Wessex
Academic Health
Science Network

Independent Evaluation of Making Connections

Hart Voluntary Action

MAKING CONNECTIONS
FOR HEALTH AND WELLBEING

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DISCLAIMER

This report presents the findings of an independent evaluation of Making Connections.

The findings of this independent evaluation are those of the author and do not necessarily represent the views of Making Connections.

ACKNOWLEDGEMENTS

We would like to thank Making Connections and patients and carers of the service, for their participation in this evaluation.

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EXECUTIVE SUMMARY

Making Connections (MC) is a social prescribing service for adults registered with GP practices in North East Hampshire and Farnham. This evaluation is a follow-up to a previous evaluation undertaken as part of the Vanguard programme that reported in March 2018. Making Connections is delivered by Hart Voluntary Action and Age UK Surrey with support from Rushmoor Citizens Advice.

A new triage model was implemented in April 2018 for patients that initially present with only a requirement for signposting, as an alternative to a face to face visit and guided conversation. This change in service model was expected to result in more of the service being delivered by telephone and fewer home visits however, a relatively small number of people have used this signpost only service (approximately 6 per month[1] which equates to 13% of all service users based on data supplied for the current evaluation).

The key findings from a **quantitative evaluation update** found:

- An increase in average referrals per year from 376 to 404 based on NHS numbers (or 568 according to local service data).
- Supporting a slightly younger cohort of people – largest group is now aged 75 to 84 rather than 85 to 94 previously.
- The number of Making Connections clients who are also on their local ICT caseload (based on NHS numbers) has increased from 39% previously, to 54%. This may mean an increase in the complexity of the case mix of people supported by MC.
- 34% of referrals do not lead to the person being supported by the service.

The service has supported the collection of **over 800 self-reported outcome measures** over a three-year period, providing a rich source of evidence of its impact on users of the service. Key findings from this updated evaluation are:

- There continues to be a statistically significant increase in all self-reported outcome measures once people have been supported by MC.
- The degree of improvement in the health confidence, personal wellbeing and health status scores is lower than at the previous evaluation.
- People from Aldershot report lower scores at referral than the other localities.

Since the previous evaluation, the proportion of referrals from the Integrated Care Teams has increased (51% to 55%) and the proportion of referrals from GPs has decreased (31% to 20%), based on local service data. This is consistent with an earlier finding from the quantitative evaluation update that 54% of MC clients are also on their local ICT caseload (based on NHS numbers), an increase on previously. The previous evaluation found that the cohort of people that were being supported by both Making Connections and ICTs were of a higher complexity, with more emergency acute activity, than the Making Connections clients who were not on the ICT caseload. These clients now make up a greater proportion of the MC caseload and the **proportion referred by GPs has decreased**. Wessex AHSN has evaluated several social prescribing services supporting the needs of a wide range of people and in these services, GPs tended to be their greatest source of referral.[2]

Variation in access to social prescribing in North East Hampshire and Farnham has improved in the eighteen months since the previous evaluation but still exists. The self-reported outcome scores for people from Aldershot on referral to MC were lower than the other localities, indicating a higher level of need for the service. However, access rates for people from Aldershot are the lowest of the localities.

[1] Commissioning Manager (Integrated Care Services) following the Making Connections CRM on 18/03/2019

[2] Social Prescribing in Wessex - Understanding its impact and supporting spread. Andrew Liles and Philippa Darnton May 2017

Benchmarking with nine other social prescribing services has shown that Making Connections has reduced its cost per referral and increased the number of referrals per link worker since the previous evaluation. This has been achieved by increasing referrals to the service rather than by reducing costs. The fact that Making Connections still has the highest cost per referral of the services benchmarked, indicates there may still be capacity to increase referrals further.

Volunteers play critical roles in social prescribing. Research and networking opportunities are available that may facilitate the recruitment of volunteers to Making Connections and help to maintain their contribution.

Overall, while this updated evaluation has found some positive areas (more referrals, continued positive self-reported outcome scores) it also found areas that raise concern about progress over the last eighteen months. The new signposting service does not appear to have taken off as expected and has not opened up the service to a wider range of people with less intensive needs. Instead, there has been a shift towards the more complex shared case mix with the Integrated Care Teams. The variation in access at practice and locality level, although less marked, continues and is cause for concern.

The findings of this evaluation suggest that the system would benefit from a collective understanding and agreement of:

- Who are the groups of people that we want to benefit from social prescribing in NEHF?
- How will we ensure that they are all able to access it?

As social prescribing becomes accepted as a universal part of the NHS offer for personalised care and a key component of the NHS Long Term Plan, being an early implementer gives the service a real opportunity to take the findings of this evaluation and build on these strong foundations.

1.0 BACKGROUND AND OVERVIEW

Making Connections is a social prescribing service for adults registered with GP practices in North East Hampshire and Farnham and supported by the North East Hampshire and Farnham Clinical Commissioning Group (CCG). In July 2016, national vanguard funding from NHS England was used to extend an Age UK pilot for people aged over 60 to all five localities and for all adults. This evaluation is a follow-up to a previous evaluation undertaken as part of the vanguard programme that reported in March 2018.

Social prescribing services are becoming a widespread community-based care model that aims to link people referred by health and social care services to local support and connect people with services and activities which will help them better self-manage their health and wellbeing. Most social prescribing projects use link-workers between GPs and other healthcare professionals to provide one-to-one support to help people achieve healthier lifestyles and improved confidence to manage their health. The NHS Long Term Plan included a commitment to fund a Social Prescribing Link Worker in each Primary Care Network.

Making Connections is delivered by Hart Voluntary Action and Age UK Surrey with support from Rushmoor Citizens Advice. All these organisations have a strong background in community support and volunteering in the local area and extensive knowledge of how they can connect people into activities and services. They provide around 3 months support from a Making Connections Co-ordinator to help with personal health and wellbeing goals. They provide support with finding local activities and services to keep clients physically active and socially connected.

People access the service through their GP surgery, locality Integrated Care Team (ICT), or referral from other health/social care services or self-referral. Reasons for referral could include:

- Social isolation.
- A change in circumstances that is affecting wellbeing (such as bereavement, new diagnosis of a long-term medical condition, post-hospital treatment, ageing, retirement).
- Low to moderate mental health issues or learning disabilities.
- A need to improve lifestyle to prevent health conditions developing and to reduce the need for medical intervention.

A **new triage model** was implemented in April 2018 to identify people that initially present with only a requirement for **signposting**, as an alternative to a face to face visit and guided conversation. These people are provided with assisted information and a review at 4 weeks to determine if any additional support is required. This change in service model was expected to result in more of the service being provided by telephone at referral and fewer home visits. In addition, the first face to face for those requiring guided conversation would be shorter as needs would already have been identified via triage and there may be fewer follow-up home visits required. The triage process was also intended to identify people whose needs would be more appropriately met by another service (e.g. those with severe mental health problems). The access criteria have not changed but the options offered by the service have extended to include the non-face-to-face signposting activity. The intention was to target some new groups and diversify the case mix, including carers, frailty and falls.

Making Connections has 8 paid staff (5.8 whole time equivalent) and 13 volunteers, as shown in the following table:

Role	Hours per week	Employed by	Population Supported	Funded by
Team Lead	37	Hart Voluntary Action	NE Hampshire	CCG
Volunteer Co-ordinator[3]	28	Hart Voluntary Action	NE Hampshire	Frimley ICS
Co-ordinator	37	Hart Voluntary Action	NE Hampshire	CCG
Co-ordinator	25	Hart Voluntary Action	NE Hampshire	CCG
Co-ordinator	33	Hart Voluntary Action	NE Hampshire	CCG
Co-ordinator	18	Hart Voluntary Action	NE Hampshire	CCG
Co-ordinator	18.5	Age UK Surrey	Surrey	CCG
Co-ordinator	18.5	Age UK Surrey	Surrey	CCG

[3] Recruitment & support of volunteers

2.0 EVALUATION QUESTIONS

This evaluation has focused on the following questions:

- **Have there been any changes since the previous evaluation?** The report includes an update on the previous evaluation and an analysis of client reported outcomes.
- **What do we know about how users are accessing the service?** The report includes referrals by source.
- **Do referral rates between practices still vary?** The report presents the referral rates by practice and locality and compares these to the previous evaluation, and includes some insights from limited communications with Practice Managers.
- **How does this service benchmark against other similar services in the Frimley ICS?** The report includes a comparison of Making Connections with nine other similar services across several metrics.
- **What is the contribution of volunteers to the service?** The report includes a short summary of the University of Winchester study, specifically focussing on the contribution of volunteers.

The original specification for this evaluation included a wider set of questions, all of which were not able to be addressed[4]. Whilst the original aim was to focus on the impact of the new triage model and less intensive signposting service, only a relatively small number of people have used this signpost only service (approximately 6 per month[5] which equates to 13% of all service users based on data supplied for the current evaluation), with limited numbers of outcome surveys completed. In addition, the service was unable to supply the patient level data specified and there was limited uptake of the planned interviews with Practice Managers to explore variations in referral.

[4] Evaluation questions unable to be addressed by this evaluation were:

- What is the impact of the service redesign on the number of patients accessing the service?
- What is the resulting change in case mix (how do we codify this) and have the changes had any impact on patient reported outcome measures?
- Is the service providing equitable access?
- Why does variation exist?
- Is there any impact of the service changes on variation in referral rates?
- How can those that might benefit be systematically identified?

[5] Commissioning Manager (Integrated Care Services) following the Making Connections CRM on 18/03/2019

3.0 QUANTITATIVE UPDATE FROM PREVIOUS EVALUATION

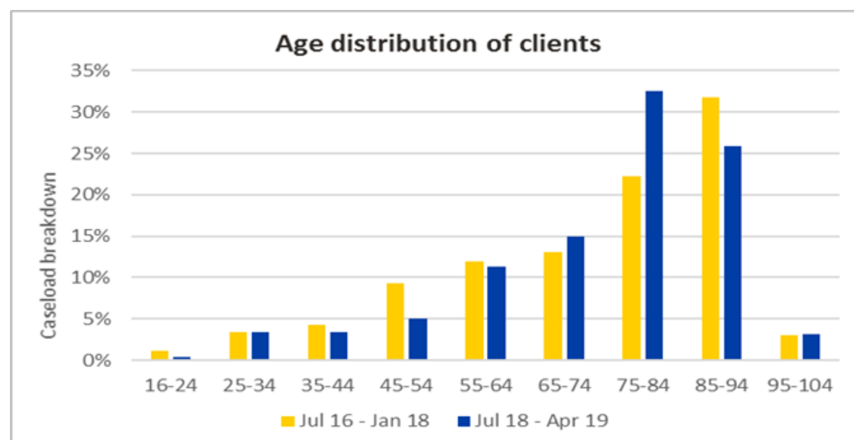
The following table summarises the key data collection dates for this, and the previous evaluation:

Time Periods Covered	Previous Evaluation	Current Evaluation
Report date	March 2018	August 2019
Local Service Data	July 2016 - September 2017	01 July 2018 – 12 April 2019
NHS numbers	July 2016 - January 2018	01 July 2018 – 12 April 2019
R-Outcomes	July 2016 - February 2018	March 2018 - July 2019

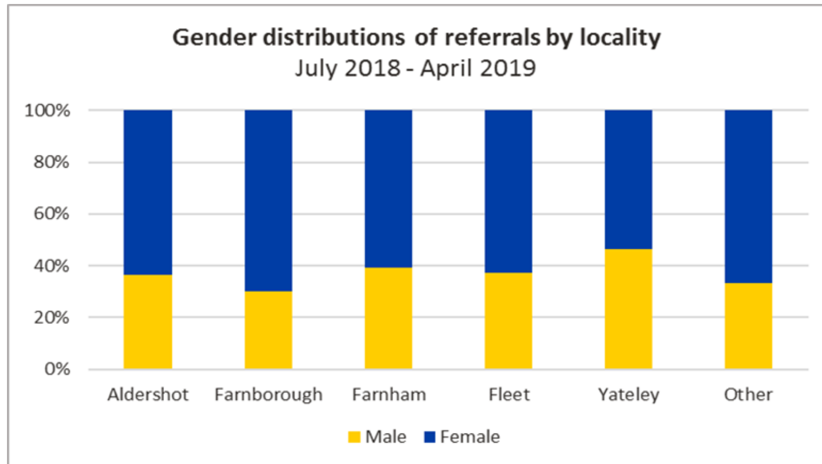
There are **issues with the quality and consistency of data** provided for this evaluation; local service data stated 450 referrals in the time period specified but only 321 NHS numbers were provided. However, activity appears to have increased since the previous evaluation, as shown in the following table:

	Previous evaluation		Current evaluation	
	NHS Numbers	Local Service Data	NHS Numbers	Local Service Data
Total number of referrals	382	595	320	450
Time Period	Jul16-Jan18	Jul16-Jan18	Jul18-mid Apr19	Jul18-mid Apr19
Number of months	19	19	9.5	9.5
Average referrals per year	241	376	404	568
Average referrals per month	20	31	34	47
Missing NHS numbers per year		*135*		*164*
In-valid NHS numbers	*11*		*1*	
Total NHS numbers provided	393		321	

Most people referred to the Making Connections Service in this current evaluation period were aged over 75 (62%) and in age band 75-84 (33%), which is younger than the previous evaluation where most people referred were in age band 85-94 (32%) and 57% were aged over 75. Age was retrieved using NHS numbers supplied, however 129 NHS numbers were missing for this current evaluation when comparing to the local service data supplied. When using the age banding provided in the local service data, most people were aged 80-89 (32%).



Most people referred were women (62%) and this was reflected in all localities. Referrals for people from Yateley had the most equal distribution of gender with 53% being women.



The table below shows that 54% of MC clients are also on their local Integrated Care Teams (ICTs) caseload (based on NHS numbers), which has increased from 39% in the previous evaluation. The previous evaluation found that the cohort of patients that were both MC and ICT patients were of a higher complexity with more emergency acute activity, than the MC clients who were not on the ICT caseload. There is considerable variation between the localities, with Farnham at 38% and Yateley at 71%.

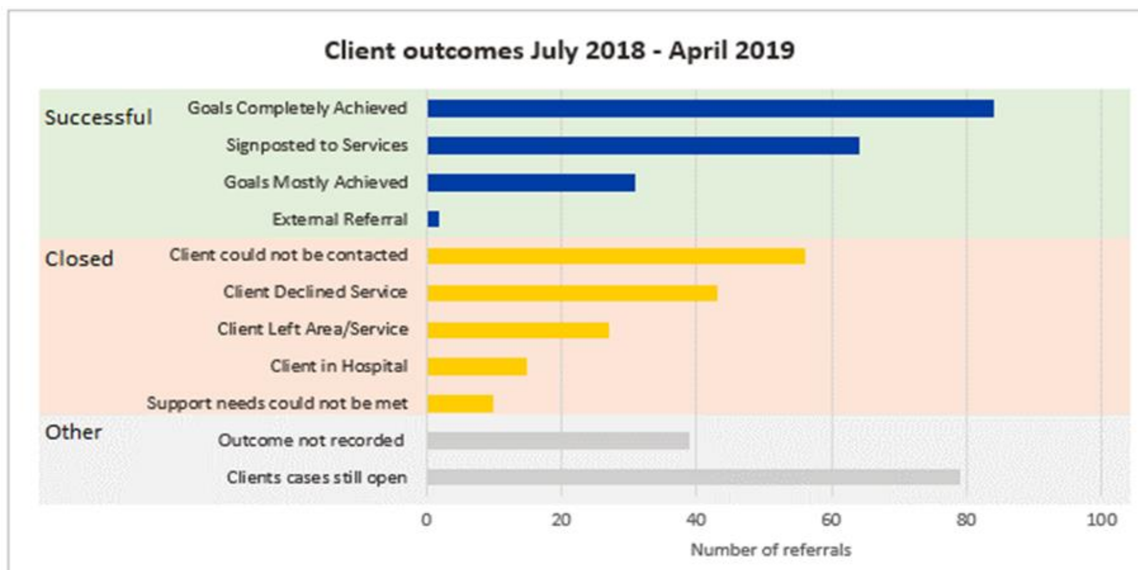
Locality	**% of Making Connections clients also on ICT caseload**
Aldershot	61%
Farnborough	51%
Farnham	38%
Fleet	57%
Yateley	71%
Total	54%

The MC service record the outcomes from their interventions with people referred to it, using three broad categories:

Outcome	**Description**	**Volume**	**%**
Successful	MC supported the person with meeting all, or most, of their goals	181	40%
Closed	MC didn't support the person for a range of reasons, including not being able to contact them and the person declining the service	151	34%
Still Open	MC currently supporting the person, so outcome not yet known	79	18%
Not Recorded		39	9%
Total		**450**	**100%**

10% of clients declined the service when first contacted compared to 12% at the previous evaluation.

The following chart shows the outcomes for this evaluation period:



The 450 referrals made to MC during this evaluation generated 539 signposting and supported referrals and these are summarised in the following table:

Top 10 Agencies/Organisations signposted/referred to	Number of signposts/referrals	% of signposts/referrals
Age UK Surrey	41	9.1%
Hart Voluntary Action	40	8.9%
Message In a Bottle	33	7.3%
MHA Live At Home Scheme	29	6.4%
Hampshire County Council	21	4.7%
Rushmoor Voluntary Services	19	4.2%
University of the Third Age	18	4.0%
Citizens Advice Bureau	16	3.6%
Kamara	15	3.3%
Yateley Directory	15	3.3%
The Recovery College	14	3.1%

3.1 QUANTITATIVE FINDINGS

The key findings from the quantitative update are:

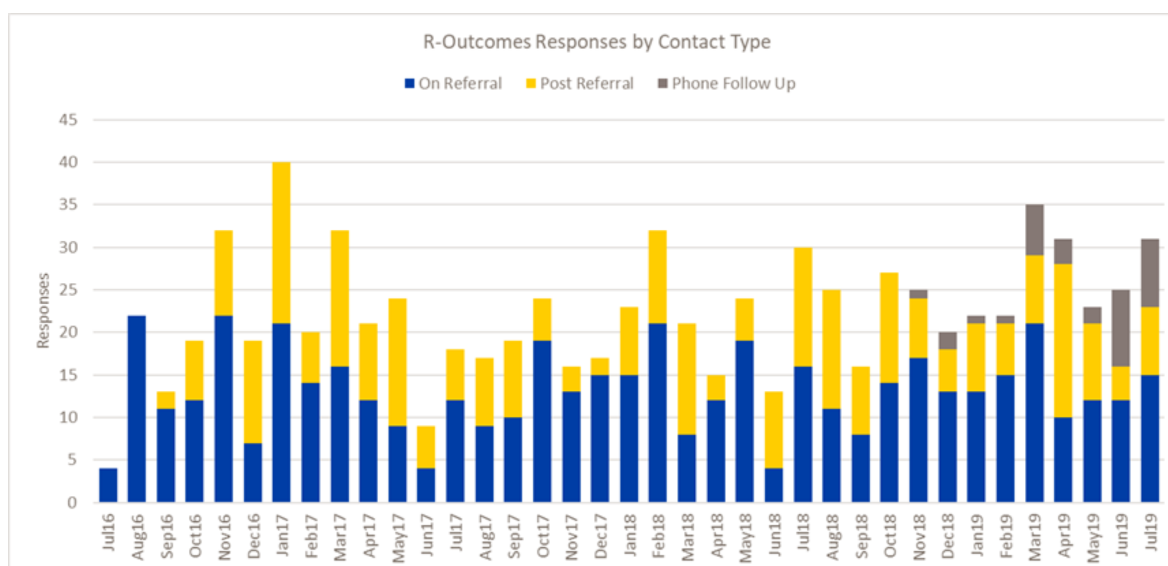
- An increase in average referrals per year from 376 to 404 based on NHS numbers (or 568 according to local service data).
- Supporting a slightly younger cohort of people – largest group is now aged 75 to 84 rather than 85 to 94 previously.
- The number of Making Connections clients who are also on their local ICT caseload (based on NHS numbers) has increased from 39% previously to 54%. This may mean an increase in the complexity of the case mix of people supported by MC.
- 34% of referrals don’t lead to the person being supported by the service.

4.0 CLIENT REPORTED OUTCOMES UPDATE FROM PREVIOUS EVALUATION

Having a positive impact on how the people it supports feel, is core to the aims of the MC service. People often come to the service when they are experiencing their lowest emotional state, open up and share how they feel and what could help, and then work together to try to improve their situation and meet their personal goals.

Wessex AHSN use the R-Outcomes self-reported measures to help understand how clients feel and how this changes over time. They offer a set of short, easy to complete, validated measures of feelings and perceptions and have worked well in understanding the impact new models of care have on people. Clients are encouraged to report their outcomes when they are first referred to the service and then again when they are nearing the end of their period of support. The service has been good at supporting their collection for three years, and at the time of producing this report there are 826 sets of client outcomes, as follows:

- 488 new referrals
- 305 post referral/follow-up for face-to-face/guided conversation clients
- 33 follow-up phone calls for signpost only clients



The following table summarises the number of responses for each evaluation period by locality:

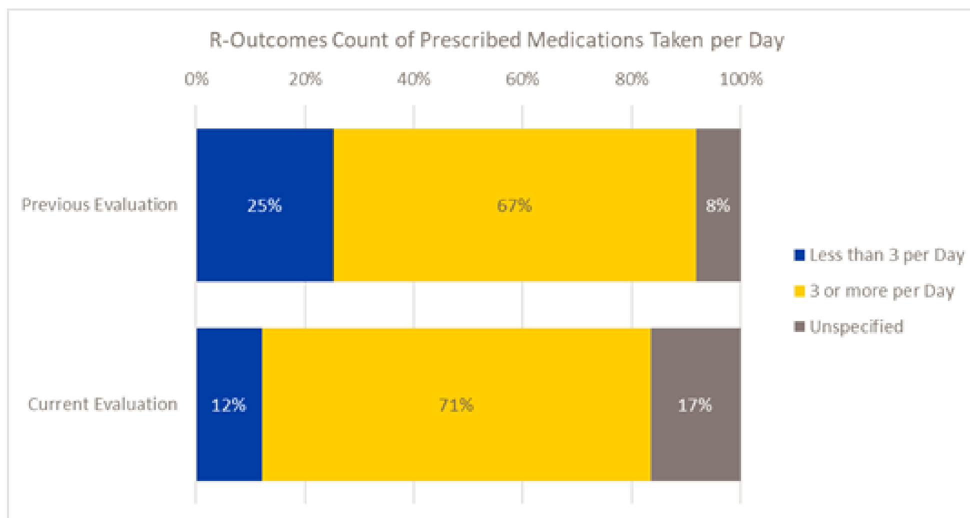
	Previous Evaluation		Current Evaluation			Total		
Locality	New referrals	Follow-up	New referrals	Follow-up	Phone Call	New referrals	Follow-up	Phone Call
Aldershot	28	10	19	8	-	47	18	-
Farnborough	84	46	63	22	-	147	68	-
Farnham	59	41	57	67	-	116	108	-
Fleet	51	39	28	24	-	79	63	-
Yateley	33	11	60	36	-	93	47	-
Unspecified	3	1	3	0	-	6	1	-
Total	**258**	**148**	**230**	**157**	**33**	**488**	**305**	**33**

Four measures of people's perceptions are collected at their initial contact with the service, and then again once they have been supported. These are:

- **Experience** - measuring their perception of the care and service they receive
- Their sense of **Personal wellbeing**
- **Health Confidence** - measuring their confidence to manage their own health
- **Health Status** - measuring how they feel about their physical and mental health

Further details of these measures and the follow-up phone calls can be found in appendix 1.

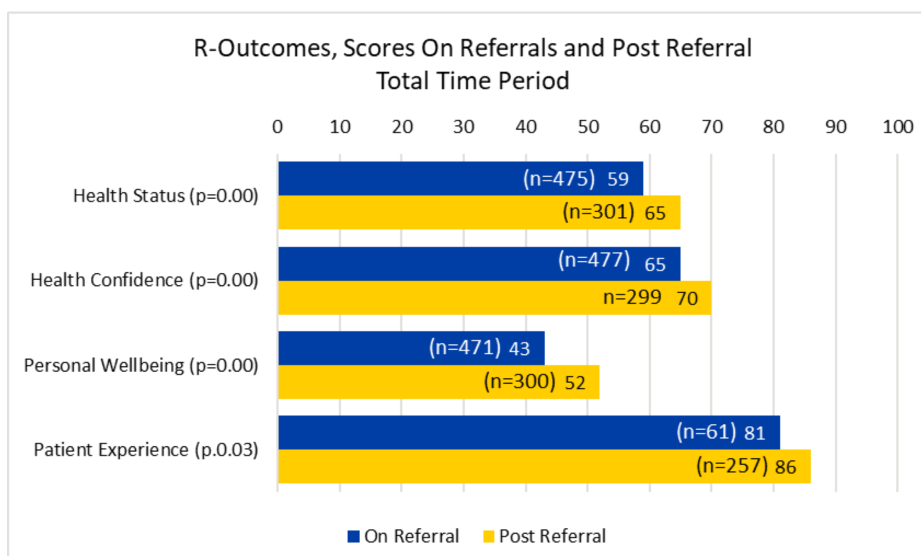
The R-Outcomes survey asks the person to record how many medications they take each day, and this can be used as an indicator of the complexity of the case mix of the people supported by the service. Unfortunately, the number of people who didn't complete this part of the survey increased from 8% to 17%, which makes it difficult to determine if there has been a change, see below:



R-Outcomes measures are presented as scores out of 100, with higher scores representing more positive responses from people, as follows;

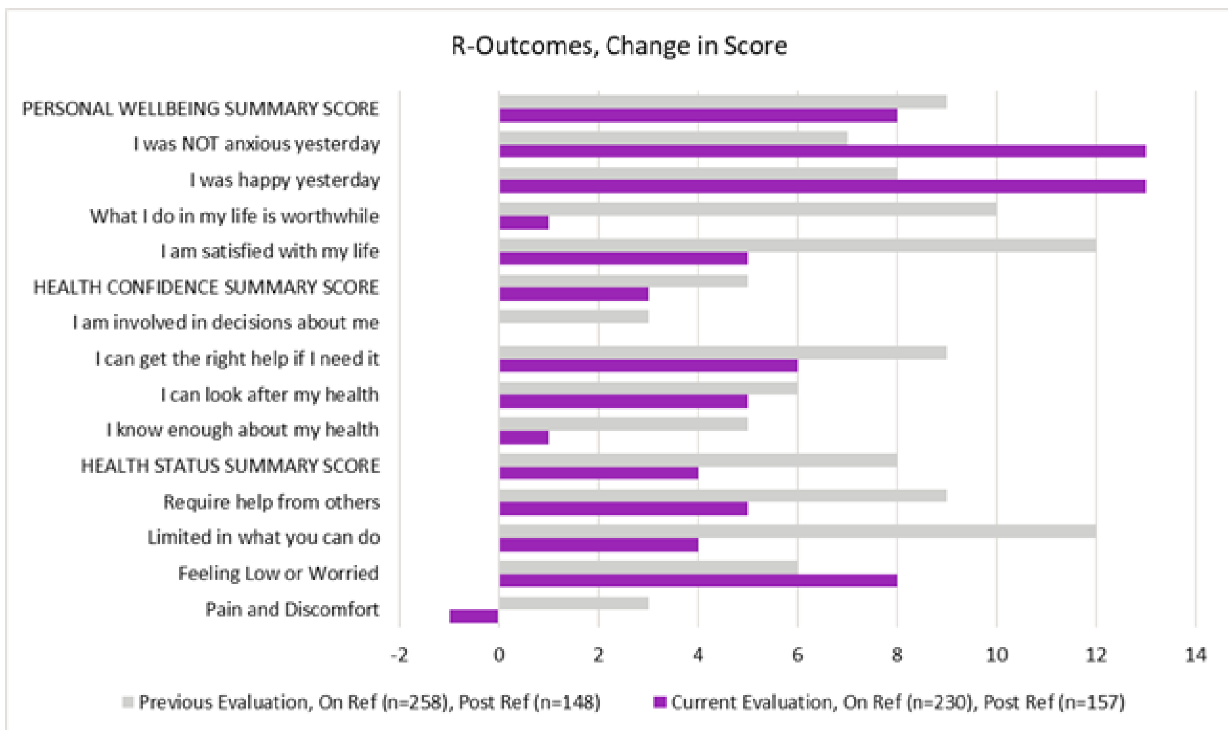
- 80+ scores are high and positive/good
- 60 - 80 are moderate
- <60 are low

The headline is that people report statistically significant improvements in how they feel, once they have been supported by the service. These are summarised in the chart below;

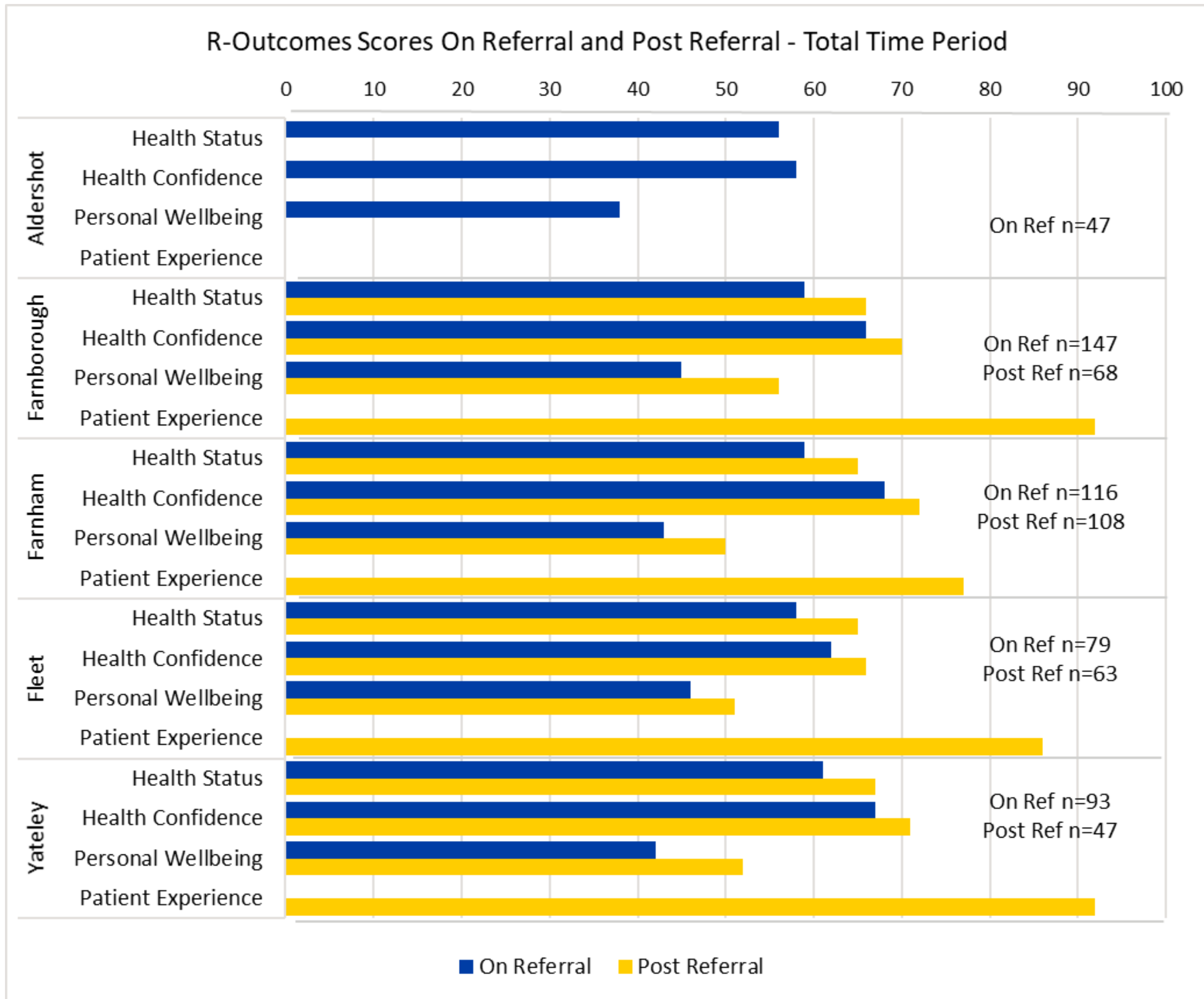


People’s experience of their care and support are initially positive and improve further. Their self-reported personal wellbeing is very low when referred to the service, and once they’ve been supported this improves, but is still relatively low. This helps explain the nature of the needs of people referred to and supported by the service.

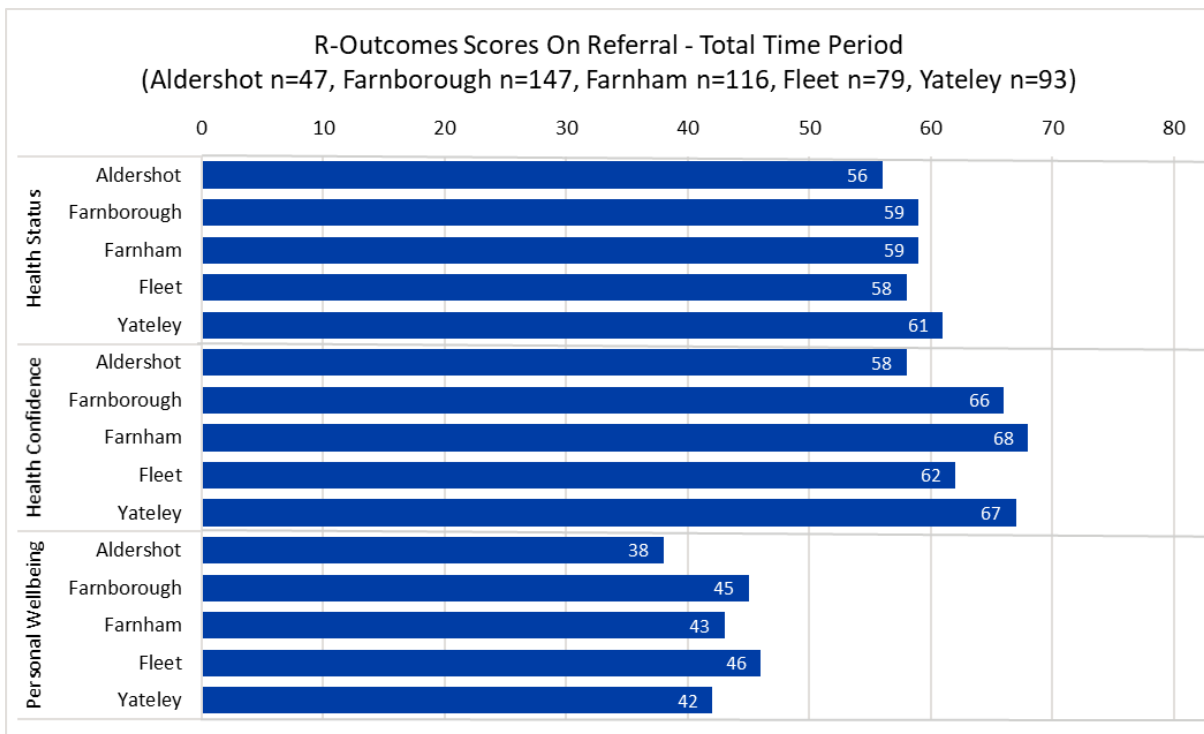
Comparing the two evaluation periods, there are differences in the size of the improvement in scores once the person has been supported. There is less improvement in the scores for personal wellbeing, health confidence and health status now than previously. At individual question level, the responses to the two questions covering people’s short term wellbeing (anxious or happy yesterday) have improved much more in the current evaluation period, whereas the two long term wellbeing questions (life worthwhile and satisfying) improve much less. Within health confidence, the improvement in people being able to get the right help if they need it is lower, which is a key goal of social prescribing services. Within health status, people report larger improvements in feeling low or worried, and lower improvements in pain and discomfort, being limited in what they can do and requiring help.



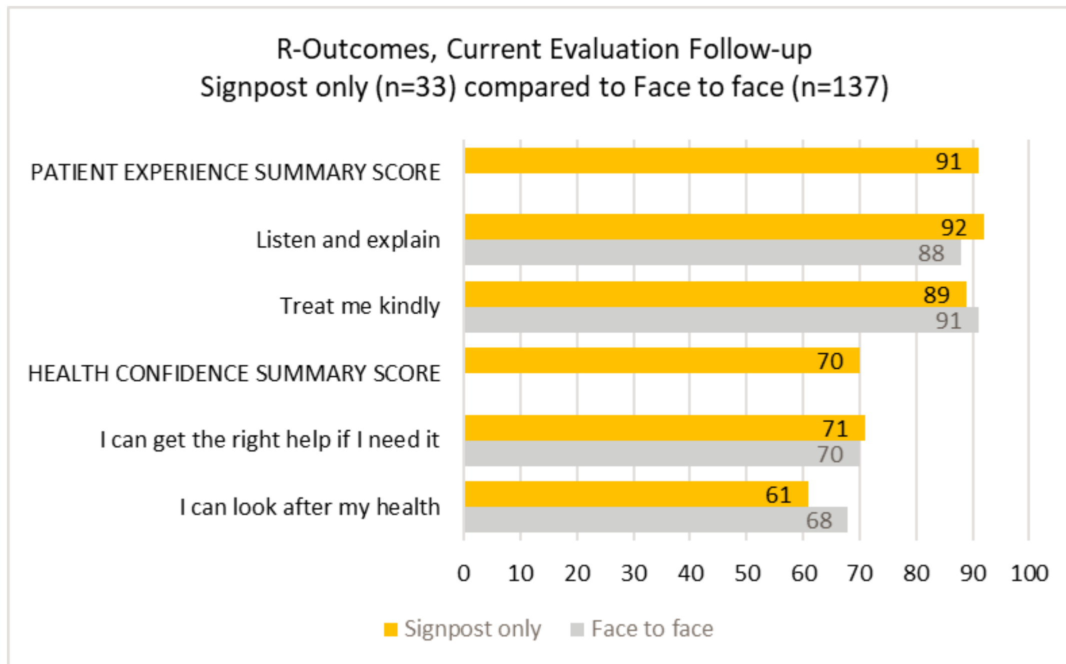
At locality level the pattern of scores is similar. Where insufficient responses have been received at locality level, the scores have been left out of the following chart.



The scores for people from Aldershot are consistently lower on referral than the other localities.



For the **signpost only service,** post referral scores were collected through phone calls for two of the measures. Their scores are similar to those reported by the people that received the face to face service for 3 of the 4 questions, but response numbers are low so it is not possible to draw any conclusions and it isn't possible to measure the improvement from their on-referral scores. Summary scores have not been compared as these are based on different numbers of questions for signpost only compared to face to face.



4.1 OUTCOME FINDINGS

The key findings from client self-reported outcomes are:

- There continues to be a statistically significant increase in all self-reported outcome measures once people have been supported by MC.
- The degree of improvement in the health confidence, personal wellbeing and health status scores is lower than at the previous evaluation.
- People from Aldershot report lower scores at referral than the other localities.

5.0 INSIGHTS ON ACCESS

People can be referred to the MC service from several sources, though by far the largest is from the locality ICTs as shown below;

Referral Source	No. of referrals July 18-Apr 19	% of referrals	Previous Evaluation
Locality Integrated Care Teams	248	55%	51%
GP	91	20%	31%
Other	71	16%	7%
Family, friend or self	18	4%	7%
Adult Social Care	12	3%	4%
Partner agencies	10	2%	N/A
Total	**450**	**100%**	**100%**

Further analysis of ICT referral rates at locality level shows variation, with Yateley being much higher.

ICT	No. ICT referrals Jul 18-Apr 19	Referrals per 1,000 of population	ICT Referrals as % of total referrals
Aldershot	30	0.67	54%
Farnborough	71	1.18	60%
Farnham	54	1.11	59%
Fleet	32	0.69	48%
Yateley	61	2.19	73%
Total	**248**	**1.09**	**60%**

5.1 ACCESS FINDINGS

Since the previous evaluation, the proportion of referrals from the ICTs has increased (51% to 55%) and the proportion of referrals from GPs has decreased (31% to 20%). The previous evaluation found that the cohort of people that were being supported by both Making Connections and ICTs were of a higher complexity, with more emergency acute activity, than the Making Connections clients who were not on the ICT caseload. These clients now make up a greater proportion of the MC case load and the proportion referred by GPs has decreased.

Wessex AHSN has evaluated several social prescribing services supporting the needs of a wide range of people and in these services, GPs tended to be their greatest source of referral[6].

[6] Social Prescribing in Wessex - Understanding its impact and supporting spread. Andrew Liles and Philippa Darnton May 2017

6.0 INSIGHTS ON VARIATION IN REFERRAL RATES

A key finding from the previous evaluation was a wide variation in the rate of referral to the Making Connections service at general practice level. It found that you were around 14 times more likely to be referred to the MC service you were registered with Alexander House than if you were with the Victoria, the Border or the Wellington practices. One of the key questions for this evaluation was to understand how variation has changed.

The following table shows the rate of referrals per 1,000 practice population for the two evaluation periods and adjusts the current evaluation period to cover the same number of months as previously, to allow comparison of rates. Any practice or locality that has a lower referral rate than the CCG average is highlighted in red. The yellow highlighted boxes show the highest and lowest referral rate practices. The table shows;

- Variation still exists but to a lesser extent than previously
- Activity rates have increased for all but 4 practices (spread over 3 localities)
- Alexander House in Farnborough remains the highest referring practice
- Border Practice in Aldershot remains the lowest referring practice
- You are now around 6 times more likely to be referred to the MC service if you are registered with Alexander House than if you are with the Border Practice
- Aldershot remains the lowest referring locality

	Referrals Jul18-Apr19 (9.5 months)	Referrals per 1,000 practice population	Adjusted referrals (extended to 15 months)	Adjusted referrals per 1,000 practice population		Referrals Jul16-Sep17 (15 months)	Referrals per 1,000 practice population
Aldershot	**56**	**1.3**	**88**	**2.0**	↑	**73**	**1.7**
Border Practice	5	0.5	**8**	0.9	↑	3	0.3
Cambridge Practice	35	1.5	**55**	2.4	↑	51	2.2
Princes Gardens	13	1.4	**21**	2.3	↑	18	2.0
Wellington	3	0.9	**5**	1.5	↑	1	0.3
Farnborough	**119**	**2.0**	**188**	**3.1**	↑	**158**	**1.7**
Alexander House	33	3.6	**52**	5.6	↑	44	4.4
Giffard Drive	10	1.1	**16**	1.7	↓	17	1.9
Jenner House	17	1.9	**27**	3.1	↑	13	1.5
Mayfield Medical Centre	19	2.1	**30**	3.2	↓	34	3.7
Milestone	20	1.8	**32**	2.8	↑	28	2.4
North Camp	12	2.3	**19**	3.6	↑	10	1.9
Southwood	8	1.1	**13**	1.8	↑	12	1.7
Farnham	**91**	**1.9**	**144**	**3.0**	↑	**93**	**1.9**
Downing Street	24	1.9	**38**	3.0	↑	23	1.8
Holly Tree	9	1.5	**14**	2.3	↑	13	2.2
Farnham Dene	32	2.6	**51**	4.1	↑	17	1.4
The Ferns	13	1.2	**21**	2.0	↓	28	2.6
River Wey	13	1.9	**21**	3.0	↑	12	1.7
Fleet	**66**	**1.4**	**104**	**2.2**	↑	**78**	**1.7**
Branksomewood Health Centre	24	1.8	**38**	2.9	↑	35	2.7
Crondall New Surgery	6	1.2	**9**	1.7	↑	4	0.8
Fleet Medical Centre	10	0.7	**16**	1.1	↓	19	1.3
Richmond	26	1.9	**41**	3.0	↑	20	1.5
Yateley	**84**	**3.0**	**133**	**4.8**	↑	**78**	**2.8**
Oakley Health Group	84	3.0	**133**	4.8	↑	78	2.8
TOTAL	**416**	**1.8**	**657**	**2.9**	↑	**444**	**2.0**

The limited communication we had with Practice Managers indicated a lack of knowledge and awareness of the referral pathway for Making Connections rather than any specific barriers. Alexander House have the highest referral rate of all the GP practices and the Practice Manager told us they now refer through the new Locality Access Point (LAP) form on the DXS GP IT system, not via the ICT. Farnham Dene also have a high referral rate and the Practice Manager there told us one of their GPs (who is also the GP Lead for Integration in Farnham) makes referrals himself and encourages other GPs to do so.

6.1 REFERRAL FINDINGS

Variation in access to social prescribing in North East Hampshire and Farnham has improved in the eighteen months since the previous evaluation but still exists.

The R-Outcomes scores for people from Aldershot on referral to MC were lower than the other localities, indicating a higher level of need for the service. However, access rates for people from Aldershot is the lowest of the localities.

7.0 SOCIAL PRESCRIBING BENCHMARKING

The table overleaf summarises the benchmarking that has been completed as part of our evaluation.

Explanatory notes:

1. Making Connections has been benchmarked alongside nine other social prescribing services. Six of these were through direct contact with the service, the other three were based on published papers. The information included in the table has been checked with each service and the authors of the papers.
2. The comparative information isn't perfect. Where possible it covers the most recent information covering a one-year period, but this may cover different time periods. We have been careful to identify like-for-like information on running costs (g) and number of link workers (j).
3. The most important difference is the level of service that is delivered - the level of intensity of support (f) and the length of time (e). Most services included provide a similar level of service using the now recognised link-worker model, but for different lengths of time. One of the services (10) provides more of a signposting service to a larger group of people – we have excluded this service from the benchmark mean.
4. The benchmarking is anonymous. **Making Connections is number 1 in the table overleaf**.

7.1 BENCHMARKING FINDINGS

The table below compares Making Connections with the mean and range from the benchmarking.

Comparator	**Making Connections Jul-19**	Mean	Range	Making Connections Mar-18
Cost per referral	**£405**	£292	£185-£405	£452
No. referrals per link worker	**139**	166	125-216	92
Population per link worker	**57,317**	57,045	9,900-123,432	53,659

The benchmarking shows that, Making Connections has reduced its cost per referral and increased the number of referrals per link worker since the last evaluation but still has the highest cost per referral of the services included in the benchmarking.

It should be noted that the benchmarking data for Making Connections is based on the number of referrals in the local service data provided rather than the number of valid NHS numbers supplied.

Identifier	Number of referrals into service	Mean referrals p.a	Referral mechanism	Number of sessions offered	Services offered	Service running cost (p.a)	Cost per referral	Number of staff (paid)	Number of link worker/navigator /coordinator	No. of referrals per link worker	Population per link worker	Population size	Funding
1	450 (9.5 mths)	568	GP, ICT, self-referral, family, friend, social care, other	Unlimited (up to 12 weeks)	Signposting, coaching	£230,000	£405	8 (5.8 wte)	6 (4.1 wte)	139	57,317	235,000	CCG
2	1882 (36 mths)	627	GP, Review of hospital discharge summaries, adult social care, community and mental health	Unlimited (4-10 weeks)	Severe frailty casemix, Signposting, consultation, advocacy, companionship, escort, advice.	£223,000	£355	6	5 (5 wte)	125	9,900	49,500	CCG
3	2047 (24 mths)	1,024	All GP practice staff, all ICT staff, community hospitals	Unlimited	Signposting, consultation, advocacy, companionship, escort, advice.	£240,410	£235	8	5 (5 wte)*	205	123,432	617,162	CCG
4	737 (16 mths)	553	GP	Upto 6 40 min sessions	Signposting, coaching	£150,000	£271	3	3 (3 wte)	184	92,600	277,800	Family Action / CCG / third sector
5	1991 (36 mths)	664	GP		Signposting and consultation	£246,733	£372	6	6 (4 wte*)	166	52,157	260,780	Better Care Fund (CCG)
6	164 (10 mths)	197	GP, self-referral	Unlimited (c. 4weeks)	Signposting and consultation (for over 18s only)	£60,000	£305	2	2 (1.5 wte)	131	61537 (based on pop. 18+)	923,010	ICS
7	930 (18 mths)	620	GP, short-term support & rehabilitation service	Unlimited (upto 12 weeks)	Signposting and consultation	£140,000	£226		4 (4 wte)	155	36,927	147, 700	Better Care Fund (CCG)
8	296 (7 mths)	507	GPs, Community Matrons, Adult Social Care & Neighbourhood Services	Unlimited (upto 12 weeks)	Signposting and consultation	£93,698	£185	3.5	3	169	53,000	159,000	Better Care Fund (CCG)
9	126 (7 mths)	216	GPs, self-referral, Adult Social Care, community	Unlimited (8-12 weeks)	Signposting and consultation	£60,000	£278	3	1 (1 wte)	216	88,067	88,067)	ICS
Mean		553					£292			166	57,045		
10	3074 (10 mths)	3,689	GP, Review of hospital discharge summaries, adult social care, community and mental health	Unlimited (4-10 weeks)	Primarily signposting for people with moderate frailty	£421,000	£114		9 (9 wte)	410	19,891	179,023	CCG

8.0 CONTRIBUTION OF VOLUNTEERS

Making Connections has 13 volunteers and has contributed to a seminar series undertaken by the University of Winchester and funded by the British Psychological Society called “A review of the Social Psychology of Social Prescribing”. The aim of the seminar series is to answer questions concerning how and for whom social prescribing works, and therefore how it can be effective and sustainable as a model of healthcare by;

i. disseminating social psychology’s evidence base concerning the relationships between individuals, groups and health.

ii. promoting discussion and collaboration between academics and those commissioning, providing, and using SP services, to begin to identify and solve some of the key challenges faced by those delivering social prescribing programmes.

The third and final seminar of the series, “Building Sustainable Communities through Volunteering”, focused on the role of the voluntary sector in social prescribing. People spoke of the need for increased recognition and support for volunteers, in order to improve recruitment and retention rates; particularly among young people. Views from Nottinghamshire Social Prescribing initiatives were that **volunteers play critical roles in social prescribing**.

Dr Debra Gray and Dr Clifford Stevenson in their presentation[7] at the seminar identified the following **lessons for social prescribing**;

- Group membership and social identities key to starting and maintaining voluntary activity
  - This can be used in the recruitment of volunteers and sustain their involvement in the long term
- Volunteering benefits are often group-based
  - Social support and a sense of belonging
  - A means of social reintegration: move away from social isolation and towards levels of ‘connectedness’
  - Identifying when/how Social Prescribing beneficiaries might progress (where appropriate) towards becoming volunteers helping others in their community
- How can volunteering organisations help others help
  - Helping volunteers to manage the group boundaries of giving and receiving help
  - Recognising (that) long-term volunteers and peers is likely to be valuable here

This research may facilitate the recruitment of volunteers to Making Connections and help maintain their contribution. Research in this area is on-going and networking opportunities are available.

[7] How ‘we’ can help: the role of social identities in volunteer motivations, experiences and benefits
Dr Debra Gray (University of Winchester)
Dr Clifford Stevenson (Nottingham Trent University)
The Social Psychology of Social Prescribing Seminar 3: Building Sustainable Communities through Volunteering
10th April 2019

APPENDIX 1: R-OUTCOMES

PATIENT

Tel: 0785 568 2037

Patient-Reported Outcome Measures

R-Outcomes' family of short generic patient-reported measures cover health status, patient experience, personal wellbeing and health confidence. They can be used at the point of care or between visits.

These share a common framework with 4 items and 4 responses, suitable for use on a patient's own smart-phone, tablet, PC or on paper.

These tools are research-based and are short, quick and easy to use. They are generic and suitable for almost all patients irrespective of conditions across health and social care. The results measure trends, changes and comparisons.

Results are easy to interpret, giving feedback to patients, clinicians, managers and commissioners, tracking changes and differences between units.

These validated tools are short and quick to use with simple unambiguous wording, understood by those whose first language is not English.

Health Status

HowRu is a short generic patient-reported outcome measure (PROM), to track and compare patients' perceptions of how they feel physically and mentally and what they can do (disability and dependence).

How are you today? (past 24 hours)
How do you feel and how much can you do?
Choose one answer on each line

	None	A little	Quite a lot	Extreme
Pain or discomfort				
Feeling low or worried				
Limited in what you can do				
Require help from others				

Experience

HowRwe is a short generic patient-reported experience measure (PREM), which measures patients perceptions of the care and service provided. It is suitable for all types of patient and care setting.

How are we doing?
What do you think about our service?
Choose one answer on each line

	Excellent	Good	Fair	Poor
Treat you kindly				
Listen and explain				
See you promptly				
Well organised				

Confidence

HCS captures people's confidence in their knowledge, self-management, access to help and shared decision-making.

Health Confidence
How do you feel about caring for your health?
How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
I know enough about my health				
I can look after my health				
I can get the right help if I need it				
I am involved in decisions about me				

Wellbeing

The Personal Wellbeing Score (PWS), based on National Statistics ONS4, covers life evaluation, worthwhileness, positive and negative experience.

Personal Wellbeing
How are you feeling in general?
How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
I am satisfied with my life				
What I do in my life is worthwhile				
I was happy yesterday				
I was NOT anxious yesterday				

Service Integration

Integration across service boundaries is a challenge for all health services. It is a priority for new models of care.

Service Integration (patient view)
How well do services work together?
How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
Services talk to each other				
Staff know what other services do				
I don't have to repeat my story				
Different services work well together				

Length

Length and reading age affect respondent burden and response rates.

Name	Items	Words	Reading age
Outcome			
howRu	**4**	**37**	**7**
EQ-5d (inc. visual analogue scale)	6	230	11
SF-12	12	474	11
NHS PROMS (Hip pre-op)	27	1,485	11
Experience			
howRwe	**4**	**29**	**7**
NHS Friends and Family Test	1	44	12
HCAHPS	32	1,156	13
GP Patient Survey	62	2,922	12
NHS Adult Inpatient Survey	76	3,353	12
Engagement			
Health Confidence Score	**4**	**50**	**8**
Patient Activation Measure (PAM)	13	293	12
Health Literacy Questionnaire	44	1,001	12
Wellbeing			
Personal Wellbeing Score	**4**	**43**	**9**
ONS Personal Well-being	4	95	11
Short Warwick-Edinburgh	7	89	8
ICECAP-A	5	273	10

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<u>Follow-up Phone Call Questions</u>

Health Confidence
How do you feel about caring for your health?
How much do you agree? (Strongly agree/Agree/Not sure/Disagree)

- I can look after my health
- I can get the right help if I need it

How are we doing?
What do you think about our service? (Excellent/Good/Fair/Poor)
(ask as one question listen, explain and treat you kindly?)

- Treat me kindly
- Listen and explain

We would like you to think about your recent experience of our service.
How likely are you to recommend this service to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know

What do you like about the help you have had? (optional).

What could we do better? (optional)

VERSION CONTROL

Version	Status	Key Changes	Authorised by
Draft final v.1	Filed		PM
v.2	Filed	PD comments	PM
v.3	Filed	AL comments	PM
v.4	Filed	Exec summary & client reported outcomes	PM
v.5	Filed	Team Comments	PM
v.6	Filed	R-Outcomes	PM
v.7	Filed	AL Comments	PM
v.8	Filed	Client feedback	PM
FINAL	FINAL		PM