

# Social Prescribing Project Report

## Contents

Overview .....	1
Aim .....	1
Promotion .....	2
Outputs .....	2
Outcomes .....	4
Findings .....	5
Appendix 1 .....	8
Appendix 2 .....	14
Appendix 3 .....	15

## Overview

The Social Prescribing project is in collaboration with Community Engagement officer for Metropolitan Thames Valley Housing (MTVH) in Cambridgeshire, employed by CHS (Cambridge Housing Society), Jade-Anne Griffin (JAG) and Nuffield Road Medical Practice, a surgery in East Chesterton, Cambridge. East Chesterton has many MTVH customers living in the surrounding area.

The pilot project started on Friday 16<sup>th</sup> October 2018, and was 8 sessions, ending on Friday 4<sup>th</sup> January 2019. The project was then continued and came to an end in July 2019.

Each participant had an assessment, in which a wellbeing plan was co-created, at least one follow-up session, and a final review. The level of contact varied due to the person-centred approach of the project and the needs of the individual. However, the average level of engagement was 2 months.

## Aim

The aim of the project was to help residents access services, local provisions and projects which benefit their physical health, mental health, social networks and wellbeing generally, improving their independence and support them with their goals, aspirations and progression. For the benefit of this report this will be called provisions.

The surgery identified 5 key priority needs of patients to work with:

1. Frequent attendees to the practice
2. Frequent attendees to A&E

3. Diabetes over 100
4. Poor mental health or wellbeing
5. Socially isolated or lonely

## Promotion

Residents of MTVH living in the local area were e-mailed and sent a text informing them about the new service. There was also an article in a recent local newsletter which was sent out in November 2018.

The Surgery cross referenced MTVH customers addresses with their database and contacted patients that fall within their priority needs of;

- Frequent attendees to GP practice
- Frequent attendees to A&E
- Diabetes over 100

However, the numbers of both MTVH residents and practice patients that fell into this category was very low.

## Outputs

32 people were offered the support.

Of that 32, 6 were MTVH residents.

Of that 6, 5 were referred by JAG and of that 5, 2 didn't complete and 3 did complete the engagement. Of the remaining 3, 2 were referred by JAG, and they didn't complete the engagement and 1 was referred by the GP practice and did complete the engagement.

Of that 32, 12 either declined or did not complete the engagement.

Of that 12, 5 declined or did not respond, and 7 had some level of engagement but did not complete evaluations. Of that 7, 2 were MTVH residents and not patients.

Therefore 20 did complete their engagements.

Of that 20, 4 were MTVH residents, of that 4, 3 were referred by JAG and 1 was referred by the GP practice.

	MTVH resident	Not MTVH resident	Total
Referred by GP practice	1	26	27
Referred by JAG	5	0	5
Sub total	6	26	32
Never engaged or declined	0	5	5
Disengaged or incomplete evaluations	2	5	7

<b>Completed</b>	<b>4</b>	<b>16</b>	<b>20</b>

The range of provisions which participants were referred or signposted to is varied and was dependant on the needs and circumstance of the individual.

Provisions include, but are not exclusive to:

- Cambridgeshire City Volunteering Service
- Cambridge Community Arts (creative courses for adults)
- Age UK
- GP Exercise referral Scheme
- Counselling or Therapy services
- Physical fitness projects (From chair-based exercise classes to yoga)
- Walking Groups
- Local coffee mornings
- Local creative groups such as craft groups or photography groups
- Reading group
- Reading tuition
- Confidence building workshops
- Mental Health services
- Self-help websites
- Money services
- CAB
- Woman's Aid
- Advocacy services
- Sexual violence services
- Addiction services and support groups

Where appropriate referrals were also made into CHS services such as the Money Matters service or Employment Support, as well as MTVH training programme courses.

Case studies of each participant whom completed the programme are in Appendix 1

## Outcomes

We used HACT's Mental Health Social Value Calculator to measure improvements in people's mental health. This tool uses the Warwick Edinburgh Mental Wellbeing scale and converts the different stages of the scale into values, using the method as the Social Value calculator.

All participants were asked a set of questions pre and post intervention. We were able to report improvements in wellbeing relating to the following questions:

1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to other people
7. I've been able to make my own mind up about things

An additional question was added to ascertain the level of confidence people have in managing their own health.

8. I feel confident about managing my own health

The post evaluation form also asked individuals to state if they contacted the provisions suggested.

See Appendix 2 for pre intervention evaluation form

See Appendix 3 for post intervention evaluation form

## Findings

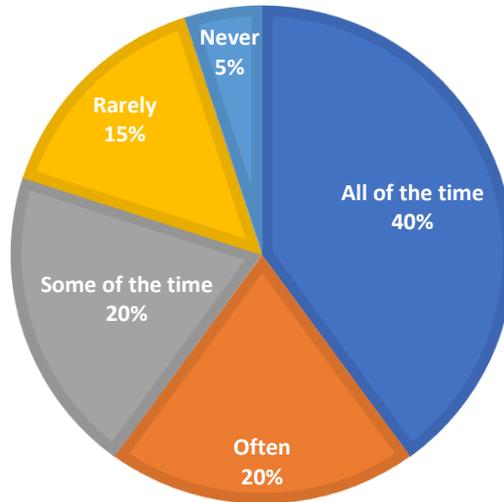
20 participants completed the project which reported an increase in wellbeing valued at £117,417 (the net benefit is £111,717 which equates to 1:28 budget to impact ratio). The social value figure of £117,417 represents the total uplift in salary that we would have had to give the 20 people to improve their wellbeing had they not taken part in the social prescribing pilot.

All 20 participants responded to the additional questions on the post evaluation form, which are shown in the charts below:



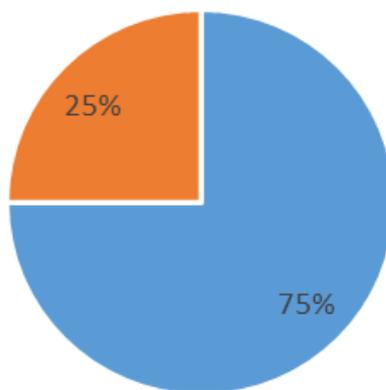
### HOW CONFIDENT DO YOU FEEL ABOUT MANAGING YOUR OWN HEALTH? POST INTERVENTION.

■ All of the time ■ Often ■ Some of the time ■ Rarely ■ Never



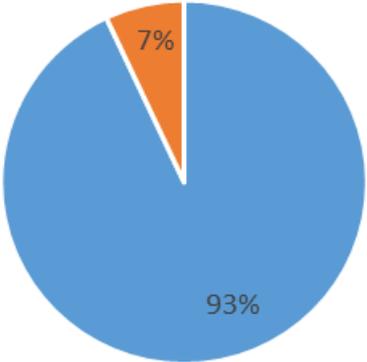
35% of participants rated feeling confident at managing their own health either all the time or often pre-intervention, compared to 60% at post-intervention.

### Have you made contact with any of the suggested provisions?



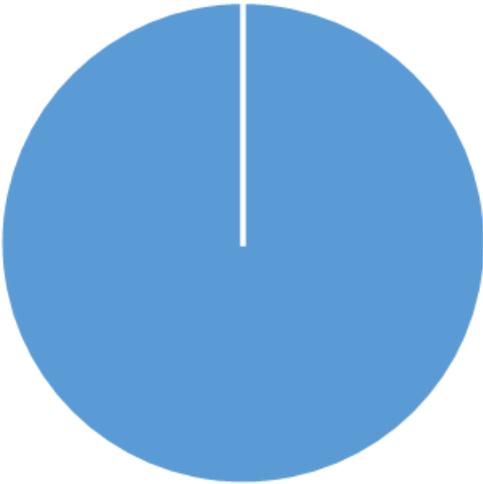
■ yes ■ no

Have you gone on to engage more or have further support from them?



■ yes ■ no

Did you find them helpful?



■ Yes ■ No

100% of participants found the provisions they'd been informed about helpful.

## Appendix 1

### Case studies

#### 1) NSP001

Female in her late 60s was referred due to isolation. She has mobility issues and low mood. Her wellbeing plan included some low-level exercise classes, a chair-based exercise class and computer skills sessions (as she felt this would help her connect to people). Over the next 2 months I called X to see how she was getting on. Unfortunately, she has a series of ill health conditions which prevented her from contacting the services but was grateful for being informed and intends to make contact when her health improves slightly.

Scoring before intervention = 14

Scoring after intervention = 17

Social value = £12,507

#### 2) NSP002

Male in his early 40s was referred due to anxiety and isolation. During our first session he was very open about his depression and anxiety and felt most his anxiety was due to his living situation, as he was currently residing at his mother's home in her living room. His accommodation was the most important thing, so we worked together to get him involved with a housing service and after 6 weeks he was offered his own home. Once he had moved, he started working with an employment adviser and was offered work. He has also been informed about some local mental health services should he choose to go.

Scoring before intervention = 12

Scoring after intervention = 18

Social value = £10,523

#### 3) NSP003

Female in her 60s was referred due to isolation and poor wellbeing. She lived with her husband and son in his 30s who had significant mental health difficulties. She found managing this very difficult and isolating and didn't know where to go for support. I put her in touch with 3 organisations, all of which she contacted and found of benefit. She is now linked to a careers support group and has received financial support too.

Scoring before intervention = 25

Scoring after intervention = 23

Social value = - £1,861.00

4) NSP004

Female in her 30s. I referred in as a MTVH resident. Has experienced recent suicide attempt, was out of work and still suffering with depression and anxiety. She attended some of my IT courses and I signed her up to a level 2 distance learning counselling skills course. She is now working part time using the skills she has learnt and is engaging with an art project on a weekly basis.

Scoring before intervention = 24

Scoring after intervention = 28

Social value = £1,762

5) NSP005

Female in her early 70s was referred as she was a frequent attendee to the practice. She has a range of health conditions including COPD and a condition with mould on her lungs. Her wellbeing plan included chair-based exercise class, local knitting and crochet group, reading group and a range of social groups and coffee groups. At review she informed me she was awaiting an operation on her lungs and going outside was very hard. She hopes to start getting back involved in the groups she had made contact with once her health improves.

Scoring before intervention = 26

Scoring after intervention = 30

Social value = £1,185

6) NSP006

MTVH resident in his 40s. Out of work due to his mental health. Since engaging he has attended some of the courses I put on, including an online mindfulness course. Started attending mindfulness class and a tai chi class. Has referred himself to counselling to work through some previous traumas. Completed a level 2 groundworks course which I signposted him to.

Scoring before intervention = 13

Scoring after intervention = 20

Social value = £20,831

7) NSP011

Female in her late 80s, suffered a stroke 4 years ago leaving her with limited mobility and lack of movement on one side of her body. She lives alone. I did a home visits for these reasons. She reported feeling isolated and worries that her physical and mental health were deteriorating and wanted to find a purpose to her days. Her Wellbeing plan included 2 schemes within Age UK, 1 was to get a volunteer visit her weekly, the other was a handyman service to help with hand rails among other tasks, Chair based exercise class, Strength and balance class, Cambridge Woman's resource centre – psychology course (not accredited), Reading group, 2 different local coffee morning clubs. She is now getting weekly visits, attending a weekly chair strength and balance class and has contacted other provisions.

Scoring before intervention = 16

Scoring after intervention = 19

8) NSP012

Female in her early 50s was referred due to low mood. She has fibromyalgia so find doing much activities painful and tiring. Her wellbeing plan included some low-level exercise classes, a local walking group, a mindfulness class and a writing course. She felt she couldn't contact any of the services but was grateful to know about them.

Scoring before intervention = 15

Scoring after intervention = 16

Social value = 0

9) NSP014

MTVH resident in his mid-50s referred by the surgery due to isolation and poor wellbeing. He has a range of complex physical health needs and experiences debilitating anxiety. During our engagements he commented several times on how helpful he found simply coming and speaking to someone. He was referred to counselling and was taught some panic attack techniques which he found very helpful. I also requested a GP referral to the exercise scheme, and he started attending the gym. He increased his level of exercise by walking his dogs for longer walks too. He is considering a confidence building course and might attend the local mind support group.

Scoring before intervention = 15

Scoring after intervention = 21

Social value = £10,078

10) NSP015

Female in her early 40s was referred due to low social connections. She is a full-time carer for her mum. She wanted to focus on her health and craft groups so was provided with a range of activities which she was interested in. I also referred her to counselling as it became apparent that she was struggling to manage the pressure of caring for her mum. She was also linked into some local dementia services.

Scoring before intervention = 23

Scoring after intervention = 27

Social value = £1,762

11) NSP016

Female in her mid-50's was referred a frequent attendee to the practice. She has fibromyalgia, anxiety and depression. During our first session we created a wellbeing plan, however when she came to see me a second time, she had recently experienced domestic abuse and her husband had left the home just 48 hours previously. As she was in crisis I put her in touch with Women's aid directly and provided her with money advice service information as she would be living on a much less income. I took a food bank voucher to her at her home. Much of the support consisted of crisis management as she was in distress due to the abuse. During our review she said she felt in a much calmer place despite things still feeling unsettled.

Scoring before intervention = 7

Scoring after intervention = 19

Social value = £16,653

12) NSP017

MTVH resident in her mid-40s was referred by JAG. She was in part time work but feeling very low. She spoke openly about her history of experiencing domestic abuse and the impact that has had on her life since. She attended some of my computer courses and a confidence building course. She feels it was this that really helped her start to move forwards. She started and continues to attend a confidence building support group.

Scoring before intervention = 9

Scoring after intervention = 26

Social value = £24,144

13) NSP018

Female in her early 70s referred herself to JAG. She experiences mobility issues due to her hip and was awaiting an operation. She was a carer for her husband who had a stroke and found most her social contacts was about him. Due to this she was feeling disconnected and isolated. A social care referral was made, as was a referral to the carers trust. This meant she could get support in place to look after her husband whilst she was in hospital. She had her hip operation and during the review informed me she was in a much better place. There were other provisions on her plan which she intends to follow up.

Scoring before intervention = 13

Scoring after intervention = 19

Social Value = £16,653

14) NSP019

Male in his late 50s was referred to me due to having poor mental health. He has a learning disability and lives alone. He works part time at Tesco. He wanted to focus on losing some weight and maybe learn to read. I referred him into a 121 free adult literacy programme where I have been informed, he has committed to session and been making improvements on his reading. I also referred him into CUFCT (Cambridge United Football Community Trust) where he now attends a weekly football session and occasionally goes twice a week.

Scoring before intervention = 15

Scoring after intervention = 31

Social Value = £15,263

15) NSP020

Female in her 60s was referred due to low mood and low social connections. She lives with her grown son who has autism. She had a stroke many years ago which has left her with a lack of mobility on one side of her body and occasionally slurred speech. She wasn't sure what support she wanted but told me she had a dream of getting back on a horse. I was able to get her to a riding

school where she did some horse-riding. She is now budgeting her money so she can go hopefully on a monthly basis. I also referred her to the BESOM project and met the lady from that project at her home, with a view that she can get some support in her garden.

16) NSP021

Female in her late 80s was referred due to low mood and low social connections. She lives with her son and after a recent depressive episode found it hard to be lone at home and not wanting her son to go to work or go out. I visited her at home, and she found it hard to express any interest or passion to do anything. I provided information about the city councils taxi scheme so she could afford to go out without being taken. She spoke a lot about missing her old work colleagues as she had only recently stopped working at M&S. She knew that they met up still and I encouraged her to contact them. During our next session she told me she had started going to their socials on a weekly basis and was feeling much more connected.

Scoring before intervention = 26

Scoring after intervention = 32

Social value = £1,837

17) NSP022

Male in his 50s was referred due to low mood. He also is in recovery from drug use and unable to work. It was apparent in our first session that the focus of support needed to be around his debts and his court order. He was already working with the CAB (Citizens Advice Bureau) so I acted as a broker between his CAB worker and the practice to get him a letter to support his application to the courts to try to keep him out of prison. A letter was provided, and the fee was waived. I also linked him up with Cambridge Ethnic minorities forum and he was provided with an appointment for a solicitor so he can explore options regarding getting his family moved to England from Bangladesh.

Scoring before intervention = 11

Scoring after intervention = 14

Social value = £0

18) NSP023

Male in his mid-30s was referred due to his anxiety. When we met, he informed me that he has mild autism and eye contact was very hard for him. He aspired to work but found it hard being in certain work environments. During our engagements I referred him to a local mental health charity so he can learn techniques to manage his anxiety and referred him to a confidence building service. He completed an 8-week course in digital editing and has gone on to volunteer with the project. He also started a 3-month social care course. He has been working with an employment officer

Scoring before intervention = 18

Scoring after intervention = 23

Social value = £12,860

19) NSP023

Lady in her 60s referred to me due to isolation. I met her at her home, and she was initially a bit reluctant to engage. She has negative thoughts about the surgery due to being diagnosed with dementia which she believes not to be the case and has a huge sense of loss from her car being taken away. Her wellbeing plan consisted of some local coffee morning groups as she wanted some more social interaction and a chair-based exercise class she can drop in to. When I visited her again, she shared that she was still feeling unable to go out on her own. A friend came around and she felt like her friend was only there to inform me about things and she said this made her feel like people thought she was stupid. She had financial worries too so getting taxis to places were a concern. She has a taxi card. She hadn't been in the position to contact any of the services, but I linked her with another navigator service with a view to them continuing to support her.

Scoring before intervention = 27

Scoring after intervention = 20

Social value = - £6,910

20) NSP024

Male in his 80s referred due to low social connections. At the point of contacting him he informed me his wife was being moved to a home as her dementia was getting worse. His wellbeing plan consisted of a dementia support group, local low-level fitness groups, a history group and I also found out he could play his keyboard at the home his wife has gone to. He was very happy with the options found and although this is a difficult transition for him, he seems positive.

Scoring before intervention = 22

Scoring after intervention = 26

Social value = £3,348

Total Social value £117,417 (the net benefit is £111,717)

## Pre-Community Engagement Evaluation form

Below are some statements about your feelings and thoughts.

Please tick the box that best describes your experience over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my mind about things					
I feel confident about managing my own health					

Thank you for taking the time to complete this. We will complete another one in a couple of months and see if there have been any changes to how you feel.

Name:

Date:

Appendix 3

## Post Community Engagement Evaluation form

Below are some statements about your feelings and thoughts.

Please tick the box that best describes your experience over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my mind about things					
I feel confident about managing my own health					

Have you made contact with the identified groups or services?	Yes	No
Have you had further contact with them such as telephone calls or attended sessions?	Yes	No
Do you feel they have helped you?	Yes	No
Are there other types of support you might like?	Yes	No
If yes, Please tell us what sort		

Thank you for taking the time to complete this.

Name:

Date: