
Contract

Financial deficits

There is a higher
demand than
provision

Variation in referral
routes to access
Social Prescribing
support

In-equitable
access to Social
Prescribing

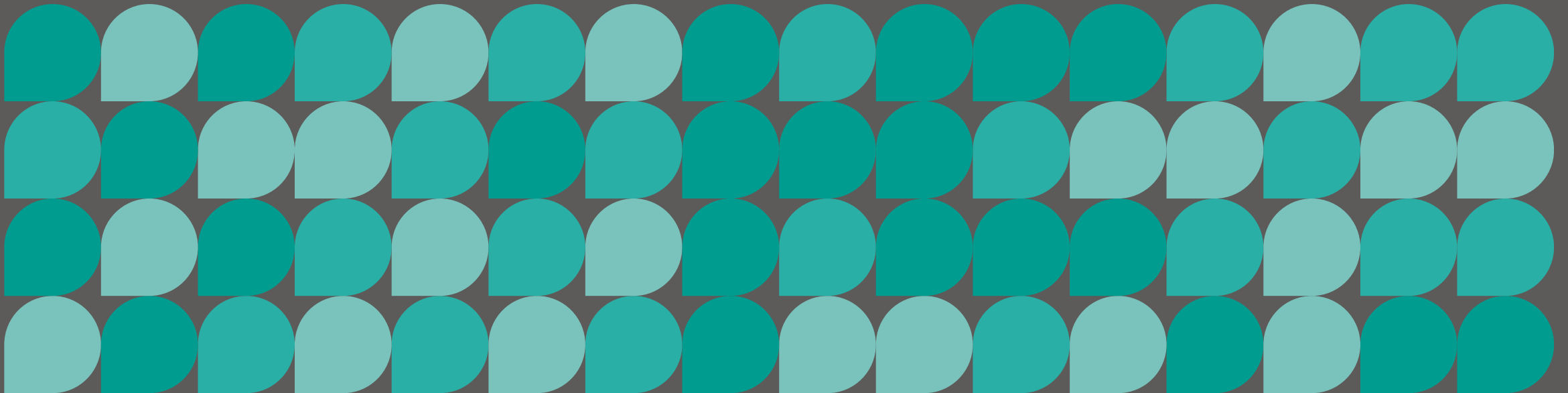




LIVE WELL

DOING THINGS DIFFERENTLY WITH
GREATER MANCHESTER'S COMMUNITIES

Live Well: A radical shift in how we deliver public services and collaborate with people and communities to reduce health, social and economic inequalities



What do communities say helps us all Live Well?





Everyday support in every neighbourhood

Live Well is Greater Manchester's commitment to ensuring great everyday support is available in every neighbourhood. It will tackle health, social and economic inequalities by changing how we work with communities and in public services to grow opportunities for everyone to Live Well. Live Well will ensure everyone has the support, control, connections and resources to lead a healthy happy life.

What might we see across Greater Manchester when Live Well is in place?



Physically identifiable in communities

Live Well Centres

A front door to bespoke support and advice needed, bringing together statutory offers with VCFSE organisations to build health and wellbeing and develop skills and work opportunities – specifically building out from Job Centre Plus and Primary Care facilities.

Live Well Spaces

Inclusive and welcoming community-led places where people can connect, support each other, and take action – within walking distance in every community. Somewhere to get help with getting online, sorting out finances, checking health – or just having a cup of tea and a chat.

Live Well Offers

Coherent and consistent support and advice across a range of issues and to an agreed standard including: housing, food insecurity, benefits advice, digital inclusion, debt & financial hardship, employment support multiple disadvantage, specific health conditions (e.g. dementia), etc.

Neighbourhood Teams

Frontline professionals from the public sector coming together with local voluntary, community, and social enterprise organisations to coordinate services and activities and to help enable the community to find solutions that will improve their health and wellbeing.

Underpinned and Supported by

Live Well Easy Access

Easy to find help, support and opportunities online. Digitally enabled everyday support. The ability to take Live Well support directly into communities where a tailored ‘pop-up’ offer would be beneficial, working together with VCFSE and grassroots groups.

Live Well Workforce

Strengths based, trauma informed, and relational practice. Working across organisational and professional silos. This includes those working in, and alongside, integrated neighbourhood prevention teams.

Community Power

Community voice and decision making is supported to thrive and grow, to shape local service provision, and grow action to overcome inequalities.

Community Wealth

Growing community wealth, ownership and opportunity. Changing what funding is available and how it is deployed to grow and sustain community-led health and wellbeing.



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Brushing up on oral health

Dr Georgios Kitsaras, Lecturer in Behavioural Science
Chaired by **Professor Cecilia Wong**, Policy@Manchester Co-Director
More speakers to be announced

The University of Manchester

1:00 - 2:30pm

Tuesday, 18 February 2025