

A decorative graphic on the left side of the page consists of several overlapping rectangular and semi-circular shapes. At the top left is a teal rectangle. Below it is a blue rectangle. To the right of the teal rectangle is a large pink semi-circle. Below the blue rectangle is a purple rectangle. The pink semi-circle overlaps the teal, blue, and purple rectangles.

# Transformation Partners

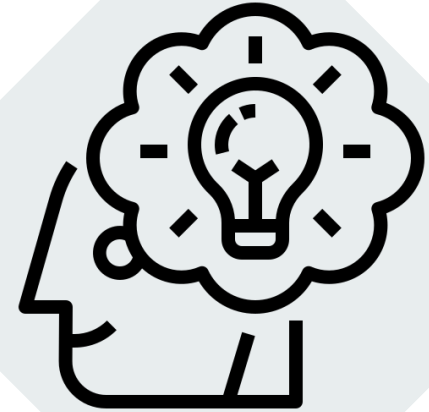
in Health and Care

---

The impact of the Social  
Prescribing Innovators Programme  
on tackling health inequalities: A  
three-part qualitative study

August 2023

- A 6-month programme of support and funding to test what happens when you create space for, and invest in the frontline to solve the challenges they face
- Enabling 12 projects on the frontline of social prescribing to innovate, using quality improvement and community development approaches
- Creating a blueprint to improve how the NHS works in partnership with VCSE, Local Authority and communities to tackle health inequalities



## What was unique about the programme?

The four key threads:

1. Partnership and collaboration
2. Quality improvement and co-production
3. Flexibility and continuous improvement
4. A strong vision to rally around

- It combined quality improvement and community development approaches, which hasn't been done much in health care
- Supported frontline social prescribing link workers to lead, not managers, ensuring it wasn't top down change
- Each project had co-production at the heart, starting with what matters to communities, not to the system

Read more about the approach taken, key ingredients and tips to run your own Innovators Programme in our [Innovators Toolkit here.](#)

## How was the programme evaluated?

Three part method undertaken as a service evaluation with UCL Department of Informatics

1. Focus group to identify stakeholder priorities in assessing impact and develop an interview guide
2. Semi-structured interviews to measure perceived impact with project leads
3. Mapped themes against a logic model

**Aim:** Understand the impact of The Social Prescribing Innovators Programme (SPIP) and barriers and enablers of impact.

**Objectives:** assess the impact through the eyes of the participants on:

- Access to social prescribing services among specific groups impacted by health inequalities.
- The experience of social prescribing services among specific groups impacted by health inequalities.
- The ability of participants, social prescribing services and other partners in reducing health inequalities.



<b>If</b>
The social prescribing workforce recognises their own skill, value and is enabled to lead change
Project leads learn how to strategically influence PCNs and other organisations
Social prescribing services co-produce with communities and use this to inform services
<b>Then</b>
New leaders in health who are skilled in working with communities and all partners are developed
Organisations are working better in partnership towards the goal of tackling inequalities
The social prescribing offer, VCSE activities and GP delivered care is tailored to what communities need
Trust is rebuilt between communities and the NHS
Communities feel empowered to play an active role in their health and health care services
<b>So that</b>
Access to social prescribing is improved among people impacted by health inequalities
Experience and outcomes of social prescribing is improved among people impacted by health inequalities
<b>So that</b>
Health inequalities are reduced

A logic model to explain the impact of the programme in a simple narrative was developed.

This was inspired by the EPOCH trial programme theories, which is provided as an example in the [latest MRC guidance](#) for evaluating complex interventions (Stephens et al., 2018; Skivington et al., 2021).

## Results - impact

### Impact on access and experience

- More referrals and people accessing social prescribing who weren't before, particularly groups impacted by health inequalities such as asylum seekers. Doctors who weren't referring started referring and awareness of social prescribing (SP) increased among communities, VCSE and NHS services.
- People were supported quicker, in more appropriate settings via a single point of access, with more culturally appropriate, accessible support.
- However, it wasn't possible to engage all groups projects wanted to and access varied among areas with demand difficult to predict.
- Access increased because participants felt listened to and trusted healthcare more, repairing relationships to GP surgeries.
- Residents registered with GPs and accessed the right support due to new knowledge and a greater understanding of social prescribing, primary care, and support in the community.
- Residents also learnt more about health and the causes of ill health which led to empowerment to take charge of their condition e.g., manage diabetes, access support with social determinants. For some, this changed the direction of their lives.
- However, there was a recognition that social prescribing is only part of the puzzle in addressing social determinants.

## Results - impact

### Services and participants ability to improve access and experience

- Services co-produced for the first time, innovatively engaging patients, and embedding improvements using the newfound insights, allowing the service to move beyond crisis management and targets to meaningful improvement.
- Participants led this through being in a more creative headspace, thinking differently about services. By better understanding strategy, they were equipped to challenge the system to move beyond targets to have an impact on reducing health inequalities.
- Participants had the time, tools and structure to shape the service in a way they couldn't before including increased confidence in testing ideas, allowing them fail and try again and managing their workload more effectively.
- In this, participants became leaders, however increased workloads led to stress, especially for lone participants, but they still valued the outcomes achieved.

## Results - impact

### Co-production as a tool to influence, build relationships and make change possible

- Through true co-production, participants learnt what communities needed and used this to influence the direction of services across several partners, raising their profile. They were confident to approach PCNs and managers, selling the value of their work.
- This led to recognition and praise, their role understood and valued more, viewed as less dispensable. Participants also understood their own skill and unique contribution to the NHS.
- However, in a few cases, clinicians were less engaged, especially among lone participants.
- But overall, co-production helped build partnerships between local authority, NHS, VCSE and communities.
- Residents felt valued as an equal partner in their community and healthcare by being listened to and shaping services and being less isolated through building long lasting networks.



## Results - barriers and enablers

"We had to iron that out at the beginning, they had to sort of give their approval. My employers are VCSE employer."

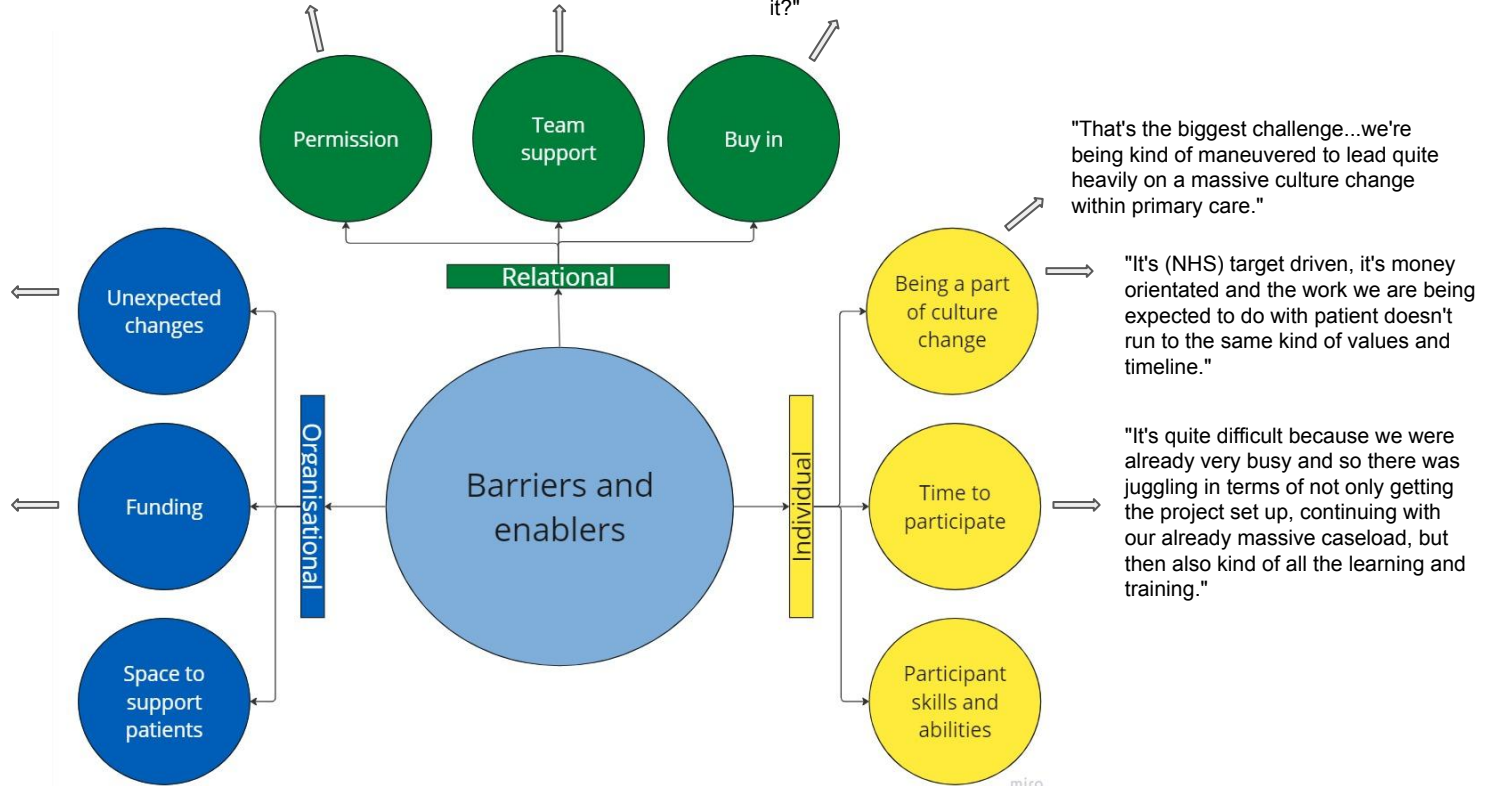
"Team work (helped), I would say working really closely with VCSE Employer and Co-lead, sharing the responsibility, drawing on their expertise of recruiting volunteers and also my team members being so supportive."

"Within a GP setting or that type of environment NHS setting, there's very much a hierarchy, and to have a *care coordinator or social prescriber* saying to you you shouldn't be working like this or calling you out for something, it doesn't go down well, but if we don't do it, who is gonna do it?"

"That's the biggest challenge...we're being kind of maneuvered to lead quite heavily on a massive culture change within primary care."

"It's been a bit of a challenge because I lost the other half of my project team."

"I was really excited that I got the grant because there's so many things that I wanted to do, but I couldn't do them ... This gave me the framework and the time and the skills to do a project that our surgeries were passionate about, but didn't know how to go about it because they didn't have the funding."



## Summary and calls to action

1. Combining community development and QI approaches enables Social Prescribing services to unlock their full potential in tackling health inequalities in a cost effective way.
2. Co-production is the key tool to develop relationships between services and communities and influence change in the NHS
3. The Social Prescribing workforce is a huge asset in tackling health inequalities. By giving them the space, support and funding to carry out projects, they can have a huge impact on patients, communities and influence culture change in the NHS

Because of this....

1. The NHS and other statutory bodies should invest in social prescribing and specifically the social prescribing workforce, including roles employed by the voluntary sector
2. Managers should ensure their SP workforce and other frontline staff have time to engage with communities and carry out co-production activities and lead change projects
3. An Innovators approach should be considered by all bodies who have a stake in tackling inequalities and supporting the needs of local populations

**Specific arguments for investing in the Innovators Approach is on the next slide**

## Why invest in an Innovators programme?

1. **It is a cost-effective approach** - For 12 projects with £10k funding each and £40k spent on training and coaching (160k), it is relatively cheap compared to other transformation programmes
2. **Each project has huge impacts, which are being sustained** - the programme builds local leaders rather than going in to make improvements then leaving. Building local leaders ensures positive transformation has a long lasting effect and doesn't just stop at one project.
3. **Its enabled long-lasting partnerships to be built** - social prescribing is better connected with care coordination, influencing the local authority, support VCSE orgs to gain funding and working more in partnership
4. **Its facilitating culture change in how services work, and is paving the way for more integrated accessible care**- GPs became more bought into prevention, tackling inequalities and engaged with social prescribing where they weren't before. Social Prescribing services are working more innovatively, starting with co-production. This is key to implement recommendations from the [Fuller Stocktake report](#).