

Evaluation of the Thriving Communities Fund

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List of abbreviations

AHRC	Arts and Humanities Research Council
ALB	Arm's Length Body
APPG	All-Party Parliamentary Group
CCG	Clinical Commissioning Group
CAMHS	Child and Adolescent Mental Health Services
DHSC	Department for Health and Social Care
EAL	English as an Additional Language
HIU	High Intensity Users
ICS	Integrated Care System
LSOAs	Lower-level Super Output Area
NASP	National Academy for Social Prescribing
PCN	Primary Care Network
PHE	Public Health England
TCF	Thriving Communities Fund
ToC	Theory of Change
VCFSE	Voluntary, Community, Faith and Social Enterprise sector

Contents

Contents.....	ii
Table of figures	iv
1 Introduction	1
1.1 Overview of the Thriving Communities Fund	1
1.2 Parameters and objectives of the evaluation	2
2 Social prescribing in England	3
2.1 NHS Long term plan and Universal Personalised Care	3
2.2 Integrated Care Systems	4
2.3 The National Academy for Social Prescribing	4
2.4 Art Council England: Creative Health & Wellbeing plan	6
2.5 Evidencing social prescribing	6
3 Reach of the fund.....	8
3.1 Impact of COVID-19 on delivery.....	8
3.2 Target communities	10
3.3 Working with link workers	13
3.4 Referral network	15
3.5 Reason for referral and take up rates	16
3.6 Range and profile of activities.....	18
3.7 Number of people supported	20
3.8 Profile of those supported	21
4 Performance of the Fund.....	26
4.1 Evidence of partnership development.....	26
4.2 Match funding and in-kind support	29
4.3 Strengthening the local social prescribing offer	30
4.4 Volunteer roles and recruitment	34
4.5 Using local assets.....	36
4.6 Workforce development and quality assurance.....	39
4.7 Impact of participant’s health and wellbeing	40
4.8 Alleviating pressure on primary and secondary care.....	46
5 Learning points	47
5.1 Partnership working and systems development	47
5.2 Approach to measuring outcomes and impact.....	50
6 Legacy and sustainability	53

6.1	Sustainability arrangements	53
6.2	Creative Health & Wellbeing.....	56
6.3	Future funding arrangements	56
7	Summary and recommendations	57
7.1	Progress towards Theory of Change outcomes	57
7.2	Recommendations	59
	Appendix 1 Overview of projects.....	61
	Appendix 2 Theory of Change.....	65
	Appendix 3 Research method.....	68
	Overview of the programme monitoring requirements	68
	Local evaluation reports and synthesis	68
	Project consultations	68
	Cohort meetings and peer learning.....	69
	Participant profile	69
	Partnership assessment survey	69
	Case study development.....	69
7.3	Caveats and limitations	70
	Appendix 4 Project monitoring survey	71
	Appendix 5 Project discussion guide	76
	Appendix 6 Participant profile template	80
	Appendix 7 Partnership assessment survey	81
	Appendix 8 Case studies	86
	Argyle Community Trust: Green social prescribing	87
	Canal and River Trust: Waterways and wellbeing	90
	Delapré Abbey Preservation Trust: Social connectedness	93
	Exeter Community Centre Trust: Involving volunteers	96
	Helix Arts: Supporting carers	98
	Her Centre: Working with schools.....	100
	Petrus Community: Building links with the NHS.....	103
	Spark Somerset: Supporting people with long Covid	106
	Wolverhampton VSC: Supporting young people	109
	Your Leisure Kent: Supporting people with dementia	112

Table of figures

Figure 3.1 Social prescribing ecosystem	5
Figure 4.1 Primary reason for referral	16
Figure 4.2 Activity engaged with.....	19
Figure 4.3 Age profile of Thriving Communities participants	21
Figure 4.4 Profile of participants by IMD decile	24
Figure 5.1 Partner views on project's vision and objectives	27
Figure 5.2 Partner views on project's monitoring and review processes	28
Figure 5.3 Additional funding and resources levered in.....	29
Figure 5.4 Partner views on the impact of projects	31
Figure 5.5 The Biopsychosocial model of health	41
Figure 7.1 Partners' confidence in projects securing long-term sustainable funding.....	54

Foreword

Arts Council England

When we announced the projects that had been chosen for investment as part of Thriving Communities, I remarked that there was growing evidence that the kind of activities they would encourage people to take part in could really improve people's physical and mental health. This detailed evaluation of the impact of the projects we supported adds to that growing weight of evidence. It shows the real difference that social prescribing can make to our nation's health, happiness and wellbeing.

As the Chief Executive of Arts Council England, you would expect me to concentrate on the benefits that taking part in creative and cultural activities can have in improving people's wellbeing. But Thriving Communities was always about showing how different organisations from different parts of our communities can work together to bring benefits to the lives of those living in villages, towns and cities across the country. As this evaluation shows, creative and cultural organisations and venues have worked with health providers, sports and recreation clubs, nature and heritage groups to make a real difference to the health outcomes of real people. Those partnerships in turn reflected the national bodies which came together to support this programme. As well as Arts Council England and the National Academy for Social Prescribing, it included Historic England, Sports England, Natural England, the Money and Pensions Service, as well as a number of partners in the National Health Service.

When Thriving Communities was launched, the challenge of Covid-19 meant that issues such as loneliness, anxiety and social exclusion were being felt even more acutely by many people living in all parts our country. The 36 projects helped to address those issues at the heart of communities, many of which are based in areas of high deprivation. Almost 11,000 people took part in activities ranging from canoeing to crochet, photography to paddle boarding, sport to spotting wildlife. The participants included young carers to armed forces veterans, those who had been recently bereaved to those with long covid. The almost 4,000 sessions were held outdoors, indoors, or virtually from Plymouth to Peterborough, from Sunderland to Southampton.

The learning and legacy from these Thriving Communities projects is already helping to shape the work of Arts Council England. Our recently published Creative Health & Wellbeing plan emphasises our future commitment to this important area of work and underlines our continuing relationship with the National Academy for Social Prescribing. This evaluation continues to prove the value of investment in this area of healthcare and the dividends that investment pays.

But do not believe me when I say that, believe the testimony of one of those who took part in one of the 36 projects:

"My mental wellbeing has improved. My mind is much calmer through doing the creative activities. I now have something to get up for."

Darren Henley, Chief Executive Arts Council England

National Academy for Social Prescribing

Social prescribing is still a new and innovative concept to many people. One that brings together health professionals, charities, local government, communities and businesses to address the circumstances that make us unhealthy, as well as providing help to treat the symptoms.

As a practising GP, I know the crucial role social prescribing can play, not just for those people in receipt of a 'prescription', but for healthcare professionals too. One in five GP appointments are related to issues that are essentially non-medical – like loneliness, isolation, relationship problems or concerns about debt or housing. Social prescribing can help people get support that really makes a positive difference to them and empower them to regain more control and purpose in life, while also taking pressure off the NHS.

Set up in the wake of the COVID-19 pandemic, the Thriving Communities Fund has supported 36 truly inspiring social prescribing projects that have successfully reached around 11,000 people who too often face barriers to good health and wellbeing. They have done that through a wide range of activities, from community gardening to walking football, bicycle-powered Shakespeare to art lessons, financial wellbeing workshops to dance classes. The projects have changed the lives of people experiencing loneliness, mental health problems or living with long-term health conditions.

This evaluation shows how the Thriving Communities Fund might be used as a blueprint for funding and collaborations in the future. Coordinating healthcare services, the voluntary and statutory sectors and reaching the whole community takes careful planning. Thanks to the Fund, many local organisations are now working together more effectively, are better connected to the health system, have engaged successfully with Social Prescribing Link Workers and are making better use of local assets.

Ultimately, we need to build on this approach and create a social prescribing system that embraces the whole community, joining the dots between health services and the many groups and organisations already doing amazing work. Link Workers should be at the heart of the system, supporting those with complex needs to connect to the right solutions, but signposting from community hubs, local charities, volunteer 'connectors' or friends and families also have a crucial role to play.

Of course, it is also vital that there is sustainable funding and support for voluntary sector organisations who provide such fantastic support, whether they work locally or nationally. At NASP, we're determined to keep working with the NHS, Government and all our local and national partners to ensure long-term support for organisations on the frontline of social prescribing, to forge a healthier, happier and more fulfilled future for everyone.

Professor Dame Helen Stokes-Lampard, Chair, National Academy for Social Prescribing

Executive summary

Introduction

The Thriving Communities Fund was launched in 2020 to support local voluntary, community, faith and social enterprise projects that bring together place-based partnerships to improve and increase the range and reach of available social prescribing community activities. An investment of £1.8 million, made possible by the National Academy of Social Prescribing (NASP), Arts Council England and partners, has provided support to 37 projects over an initial 12-month period.

Social prescribing in England

Social prescribing connects people via different pathways, including link workers or community-based referrals, to activities, groups and services in their community and beyond to meet practical, social and emotional needs that affect their health and wellbeing. This includes nature-based activities, physical activity, arts and culture, and advice and support services. With up to one in five GP appointment about wider social determinants of health rather than medical issues, social prescribing can play an important role in integrated care, supporting people with a range of health needs and reducing overprescribing.

Reach of the Fund

Target communities

Projects have successfully engaged target communities, such as people living with dementia, homeless people, unpaid carers or ethnically diverse communities and in doing so achieved one of the programme's objectives to help communities to cope with the impact of the pandemic. The extent to which these target communities were identified collaboratively with their respective Primary Care Networks (PCNs) is unclear. There are opportunities for social prescribing activities to be more closely aligned to meet the health and wellbeing needs of local communities. This can facilitate the flow of referrals and funding.

People supported

Approximately **11,000 people have been supported by the programme, an average of 296 participants per project**. Around a third of participants supported were from a black and minority ethnic groups, which suggests that these communities are more strongly represented compared with the national population. Just under half of participants supported reported to have a long-standing health condition or disability, which is nearly twice the national figure. Four in ten participants reached by the programme live in the top 30% of most deprived communities in England. This provides evidence of the contribution that the programme has made in engaging communities most likely to suffer from health inequalities.

Referral network

Establishing a robust referral network that facilitates easy referral from, and to, local agencies is one of the key elements of good social prescribing.

Referrals came from multiple sources. 85% of referrals were recorded as referrals from the wider health system, community hubs and voluntary organisations. The remaining 15% were referred directly by link workers. This demonstrates how a wider ecosystem of social prescribing supports NHS priorities.

Reason for referral and take-up rates

The primary reasons for referral into the social prescribing activity to address issues relating to loneliness or social isolation or anxiety or depression. **On average eight in ten people (82%) referred into projects attended sessions.** In the context of the pandemic and the profile of the communities targeted for support this is a positive finding. A common theme reported across projects was the importance of supporting those referred into an activity to engage. This may include pre-engagement confidence building and providing reminders prior to sessions.

Working with link workers

Projects have reached out to networks of link workers to better connect them to activities. **On average each project worked with 13 link workers**, with several projects engaging a much higher number. A key theme reported by projects was the capacity pressures facing link workers, which often restricted their ability to engage with activity providers, which in turn led to lower volumes of referrals. Across the programme this has resulted in a greater proportion of activities focused on the community support aspect of the NASP ecosystem rather than via link workers.

Range and profile of activities

Projects have provided a diverse range of activities to support people and their families to connect with enjoyable pursuits that enable them to develop their confidence, learn new skills and meet new people. Most sessions have been delivered in-person, despite the impact of the pandemic. **The total number of sessions delivered by projects was 3,722, with an average of 162 per project.**

Impact of COVID-19

The pandemic directly impacted on the programme, including delaying the delivery period available, initially limiting the ability of partnerships to meet and develop links, creating challenges in engaging link workers and exacerbating anxieties for the communities that projects aimed to reach.

Performance of the Fund

Impact on participant's health and wellbeing

While projects have managed outcomes in different ways, local evaluation reports present numerous compelling stories from people that have been supported and the impact on their health and wellbeing. Social capital and social connectedness are important drivers of driving wellbeing at both a community and individual level. The programme has provided thousands of people with an opportunity to connect with others through planned and coordinated activities. **Local partners have helped to empower people to feel they could take more control of their lives, be less isolated and make connections.**

Partnership development

A diverse range of partners have been involved in the development and delivery of projects. This demonstrates the contribution that the programme has made in strengthening links between health and care system, activity providers and the wider voluntary, community, faith and social enterprise (VCSFE) sector.

Match funding and in-kind support

Total additional funding of just under £1 million has been levered in against a grant investment of £1.75 million. This provides a funding ratio of 1:0.57. In the context of the COVID-19 pandemic and pressures facing public sector funding this represents a positive outcome and demonstrates the local commitment to supporting the delivery of the projects.

Strengthening the local social prescribing offer

The programme has made a positive difference to **enhancing and developing the social prescribing offer**, including improving its accessibility for target communities. Projects have acted as a catalyst for encouraging and supporting, local VCFSE organisations to understand how they can contribute to supporting health and wellbeing activities and giving them the confidence to promote their offer to link workers. A common theme across the projects was the need for ICSs to consolidate and coordinate activities and support available through social prescribing systems to ensure that link workers were able to refer people to the full range of community-based support available.

Volunteer roles and recruitment

Combined **projects have been supported by 414 volunteers, with an average of 17 volunteers and 300 volunteer hours per project.** Projects have successfully involved volunteers as champions and supporters to facilitate the engagement and participation. This resource has been central to the success of many projects.

Using local assets

Nearly all partners felt that their project had made better use of local assets to support its target audience, enabling people to navigate existing services and community-based support. The programme has highlighted the interdependencies between social prescribing services and the availability of local community assets.

Workforce development and quality assurance

Several projects highlighted the importance of partners reviewing workforce development needs within local social prescribing systems. **Training and workforce development is an important part of a quality assurance process for social prescribing activities**, providing confidence to referral partners regarding the quality and appropriateness of the activities on offer.

Alleviating pressure on primary and secondary care

Measuring reductions in GP consultations or A&E attendances and associated cost savings is challenging due to issues relating to data access, calculating attribution and establishing a counterfactual position.

This is above the ability of the funded projects to demonstrate but an area where NASP's Academic Partnership and International Evidence Collaborative can help to build a stronger picture.

Legacy and sustainability

Projects report confidence that the partnership working and links between organisations and frontline staff will be sustained. There is evidence that the experience of delivering projects had resulted in lead organisations strengthening their social prescribing work, including building health and wellbeing more overtly into their delivery model. Many VCFSE groups also report to have achieved an uplift in membership or footfall, which provides an indication of sustained engagement of people referred into projects.

Recommendations

1. Co-design and co-production guidance should be produced for organisations working within social prescribing systems. This will ensure that the local offer is shaped by the needs of local communities.
2. Examples of effective practice in engaging and supporting communities using online activities should be collated. This should cover guidance and ideas for overcoming digital access issues.
3. Opportunities for greater coordination of local social prescribing offers should be progressed to avoid duplication of effort and help communities navigate activities to support their health and wellbeing.
4. The feasibility of establishing an accreditation or quality mark should be explored to enable link workers and communities to identify and refer into quality assured activities.
5. Social prescribing systems should consider broader infrastructure factors when developing their social prescribing approach such as transport links and community assets. This is particularly important in left behind neighbourhoods with a local infrastructure deficit and where volunteering levels are low.
6. Feedback from partners suggests an absence of wider coordination around local evaluation design. Guidance should be produced to aid organisations in measuring outcomes and impacts for patients, participants, communities and the health and care system.
7. Social prescribing systems and activities should be encouraged to capture consistent profile data to enable aggregation at an ICS and national level. This will aid assessment of which communities are supported through social prescribing and which are under-represented.
8. National partners should consider providing guidance on CRM platforms and design considerations for local social prescribing systems where this is yet to be put in place.

9. While NHS England is working with partners to create a Social Prescribing Maturity Framework and workforce plan, consideration should be given to creating a broader plan to ensure sustainable community provision by activity providers.
10. Volunteers play an important role in social prescribing systems. Social prescribing infrastructure should explore opportunities to improve the coordination and management of volunteers. This could include sharing of volunteer resource and skills to support activity providers and the participants they are engaging.
11. The programme has reinforced the value of facilitating networking between VCFSE organisations coordinating and delivering activities as part of their local social prescribing offer. Continued networking opportunities should be hosted to enable learning and the sharing of practice.

1 Introduction

In June 2021 Wavehill was commissioned by the National Academy for Social Prescribing (NASP), Arts Council England and partners¹ to undertake an independent, programme-level evaluation of the Thriving Communities Fund (Programme). This report presents our assessment of the progress that the programme has made towards its intended aims and outcomes.

1.1 Overview of the Thriving Communities Fund

The Thriving Communities Fund was launched in late 2020 to support local voluntary, community, faith and social enterprise projects that bring together place-based partnerships to improve and increase the range and reach of available social prescribing community activities. The fund had a particular focus on those people and communities most impacted by the COVID-19 pandemic. An investment of £1.8 million, made possible by NASP, Arts Council England and partners, has provided support to 37 projects over an initial 12-month period.

The partnerships sought to embed long-term collaboration and sharing of practice at a local level, between organisations across the arts and culture; sport, leisure and physical activity; nature and the environment; financial wellbeing, advice, food and practical support; and health and care. They also aimed to explore ways to secure sustainable funding and support for local social prescribing activities, first by securing match-funding for funded projects and then by building connections with commissioners, funders and donors over time.

Following a competitive application and assessment process, a total of 37 projects² across England were awarded funding to:

- enhance collaboration and networking between local organisations
- strengthen the range of social prescribing activities offered locally and enable social prescribing link workers to connect people to more creative community activities and services³
- explore ways to make these partnerships and activities sustainable over time.

Projects commenced delivery in March 2021 for a period of 12 months, although several projects secured an extension to June 2022.

¹ Strategic partners include NHS England, Sport England, Natural England, Historic England, the Office for Civil Society and the Money & Pensions Service.

² The Families Connect project in the East of England withdrew from the programme in 2021 leaving 36 funded projects.

³ Within this report link workers refers to all link workers regardless of which organisation that are based within, namely primary care providers or voluntary and community organisations.

Through the projects, the fund aimed to bring together partnerships across the following sectors:

- Arts, and culture, including libraries, museums and heritage
- Sport, leisure and physical activity organisations
- Financial wellbeing, advice, food and practical support
- Environment and nature-based organisations
- Non-statutory health and care organisations, working with social prescribing link workers

An overview of projects is provided in [Appendix 1](#).

1.2 Parameters and objectives of the evaluation

Our programme-level evaluation aimed to assess the fund against its main aims. This has included generating an evidence base of progress towards the key outputs, outcomes and impacts outlined in the programme's Theory of Change (ToC), which is provided in [Appendix 2](#). The evaluation has gathered evidence to test the ToC, guided by the following key research questions:

1. How and to what extent has the fund met its overarching aims?
2. What funding and wider resources have been levered in, beyond Thriving Communities Fund investment?
3. What are the monetary values and in-kind values of this funding? What are the different sources?
4. To what extent, with whom and where has the fund developed and established new and existing partnerships to support sustainability beyond the funded period?
5. What are the measurable social & economic impacts of the Fund?
6. How has the fund addressed diversity and reach across the 7 NHS regions⁴ nationally, and those most impacted by COVID-19?
7. What has supported or enabled change during the programme? What have been the barriers?
8. What worked well and less well in the delivery of the Fund?

Details of the research methods used to deliver the evaluation is provided in [Appendix 3](#).

⁴ NHS regions: East of England; London; Midlands; North East and Yorkshire; North West; South East; South West

2 Social prescribing in England

In this section of the report, we provide an overview of the context of social prescribing in England, including where it sits within the health and social care ecosystem and the strategic direction for the national expansion of social prescribing.

Section summary

- The NHS plan states an ambition that over 900,000 people are able to be referred to social prescribing schemes by March 2024.
- NASP was launched in October 2019 to champion social prescribing and the work of local communities in connecting people for wellbeing.
- The development of Integrated Care Systems presents an opportunity to deliver an integrated approach to social prescribing, including leadership at place and building a thriving community sector.
- The evidence base around the impact of social prescribing is still evolving. Research commissioned by the APPG on Arts, Health and Wellbeing found that more than 60 per cent of social prescribing schemes lack formal.
- Responsibility for data collection and tracking cannot reside with individual activity providers but should form part of a collective approach that includes PCNs, Link Workers and the suite of organisations delivering social prescribing activities. This remains an area where further guidance and support is required.

2.1 NHS Long term plan and Universal Personalised Care

Social prescribing is an approach that connects people to activities, groups and services in their community to meet practical, social and emotional needs that affect their health and wellbeing. This includes nature-based activities, physical activity, arts and culture, and advice and support services such as housing or debt.

The NHS Long Term Plan,⁵ launched in 2019, identified personalised care as one of the five major changes to the NHS delivery model, with the ambition of over 2.5 million people benefitting from personalised care by 2023/24, including social prescribing). As of September 2021, there were 1,600 additional social prescribing link workers in place in primary care networks (PCNs). The plan states an ambition that over 900,000 people are able to be referred to social prescribing schemes by March 2024. With up to one in five GP appointment about wider social determinants of health rather than medical issues, social prescribing has the potential to play an important role in integrated care, supporting people waiting for elective care, reducing overprescribing and tackling loneliness.

⁵ NHS England (2019)- [‘The NHS Long Term Plan’](#).

2.2 Integrated Care Systems

The NHS Confederation has highlighted the need for a partnership approach to building social prescribing systems with local partners. The development of Integrated Care Systems (ICSs),⁶ partnerships of organisations that come together to plan and deliver joined up health and care services and to improve the lives of people who live and work in their area, presents an opportunity to deliver an integrated approach to social prescribing, including leadership at place and building a thriving community sector.⁷ The purpose of ICSs is to bring together partner organisations to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

There is recognition within the NHS that social prescribing cannot achieve its potential without a thriving voluntary sector.⁸ In the most innovative ICSs, strong voluntary, community and social enterprise (VCFSE) alliances, shared investment funds and collaborative approaches to building the social prescribing workforce and developing a sustainable programme of activities are emerging. This provides relevant context given the timelines for the development of ICSs across England and the launch of the Thriving Communities Fund in March 2021. This highlights the importance of arts, culture, heritage, sport and physical activity and natural environment organisations being connected with their local VCFSE infrastructure, which in turn can facilitate engagement with their respective ICS.

The assessment of ICSs' progress in 2021/22, published by the NHS Confederation in February 2022,⁹ presents a positive picture with regards to ICSs improving joint working between partner organisations, in part catalysed by the pandemic. With ICS implementation delayed to July 2022, it is likely that the pace of progress will pick up. This has the potential to open dialogue and opportunities for social prescribing systems. This forms a key aspect of the [legacy and sustainability](#) arrangements for the Thriving Communities programme.

2.3 The National Academy for Social Prescribing

[NASP](#) was launched in October 2019 to champion social prescribing and the work of local communities in connecting people for wellbeing. NASP define social prescribing as:¹⁰

‘Supporting people, via social prescribing link workers, to make community connections and discover new opportunities, building on individual strengths and preferences, to improve health and wellbeing.’

⁶ Following several years of locally led development, recommendations of NHS England and passage of the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1 July 2022.

⁷ Read further details on [Integrated Care Systems](#).

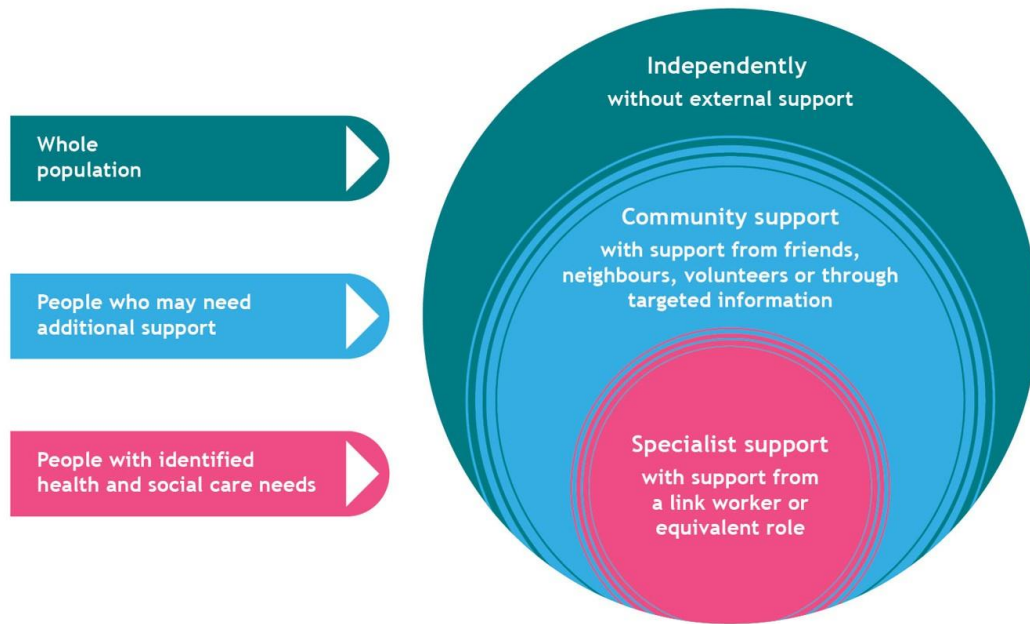
⁸ View [NHS Confederation blog on harnessing social prescribing to support integrated care](#).

⁹ NHS Confederation (2022)- [‘The state of integrated care systems 2021/22’](#). Integrated Care Systems Network.

¹⁰ Source: [NASP \(2020\)- ‘A social revolution in wellbeing’](#). [Strategic Plan 2020-23](#).

NASP works in partnership at a national, regional, and local level across sectors to build relationships and improve opportunities for resources to reach the frontline. They have created an ecosystem model to illustrate that role that social prescribing can play in engaging and supporting different groups within the community and emphasise the importance of this being regarded as one system (Figure 3.1).

Figure 3.1 Social prescribing ecosystem



Source: National Academy for Social Prescribing

The model recognises that many people connect to social activities, services and opportunities independently, whilst others need to support to make these connections. For people with more complex needs, this support may come from a professional who gets to know the individual, learns about their unique circumstances and preferences, and helps them to access a service based on their individual needs and wishes.¹¹

As we outline in this report, the programme has contributed directly to NASP's six strategic drivers, raising the profile of social prescribing, developing innovative funding partnerships, brokering and building cross-sector relationships, improving the evidence base for social prescribing and promoting learning. Our evaluation report presents further detail on how the programme has supported each of these pillars.

¹¹ View further detail on [NASP's social prescribing ecosystem](#)

2.4 Art Council England: Creative Health & Wellbeing plan

The Creative Health Inquiry, published by the All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing,¹² references a range of initiatives including arts on prescription, which make up part of the emerging and evolving social prescribing landscape. The report identified the potential of social prescribing to ‘catalyse health-creating communities that strengthen their ability to care for themselves and each other’. In this regard, the Thriving Communities Fund has provided such a vehicle, enabling a network of funded projects to generate learning and pilot innovative new ways of working. Delivery of the fund has allowed Arts Council England to work more closely with NASP and a wider network of partners, including Historic England, Natural England and Sport England.

2.5 Evidencing social prescribing

Previous research has identified that around 20% of patients consult their GP about issues that are primarily social problems.¹³ Social prescribing can connect people with wider enrichment and contribute to improving mental health and community resilience as well as helping to manage demand for health and care services.

Yet research commissioned by the [APPG on Arts, Health and Wellbeing](#) found that more than 60 per cent of social prescribing schemes lack formal evaluation, with those funding the activity tending to be reluctant also to fund evaluation. At the round table event to launch the Creative Health Inquiry report in 2017, recommendations included pooling evaluations to yield sizeable datasets and strengthen the evidence base on the impact of social prescribing.¹⁴ The evidence base around the impact of social prescribing on a wide range of outcomes for people, and for system, is still evolving. NASP’s Academic Partnership and International Evidence Collaborative brings together leading researchers in the field of social prescribing to ensure that this evidence is more accessible and useful.¹⁵

As outlined in our report, setting up appropriate systems to assess and track the impact of social prescribing on the impact on patients/participants, on community groups and on the health and care system continues to present challenges. Whilst projects have commonly been able to evidence contribution to wellbeing outcomes, evidencing outcomes related to changes in the number of GP consultations, A&E attendance, number of hospital bed days and the volume of medication prescribed is problematic without effective data sharing agreements and collective buy-in from local partners, in particular PCNs and ICSs. Responsibility for data collection and tracking cannot reside with individual activity providers but should form part of a collective approach that includes PCNs, Link Workers and the suite of organisations delivering social prescribing activities. This remains an area where further guidance and support is required.

¹² All-Party Parliamentary Group on Arts, Health and Wellbeing (2017)- [‘Creative Health: The Arts for Health and Wellbeing’](#).

¹³ Consilium Research (2015)- [‘The role of advice services in health outcomes’](#). The Low Commission & Advice Services Alliance.

¹⁴ All-Party Parliamentary Group on Arts, Health and Wellbeing (2017)- ‘Creative Health: The Arts for Health and Wellbeing’.

¹⁵ View details of [NASP’s work on evidencing social prescribing](#).

2.5.1 The economic impact of social prescribing

Whilst social prescribing requires initial investment to set up the service, the evidence base points to its ability to provide a cost-effective strategy in the medium to longer-term to reduce demand on the health and care system. Research by Rotherham CCG projects a return on investment of £3.38 for every £1 spent after five years.¹⁶

The 2022 review of evidence commissioned by NASP exploring the economic impact of social prescribing,¹⁷ including value for money, cost-effectiveness and social return on investment, reported that despite policy interest and need, the authors found that no economic evaluations are available for social prescribing initiatives. The evidence did suggest that social prescribing can reduce pressure on primary care and save costs, however evidence about impact of secondary care is currently inconclusive. The evidence collated in the report demonstrated a favourable social return on investment (SROI) in most cases where a range of outcomes and costs were considered.

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

The evidence review commissioned by NASP looking at how arts, heritage and culture can support health and wellbeing through social prescribing¹⁸ points to the large body of literature that evidences the positive association between better health and wellbeing and time spent engaging in art, nature, exercise, music, creative, expressive, social or philosophical activities. The evidence base also points towards social prescriptions being positive facilitators for good health and wellbeing for those with long term physiological or psychological conditions. The review highlights that 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.

2.5.3 Social prescribing and mental health

Further research commissioned by NASP exploring social prescribing and mental health points to evidence that suggests that social prescribing as a service model can address some of the more common mental health difficulties experienced by individuals in the UK. Non-medical referrals such as befriending services, practical information including benefits and financial advice, community activities, arts and culture and physical activities, and those that take place in nature can alleviate issues relating to loneliness, stress, mild to moderate depression, and anxiety. However, the review concludes that more robust evidence is needed.¹⁹

¹⁶ Ibid

¹⁷ Kimberlee R, Bertotti M, Dayson C, Asthana S, Polley M, Burns L, Tierney S, Husk K. [On behalf of the NASP Academic Partners Collaborative]. (2022)- 'The economic impact of social prescribing'. London: National Academy for Social Prescribing

¹⁸ Mughal R., Polley M., Sabey A. & Chatterjee H.J. (2022)- 'How Arts, Heritage and Culture can support health and wellbeing through social prescribing.' NHS England.

¹⁹ View [NASP Evidence Note: social prescribing and mental health](#)

3 Reach of the fund

In this section of the report we provide an overview of the reach of the Thriving Communities Fund across the funded projects, including the profile of participants supported and an overview of progress towards the targets outlined in the programme's ToC. This enables our team to assess **to what extent and how the programme has addressed diversity and reach across the 7 NHS regions nationally, including those most impacted by COVID-19**. Firstly, we outline the significant challenges presented by the pandemic throughout the delivery of the programme, as context for understanding its reach.

3.1 Impact of COVID-19 on delivery

Section summary

- The pandemic has directly impacted on the programme, including delaying the delivery period available, limiting the ability of partnerships to meet and develop links, creating challenges in engaging link workers and exacerbating anxieties for the very communities that projects aimed to reach.
- Whilst projects have had to cancel sessions because of the pandemic this has only accounted for 5% of total delivered sessions. This has been due to the efforts of projects in rescheduling sessions and maintaining the engagement of their target communities through and beyond the pandemic.
- The move to hosting sessions online has created additional barriers for some prospective participants due to digital access and affordability issues. Given that digital exclusion is a key driver of social isolation, this is an important consideration for organisations seeking to deliver social prescribing activities. However some projects were able to successfully adapt and move their delivery online, creating valuable learning for other social prescribing systems.

The programme had a focus on helping communities to cope with the impact of the COVID-19, including working with those most impacted by the pandemic.²⁰ However, the launch of the programme in April 2021 coincided with continuing restrictions due to concerns around the Omicron variant with most legal limits on social contact not removed until the 19th of July 2021. Ongoing spikes in infection continued into early 2022. The pandemic has served to directly impact on the delivery of the programme and funded projects in numerous ways, including:

- delaying the delivery period available
- initially limiting the ability of partnerships to meet and develop links
- creating challenges in engaging with PCN hosted Link Workers, many of whom were reallocated to the COVID-19 response, and
- exacerbating anxieties for the very communities that projects aimed to reach.

²⁰ The Local Government Association (LGA) highlighted a range of studies that showed a range of reasons why these groups had been so negatively affected [A perfect storm - health inequalities and the impact of COVID-19 | Local Government Association](#)

Where projects were supported by volunteers, the pandemic also created difficulties with many unable to volunteer due to concerns for their own health and safety. Lots of activities that were scheduled to be hosted indoors were either cancelled, hosted online or delivered in outdoor spaces. On average, each project had to cancel 7 sessions due to the pandemic with one project having to cancel 100 sessions.²¹ That cancellations have only accounted for 5% of [total delivered sessions](#) (172 cancellations across the programme) has largely been down to the efforts of projects in rescheduling sessions and maintaining the engagement of their target communities through and beyond the pandemic. This has generated considerable capacity pressures on project staff given the time associated with scheduling, cancelling and attempted rescheduling of social prescribing activities.

“The rise of the Omicron variant has led to high sickness absence/isolation rates within the NHS which has made it difficult to engage staff and make connections.”

Project lead

“We do have an indoor space at the venue but it’s not huge which impacts numbers in the winter. It’s definitely affected the programme.” Project lead



Source: Spark Somerset

The move to hosting sessions online has created additional barriers for some prospective participants due to digital access and affordability issues. Given that digital exclusion is a key driver of social isolation, this is an important consideration for organisations seeking to deliver social prescribing activities.²² However some projects were able to successfully adapt and move their delivery online, creating valuable learning for other social prescribing systems.

Case Study Exemplar: Growing Social Prescribing in Somerset, Spark Somerset

Thriving Communities Somerset aimed to strengthen and expand the range of social prescribing activities across the County such as creative, nature-based and physical activity sessions, by setting up a new partnership of organisations from a wide range of sectors. This project was a collaboration between SPARK Somerset, Take Art and Somerset Wildlife Trusts and aimed to support activities designed to help people of Somerset to recover from COVID-19 through the power of social prescribing.

As a result of lockdown restrictions and the focus on working with vulnerable groups, some activities were moved online including the Word Play group delivered by [Take Art](#). These sessions supported the **long covid recovery clinic and respiratory rehabilitation patients** by enabling them to engage in online creative writing and performance poetry classes. Whilst

²¹ Wavehill survey of Thriving Communities Fund projects.

²² LGA (2020)- [‘Loneliness, social isolation and COVID-19’](#). December 2020.

many people did not initially feel comfortable engaging online, the project provided access and support to help people access the internet and take part in sessions. [Read full case study.](#) Some participants expressed a reluctance to leave their home in the darker winter nights, creating problems for activities focused on nature and the environment, with many hindered by poor weather over the winter months. The Cultural Participation Monitor²³ hosted by the Audience Agency provides insight into the respective willingness of people to attend in person events and activities in the context of COVID-19 safety. This provides valuable insight of relevance for the delivery timeframe for the programme given its focus on supporting people to connect with activities in their local community. Results from the most recent Cultural Participation Monitor data reveals that between November 2020 and September 2021:

- Attitudes to attending live events changed very little, despite external circumstances changing considerably. There remains a roughly equal thirds split between those who are happy to, would consider it or [probably] won't attend.
- Most people think that restricting attendance at events is 'important' or 'very important' to them feeling comfortable, especially among over 35s.

Older retirees and people with disabilities, which were specifically targeted by many projects, were most likely to say that they were 'not interested' in attending live cultural events in September 2021 than had been true in previous waves. As such, projects have had to work against a backdrop of communities having continued, and changing, reservations around attending in-person activities, due to reasons including a need to shield due to health reasons either for themselves or for someone they care for or because of increased anxiety where people had experienced limited social interaction since the start of the pandemic in March 2020.

Any assessment of the progress and performance of the programme needs to take these challenges into account. Whilst some projects, for example the Phoenix Rising Project delivered by Green Close,²⁴ have been able to deliver all their planned offer, the outcomes and impact evident within many projects have been limited to varying degrees due to the pandemic but also because of the relatively short funding period for the programme.

3.2 Target communities

Section summary

- There are opportunities for social prescribing activities being more closely designed to PCN priorities. This can help with the design and delivery of activities that are tailored to meet the health and wellbeing needs of their intended patient or participant groups.

The programme's ToC references the focus on supporting people and communities most impacted by COVID-19 and health inequalities, including Black, Asian and ethnically diverse communities. All projects stated they intended to engage:

- those experiencing social isolation and loneliness

²³ View [Cultural Participation Monitor](#)

²⁴ Ashworth, K., Mezes, B. & H. Roberts (2022)- 'Phoenix Rising: Evaluation Report 2021-22'.

- people impacted by the pandemic
- those with mental health needs.

Other communities referenced by projects included:

- People with a long-term health condition 94%
- Adults 88%
- Older adults 88%
- Disabilities cognitive and/or physical 75%
- General Public 69%
- Ethnically diverse communities 63%
- Families 44%
- Refugee / migrants 31%
- Children 19%
- Addiction 13%
- Homeless 13%
- Other (19%)- including carers.

There are positive examples, such as the work by [Your Leisure Kent](#) in improving social prescribing provision for people living with dementia and memory loss and their families or that of [Petrus Community](#) who integrated social prescribing into their core work providing frontline homelessness support and Helix Art's whose [Better Connect project](#) focused on supporting people with caring responsibilities.

Case Study Exemplar: Dover Thriving Communities Project, Your Leisure Kent

The Dover Thriving Communities Project was a collaboration between Bright Shadow, experts in providing dementia positive arts and cultural activities, SEK, who provide support to the community through their wellbeing programme, and Your Leisure Kent who focus and specialise in the delivery of physical activity and wellbeing activities.

The project aimed to raise levels of activity within their target community given that people remaining fit and active reduces the onset of dementia by 40 per cent. The design of the project intended to work with Harmonia Village, a unique purpose-built facility for people living with dementia. However, the onset of the pandemic meant that the opening of the facility was delayed. The focus of activities was relocated to Aylsham village, one of the most disadvantaged wards nationally.

The project led a range of activities to raise awareness of dementia and contribute to efforts to break down barriers and stigma associated with the disease. These enabled the project to connect with **people within the community with lived experience of dementia**. A range of activities started through the project to support people affected by dementia have continued, including seated yoga, boccia and a tea dance. Your Leisure Kent have subsequently secured three years funding from the Reaching Communities Fund to support a Get Out, Get Active project which is creating opportunities for people with dementia or memory loss to be active in the community. The engagement activity and co-design of sessions delivered through the Thriving Communities Project have been central to securing this additional investment.

[Read full case study.](#)

What is unclear is the extent to which these target communities were identified collaboratively with the respective PCNs as part of the priorities outlined in their respective local health need assessments or with local Health and Wellbeing Boards. Another way of thinking about this is the extent to which all projects were designed to respond to specific

issues identified in those presenting for appointments to GPs. Other projects could have benefited from a stronger alignment with local health and wellbeing priorities.

“More could be done to achieve a better fit between identified health and wellbeing needs in local populations, and the range of services on offer to which social prescribers can refer service users.” Project partner

Case Study Exemplar: Rochdale Social Prescribing Network, Petrus Community

Petrus are well established in Rochdale providing expertise and knowledge of our community offering frontline homelessness support at their day service, alongside longer-term therapeutic interventions and volunteering support including their community horticulture project PIER, through which they have been exploring and developing a Thriving Communities Fund green social prescribing programme. The project has built on the work of the PIER project to support homeless clients to engage in nature based and creative activities. Through the project, partners have supported 168 individuals to access social prescribing activity. Many of these individuals have continued to access the service on a regular basis, in most cases weekly.

Activities offered through the project across multiple locations included: wellbeing art and nature walks; horticulture sessions; nature-based art, walking groups, fishing and canal clean ups. Out of those who consented to completing both baseline and end of project SWEMWBS measurements **81% demonstrated an improvement in their wellbeing score**. Participants supported through the project were also able to access a wider range of support including financial advice, wellbeing coaching, food banks. Utilising the HACT tool we have calculated that the project generated £1,168,350 in social value. [Read full case study.](#)

Whilst projects funded by the Thriving Communities Fund have stated an intention to support a broad range of health and wellbeing areas, there are opportunities for social prescribing activities being more closely designed to PCN priorities. This can help with the design and delivery of activities that are tailored to meet the health and wellbeing needs of their intended patient or participant groups. It also has the potential to facilitate the flow of referrals and funding.



Source: Southampton Hospitals Charity

For example, an activity designed to support young people from disadvantaged backgrounds experiencing anxiety or depression may differ in design from an activity focused on supporting older men experiencing anxiety or depression.

The approach of engaging older adults with dementia in Thriving Communities Fund green social prescribing activities may differ from the approach to engaging women from black and minority ethnic backgrounds in similar outdoor and green space activities.

Collaborative co-design with PCNs and VCFSE organisations is desirable to build-in a clearer link between funded activities and their contribution to supporting local population health needs, tackling health inequalities and delivering outcomes for the health and care system as outlined in the Common Outcomes Framework.²⁵

The cohort meetings scheduled throughout the delivery of the programme have enabled projects engaging the same or similar target communities to share practice and experience. This has facilitated shared learning and helped to strengthen local delivery. For example, the programme has funded 8 projects²⁶ with a primary focus on supporting children and young people. The value generated by these cohort meetings, recognised in many of the local evaluation reports, reinforces the importance of networking opportunities for organisations engaged in the delivery of social prescribing activities at both a geographical and thematic level across England.

3.3 Working with link workers

Section summary

- There are numerous positive examples of projects effectively reaching out to networks of link workers to better connect them to existing activities and showcasing what activities involve so that they can advocate for them to patients referred into the social prescribing service. On average each project worked with 13 link workers, with several projects engaging a much higher number.
- A key theme reported by projects was the capacity pressures facing link workers, which often restricted their ability to engage with activity providers, which in turn led to lower volumes of referrals.

²⁵ NHS England and NHS Improvement (2020)- [‘Personalised Care: Social prescribing and community-based support- summary guide’](#).

²⁶ Includes projects delivered by Wolverhampton Voluntary Sector Council, Heeley Development Trust, The Bureau Centre for the Arts CIC, Tullie House Museum and Art Gallery, Her Centre, Sunderland Culture, Space2 and Northern Heartlands.

- Several projects expressed a desire to better understand the process for initial assessment by GPs and referral into the social prescribing service, which in turn would lead to onward referral into activities, groups and services in the local community and beyond.

The programme's ToC includes outputs relating to engaging link workers and securing inward referrals into the project's activities. On average each project worked with 13 link workers, with several projects engaging a much higher number, for example Culture Coventry (55) Heeley Development Trust (44), Ross-on-Wye Community Development Trust (43).

Projects reflected that it took time to develop links and build relationships with link workers, with progress for many hampered by delayed starts due to the pandemic and link workers being redirected towards the local COVID-19 response. With an average of 13 link workers engaged by projects, this demonstrates the positive progress made across the programme even with the challenges faced due to the pandemic. It also demonstrates the importance of having sufficient time to build relationships as a step to securing referrals from link workers. The most recent annual survey of link workers undertaken by the NHS England outlines a desire for link workers to be supported in their career development, including full integration into primary care teams and opportunities to connect with non-health partners to make the most difference to individuals and communities.²⁷ There are numerous positive examples of projects effectively reaching out to link workers to better connect them to existing activities and showcasing what activities involve so that they can advocate for them to patients referred into the social prescribing service. The programme has provided a direct contribution to supporting the development of link workers.

A key theme reported by projects was the capacity pressures facing link workers, which often restricted their ability to engage with activity providers, which in turn led to lower volumes of referrals. Across the programme this has resulted in a greater proportion of activities focused on the community support aspect of the NASP ecosystem, with less engagement of people with identified health and social care needs as identified by link workers.

Several projects expressed a desire to better understand the process for initial assessment by GPs and referral into the social prescribing service, which in turn would lead to onward referral into activities, groups and services in the local community and beyond. This would help them in designing activities and the processes for measuring the impact of the activities on participants and collectively the contribution to addressing local health and wellbeing priorities. Projects were unclear on the volume and profile of patients offered a referral into their local social prescribing service, how many declined and how many took up the referral.²⁸

Projects were also uncertain on how the performance of link workers is assessed and the extent to which they have sufficient time to understand patient's needs (co-production of a personalised plan) and how this could be addressed through the local social prescribing offer. Several projects acknowledged that link workers in their area were often overwhelmed with

²⁷ NHS Confederation (2022)- '[Harnessing social prescribing to support integrated care](#)'. Blog post 17th February 2022.

²⁸ This is captured nationally through SNONMED CT coding within GP systems

caseloads or were unclear on the full range of social prescribing activities on offer (of which those funded through Thriving Communities Fund was just a part).

3.4 Referral network

Section summary

- Establishing a robust referral network that facilitates easy referral from, and to, local agencies has been identified by NHS England as one of the key elements of good social prescribing.
- The primary source of referrals has been through wider health systems, community hubs and voluntary organisations, accounting for 85% of total referrals recorded by projects. The remaining 15% were received from link workers, with two projects securing over 100 referrals from link workers. In the context of COVID-19 represents a positive achievement across the programme. This demonstrates how a wider system of social prescribing can support NHS priorities and the work of social prescribing link workers.

Establishing a robust referral network that facilitates easy referral from, and to, local agencies has been identified by NHS England as one of the key elements of good social prescribing.²⁹ A range of local agencies can refer into link workers over and above referral coming directly through GP consultations. Community-based referral into link workers is also encouraged. Data captured by our team³⁰ reveals that projects on average received 35 referrals from link workers. There was considerable range however, with 3 projects receiving no referrals from link workers, whilst 2 received over 100 referrals (Heeley Development Trust 118 and Creative Shift CIC 101). The total number of referrals by link workers across the programme was 796.

Whilst projects were generally supportive of the referrals received from link workers, a small number suggested that further work was necessary to ensure that referrals received were appropriate for the nature of the activity offered. For example, patients with moderate to severe mental health needs or those with complex physical health needs may be less well served through social prescribing activities.

At a programme level the primary source of the 5,307 referrals reported by projects was through wider health systems, community hubs and voluntary organisations, accounting for 4,511 referrals, an average of 180 per project. This equates to around 85% of total referrals reported by projects.³¹ The remaining 796 referrals (15%) were received from link workers, which in the context of COVID-19 represents a positive achievement across the programme and highlights the level of engagement that may have been secured in the absence of the pandemic.³²

This demonstrates how a wider ecosystem of social prescribing can support NHS priorities and the work of social prescribing link workers. The number of community-based (non-link worker) -referrals differed across projects with 3 projects receiving 10 or fewer but 2 projects

²⁹ View NHS England [key elements of good social prescribing](#)

³⁰ Wavehill Monitoring and Outputs survey: n=25

³¹ Ibid

³² The actual number is likely to be higher across the programme as not all projects provided this data.

receiving over a thousand -referrals through this route (Heeley Development Trust 1,341 and Culture Coventry 1,118).

The profile of those coming through a community-based referral may also be characterised by people that are more confident to engage with social prescribing activities. Whilst this can still deliver wellbeing benefits, it does highlight the importance of the link worker role in engaging and supporting those that lack the confidence or motivation to access non-medical activities, groups and services in their community to meet practical, social and emotional needs that affect their health and wellbeing.

This form of community-based referral, along with active signposting, forms part of the wider social prescribing system and has as outlined in the evidence base has the potential to address some of the drivers that may lead to an individual engaging primary care.

3.5 Reason for referral and take up rates

Section summary

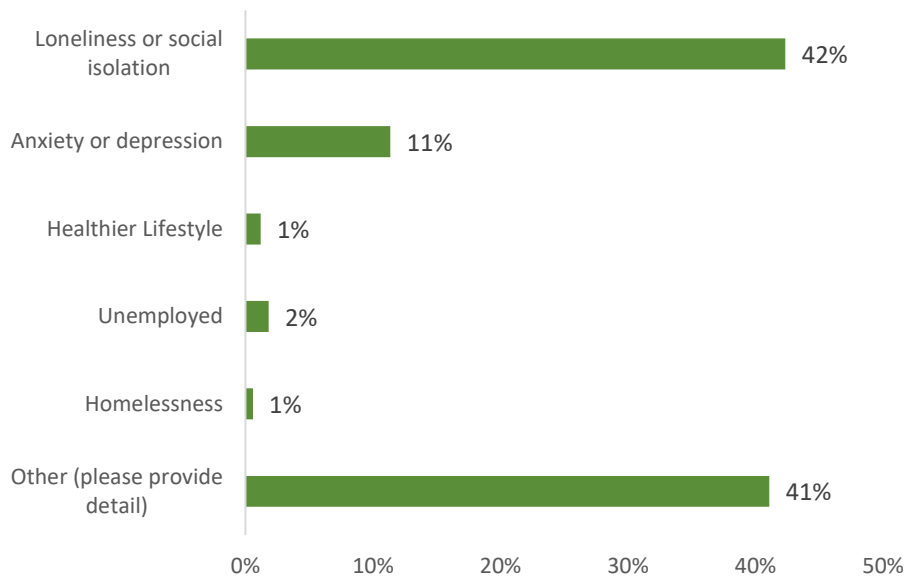
- On average eight in ten people (82%) referred into projects attended sessions. In the context of the pandemic and the profile of the communities targeted for support this is a positive finding.
- The main reasons for referral into projects were to address loneliness or social isolation or anxiety or depression. This indicates that the programme has successfully focused on its overarching objectives to increase social connectedness and to help communities to cope with the impact of the pandemic as well as supporting general health and wellbeing.
- A common theme reported across projects was the importance of supporting those referred into an activity to engage. This may include pre-engagement confidence building and providing reminders the day prior to sessions.

The primary reasons for referral into the social prescribing activity, (Figure 4.1), as stated by patients or participants was to address issues relating to loneliness or social isolation (42%) or anxiety or depression (11%).³³ This indicates that the programme has successfully focused on its overarching objectives to increase social connectedness and to help communities to cope with the impact of the pandemic, which has disproportionately impacted on people with poor physical and mental health.³⁴ Around two in five participants provided an 'other' response, of which the majority related to a desire to improve their general health and wellbeing.

Figure 4.1 Primary reason for referral

³³ Participant profile data was provided by 25 projects.

³⁴ LGA (2020)- 'Loneliness, social isolation and COVID-19'. December 2020.



Source: Wavehill Participant Profile data. N=3,070; data provided by 25 projects

The primary reason for referral across the Thriving Communities Fund is consistent with key groups referenced in the guidance issued by NHS England and NHS Improvement³⁵ and the most included reasons for referral reported in recent research commissioned by NASP into who is and isn't being referred to social prescribing. Within this report, the researchers found that the most included reasons were:³⁶

- symptoms related to anxiety and depression.
- isolation and loneliness.
- other social needs.
- exercise-related referrals.
- referrals related to specific physical health complaints.
- issues relating to work or finances.
- struggling with life changes.
- being frequent attenders at primary or care services.

What is unknown in the referral data is the extent to which participants were also in receipt of any medical intervention alongside their social intervention. The extent to which patients referred into social prescribing had frequent primary or secondary healthcare presentations is also unknown.

Whilst sharing of this information needs to be governed by a data sharing agreement, this would prove helpful in understanding how local social prescribing systems complements medical treatment as part of a holistic model of support and the extent to which social prescribing is reaching and supporting high-intensity users (HIUs).³⁷

³⁵ NHS England and NHS Improvement (2020)- ['Personalised Care: Social prescribing and community-based support- summary guide'](#).

³⁶ Cartwright L, Burns L, Akinyemi O, Carder-Gilbert H, Tierney S, Elston J, Chatterjee H. [On behalf of the NASP Academic Partners Collaborative]. (2022). 'Who is and isn't being referred to social prescribing?'. London: National Academy for Social Prescribing.

³⁷ NHS RightCare is a programme of NHS England and NHS Improvement and has provided guidance on setting up high intensity user services.

Where projects have supplied data, on average eight in ten people (82%) were referred into projects attended sessions. In the context of the pandemic and the profile of the communities targeted for support this is a positive finding. The take up rate does vary across projects, with some reporting 100% take up but others less than half.

A common theme reported across projects was the importance of supporting those referred into an activity to engage. This may include pre-engagement confidence building, including alleviating any concerns around risk and safety, and providing reminders the day prior to sessions (via telephone, email and text). In some cases, it is likely that non-attendance could be attributed to the prescribed activity not being adequately explained to the individual.

The retention rate for participants, that is the proportion that attended regular sessions,³⁸ indicated that on average two thirds (67%) engaged regularly. However there was considerable variation with some projects reporting 100% of participants regularly engaging to others indicated that under a third regularly engaged.

Projects acknowledged that the profile of many of those referred into activities, including people managing long-term conditions or suffering with anxiety or depression, meant that attendance could be irregular due to relapse or medical related reasons. What was important was ensuring that those delivering activities were able to accommodate those that may have missed sessions and conversely that those who were not able to engage regularly felt supported. Flexibility and adaptability were important design characteristics to enable positive outcomes for those in need of support. This has however created challenges both in terms of maintaining viable group size and where activities are delivered over a shorter duration of 6-8 weeks.

3.6 Range and profile of activities

Section summary

- Funded projects have provided a diverse range of activities to support people and their families to connect with enjoyable pursuits that enable them to develop their confidence, learn new skills and meet new people. Most sessions have been delivered in-person.
- Just over nine in ten (91%) activities were delivered in-person with the remainder delivered virtually or using blended approach. This has been achieved despite the impact of the pandemic.
- The total number of sessions delivered by projects was 3,722, with an average of 162 per project. This clearly demonstrates the progress the programme has made to strengthening the range of social prescribing activities that are available locally.

Funded projects have provided a diverse range of activities to support people and their families to connect with enjoyable pursuits that enable them to develop their confidence, learn new skills and meet new people.

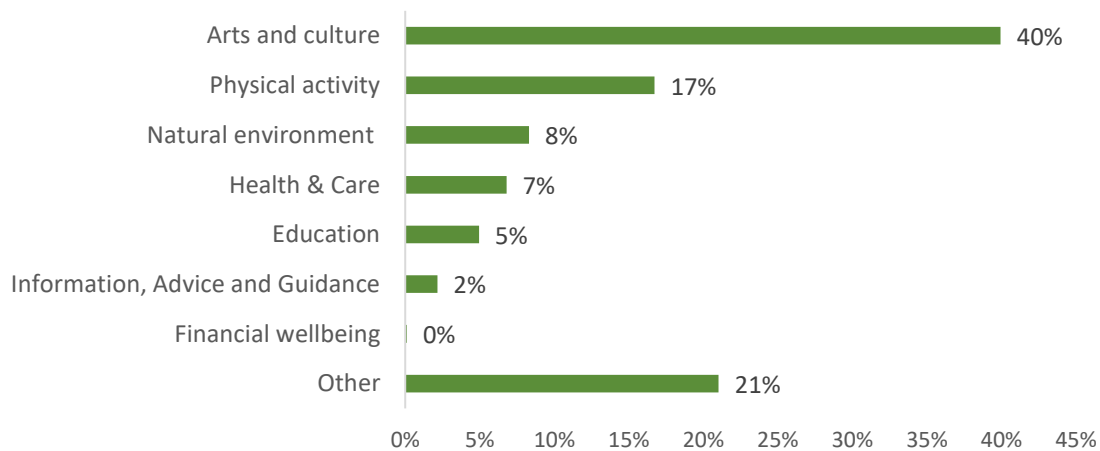
³⁸ This was defined by Wavehill in the Monitoring and Output survey as participants attending at least two thirds of the sessions they were prescribed.



Source: Argyle Community Trust

The average number of activities offered by projects was 16, although this ranged across the programme from 4 to 40 activities. Arts and culture were the most frequently referenced activity followed by physical activity and the natural environment (Figure 4.2 over page). This reflects the requirement of funded projects to ensure that at least one of their three core partner organisations was from the arts and cultural sector.³⁹

Figure 4.2 Activity engaged with



Source: Wavehill Participant profile data. N=4,504; data provided by 25 projects

Just over nine in ten (91%) activities were delivered in-person with the remainder delivered virtually (6%) or using blended approach.⁴⁰ This emphasises the early point raised around the impact of COVID-19 on people’s confidence to engage in face-to-face activities and the extent to which this is likely to have influenced take-up rates for participation or levels of community-based referral. The high proportion of in-person delivery has been achieved despite the impact of the pandemic, which provides evidence of the hard work and persistence of projects.

³⁹ [Thriving Communities Fund \(Social Prescribing\): Guidance for applicants](#)

⁴⁰ Wavehill Participant profile data. N=4,172

The total number of sessions delivered by projects was 3,722, an average of 162 per project. There was considerable range with one project delivering 408 sessions and another 40. This demonstrates the progress the programme has made to strengthening the local social prescribing offer, one of the key goals outlined in the ToC. Projects have added choice for target communities and facilitated engagement in activities that have supported health and wellbeing outcomes. This has been delivered when communities have been under increased pressure because of the pandemic.

Themes fed back by projects highlighted the need to coordinate the provision of activities to avoid duplication of effort, or perceived duplication of effort where link workers became overwhelmed by the extent of the offer targeting different patient or participant groups or where target communities were unable to distinguish between similar activities available to them. Another theme related to the importance of developing the local offer based on the needs and interests of those the service intended to support. This in part could be informed by the nature of the personalised support plans drawn together by link workers that may provide an indication of what matters to the person in terms of their interests and motivations. It may also be informed by wider multi-agency input and mapping to understanding existing community support and gaps that could be addressed through the co-design of specific activities.

The absence of this step ran the risk of projects producing lots of activities that failed to meet the needs of the target communities, which may be assessed through the number of declined social prescribing referrals or by the take-up rate of referrals. One of the recommendations from the project delivered by Ashfield Voluntary Action was to consider undertaking a community survey to ascertain the needs and interests of the local population, which may contribute to a PCNs' local health needs assessment and help to shape the local offer. Effective consultation and engagement are needed to support the wider system and ensure that activities best meet the needs and interests of local communities.

3.7 Number of people supported

Section summary

- Approximately 11,000 people may have been supported by the programme.
- One of the learning points from projects is the importance of ensuring that the flow of participants remains manageable and does not detract from the ultimate objective of improving individual's health and wellbeing.

Data captured by our team through a Monitoring and Outputs survey completed by 25 projects indicated that projects have supported 7,402 unique participants, with an average of 296 participants per project. If this average level is applied to all 36 projects, then approximately 11,000 people may have been supported by the programme. The numbers range considerably across projects. [Exeter Community Centre Trust](#) reporting to have supported approximately 2,000 unique participants in their All's Well heritage focused project.

Further evidence is presented in the Participant Profile data provided by projects, which provided more in-depth data on 5,385 participants. The number of people supported has

relevance in understanding the scale of the social prescribing activities delivered and the extent to which they have contributed to health priorities for the local population identified by the PCNs. Higher numbers of participants also correlate with the level of capacity required to manage referral processes, registration systems, monitoring and evaluation tasks and support to enable participation for the duration of activities. One of the learning points from projects is the importance of ensuring that the flow of participants remains manageable for the activities receiving them and does not detract from the ultimate objective of improving individual's health and wellbeing.

3.8 Profile of those supported

Section summary

- Around a third of participants supported were from a black and minority ethnic groups, which suggests that these communities are more strongly represented compared with the national population. Just under half of participants supported reported to have a long-standing health condition or disability, which is nearly twice the national figure.
- Feedback from projects and evidence in the local evaluation reports points to the value of working with local community and voluntary sector organisations to extend the reach of projects into target communities.
- Many of the projects have demonstrated that in the most deprived communities, where households are facing multiple and inter-related challenges associated with poverty, worklessness and a lack of social infrastructure, a holistic approach is required to build skills, confidence and resilience. Social prescribing, including access to social welfare legal advice can form part of this broader approach. The Thriving Communities Fund has facilitated this delivery through the projects it has funded.

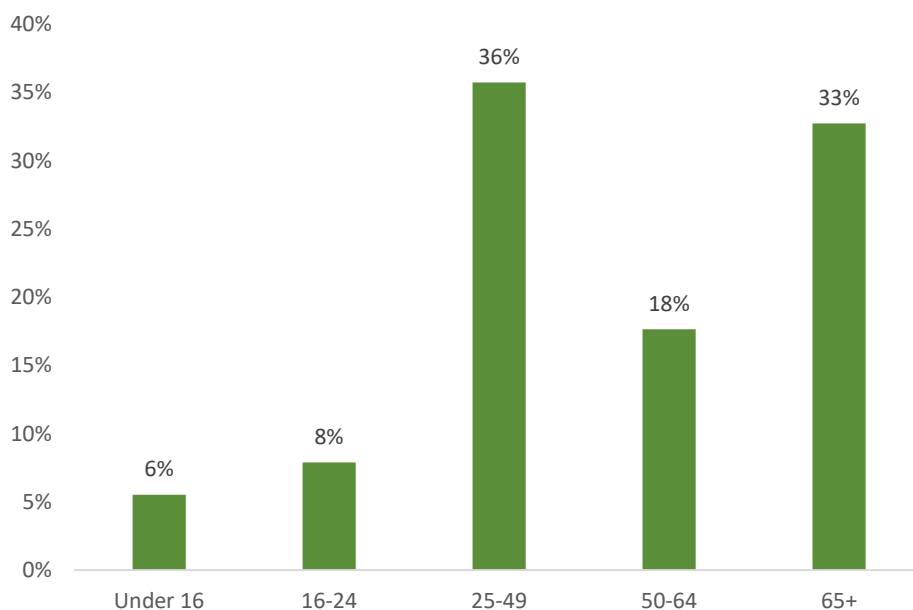
Analysis of the Participant Profile data provided by 25 projects provides detail on who has been supported through activities. The profile shows that the majority (71%) of participants were female with just under a quarter (24%) being male. This is consistent with previous reviews of social prescribing schemes that found that almost twice as many women accessed social prescribing than men.⁴¹ It also mirrors national trends with men less likely than women to use a general practice and less likely than women to acknowledge illness or to seek help when sick.⁴² This highlights the importance of social prescribing systems not being over reliant on referrals from PCN link workers, the specialist support in the ecosystem map, but working with a range of VCFSE organisations to achieve reach into communities who may not be in contact with health and care professionals.

The profile data shows that the projects have worked across a broad range of ages, with the 25-49 age bracket being the most reported (Figure 4.3) closely followed by the over 65s.

Figure 4.3 Age profile of Thriving Communities participants

⁴¹ Cartwright L, Burns L, Akinyemi O, Carder-Gilbert H, Tierney S, Elston J, Chatterjee H. [On behalf of the NASP Academic Partners Collaborative]. (2022). [‘Who is and isn’t being referred to social prescribing?’](#) London: National Academy for Social Prescribing.

⁴² Source: [Men’s Health Forum](#)



Source: Wavehill Participant profile data. N=4,852; data provided by 25 projects

Interestingly this differs from the age profile of all people referred into social prescribing services, where the rate of referrals for those aged 65 and over is considerably higher than other age groups.⁴³ This is consistent with guidance provided by NHS England which outlines that social prescribing is an all-age offer. This is helpful as it demonstrates that link workers and wider referral partners see the value in social prescription as a means of supporting people across their life course. It also demonstrates the value of projects working with specific VCFSE organisations to extend reach into age groups with lower rates of referral than the population average, for example children and young people. Specific projects have focused on certain age groups, for example The YOU Trust, Slough CVS, Spark Somerset, Petrus, Ross on Wye and St Margaret’s House have all worked with older age groups (over 60s).

Case Study Exemplar: Young People Social Prescribing, Wolverhampton Voluntary Sector Council

By working with a combination of core partners and delivery partners, the project has enhanced the provision that is available for young people social prescribers to prescribe into, based on the needs identified through consultation and the co-production it has initiated. Delivery partners spoke of the need for better communication between themselves and link workers to better understand each other’s roles. E.g. Visiting the activities to really get a sense of what they are like, what young people get from them and enable them to communicate the activity to their caseload. [Read full case study.](#)

Given the focus on engaging and supporting diverse communities it is encouraging that around a third (34%) of participants are from a black and minority ethnic group,⁴⁴ which suggests that these communities were more strongly represented compared with the national population. A strong example of a project with a strong focus on diversity is the work delivered by Slough CVS which used a range of activities to engage and support a diverse

⁴³ Source: [Social Prescribing Observatory](#). Data point of 1st August 2022. Rate of referral per 10,000 population for 65+ (9.16), 40-64 years (5.37), 18-39 (3.5) and 0-17 (0.21).

⁴⁴ Wavehill Participant profile data. N=4,400

profile of participants. Approaching half (44%) of their participants were from black and minority ethnic groups,⁴⁵ with participation facilitated by a Wellbeing Friends Service which offered support in a wide range of languages. The [Wild Being project](#) delivered by Reading Voluntary Action also had a strong diversity focus, working with partners including the Alliance for Cohesion and Racial Equality (ACRE) and Reading Community Learning Centre is engage and support minority ethnic groups.

This is contrary to findings from the review commissioned by NASP which found that for the most part, other ethnic groups were under-represented compared to local communities in social prescribing.⁴⁶ As outlined in the review, the evidence highlights the importance of social prescribing systems building awareness in diverse communities by working with a range of VCFSE organisations, including faith groups. Also important is recognising differing cultural expectations which may influence an individual's willingness to seek help from outside of their family network.

Feedback from projects and evidence in local evaluation reports points to the value of working with local VCFSE organisations to extend, and facilitate, the reach of projects into target communities. This has helped to build trust, overcome practical barriers such as language or transport and work to ensure that staff and volunteers involved in the social prescribing system are representative of the communities they are seeking to support. Collectively the projects have reinforced the central role that the VCFSE sector need to play in the social prescribing system to ensure that it can realise its potential.⁴⁷

Where data has been provided, just under half (45%) of participants reported to have a long-standing health condition or disability, which is nearly twice the national figure of 23%.⁴⁸ Some of the projects have worked specifically with condition specific groups, for example Ashfield Voluntary Action established a Fibromyalgia Support Group which is now ran independently with the support of Fibromyalgia UK. Heeley Development Trust established a Dementia activity café to support those affected by dementia. There is limited reference to disability in the review of social prescribing schemes undertaken by NASP,⁴⁹ so it is encouraging to see this profile information captured by projects.

Around a quarter of participants (22%) reported to have a mental health support need.⁵⁰, which is broadly in line with the proportion of the general population living with a mental illness.⁵¹ The prevalence of anxiety or depression is higher amongst women than men which may account for the greater proportion of people supported through projects being female. Groups experiencing higher prevalence of mental health problems when compared with the

⁴⁵ Source: Wavehill Participant profile data N=294

⁴⁶ Tierney S, Cartwright L, Akinyemi O, Carder-Gilbert H, Burns L, Dayson C, Chatterjee H. [On behalf of the NASP Academic Partners Collaborative]. (2022)- '[What does the evidence tell us about accessibility of social prescribing schemes in England to people from black and ethnic minority backgrounds?](#)'. London: National Academy for Social Prescribing

⁴⁷ View [NHS Confederation blog on harnessing social prescribing to support integrated care](#).

⁴⁸ Wavehill Participant profile data. N=4,554

⁴⁹ Cartwright L, Burns L, Akinyemi O, Carder-Gilbert H, Tierney S, Elston J, Chatterjee H. [On behalf of the NASP Academic Partners Collaborative]. (2022). '[Who is and isn't being referred to social prescribing?](#)'. London: National Academy for Social Prescribing.

⁵⁰ Wavehill Participant profile data. N=2,975

⁵¹ Source: [Mental Health Foundation](#)

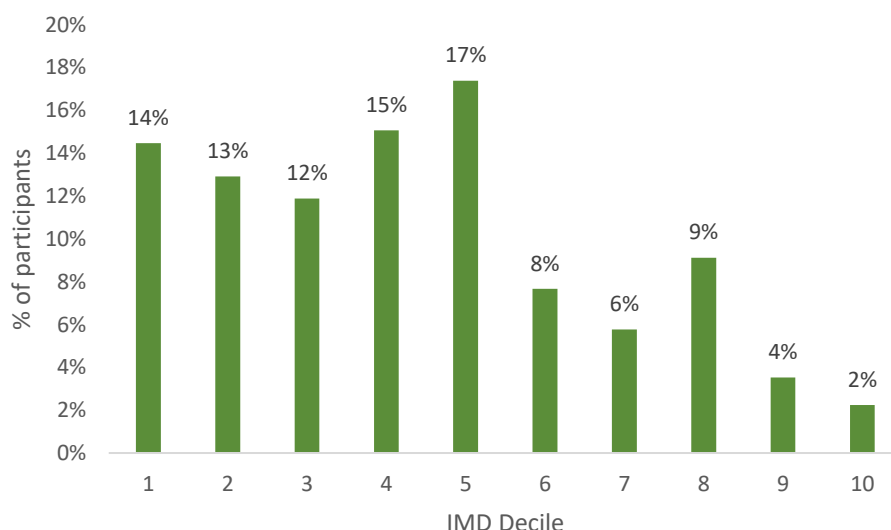
general population include black and minority ethnic groups, unpaid carers, victims of domestic abuse and homeless people.⁵² These have all been communities targeted by the projects.

The review by NASP exploring who is and isn't being referred to social prescribing references the limited socio-economic profile data captured by social prescribing schemes. This information is valuable as it enables social prescribing systems to evidence their contribution to tackling health inequalities, including the wider determinants of health.⁵³ It also recognises the contributory factor that poverty plays in leading many people to seek support from primary care or local community services. The profile information captured by projects includes full postcode information from 1,162 participants.

Using this data participants can be segmented into Indices of Multiple Deprivation (IMD) deciles, with decile 1 falling within the most deprived 10% of Lower Layer Super Output Areas (LSOAs) nationally and decile 10 falling within the least deprived 10% of LSOAs nationally (Figure 4.4 over page). Analysis of this data reveals that four in ten (39%) participants reached by the programme live in the top 30% of most deprived communities in England.

Whilst no targets were set across the programme for the proportion of people supported from the most deprived communities, the data does provide evidence of the contribution that the programme has made in engaging communities most likely to suffer from health inequalities. Data from the Social Prescribing Observatory highlights that although patients in the most deprived IMD quintile have a higher rate of referral to social prescribing services, they also have a higher rate of declines.⁵⁴ Evidence from the programme emphasises the importance of working with trusted organisations, often anchored within local communities, to encourage people within deprived communities to take up the support available through their local social prescribing service.

Figure 4.4 Profile of participants by IMD decile



Source: Wavehill Participant profile data. N=1,162; data provided by 25 projects

⁵² Ibid

⁵³ View further information on Public Health England's [Health Inequalities Dashboard](#)

⁵⁴ Source: [Social Prescribing Observatory](#)

Whilst profile data was not captured for all participants, the returns demonstrate the value of capturing basic demographic and socio-economic data on those supported. Aside from those working with children and young people where consent to capture data was highlighted as problematic, most projects reported that profile information was relatively straight forward to provide. Capturing postcode data from participants enables an assessment of which activities are reaching the most deprived communities. Aggregated at a PCN, ICS and national level this would provide a valuable data set alongside other metrics captured within patient records and by the [Office for Health Improvement and Disparities](#).⁵⁵ Where such data is absent, it limits the ability of projects and activities to demonstrate their contribution to addressing both local and national health priorities.

What many of the projects have demonstrated is that in the most deprived communities where households are facing multiple and inter-related challenges associated with poverty, worklessness and a lack of social infrastructure, a holistic approach is required to build skills, confidence and resilience. Social prescribing, including access to social welfare legal advice can form part of this broader approach, and the programme has facilitated this delivery through the projects it has funded.

⁵⁵ Formerly Public Health England

4 Performance of the Fund

In this section we assess the performance of the fund in developing the local social prescribing offer, enhancing collaboration between organisations, developing pathways for patients and participants engaged in activities and better utilising local assets. This enables our team to **assess to what extent, with whom and where has the programme has developed and established new and existing partnerships and what this may mean for sustainability beyond the funded period.** This section also provides detail on the **monetary values and in-kind values of funding levered into the programme and their sources.** We also provide detail on the **measurable social and economic impacts of the programme** as well as any gaps in this evidence base.

4.1 Evidence of partnership development

Section summary

- A diverse range of partners have been involved in the development and delivery of projects. This demonstrates the contribution that the programme has made in strengthening links between health and care system, activity providers and the wider VCFSE sector.
- The process of developing and managing local partnerships has necessitated considerable capacity from lead organisations but has also been an integral part of the successful development and delivery of local social prescribing models.
- Most projects have worked with new partners that were not listed in their original application, which demonstrates the evolving nature of systems development and the importance of adopting an inclusive approach to partnership working.
- The programme has directly contributed to one of NASP's strategic objectives to build relationships, with recognition that effective social prescribing relies on strong, mature relationships at national and local levels across multiple sectors.

Applicants to the Thriving Communities Fund were required to demonstrate how their project would advance partnership working and establish wider collaborative networks to enhance the local social prescribing infrastructure. One of the key features evident across the 37 projects that were awarded funding is the diverse range of partners involved in the development and delivery of the programme. This demonstrates the contribution that the project has made to strengthening links between health and care system, activity providers and the wider VCFSE sector. Local evaluation reports have also captured positive feedback from link workers, with some welcoming the opportunity that projects have enabled for them to connect with local community based and cultural organisations.

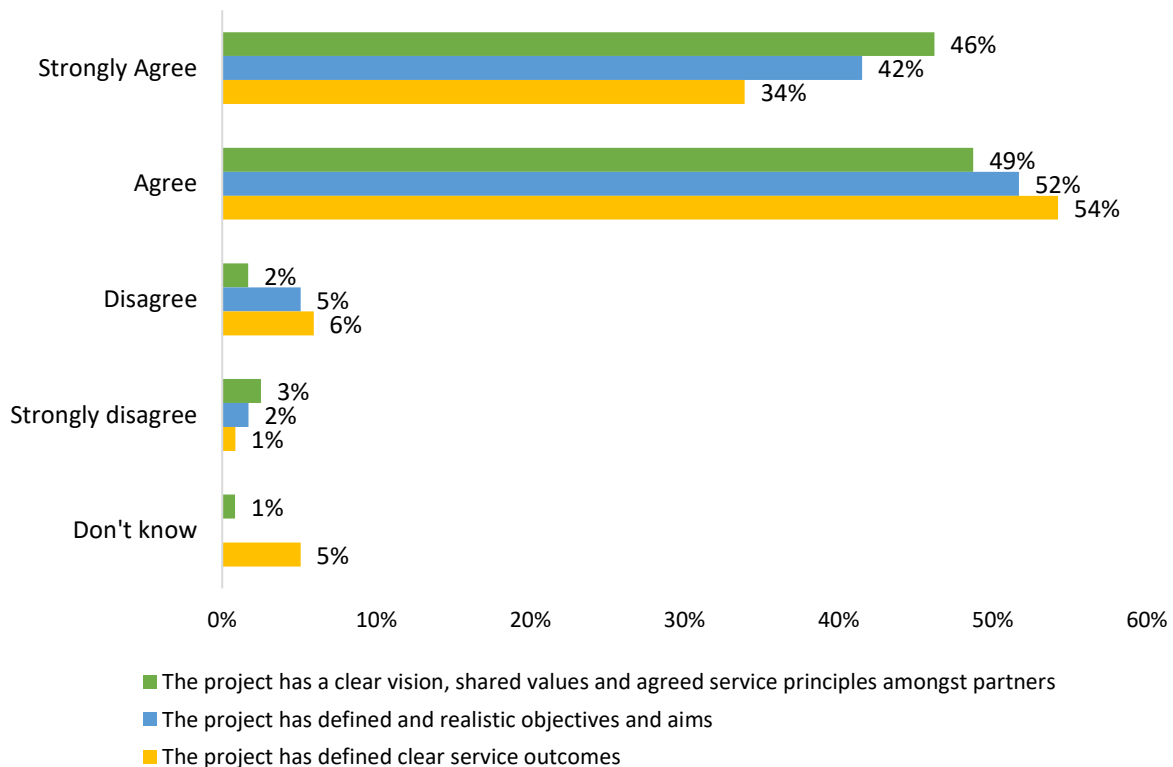
“Strengthening links between link workers and VCFSE organisations ensures knowledge about what is happening in the local community can be shared. Knowing what is available for specific 'target audiences' means being able to connect people quickly when they are identified as part of that group.” Project partner

Collectively projects have worked with 114 core partners (average of 5 core partners per project) in addition to 333 wider partners (average of 14 wider partners per project).⁵⁶ The process of developing and managing local partnership has necessitated considerable capacity from lead organisations but has also been an integral part of the successful development and delivery of local social prescribing models.

Projects have differed in the extent to which local partnerships and partnership working were established prior to the commencement of their project. Where partnership working arrangements have already been in place, projects have generally been able to divert more focus to the delivery of activities and engagement of patients or participants. In areas where partnership working is less well developed, greater focus has been directed towards building relationships, establishing referral systems and joint planning. The majority (80%) of projects have worked with new partners that were not listed in their original application, which demonstrates the evolving nature of systems development and the importance of adopting an inclusive approach to partnership working.

Our team produced a partnership survey and encouraged lead organisations to disseminate this to their core and wider partners to assess their views on the progress made by projects. A total of 121 responses were received across 25 projects. Feedback from partners responding to the survey presents evidence of the positive progress that projects have made. Nearly all partners agreed that projects had established a clear vision, had realistic objectives and aims, and had defined clear service outcomes (Figure 5.1).

Figure 5.1 Partner views on project’s vision and objectives

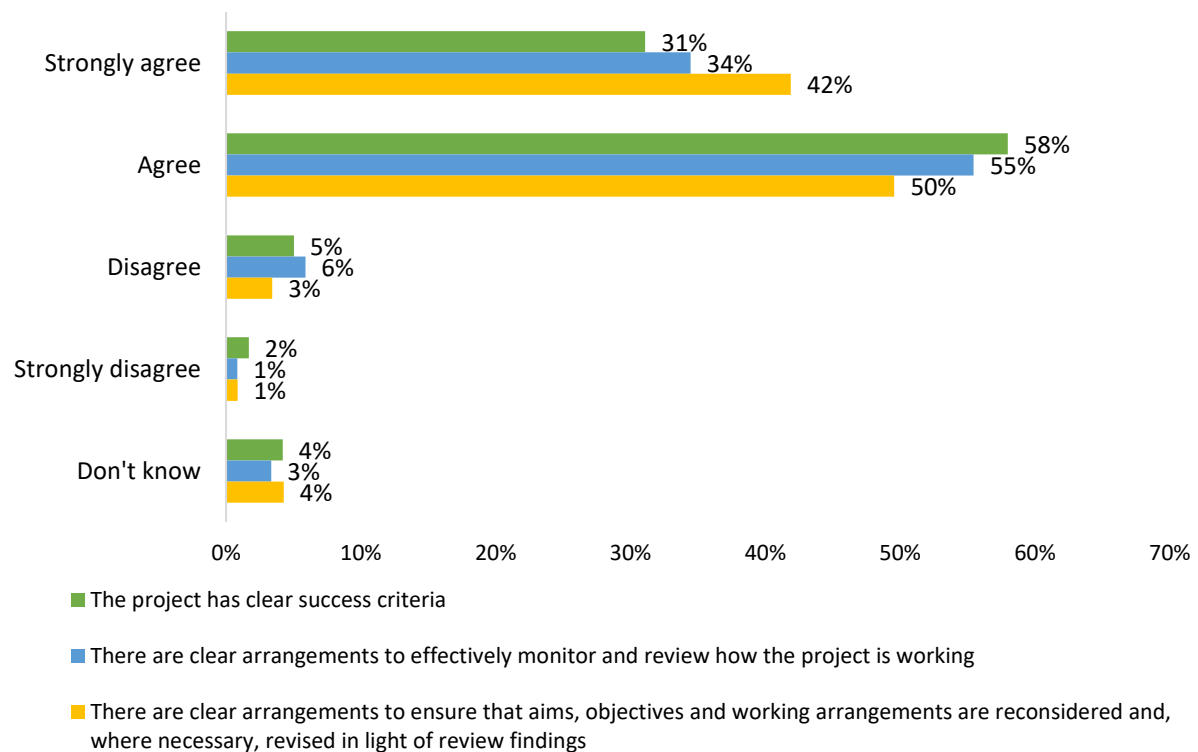


Source: Wavehill Partnership survey. Responses from 114 partner organisations across 25 projects

⁵⁶ Source: Wavehill Monitoring and Outputs survey. Responses received from 25 projects.

Partners were also positive with regards to the project’s establishing clear success criteria, having arrangements to effectively monitor and review progress, and being able to amend their delivery where necessary to achieve their objectives (Figure 5.2).

Figure 5.2 Partner views on project’s monitoring and review processes



Source: Wavehill Partnership survey. Responses from 114 partner organisations across 25 projects.

Nine of ten (90%) of partners agreed that the project was achieving its aims and objectives and a similar proportion (88%) that the project was having a positive impact on local health and wellbeing needs.⁵⁷ When asked to what extent projects were reaching their target audience, the most common response (63% of responses) was to some extent, with just under a third (29%) stating to a great extent. Given the context of the pandemic and associated challenges in engaging some target communities, this is a positive finding.

Collectively the feedback from local partners and evidence captured in local evaluation reports, points to strong performance across the projects in developing local partnerships, which can provide a platform for future delivery, and sustainment of Thriving Communities Fund projects. The programme has directly contributed to one of NASP’s strategic objectives to build relationships, with recognition that effective social prescribing relies on strong, mature relationships at national and local levels across multiple sectors.

Feedback from partners and evidence included in local evaluation reports also illustrates the need for an emphasis on development work in the earliest stages of the formation of social prescribing projects, particularly those targeting vulnerable communities.

Note: 12% of survey respondents were not sure on the impact the project was delivering on local health and wellbeing needs

4.2 Match funding and in-kind support

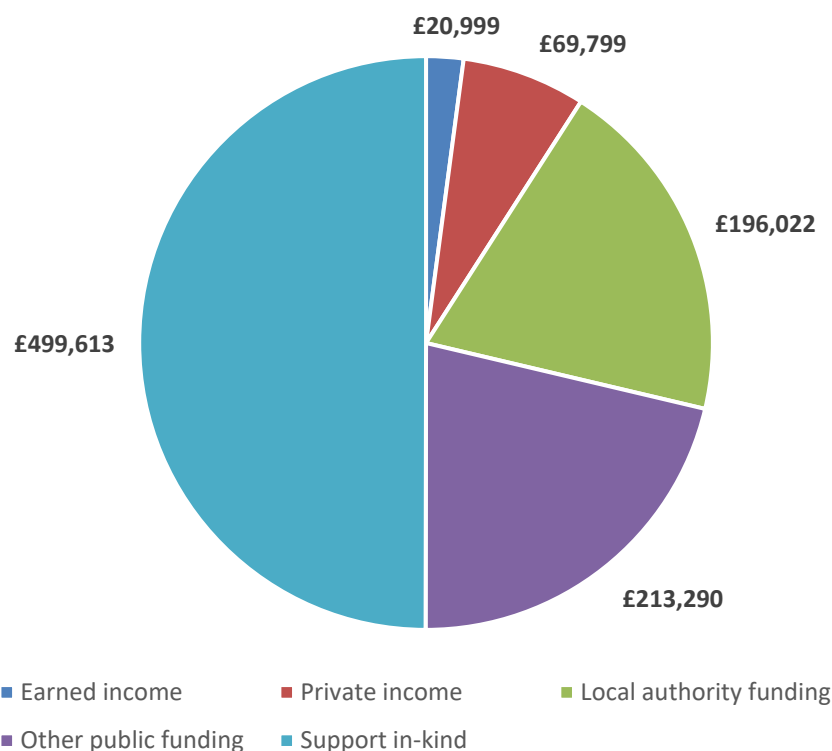
Section summary

- Total additional funding of just under £1 million has been levered in against a grant investment of £1.75 million. This provides a funding ratio of 1:0.57. In the context of the COVID-19 pandemic and pressures facing public sector funding this represents a positive outcome and demonstrates the local commitment to supporting the delivery of the projects.

One of the aspirations for the programme has been to lever in additional funding and investment to support the delivery of projects. Average funding per project provided by the Thriving Communities Fund was £47,292,⁵⁸ which in the scheme of delivering a year-long programme of activity, partnership development and facilitating systems change is relatively modest compared with larger levels of investment directed through NHS routes.

Analysis of the Final Activity Reports submitted to Arts Council England by 35 projects shows detail of the additional funding and resources leveraged into the programme.⁵⁹ A further £999,723 has been secured through support in-kind, other public funding, local authority funding, private income and earned income (Figure 5.3).

Figure 5.3 Additional funding and resources levered in



⁵⁸ This includes all 37 projects, although the Families Connect project delivered by Norfolk Citizens Advice has to withdraw from the programme.

⁵⁹ Source: Arts Council England Thriving Communities Fund Final Activity Report

The total additional funding of £999,723 against a grant investment of £1,749,829 provides a funding ratio of 1:0.57. In the context of the COVID-19 pandemic and pressures facing public sector funding, in the view of our team this represents a positive outcome and demonstrates the local commitment to supporting the delivery of the projects.

Further value has been generated through the creation of the programme as some unsuccessful applicants to the fund has been able to secure other funding to deliver projects that have also contributed learning and supported the key objectives around strengthening their local social prescribing offer and enhancing collaboration and networking between local organisations. Examples include:

- [Lewisham Thriving Communities, Entelechy Arts](#)- project is funded through the UK Community Renewal Fund and includes a range of activities including creative walks for wellbeing, nature for wellbeing, dance and drumming workshops, cooking clubs and volunteering programmes.
- [Northumberland: A County of Thriving Communities, Citizens Advice Northumberland](#)- project was funded by the National Lottery Community Fund to enhance social connectedness and improve the offer of social prescribing activities in Northumberland. The development and pilot phase has led to the creation of [Thriving Together Northumberland](#) which is focused on building a culture of collaboration, investing in cross-sector working and developing opportunities to make a difference to the lives of Northumberland residents.

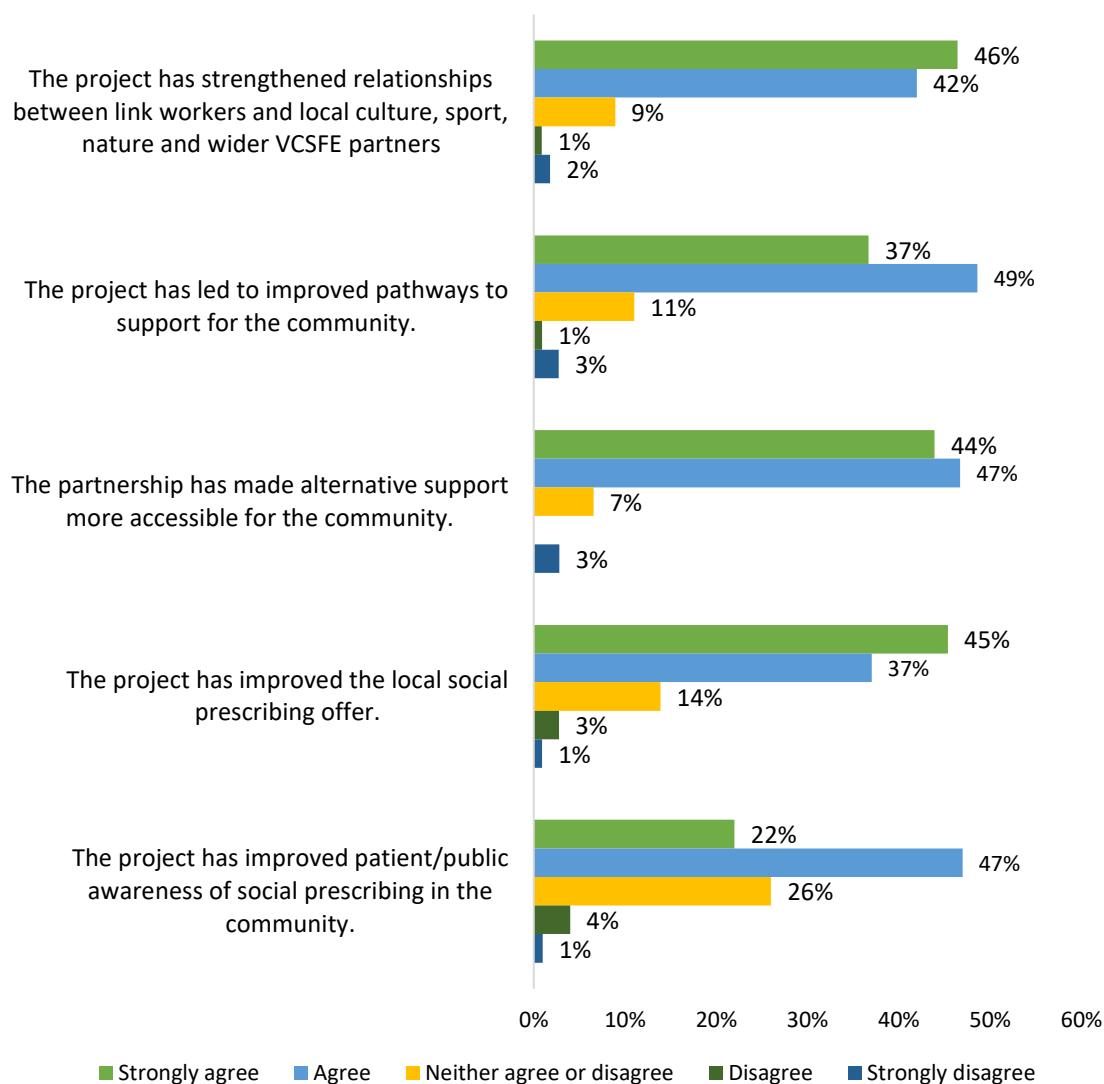
4.3 Strengthening the local social prescribing offer

Section summary

- Positive feedback from partners demonstrates the difference the programme has made to enhancing and developing the wider local social prescribing infrastructure and offer, including improving its accessibility for target communities.
- Projects have faced challenges in navigating existing social prescribing infrastructure and working to integrate their offer and activities into local systems. Key to this was the ability for projects to work on two levels, namely at a strategic and operational level.
- A common theme across the projects was the need for ICSs to consolidate and coordinate activities and support available through social prescribing systems. This was particularly important to ensure that link workers were able to refer people to the full range of community-based support available and as a result provide a holistic approach.
- Projects have acted as a catalyst for encouraging and supporting, local VCFSE organisations to understand how they can contribute to supporting health and wellbeing activities and giving them the confidence to promote their offer to link workers.

Our survey of partners asked for feedback on the extent to which projects had contributed to strengthening the local socially prescribing offer and infrastructure. Responses demonstrate positive views on the difference the programme has made to enhancing and developing the local social prescribing infrastructure and offer, including improving accessibility for local communities (Figure 5.4 over page).

Figure 5.4 Partner views on the impact of projects



Source: Wavehill Partnership survey. Responses from 114 partner organisations across 25 projects.

In the context of achieving the longer-term outcomes set out in the programme’s ToC, this feedback presents evidence that projects have helped to develop the infrastructure and systems needed to better engage and support target communities and, in turn, support local health and wellbeing priorities.

One of the challenges that projects have faced is navigating existing social prescribing infrastructure and working to integrate their offer and activities into local systems. Key to this was the ability for projects to work on two levels, namely at a strategic and operational level. At a strategic level, projects have sought to connect in with existing services, commonly through engagement of Clinical Commissioning Groups (CCGs) and local partnership and alliance arrangements (for example [Better Together](#) in North Tyneside or [All Together Better](#) in Sunderland). Operationally, projects have worked to integrate their offer into existing referral pathways and social prescribing systems.

Case Study Exemplar: Argyle Community Trust Green Social Prescribing Project, Plymouth

Support from the Thriving Communities Fund also helped Argyle Community Trust and its partners to look at the social prescribing offer across Plymouth to see where their project could add value and enhance the existing provision. Since 2010, the social prescribing offer in Plymouth has been delivered by the Wolseley Trust who work with 6 Primary Care Networks, covering 33 GP surgeries across the city.

As a result of the Green Social Prescribing project, partners agreed that they now have better relationships with one another and Plymouth City Council. Project partners stated that working with one another has enabled them to reach broader and more diverse audiences and consider a wider range of needs and topics within their delivery. This because the project has allowed partner organisations to combine sports and physical health, culture and creativity and environmental and conservation-based activity in new and innovative ways to provide a wider social prescribing offer in the city. [Read full case study.](#)

One of the learning points from across the programme is the importance of lead organisations having the capacity and skills to operate at these two levels. Operating solely at a strategic level could result in projects failing to establish connections with link workers. Failing to establish strategic connections ran the risk of projects lacking visibility and being unable to navigate organisational blockages to delivery.

“A lot of people are delivering social prescribing, but it feels disjointed as the connections aren’t there so there’s no regional approach. There’s disparity across the county in terms of how its delivered and we need to work out how to join everyone together to avoid duplication.” Project lead

Commissioning practice and local infrastructure differed across each project. In some areas, concerns were raised that the offer made available through the Thriving Communities fund was perceived as being in competition with existing activities. A common theme across the projects was the need for ICSs to consolidate and coordinate activities and support available through social prescribing systems. This was important to ensure that link workers can refer people to the full range of community-based support available and as a result provide a more holistic approach. What is evident from the local evaluation reports is the value that projects have delivered in raising the profile of a range of community and voluntary sector organisations and services. This has been an integral part of strengthening the local social prescribing offer.

“Social prescribing services in Leeds now have access to a much wider range of agencies they can refer into. This has to be positive for potential service users.”

Project partner

“It's improving understanding and awareness - there are more links and it's getting better. But we always need to do more. We're keen to work with organisations that are passionate about social prescribing, and we want them to promote it and the activities.” Project lead

Projects have also acted as a catalyst for encouraging and supporting local VCFSE organisations to understand how they can contribute to supporting health and wellbeing activities and giving them the confidence to promote their offer to link workers. Key to this was the role that projects have played in explaining what social prescribing is and what opportunities it presents in a jargon-free way.

The delivery of projects has highlighted a need in some areas to review existing referral pathways and systems. Several areas have identified a need for investment in referral infrastructure to facilitate secure inward, and onward, referrals between local agencies. Such platforms were necessary to enable link workers to identify suitable activities and offer to refer people to. They also enabled wider active signposting for client and communities they were supporting and, where platforms were accessible to the public, allowed people to navigate directly to activities that could support their wellbeing.



Source: Sunderland Culture

Local CRM systems and referral platforms provided not only an operational tool but also a source of intelligence and data that enabled partners to review patterns of take up and need amongst local populations. This in turn could contribute to local population health needs assessments undertaken by PCNs and identify gaps in provision or uptake that could be addressed through local commissioning.

Projects have used a range of approaches to convene partners at both strategic and operational levels. These have included regular partnership meetings, facilitating co-design workshops, hosting seminars and workshops to discuss learning, opportunities and challenges. In many areas, the output from these activities has or will support the work of ICSs in structuring future social prescribing infrastructure and community-based support. There is also evidence within the local evaluation reports or partnerships sharing resources and pooling expertise.

Delivery of the projects has also highlighted a need for training and workforce development for service managers and frontline staff across partner organisations. Specific examples referenced by projects includes safeguarding, use of a person-centred approach, motivational interviewing, mental health first aid, suicide prevention and inclusive practice. Projects also highlighted a desire for guidance and support around the emerging ICS infrastructure and local commissioning routes. Projects have explored opportunities for joint workforce development across partners to develop relationships and improve the efficiency and quality of local social prescribing systems.

“We are providing training to ensure that all activities people are being referred to are prepared for people coming in that potentially have multiple levels of need. It’s always in my consciousness that we need to ensure there is a sector that is informed and prepared and has the skills.” Project lead

Whilst there is recognition across the 36 projects that the Fund was established to test different models of delivery and enable learning, there was consensus that 12 months was not sufficient to build connections and service links, develop trust and integrate activities into the local social prescribing offer. Progress has been made but the pace of this has been limited in part due to the pandemic but also due to the timeframes for the creation of ICSs.

“To fully benefit from and evaluate the impact of the programme, 12 months is not long enough. After recruitment, we had a very short window to develop a commissioning process, recruit to and promote activities. It would have been beneficial to have had more time to develop relationships with referral partners, link workers and the community to truly co-create the activities.”

Project lead

4.4 Volunteer roles and recruitment

Section summary

- Just over two thirds of projects indicated that they have involved volunteers as part of their delivery model. Combined projects have been supported by 414 volunteers, with an average of 17 volunteers per project.
- Projects have successfully involved volunteers as champions and supporters to facilitate the engagement and participation of people referred into social prescribing activities. This additional resource has been central to the success of many projects, recognising the capacity pressure facing link workers who are often unable to provide a ‘hand holding’ role to ensure people take-up the activities they are referred into.
- Volunteers have donated a total of 5,115 hours to support social prescribing activities, which equates to a value of £50,638 over the lifetime of the programme.

Volunteers can play an important role in social prescribing systems. Roles can vary but may include supporting patients or participants at different points along the service pathway, including working with link workers to help people to identify local activities, acting as advocates to extend reach of social prescribing services into hard-to-reach communities and supporting people to engage with activities.

Just over two thirds of projects indicated that they have involved volunteers as part of their delivery model.⁶⁰ Examples include the Nature Buddies managed by The Arts Development Company, volunteers supporting the Cycling without Age activity led by The YOU Trust and the programme of nature conservation and gardening activities led by Active Luton. Some projects were able to access and recruit from the pool of volunteers that responded to calls to support with the national COVID-19 vaccination team.

⁶⁰ Source: Wavehill Monitoring and Outputs survey

Others have recruited volunteers from their participant base, recognising the dual benefits of facilitating wider engagement in activities and retaining the involvement of people with lived experience in local delivery.

“Volunteering is an important ingredient in successful social prescribing activity. Volunteers provide vital practical and social support to activities. Participants have become volunteers, some have progressed to paid roles. We have increased our focus on creating volunteer opportunities. Volunteers can also self-refer to become participants, demonstrating the importance of a local, supported network of wellbeing opportunities for progression to be made.”

Project lead

Combined projects have been supported by 414 volunteers, with an average of 17 volunteers per project. Volunteers have donated a total of 5,115 hours (average of 300 hours per project where volunteers have been involved) to support social prescribing activities, which based on a real living wage hourly rate of £9.90⁶¹ equates to a value of £50,638 over the lifetime of the programme. Some projects fed back that had the project timescales been longer they would have worked to set up a volunteering strand of their activity.

“If it was longer term, we would look more at using volunteers more short term means the resources weren't there to get that cohort together.” Project lead

Projects have successfully involved volunteers as champions and supporters to facilitate the engagement and participation of people referred into social prescribing activities. This additional resource has been central to the success of many projects, recognising the capacity pressure facing link workers who are often unable to provide a ‘hand holding’ role to ensure people take-up the activities they are referred into.

The [Wellbeing Friends Service](#) in Slough provides a positive example of the role that volunteers have played in supporting people to connect with local wellbeing services. Each volunteer was assigned 3 vulnerable clients and, through weekly calls, supported clients to access local activities including exercise and yoga sessions.

The volunteers also provided a language service, enabling social prescribing activities to reach communities with English as an Additional Language (EAL). Volunteers have also reported wellbeing benefits, which highlights the value of delivery partners building in opportunities to involve volunteers in the design and social prescribing activities.

“Through the volunteering, I’ve realised I really don’t have to stress about meeting people and my social anxiety has lessened loads. I really want to continue volunteering on projects like this especially around mental health as it’s really good for me and I enjoy sharing my ideas and creativity.” Project participant⁶²

⁶¹ View further details of [real living wage](#) rates

⁶² Helix Arts (June 2022) 'Better Connect, Caring Creatively Final Report'

The process of using volunteers has provided wider benefits for delivery organisation, with volunteers opting to get involved in supporting other community-based support services. For areas that have yet to do so, there is potential for local social prescribing systems to establish a dedicated and branded volunteering service to support link workers and referral partners in deepening their reach into communities and facilitating the engagement of vulnerable groups into activities that can support their health and wellbeing.

Where projects have not involved volunteers, this has primarily been due to having insufficient time or capacity to recruit and manage a volunteer base or down to challenges in recruiting volunteers due to the pandemic. Many projects have relied on core or wider partners to facilitate their recruitment of or access to volunteers, for example through links with community and voluntary infrastructure bodies or from charitable bodies with an existing volunteer base such as Age UK.

4.5 Using local assets

Section summary

- Nearly all partners felt that their project had made better use of local assets to support its target audience, which helped people to navigate existing services and community-based support. Local assets aren't restricted to bricks and mortar infrastructure but also local parks and green spaces as part of green social prescribing offer.
- One of the challenges identified by projects relates to the short-term nature of funding for social prescribing activities, which limited the ability of local community infrastructure to plan provision over the longer-term.
- Delivery of the projects has highlighted the interdependencies between local social prescribing services and the quality and availability of local community assets. Where communities have been 'left behind' there was a need to invest in the social infrastructure to aid the work of social prescribing systems.

One of the envisaged outputs for the programme was for projects to better utilise local assets to meet the wellbeing needs of communities. Nearly all partners (94%) felt their project had made better use of local assets⁶³ which helped people to navigate existing services and community-based support. This provides evidence that the delivery models adopted by projects have been consistent with the guidance provided by NHS England.⁶⁴

“The project has focused delivery of activities on community-based centres, to broaden the scope of the offer for local people. We have been able to benefit from working with locally based staff within these centres in support worker roles, who are experienced and connected with their community which has helped not only with recruitment of participants but also with the ongoing support available to participants and in signposting to other activities that participants may be interested in, offering routes of progression.”

Project partner

⁶³ Source: Wavehill Partner Survey. Responses from 114 partner organisations across 25 projects.

⁶⁴ NHS England and NHS Improvement (2020)- 'Personalised Care: Social prescribing and community-based support- summary guide'.

“It is utilising public spaces for organised activities, helping connect people with libraries, community centres and green-spaces.” Project partner

Enabling people to connect with local community assets provided a range of benefits not just for the individual referred but also for local community and voluntary sector infrastructure, namely improving its visibility, access and, for centre-based support and activities, its footfall. This process had helped to raise awareness of the local assets amongst link workers and health and care commissioners, which in turn may lead to future investment.

“The project has been utilising local community centres. It feels important to continue to support these existing centres and what they are already doing, and instead add to their existing program. They already have a core audience using the space, and in many of the centres the project sat really well, attracting those who already attended the centres whilst also bringing new people to the centres, who in the long run we are aware have continued to now visit or use the centres themselves.” Project partner



Source: Space2

In the context of the Thriving Communities Fund, local assets aren't restricted to bricks and mortar infrastructure, but also local parks and green spaces as part of green social prescribing offer.⁶⁵ One in five participants have engaged with natural environment activities and many of the physical activities offered through the programme have also been based outdoors.

One strong example is evident in the work of [Argyle Community Trust](#) who have been able to build on previous investment in their central park, which has been managed by them on behalf of Plymouth Council since 2020. The Thriving Communities Fund has enabled them to showcase and promote the park as a safe and welcoming space where local people can engage in a range of activities and connect with nature.

One of the challenges identified by projects relates to the short-term nature of funding for social prescribing activities, which limited the ability of local community infrastructure to plan provision over the longer-term. This in turn created uncertainty for partners in referring into a community-based asset where activities are withdrawn or paused due to gaps in funding.

“One of the crucial challenges has always been the frustration of the short-term nature of funding, making such opportunities difficult to keep track with... if there could be more long term funding opportunities we could provide a better opportunity for participants with some security on the longevity of sessions from the outset, we could develop better relationships with delivery partners and those who could prescribe into the service and we could achieve so much more through the reduction in time applying for multiple small scale, short term opportunities.” Project partner

⁶⁵ View further details around [green social prescribing](#) projects being piloted across seven sites separately across England with funding from the Department for Environment, Food & Rural Affairs, NHS England and NHS Improvement, Sport England and NASP.

Greater continuity of funding is needed for local community assets in resourcing their activity offer, both in terms of capital investment in facilities (where needed) but also in the recruitment of staff and volunteers.

The experience of delivering the projects has highlighted for many partners the interdependencies between local social prescribing services and the quality and availability of local community assets. Where communities have been 'left behind' there was a need to investment in the social infrastructure to aid the work of social prescribing systems. This reinforces an argument put forward by the APPG for Left Behind Neighbourhoods⁶⁶ which characterises 'left behind' neighbourhoods as places which have low levels of:

- **civic assets**: the spaces and places in the community where people can meet and interact, from community centres, libraries and leisure facilities to cafes and parks
- **community engagement**: groups and organisations that bring people together
- **connectivity**: digital and physical connections between people and opportunities – particularly economic opportunities.

In other words, 'left behind' neighbourhoods have a social infrastructure deficit. For example, polling by Survation in 2020 found that there were much lower levels of volunteering in 'left behind' neighbourhoods when compared to the national average.⁶⁷ This in turn may limit the capacity of local social prescribing systems and partners to provide local people with the level of help they need to engage with and get the most out of community-based support. This point was emphasised by Northern Heartlands who emphasised a need for broader infrastructure factors to be addressed such as the cost and accessibility of transport.

One consequence of this is that some projects have had to overcome challenges related to a local infrastructure deficit, in particular those focusing more on supporting vulnerable groups in the most deprived communities. This emphasises a wider learning point for NHS partners and emerging ICSs seeking to address health inequalities and increase the number of people supported through local social prescribing systems.

People living in 'left behind' neighbourhoods are more likely to self-report their health as 'bad' or 'very bad' compared to people in other deprived areas and in England as a whole. They also have a higher prevalence of 15 of the most common 21 health conditions compared to other deprived areas and nationally.⁶⁸ To effectively tackle local health inequalities, one of the learning points from the programme is a need to not only using existing local assets, but also to invest in community and social infrastructure in places where health inequalities and poverty as likely to be the most prevalent. Building multi-agency partnerships and actively engaging and involving local communities can facilitate this happening.

⁶⁶ APPG Left Behind Neighbourhoods (2020)- ['Communities of trust: why we must invest in the social infrastructure of 'left behind' neighbourhoods'](#).

⁶⁷ View Survation (2020) [Red Wall Voters Like Where They Live, Want More Places to Meet and Support for the Young](#) (accessed April 2022).

⁶⁸ APPG Left Behind Neighbourhoods (2022)- ['Overcoming health inequalities in 'left behind' neighbourhoods'](#).

4.6 Workforce development and quality assurance

Section summary

- Several projects highlighted the importance of partners reviewing workforce development needs within local social prescribing systems. This included training and guidance for referral partners in how to refer into the service, awareness raising sessions for link workers to ensure that they are familiar with the range of community-based activities available and training for delivery partners to ensure that activity sessions were suitably tailored and designed to meet the needs of different patient groups.
- Training and workforce development is an important part of a quality assurance process for social prescribing activities, providing confidence to referral partners, in particular link workers, regarding the quality and appropriateness of the activities on offer.

Several projects highlighted the importance of partners reviewing workforce development needs within local social prescribing systems. This included training and guidance for referral partners (including GPs) in how to refer into the service, awareness raising sessions for link workers to ensure that they are familiar with the range of community-based activities available and training for delivery partners to ensure that activity sessions were suitably tailored and designed to meet the needs of different patient groups.

“We are providing training to ensure that all activities people are being referred to are prepared for people coming in that potentially have multiple levels of need. It’s always in my consciousness that we need to ensure there is a sector that is informed and prepared and has the skills.” Project lead

This last aspect was emphasised as important to ensure that sessions were inclusive and accessible for people managing a range of long-term health conditions or with mental health support needs. Examples includes designing sessions for people with dementia, young people with anxiety, victims of domestic abuse, older age groups with restricted mobility or people that have suffered a bereavement. Link workers and Wellbeing teams use assessments and personalised plans to determine the suitability of the activity, but projects have recognised the need to provide training for those leading sessions (e.g. artists, creative practitioners, activity coordinators) and volunteers in delivering activities for a range of different condition groups.

‘This project has helped the Link Workers think out of the box and really think about the client group and what is available. It has encouraged a more person centred and holistic approach to improving the client’s health and wellbeing. This experience has increased the Link Workers confidence in partnering with a diverse range of community groups, which has helped this fledgling service develop and provide added value.’ Project lead

Examples of training referenced by projects included:

- Person centred approach
- Dementia and autism awareness
- Mental health first aid
- Safeguarding
- Wellbeing management
- Making Every Contact Count (MECC)⁶⁹
- Equality and diversity
- Working with vulnerable adults
- Sensory impairment

Training and workforce development is an important part of a quality assurance process for social prescribing activities. Ensuring that those delivering sessions have the skills, experience and confidence to engage and support those referred into services underpins the ability of activities to deliver health and wellbeing improvements. It also provides reassurance and confidence to referral partners, in particular link workers, regarding the quality and appropriateness of the activities on offer. This is an area where opportunities for greater coordination and collaboration across ICSs could be explored, including for example an accreditation or quality mark for activity providers.

4.7 Impact of participant's health and wellbeing

Section summary

- Social capital and social connectedness are important drivers of driving wellbeing at both a community and individual level. Having opportunities to meet up and socialise is important to provide space for meaningful interaction and for meeting new people. The programme has provided thousands of people with an opportunity to connect with others through planned and coordinated activities.
- One-off participation has a role to play, but in most cases provides a bridge to the wider support infrastructure.
- Most projects have employed case studies and qualitative tools to evidence health and wellbeing improvements for those engaged. Where quantitative tools were used, sample size was commonly a challenge, however some projects have been able to evidence positive changes using standardised wellbeing tools.
- Projects stressed the need to manage expectations around the ability of activities on their own to achieve a sustained shift in an individual's health and wellbeing. The complex nature of interrelated factors that may lead to someone seeking support may often require a holistic response with input from multiple agencies and over a longer period.

The ability for projects to improve the health and wellbeing outcomes of patients and participants engaged is one of the short-term outcomes outlined in the Theory of Change.

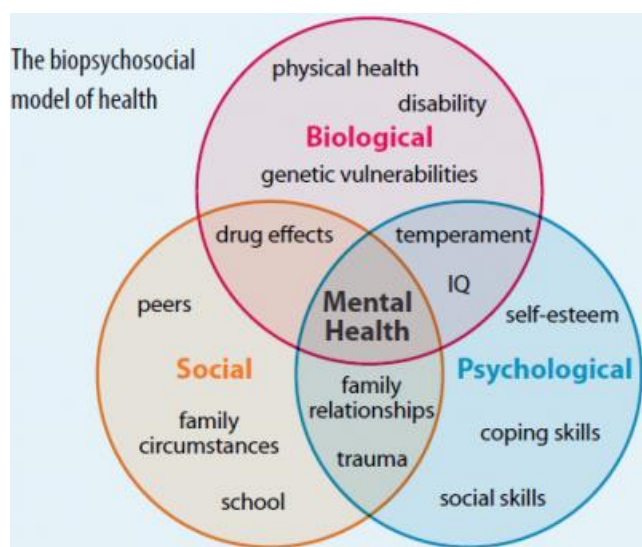
⁶⁹ [Making Every Contact Count](#) is an approach to behaviour change that utilises the day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

Projects have employed a range of tools and approaches to assess the impact of activities on people referred into their service. An [overview of the measures and tools used](#) is outlined in the next section of our report.

One of the themes fed back by projects was the need to manage expectations around the ability of activities on their own to achieve a sustained shift in an individual’s health and wellbeing. The complex nature of interrelated factors that may lead to someone seeking support may often require a holistic response with input from multiple agencies and over a longer period. This reinforces the importance of using personalised plans, with link workers coordinating support through various routes, including activities provided through Thriving Communities funded projects. Projects also highlighted the context of COVID-19 and concerns around the rising cost of living, which for many groups had raised levels of anxiety and exacerbated existing mental health issues.

Whilst people presenting at their GP may have medical needs, commonly support is also required to address psychological and social factors. As such, a holistic response may involve both medical and social prescription to drive positive health and wellbeing outcomes. This is consistent with the Biopsychosocial model⁷⁰ (Figure 5.5), which provides a useful framework to understand the contribution that community-based support can play in supporting improvements in a patient’s health.

Figure 5.5 The Biopsychosocial model of health



“Many people presenting with support needs have issues relating to mental health, exacerbated by long wait times in mental health services, poverty and insecurity of housing tenure. Social prescribing activities alone may not resolve all these issues but can build individual's confidence and motivation to tackle other areas of their life which ultimately drives longer-term health improvement.” Project lead

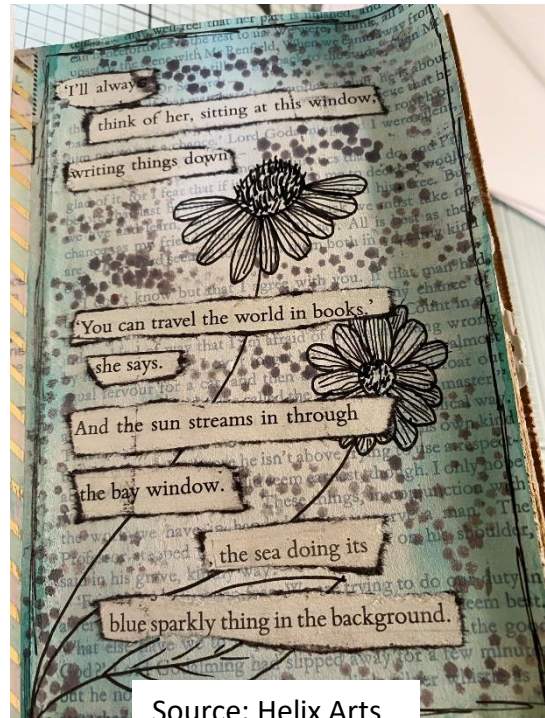
Previous studies have stated that cultural participation is the second predictor of wellbeing after health and is significantly stronger than that of variables such as age, gender, or occupation.⁷¹ All projects have provided opportunities for people to engage in a wide range of community-based cultural activities, evident in the nearly four thousand sessions delivered across the programme.

⁷⁰ To view further details on the model read Taukeni (2020). Biopsychosocial Model of Health. 4. 1.

⁷¹ See Wheatley, D. and C. Bickerton (2019)- ‘Measuring Changes in Subjective Well-Being from Engagement In The Arts, Culture And Sport’. Journal of Cultural Economics. 43. 421-442.

Social capital and social connectedness are important drivers of wellbeing at both a community and individual level. Previous research has shown that community connectedness and engagement are associated with one another as well as with increases in social empowerment and social capital. Having opportunities to meet up and socialise is important to provide space for meaningful interaction and for meeting new people.⁷²

The programme has provided thousands of people with an opportunity to connect with others through planned and coordinated activities. In other words, there is a strong evidence base supporting the causal link between people engaging in activities and the impact this can deliver on their health and wellbeing.



Source: Helix Arts

Local partners have helped to empower people to feel they could take more control of their lives, be less isolated and make connections. This is one of the key factors in addressing health inequalities outlined in The Marmot Review.⁷³ The social prescribing model used across projects has followed a relatively standard approach, with patients or participants taking part in regular activities delivered over the course of 6-8 weeks. For some, these activities have provided valuable respite without addressing some of the more structural issues that may be driving their presenting need, for example poverty and disadvantage. In other words, the activities have been palliative in nature.

Case Study Exemplar: Northampton Wellbeing Partnership, Delapre Abbey Preservation Trust

Through this project participants noted the social connectedness arising from their project engagement that introduced them to people in their local community they didn't know, helping to tackle the social isolation that lockdown forced on families particularly those with limited support networks.

This was also supported through delivery through Delapre Abbey and its central place in the local community with activities being run there changing the attitudes of local people such that they saw the Abbey in a new light as a place to connect with others rather than a 'stuffy' place of worship. It was place where they could engage in physical, heritage or arts activities to come into contact with others in their community.

⁷² Wavehill (2021)- [‘The Contribution of Events to Scotland’s Wellbeing’](#).

⁷³ Marmot, M., Goldblatt, P. & J. Allen et al (2020)- [‘Fair Society, Health Lives: The Marmot Review’](#).

For others, activities have provided an important route for them to connect with others, build their social networks, learn new skills and develop their confidence. Local evaluation reports present numerous compelling vignettes from people that have been supported, a sample of which are provided below.

“I had already been referred by my GP for social prescribing opportunities... I read online that the Better Connect class was delivered on zoom. The sessions are extremely beneficial to my mental health and wellbeing. I often struggle to “stay in the moment” as I’m either worrying about something coming up or processing past trauma. I have thoroughly enjoyed each week and have learned new skills that I have used outside of the sessions, made connections and it has done more for my mental health in just these few weeks than months of talking therapy and medication.” Project lead

"Because I suffered a trauma, I haven't been out of the house for over 6 months. My support worker suggested I come here today. This is the first event I've forced myself to come & I can truly say it's been wonderful for me, so friendly, welcoming & I have enjoyed every moment.” Project lead

“During the Pandemic it did go, my mental health did go a bit downwards because I wasn’t seeing many people, I was always locked in. Even though I was like watching YouTube and that stuff everyday, but it wasn’t making me happy. I really enjoyed our virtually classes. Even though we weren’t in person we were doing it, still in communication...I think more people should get referred or come here, because they become more confident in themselves and be who they want to be.”
Project lead⁷⁴

One of the themes evident through our consultations with projects and referenced in several of the local evaluation reports is the relatively short timeframe for the activities. Attendance and engagement may address one of the issues outlined in an individual’s personalised plan but achieving (and evidencing) a longer-term shift in health and wellbeing or lifestyle was beyond the scope of local evaluation activity.

This highlights the importance of local partners enabling people to move onto other sources of community-based support to continue their recovery pathway. For some groups, their engagement may mean that partners can actively signpost them to further activities and opportunities. For other groups, continued support may be necessary from their link worker.

“Achieving a lifestyle shift is not linear and will not happen within 8-10 weeks so onward referral to 'lock in' the social prescribing gains is important. So, the connection between SP activity and wider community provision is the aspect of the project that needs to be further developed.” Project lead

⁷⁴ Reynolds, T. Marziale, L. & L. Powell (2022)- 'Thriving Communities Evaluation Report'. University of Greenwich and Creating Ground.

For both groups, the imperative for achieving sustained health and wellbeing gains is to maintain their engagement with local community-based support. One-off participation has a role to play, but in most cases provides a bridge to the wider support infrastructure. Research from the field of psychology suggests that wellbeing is bolstered by small, regular activities as opposed to one-off events.⁷⁵ As such, social prescribing systems need to better understand how to facilitate and support people to keep connected following their initial referral.

“The metric methodology when used with many participants saw rapid improvements during workshops, but these benefits waned after projects ceased. Long-term consistent provision is more likely to lead to significant improvements in wellbeing through social prescribing.” Project lead

This issue is picked up in local evaluation reports that have flagged the importance of developing onward pathways into mainstream activity. Active Luton, for example, highlighted the impact of their project in helping people to connect into a wider community offer, including engaging in local conservation activities and gardening. Most projects have employed case studies and qualitative tools to evidence health and wellbeing improvements for those engaged.



Source: Canal & River Trust

Where quantitative tools were used, sample size was commonly a challenge, however some projects have been able to evidence positive changes using standardised wellbeing tools.

“Evidence is very limited and unclear on its veracity or robustness. It generally focuses on feedback from participants who highlight outcomes for them in a number of areas including: improved mental health and wellbeing; improved physical health; better ability to notice and appreciate and connect with the natural world around them; making friends; increased confidence and motivation; improved sense of purpose.” Project lead⁷⁶

However, local evaluation reports do include examples of the use of assessment tools and quantitative methods to ascertain the impact on participant’s health and wellbeing. The Her Centre’s survey of young people supported found that two-thirds felt that their confidence had improved because of participating in the project.

⁷⁵ Mochon, D., Norton, M. & D. Ariley (2008)- ‘Getting off the Hedonic Treadmill, One Step at a Time: The Impact of Regular Religious Practice and Exercise on Well-Being’. Journal of Economic Psychology 29. No. 5. 632-642.

⁷⁶ Quote taken from: Diment, A. (2022) Thriving Communities Somerset. Final Report and Sustainability Action Plan

Young people attributed this to the project providing a safe space allowing for open expression and improved self-awareness because of the one-to-one emotional and practical support offered. Young people also reported that the project had improved their social relationships, because it offered them an opportunity to form friendships and increase their knowledge and learning about healthy relationships.

Over 70% of young people surveyed felt that they became more independent because of participating in the project, which improved their self-reliance and decision-making skills. Around eight in ten (82%) of the young people taking part felt that they now knew where to go for help and support because of participating in the project, which demonstrates the contribution of the project to building resilience and self-management within the target community.

The work of Petrus Community in Rochdale, working with homeless groups, generated £1,168,350 in social value, calculated using the HACT tool. Some 81% of participants supported demonstrated an improvement in their wellbeing score. Participants were also supported through the project to access a wider range of help including financial advice, wellbeing coachin and food banks.

Research by Slough CVS reports strong improvements with regards to participant's levels of anxiety, with 91% feeling healthier and happier at the end of the six-week session. Improvements were also recorded in client's reporting to feel lonely and isolated.

“Clients reported feedback that the project helped build their confidence to accessing more face-to-face activities, providing opportunity to meet others and move them from the fear of ‘isolation’ to ‘integration’, feeling less lonely and more socially included and involved in being a part of the community.” Project lead

The Phoenix Rising project delivered by Green Close in South Cumbria, North and Central Lancashire, hosted a series of creative, environmental and movement workshops to engage and support people to enhance their mental wellbeing and physical health. The local evaluation report highlights that an overwhelming majority (97%) of participants stated that their mental wellbeing had improved. Interviewees and case study participants also stated that participating in the workshop sessions had improved their sense of purpose and autonomy and expressed that participation was essential to their routine.⁷⁷

The absence of sufficient resource, confidence and expertise across some of the projects has limited their ability to capture tangible evidence of the impact of their funded activities in participant's health and wellbeing. However, this absence of data should not be assumed to equate to the absence of impact. Across the programme the true and longer-term health and wellbeing impacts are likely to have been significantly under captured. What this reinforces is the need for social prescribing projects and systems to adequately build in sufficient resource to assess their impact both in the short and longer-term.

⁷⁷ Ashworth, K., Mezes, B. & H. Roberts (2022)- 'Phoenix Rising: Evaluation Report 2021-22'.

4.8 Alleviating pressure on primary and secondary care

Section summary

- Measuring reductions in GP consultations or A&E attendances and associated cost savings is inherently challenging due to issues relating to data access, calculating attribution and establishing a counterfactual position including a control group. This is above the ability of the funded projects to demonstrate but an area where NASP's Academic Partnership and International Evidence Collaborative can help to build a stronger picture.

One of the short-term outcomes included in the programme's Theory of Change, which is consistent with NHS England's Common Outcomes Framework, is the contribution of projects to reducing the number of GP consultations and A&E attendances. Guidance issued by Public Health England references a growing body of evidence that social prescribing reduces pressure on the NHS by directing people to more appropriate services and groups.⁷⁸

Frequently referenced is the evidence summary published by the University of Westminster which suggests that where an individual has support through social prescribing, their GP consultations reduce by an average of 28% and A&E attendances by 24%.⁷⁹ However the source report for this reference published in 2017 by the University of Westminster,⁸⁰ whilst concluding that the evidence for social prescribing is broadly supportive of its potential to reduce demand on primary and secondary care, also points to the quality of the evidence base being weak. The authors also conclude that although the evidence that social prescribing delivers cost savings to the health service over and above operating costs is encouraging, it is by no means proven or fully quantified.

That social prescribing has been incorporated in the NHS Long Term Plan launched in 2019 demonstrates that policy makers feel reassured that it does have a clear role to play in alleviating pressure on primary and secondary care. Yet measuring the actual level of reduction and/or associated cost savings is inherently challenging due to issues relating to data access, calculating attribution and establishing a counterfactual position including a control group. In our view, this is certainly above the ability of funded projects to demonstrate but an area where NASP's Academic Partnership and International Evidence Collaborative can help to build a stronger picture.

⁷⁸ For further details view [Social prescribing: applying All Our Health](#)

⁷⁹ BMA (2019)- '[Social Prescribing: Making it work for GPs and patients](#)'.

⁸⁰ Polley, M. (2017)- 'A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications'. University of Westminster.

5 Learning points

One of the central objectives for our evaluation is to distil what lessons can be learnt from across the funded projects on how best to develop and deliver social prescribing programmes and collaborations. This section of our report draws out learning points relating to partnership working and systems development to determine **what has supported or enabled change during the programme and what barriers have been encountered**. Learning is also outlined for the process of monitoring and evaluating social prescribing systems.

5.1 Partnership working and systems development

Section summary

- Building in capacity for partners to get to know each other is important but this process also takes time. Regular review and reflection sessions can be effective in supporting the partnership development process.
- Trusted and locally anchored organisations can assist social prescribing services to extend their reach within target communities.

The process of convening and working in partnership has delivered a range of benefits for partner organisations. Whilst many of these have been directly related to developing the social prescribing infrastructure and offer, there have also been wider opportunities identified during partnership meetings or conversations (potential joint investment, collaborative funding submissions and co-delivery).

Project delivery has also influenced growth in the network of organisations offering activities. For example, St Margaret's House has supported [Woodwork for Wellbeing](#) to set up as their own CIC. It is useful for partners to assess the scope for existing activities to be scaled up and as part of this assess the development and support needs for organisations that can receive referrals to support people's health and wellbeing.



Source: St Margaret's House

Building in capacity for partners to get to know each other is important but this process also takes time. Regular review and reflection sessions can be effective in supporting the partnership development process. To be effective, partnership working needs to be delivered at both a strategic and operational level and this helps to embed a better understanding of social prescribing and encourage a regular flow of referrals. Further learning points include the importance of partners ensuring that they have shared values and that discussions adopt a common and understood language rather than the over use of jargon and technical terms that may inhibit understanding.

Delivery of the programme has highlighted the advantages of working with partners (either core or wider partners) anchored within target communities. These ‘trusted’ organisations can assist social prescribing services to extend their reach, including for vulnerable groups who may not wish to seek assistance from their GP. Trusted organisations can also provide insight and experience to inform the design of activities, including understanding practical or conceptual barriers that may influence levels of participant take-up and retention.

Several projects indicated that partners were actively taking forward systems development activities to enhance and strengthen the social prescribing infrastructure. This included the creation of dedicated referral management systems or directories of activities to support link workers and self-referrers.

“A county-wide database/wellbeing directory is needed which allows social prescribing activities to be published and searched for”. Project lead

“It is clear that there are no single source of information for Link Workers seeking information on the county-wide cultural offer. There are also no existing opportunities for person-to-person connections between Link Workers, VCS workers and cultural providers as highlighted by our taster sessions. Feedback included that they would find this valuable as ways to know more about what opportunities are out there for signposting to, meeting people to potentially collaborate with and experience first-hand some of the opportunities so they fully understand the benefits to their clients.” Project lead

Given that many areas have established similar systems, for example [Linking Leeds](#) and [Living Well North Tyneside](#), there is potential for projects to share learning and provide recommendations on platforms and design considerations with those in development phases.

5.1.1 Key enablers

Feedback from projects and our review of local evaluation reports highlights the key enablers which can inform the design and delivery of social prescribing services. These include:

- 1. Resources being directed at ‘pre attendance’ stage can help to support the take-up of activities, in particular for vulnerable groups lacking the confidence to attend.** This level of support needs to be factored into delivery. Several projects have involved volunteers with lived experience to offer this support in particular where Link Workers don’t have the capacity to offer this.
- 2. Delivery organisations and activity providers need to consider what works in terms of group size.** Whilst commissioners may establish ambitious targets for the number of participants, smaller group sizes can be more effective in offering a personal approach and not overwhelming participants, in particular those with anxiety or low confidence.
- 3. The use of taster sessions can be an effective way in enabling participants to exercise choice in which activities they wish to engage with.** However, they may not always drive participation. Delivery organisations should ensure that they capture feedback from taster sessions to determine how effectively they encourage or motivate participants to engage. The use of participant co-design can add value.

4. **Activity providers should consider practical issues such as transport access or providing refreshments and food.** This should be built into budgets.
5. **Activities should build in sufficient time for socialising as this is equally as important as the nature of the activity itself and facilitates group bonding,** which in turn can assist with participant retention.
6. **Delivery organisations and activity providers should consider social prescribing activities as a bridge to other community-based support.** The process of supporting participants to navigate to further activities beyond the delivery of a 6- or 8-week session is important in driving sustained health and wellbeing improvements. This may be delivered through a combination of onward referral or active signposting.
7. **Sessions should retain flexibility to accommodate participants that, for a range of reasons, are unable to attend each week.** This should include maintaining contact with those that have missed sessions, so they feel confident to return.

5.1.2 Key barriers

Projects highlighted a range of barriers to delivery that can aid local partnerships in designing future services and activities by identifying ways these barriers can be addressed. These include:

1. **Whilst digital sessions (either fully digital or blended sessions) can facilitate access for people who may struggle to attend in person, delivery organisations need to address digital access issues.** The assessment process should ascertain an individual's access to digital technology as well as their skills and confidence in taking part online.
2. **Language barriers need to be considered to ensure that sessions are accessible for EAL communities.** This includes both the delivery of sessions as well as any promotional material used to encourage participation.
3. **Commissioners and delivery organisations should consider seasonality in the local social prescribing offer** as failure to do so may result in low levels of take-up for activities (both indoor and outdoor) during winter months.
4. **Complex and bureaucratic registration processes can prove counterproductive** and run contrary to the objective of adopting a non-medical intervention. Commissioners and delivery organisations need to achieve an appropriate balance with regards to essential information to capture and the willingness and comfort of participants to provide it.
5. **Using funding solely for activities without ringfencing resources for coordination capacity and partnership development can create delivery challenges.** Commissioners and delivery organisations need to understand what level of capacity is required to manage all aspects of delivery to maintain service quality and coherence to the local social prescribing offer.

5.2 Approach to measuring outcomes and impact

Section summary

- Whilst NHS England have established a common outcomes framework for measuring the impact of social prescribing this has not featured predominantly across the programme.
- Projects have piloted the use of a range of standardised impact measures including WEMWBS, PERMA+ and ONS4 as well as bespoke tools such as the Emotional Monitoring Wheel. It is unclear whether projects have retained fidelity with the guidelines for their use.
- Due to limited resources and capacity projects have not undertaken any follow-up assessment with participants to determine the extent to which health and wellbeing gains or lifestyle changes have been sustained.

Across the cohort of projects, there has been considerable variation in the approach to measuring outcomes and impact. Local evaluation reports, where provided, differ in terms of their depth, focus and quality. Whilst NHS England have established a common outcomes framework for measuring the impact of social prescribing, based on the impact of social prescribing on the person, the health and care system and community groups, this has not featured predominantly across the programme.⁸¹

What is evident is the absence of any wider coordination around local evaluation design within many projects in terms of aligning the approach to the framework used by PCNs to assess the impact of social prescribing activities. This in part would appear to be due to a lack of clarity around, or access to, information on how PCNs themselves are assessing the impact of the link worker role. For example, it is unclear whether link workers are assessed solely on caseload and participant targets or whether they are assessed against the measures included in the Common Outcomes Framework or through an assessment and review of personalised plans. Data sharing is an important consideration here as there is limited evidence of personalised plans or assessment data being shared with lead organisations.

This challenge is not unique to the programme with the Creative Health report stating that more than 60 per cent of social prescribing schemes lack formal evaluation due to those funding the activity tending to be reluctant also to fund evaluation.⁸² The recent review of evidence published by NASP exploring how arts, heritage and culture can support health and wellbeing through social prescribing recommended that the development of better evaluation tools would enable third sector organisations to calculate and understand the impact of initiatives more accurately.⁸³

⁸¹ NHS England (2020)- 'Social prescribing and community-based support: Summary guide'.

⁸² All-Party Parliamentary Group on Arts, Health and Wellbeing (2017)- 'Creative Health: The Arts for Health and Wellbeing'.

⁸³ Mughal R., Polley M., Sabey A. & Chatterjee H.J. (2022)- 'How Arts, Heritage and Culture can support health and wellbeing through social prescribing.' NHS England.

In addition to capturing basic monitoring data, projects have piloted the use of a range of standardised impact measures and tools including [Outcomes Star](#), [WEMWBS](#), the [De Jong Gierveld Loneliness Scale](#), PERMA+, [HACT](#) social value calculator and [ONS4](#) as well as bespoke tools such as the Emotional Monitoring Wheel. Projects have also used theory-based approaches to evaluating the impact of their project. Several projects have used the technology platforms such [Elemental](#) (Creative Shift CIC and Friends of Stretford Public Hall) or [Data for Good](#) (Heeley Development Trust) to enable tracking and impact measurement.

Where standardised tools have been employed it is unclear whether these have retained fidelity with the guidelines for their use. For example, WEMWBS should be administered on a self-completion basis, captured at least twice and requires a minimum of 30 people for the analysis to be valid.⁸⁴ This is important as it impacts on the quality and credibility of data and analysis presented by projects to demonstrate impact.

Some projects report to have commenced using standardised impact tools but then abandoned their use due to challenges faced in using when within activities. Several projects expressed concern regarding the suitability of standardised data collection tools for use with vulnerable people. Reservations were also raised around the extent to which any change in outcomes could be attributed to the activity or where wellbeing could be influenced by factors outside of the control of the activity provider (i.e. poverty, cost of living pressures). This highlights the importance of any assessment of impact having access to personalised plans to understand where the activity engaged with sits alongside other issues that participants wish to address or health and wellbeing goals that they want to work towards.

Whilst many projects have accessed specialist guidance and support in the use of these tools, further guidance would help to build confidence both in selecting the most appropriate tool and using this to capture impact from participants.

"It was clear that the accessibility of the ONS-4 and WEMWBS Measures continues to be an issue. Three participants on the course did not fill out the measures to a degree that was possible to include them, due to what they note as 'difficulties reading and writing'. Many people attending the course did not want to fill out the forms or only completed at the beginning or the end. A variety of reasons were given, with one participant noting 'I don't know how helpful these are? I feel very different depending on the time of day, how far we are through the week and the amount of light. In this season [winter] it is also different'. Uptake of the wellbeing measures during this specific course was, therefore, low." Project lead

Several projects have relied mainly on qualitative methods to assess the benefits to participants, captured through interviews, surveys and feedback forms. Many projects have employed creative approaches to capture feedback from participants, including through storytelling, vox pop videos and photographs.

⁸⁴ View [guidelines for collecting, scoring, analysing and interpreting WEMWBS](#)

The key outcomes for participants commonly referenced in local evaluation reports include increased physical activity, improved mental wellbeing, improved confidence and reduced social isolation. Due to limited resources and capacity projects have not undertaken any follow-up assessment with participants to determine the extent to which health and wellbeing gains or lifestyle changes have been sustained.

The main gap as already referenced in our report relates to the ability of projects to evidence any impact on the health and care system. This has been both beyond the scope, resources and competence of local evaluation activity and requires assessment at a PCN or ICS level.

6 Legacy and sustainability

Given the time limited nature of the investment through the programme, our team have explored evidence of legacy and sustainability across the 36 projects, including the extent to which the social prescribing offer will be continued beyond the period of funding and relationships sustained. The picture is still emerging. As outlined in NASP's review of evidence on funding models for social prescribing,⁸⁵ there is little evidence that explicitly focuses on the VCFSE experience of social prescribing, especially in relation to funding delivery of VCFSE services. As such the programme has helped to generate valuable insights to direct future funding discussions to support social prescribing systems.

Section summary

- Projects report confidence that the partnership working and links between organisations and frontline staff will be sustained.
- There is evidence that the experience of delivering projects had resulted in lead organisations strengthening their social prescribing work, including building health and wellbeing more overtly into their delivery model.
- Many VCFSE groups report an uplift in membership or footfall, which provides an indication of sustained engagement of people referred into projects.
- There is consensus across the cohort of projects that longer-term funding and investment at scale is needed to build on the partnership and delivery gains secured through the Thriving Communities Fund.

6.1 Sustainability arrangements

Projects report confidence that the partnership working and links between organisations and frontline staff (i.e. link worker and activity leads) will be sustained. This extended to local referral networks, with organisations that were previously not part of these networks now actively involved.

Some lead organisations also reflected that their experience of delivering their project had resulted in them strengthening their work/role around social prescribing, including building health and wellbeing more overtly into their delivery model. This provides a good example of the organisational change that has been affected by the programme which can provide longer-term benefits for the local social prescribing infrastructure. Robin Hood Health Foundation's work in delivering their project has been recognised by its membership of the ICS VCFSE Mental Health Alliance and the city council's Public Health-led Arts, Health & Wellbeing steering group, while the Hangleton & Knoll Project director is a voluntary sector representative on the ICS board.⁸⁶ The social prescriber in residence programme piloted in the Go Connect project by Culture Coventry has been extended at The Herbert Art Gallery & Museum.

⁸⁵ View [NASP's evidence review on funding models for social prescribing](#)

⁸⁶ Coastal Creative (2022)- 'Prescribe to Thrive: final evaluation report'.

Other benefits achieved through the delivery of the programme are also likely to provide longer-term support for the local social prescribing infrastructure. For example, many VCFSE groups report to have achieved an uplift in membership or footfall, which provides an indication of sustained engagement of people referred into projects.

To differing degrees, lead organisations and their partners were exploring opportunities to access further funding, including but not restricted to investment from ICSs but also through a range of Trusts and Foundations and arms-length bodies (ALBs). Several projects are exploring opportunities to secure pilot funding from the Arts and Humanities Research Council (AHRC) as part of a research programme focusing on developing innovative ways of using culture and nature to tackle health disparities.⁸⁷ Several projects have developed new programmes, building on the momentum and learning from the Thriving Communities Fund.

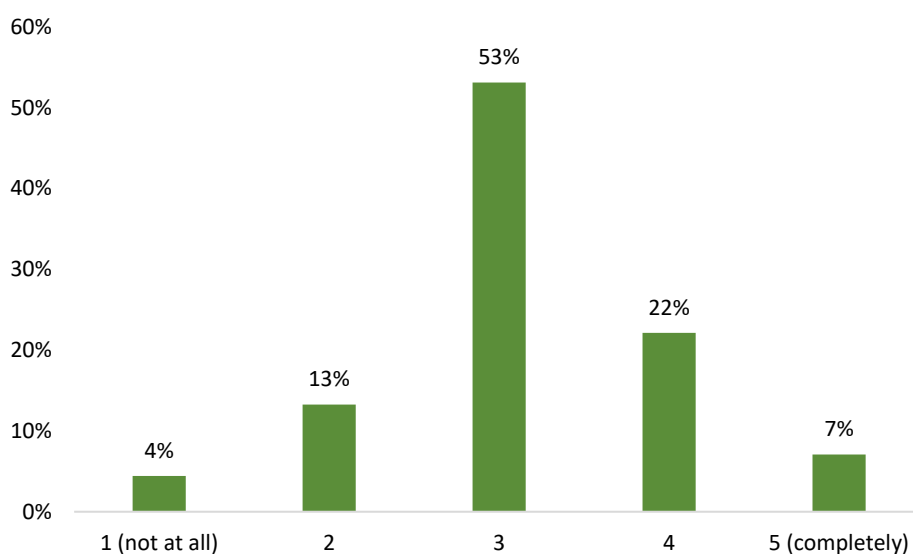
“As a result of the learning from Well Connected, TSL has developed a new programme, Open to All. This programme offers very small grants for community groups to be inclusive and welcoming to all, including referrals from social prescribing.” Project lead

Delivery of projects has also provided organisations with the confidence to seek out further funding, which many attributed directly to their experience drawn from the Thriving Communities Fund.

“We have put in a bid to get funding for volunteer development ... we want to coordinate opportunities for volunteering. I don’t think we would have the experience to go for that without this project.” Project lead

Responses to the survey of partners highlights that the majority are unsure around their prospects of securing long-term sustainable funding (Figure 7.1).

Figure 7.1 Partners’ confidence in projects securing long-term sustainable funding



Source: Wavehill Partnership Survey

⁸⁷ For further details visit the [AHRC website](#)

Projects and partners expressed a degree of frustration that whilst they may be able to secure short-term funding to resource some continuation activities, the process of preparing and submitting multiple funding applications was resource intensive and used capacity that could be better directed towards partnership working and strategic planning around the local social prescribing offer.

“There is money for social prescribing link workers but lack of sustainable strategic long-term funding for delivery of activities to refer into it seems.”

Project partner

The experience of delivering their Thriving Communities Fund project had however raised the profile of many organisations and, through the process of developing local partnerships and links, gave many a foot around the table to discuss future funding and resourcing needs. Many projects have hosted conferences, seminars and roundtable meetings to discuss learning, share practice and identify funding and resource needs for local social prescribing systems. This does provide a degree of confidence that lead organisations and partnerships are now better positioned to identify funding routes, at least in the short term.

“With reduction in the voluntary sector especially post Covid this will affect sustainability unless there is a consistent national program to support green social prescribing which there is good evidence for however this is only being done in very small pilots. We are hopeful of Public Health engagement in the future funding however this depends very much on local budgets.”

Project partner

There is consensus across the cohort of 36 projects that longer-term funding and investment at scale is needed to build on the partnership and delivery gains secured through the Thriving Communities Fund. There was also acknowledgement that this was likely to be wrapped up in the early-stage work of ICSs which were established across England on a statutory basis on the 1st July 2022, at a point when most projects had completed their delivery.

“I worry that there may not be other funding to continue to support this important work which is not only holistic in its approach tackling not just one area of health but many areas of people's lives. It is this social prescribing and support approach which is really making a difference to people's lives and resulting in long term positive changes and sustainability in managing their own health.”

Project partner

‘It remains difficult to evidence or measure the longer-term impact of this work, but the fact the primary partners on the project have committed to further partnership work and maximising our resources by working together is a significant part of sustaining impact. Together we have the ability to reach further, measure better, allocate more money and learn from each other to better serve the communities we are all tasked with working for.’ Project lead

6.2 Creative Health & Wellbeing

In July 2022, Arts Council England published [Creative Health & Wellbeing](#), a plan for promoting creative health as a fundamental part of living well. The plan, embedded within the wider Let's Create strategy, makes a commitment to:

1. position creativity at the heart of people's lives, particularly those experiencing inequalities
2. support the act of connecting people with their communities through creativity, particularly in places where access to culture is limited and where, in turn, health inequalities are often present
3. support the creative innovations of professionals working in this sphere and enhance the global reputation of the partnerships between our country's creative and cultural and health and wellbeing sectors.

Creative Health & Wellbeing provides a commitment to prioritise the Arts Council's work with NASP and social prescribing. An online creative health and wellbeing resource hub⁸⁸ has been created providing information and case studies for the creative and cultural sector. The aspirations and objectives outlined in the plan have the potential to enable a legacy for many of the projects funded through the Thriving Communities Fund.

6.3 Future funding arrangements

It is evident from consultations with projects and partnerships that there is an appetite for continuing support and guidance around funding opportunities and funding models to help organisations to sustain their involvement in the delivery of activities and coordination of local social prescribing systems.

This represents an opportunity for NASP to support the cohort of Thriving Communities Fund projects with information, resources and good practice examples around funding and commissioning routes. For many projects, this would inform their approach of engaging local commissioners and identifying opportunities to resource the activity offer for vulnerable communities. Coordination at a national level, involving NHS England, can help to open dialogue and future funding routes via the emerging ICS infrastructure, and ultimately sustain the work of projects for the benefit of local communities and health and care systems.

⁸⁸ View Arts Council England's [Creative health and wellbeing resource hub](#)

7 Summary and recommendations

The Thriving Communities Fund was set up to support local voluntary, community, faith and social enterprise projects that bring together place-based partnerships to improve and increase the range and reach of available social prescribing community activities. The programme had a particular focus on supporting people and communities most impacted by COVID-19. Activities aimed to enable the Fund to increase social connectedness and help communities cope with the impact of the pandemic.

Partnerships supported by the programme were expected to explore ways to secure sustainable funding and support for local social prescribing activities, first by securing match-funding for their project, and then by building connections with commissioners, funders and donors over time.

7.1 Progress towards Theory of Change outcomes

The pandemic has directly impacted on the delivery of the programme, including delaying the delivery period available, limiting the ability of partnerships to meet and develop links, creating challenges in engaging link workers and exacerbating anxieties for the very communities that projects aimed to reach. As such, the progress made towards delivering the outcomes included in the Fund's ToC has been at a lower scale and pace than may otherwise have been the case without the pandemic. All projects should be commended for continuing to deliver their activities and partnership working and working towards supporting people and communities in the face of these challenges.

7.1.1 Infrastructure and partnership development

The diverse range of partners involved in the development and delivery of the programme. This demonstrates the contribution that the programme and the projects it has funded have made to strengthening links between health and care system, activity providers and the wider VCFSE sector. The process of developing and managing local partnerships has necessitated considerable capacity from lead organisations but has also been an integral part of the successful development and delivery of local social prescribing models.

Most projects have worked with new partners that were not listed in their original application, which demonstrates the evolving nature of systems development and the importance of adopting an inclusive approach to partnership working. Feedback from partners presents evidence of the positive progress that projects have made. Nearly all partners agreed that projects had established a clear vision, had realistic objectives and aims and had defined clear service outcomes

One of the challenges that projects have faced is navigating existing social prescribing infrastructure and working to integrate their offer and activities into local systems. Key to responding to these challenges has been the ability of projects to work at both strategic and operational levels.

A common theme across the projects was the need for ICSs to consolidate and coordinate activities and support available through social prescribing systems. This was important to ensure that link workers were able to refer people to the full range of community-based support available and as a result providing a more holistic approach.

Projects have also acted as a catalyst for encouraging and supporting local community and voluntary sector organisations to understand how they can contribute to supporting health and wellbeing activities and giving them the confidence to promote their offer to PCNs/link workers. This has expanded the range of activities and offer to people and local communities seeking support with a range of health and wellbeing needs.

7.1.2 Link worker engagement and development

Our report presents evidence of the numerous positive examples of projects effectively reaching out to existing networks of link workers to better connect them to existing activities and showcase what activities involve so that they can advocate for them to patients referred into the social prescribing service. This demonstrates the direct contribution that the programme has made to supporting link workers workforce development, including connecting them with non-health partners to make the most difference to individuals and communities.

7.1.3 Volunteers

Two thirds of projects have involved volunteers as part of their delivery model. Combined projects have been supported by 414 volunteers who have donated over five thousand hours of in-kind support for social prescribing activities. Given the profile of people and communities that projects have targeted, this volunteer base has been central to facilitating the engagement and participation of people referred into social prescribing activities.

7.1.4 Local assets

Partnerships have included locally community infrastructure organisations that have helped to better connect the social prescribing system to local assets. Nearly all partners felt that their project had made better use of local assets, including local parks and green spaces, to support its target audience. This has helped people to navigate to existing services and community-based support. The programme has highlighted the interdependencies between local social prescribing services and the quality and availability of local community assets. What this emphasises is the need for ICSs to consider the investment needs of 'left behind' communities where there is limited existing social infrastructure or community assets.

7.1.5 Workforce development

Feedback from projects has demonstrated the importance of local partners reviewing workforce development needs within local social prescribing systems. This includes training and guidance for referral partners in how to refer into the service, awareness raising sessions for link workers to ensure that they are familiar with the range of community-based activities available and training for delivery partners to ensure that activity sessions were suitably tailored and designed to meet the needs of different patient groups.

7.1.6 Impact on health and wellbeing

The programme has provided thousands of people with an opportunity to connect with others through planned and coordinated activities. Cultural participation is the second predictor of wellbeing after health and all projects have provided opportunities for people to engage in a wide range of community-based cultural activities, evident in the nearly four thousand sessions delivered across the programme. Social capital and social connectedness are important drivers of wellbeing. Activities have enabled participants to meet up and socialise which provides confidence around the positive contribution to supporting health and wellbeing improvement. Across the programme the true and longer-term health and wellbeing impacts are likely to have been significantly under captured. What this reinforces is the need for social prescribing projects and systems to adequately build in sufficient resource to assess their impact both in the short and longer-term.

7.1.7 Alleviating pressure on primary and secondary care

Measuring reductions in GP consultations or A&E attendances and associated cost savings is inherently challenging due to issues relating to data access, calculating attribution and establishing a counterfactual position including a control group. This is above the ability of the funded projects to demonstrate but an area where NASP's Academic Partnership and International Evidence Collaborative can help to build a stronger picture.

7.1.8 Legacy and sustainability

Projects report confidence that the partnership working and links between organisations and frontline staff will be sustained. Across the programme there is evidence that the experience of delivering projects has resulted in lead organisations strengthening their social prescribing work, including building health and wellbeing more overtly into their delivery model. This will provide a legacy for local social prescribing systems. Many VCFSE groups report to have achieved an uplift in membership or footfall because of their involvement in the programme, which provides an indication of sustained engagement of people referred into projects. Longer-term this can help sustain health and wellbeing gains achieved for participants.

There is consensus across the cohort of projects that longer-term funding and investment at scale is needed to build on the partnership and delivery gains secured through the Thriving Communities Fund. This is an area where NASP, NHS England, national partners and ICSs need to explore further to ensure that a diverse range of local social prescribing offers remain available to people and communities with health and wellbeing support needs.

7.2 Recommendations

Models and approaches

1. Co-design and co-production guidance should be produced for organisations working within social prescribing systems. This will ensure that the local offer is shaped by the needs of local communities.

2. Examples of effective practice in engaging and supporting communities using online activities should be collated. This should cover guidance and ideas for overcoming digital access issues.
3. Opportunities for greater coordination of local social prescribing offers should be progressed to avoid duplication of effort and help communities navigate activities to support their health and wellbeing.
4. The feasibility of establishing an accreditation or quality mark should be explored to enable link workers and communities to identify and refer into quality assured activities.

Poverty and inequality

5. Social prescribing systems should consider broader infrastructure factors when developing their social prescribing approach such as transport links and community assets. This is particularly important in left behind neighbourhoods with a local infrastructure deficit and where volunteering levels are low.

M&E

6. Feedback from partners suggests an absence of wider coordination around local evaluation design. Guidance should be produced to aid organisations in measuring outcomes and impacts for patients, participants, communities and the health and care system.
7. Social prescribing systems and activities should be encouraged to capture consistent profile data to enable aggregation at an ICS and national level. This will aid assessment of which communities are supported through social prescribing and which are under-represented.

CRM systems

8. National partners should consider providing guidance on CRM platforms and design considerations for local social prescribing systems where this is yet to be put in place.

Workforce

9. While NHS England is working with partners to create a Social Prescribing Maturity Framework and workforce plan, consideration should be given to creating a broader plan to ensure sustainable community provision by activity providers.

Volunteers

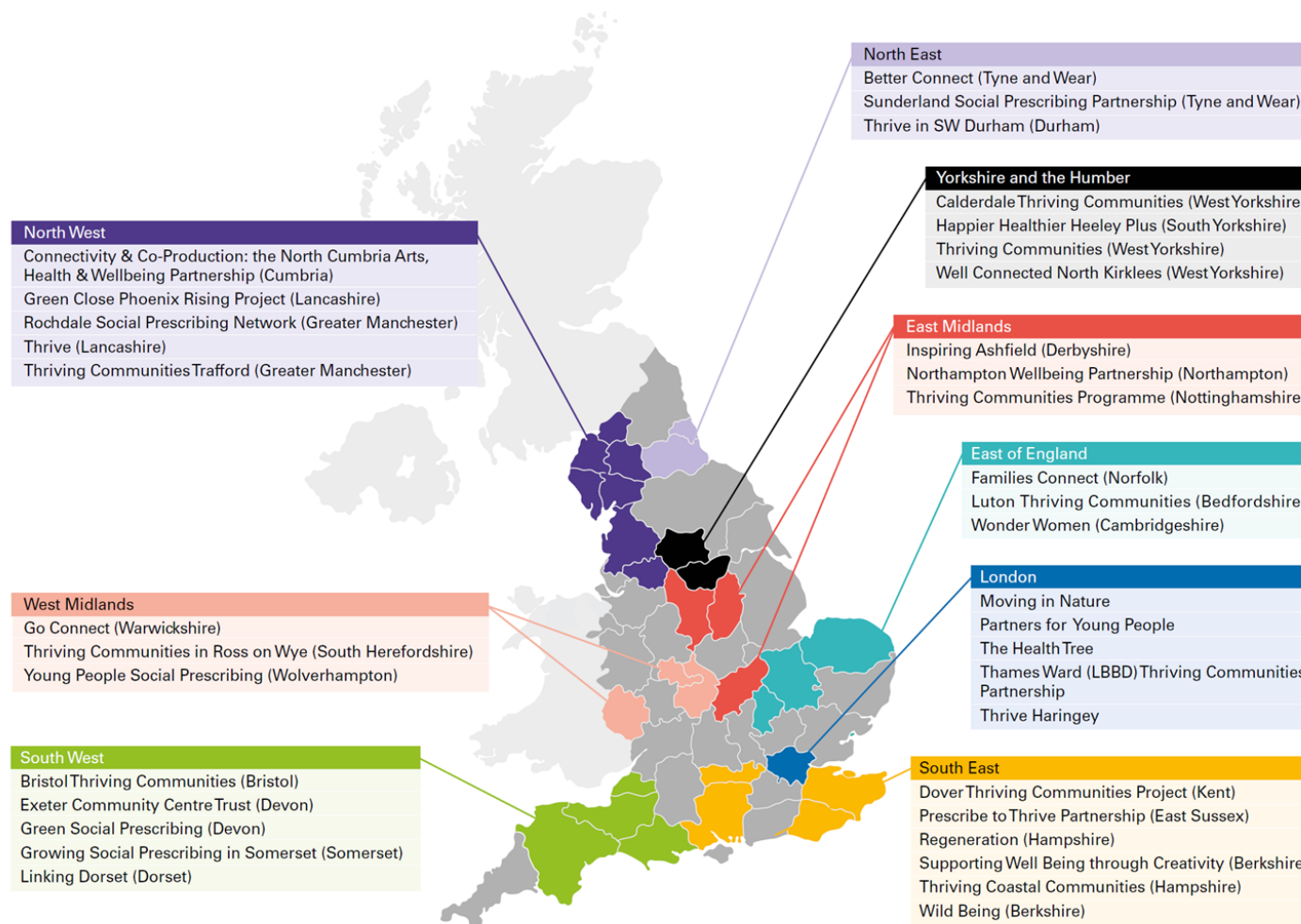
10. Volunteers play an important role in social prescribing systems. Social prescribing infrastructure should explore opportunities to improve the coordination and management of volunteers. This could include sharing of volunteer resource and skills to support activity providers and the participants they are engaging.

Sharing learning

11. The programme has reinforced the value of facilitating networking between VCFSE organisations coordinating and delivering activities as part of their local social prescribing offer. Continued networking opportunities should be hosted to enable learning and the sharing of practice.

Appendix 1 Overview of projects

Location of the 37 originally funded projects

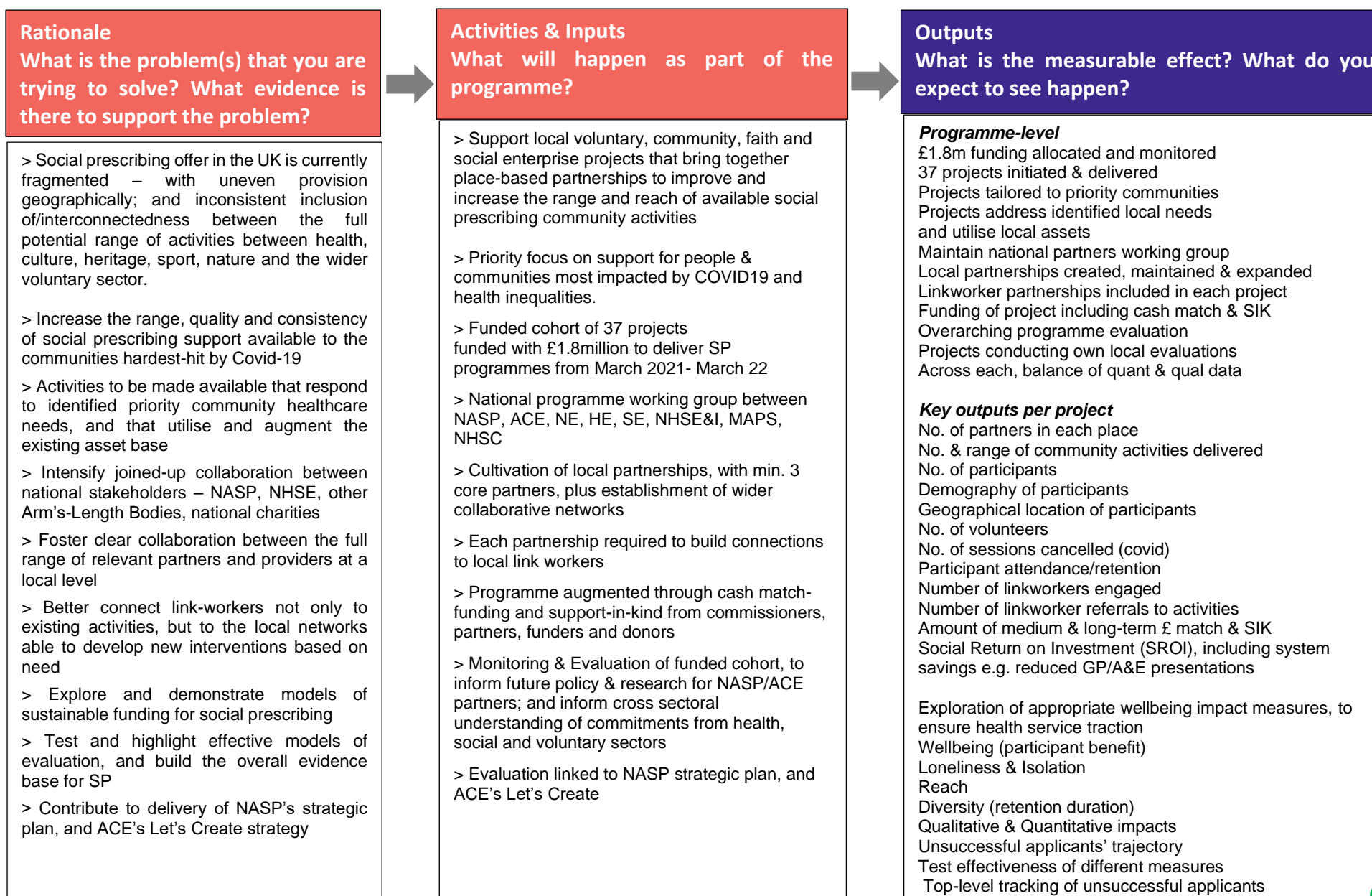


Region	Organisation Name	Project Name	Reach geography
South East	Active Luton	Luton Thriving Communities	Luton-wide
South West	Argyle Community Trust	Green Social Prescribing	Plymouth - central park, North Prospect, Honicknowle
Midlands	Ashfield Voluntary Action	Inspiring Ashfield	Ashfield - 5 districts
South East	Canal & River Trust	Nottingham Waterways & Wellbeing	Nottingham & Beeston Canal - Broxtowe
South West	Creative Shift CIC	Bristol Thriving Communities	Bristol - 3 districts
Midlands	Culture Coventry	Go Connect	Five neighbourhoods in Coventry - Foleshill, Canley, Stoke aldermoor and Willenhall, Tile Hill due to prior health and deprivation issue and covid in areas
Midlands	Delapre Abbey Preservation Trust	Northampton Wellbeing Partnership	Northampton - Far Cotton & Deplare ward
South West	Exeter Community Centre Trust	Exeter Community Centre Trust	Exeter & St David's focus HMO Housing
North	Friends of Stretford Public Hall Ltd.	Thriving Communities Trafford	Manchester (North Trafford PCN Area)
North	Green Close	Green Close Phoenix Rising Project	Preston
North	Heeley Development Trust	Happier Healthier Heeley Plus	Sheffield - Gleadless Valley, Heeley, Heeley Green, Sharrow.
North	Helix Arts Ltd	Better Connect	North Tyneside/North Shields
London	Her Centre	Partners for Young People	Greenwich
North	Northern Heartlands	Thrive in SW Durham	Durham Dales, Easington & Sedgefield CCG area
London	OrganicLea	Moving in Nature	Waltham Forest

South East	PCVS	Wonder Women	Peterborough - 3 geographies Paston, Gladstone/Central Peterborough
North	Petrus Community	Rochdale Social Prescribing Network	Rochdale
South East	Reading Voluntary Action	Wild Being	Reading
South East	Robin Hood Health Foundation	Prescribe to Thrive Partnership	Brighton - West Hove
Midlands	Ross-on-Wye Community Development Trust	Thriving Communities in Ross on Wye	South Herefordshire - HR9 demographic
South East	Slough Council for Voluntary Services		Slough
South West	Southampton Hospitals Charity	Regeneration	Southampton & Hampshire
North	Space2	Thriving Communities	Leeds city focus on wards Chapeltown, Gipton and Harehills
South West	Spark Somerset	Growing Social Prescribing in Somerset	Somerset county wide but covid impact specific communities
London	St Margaret's House	The Health Tree	Tower Hamlets, Bethnal Green
London	Studio 3 Arts	Thames Ward (LBBD) Thriving Communities Partnership	Barking & Dagenham (Thames Ward)
North	Sunderland Culture	Sunderland Social Prescribing Partnership	Sunderland
South West	The Arts Development Company	Linking Dorset	Dorset

North	The Artworks	Calderdale Thriving Communities	Calderdale -- Park Warley Ovenden Illingworth and Mixenden (Halifax north and central)
London	The Bridge Renewal Trust	Thrive Haringey	Haringey - Tottenham
North	The Bureau Centre for the Arts CIC	Thrive	Blackburn and Darwen
South West	The YOU Trust	Thriving Coastal Communities	Portsmouth, Hayling Island, Emsworth
North	Third Sector Leaders Kirklees	Well Connected North Kirklees	North Kirklees (Dewsbury, Batley & surrounding)
North	Tullie House Museum and Art Gallery	Connectivity & Co-Production: the North Cumbria Arts, Health & Wellbeing Partnership	North Cumbria (&Carlisle)
Midlands	Wolverhampton Voluntary Sector Council	Young People Social Prescribing	Wolverhampton-wide
South East	Your Leisure Kent Ltd	Dover Thriving Communities Project	Dover

Appendix 2 Theory of Change



Short Term Outcomes

What specific changes do you expect to see happen during?

- > 37 funded programmes delivering a wide breadth of cultural provisions to enable social prescribing to develop, embed with the view to sustainable and measurable impact
- > Improved local social prescribing offer, inc. provision of activities for communities most vulnerable to covid-19
 - > More patients engaging with social prescribing; experiencing improved individual wellbeing/health outcomes
 - > Reduction in GP/A&E visits locally; other local SROI benefits to local system (e.g. housing, employment)
 - > Wider range of activities available for a range of needs, better utilising local assets
 - > Sustained/strengthened collaboration between national partners
 - > Stronger local/cross-sector grassroots collaboration and networking to deliver a robust and bespoke social prescription offer
 - > Improved distribution of successful/sustainable social prescribing across 7 NHSE regions
 - > Identification, highlighting & sharing of practice & replicable models of partnership & delivery - between local partners, and between projects in different localities
 - > Strengthened relationships between link-workers and local culture, sport, nature and wider VCSFE partners
 - > Improved patient/public awareness of social prescribing in project localities
 - > Match funding secured and built upon over the life of projects
 - > Successful models of local evaluation identified; national evidence-base strengthened
 - > Confirmation and implementation of an Accelerator programme in 2021/22 for cultural and health programmes in autumn aiding a social prescription offer, as evident within the TCF 2021/22 application submissions.

Long-term Outcomes

What specific changes do you expect to see happen after and into the future?

- > Improved national profile for/understanding of/support for/engagement with Social Prescribing, for clinicians, relevant sectors, commissioners, policymakers, media & general public
 - > Sustained social prescribing offer in delivery locations, past the end of the programme
 - > Longer-term community/population health benefits observed in delivery locations
 - > National partnerships extended (with additional partners) into successor programmes/wider collaborations, underpinned by longer-term funding commitments (e.g. 'TCF Mk2', Accelerator programme)
 - > Local partnerships maintained and further strengthened
 - > Collaboration between linkworkers/cross-sector partners consolidated in delivery locations, and expanded to influence wider national practice of link workers
 - > Long-term, sustainable funding secured for local delivery & partnerships
 - > Programme-level evaluation substantively improves the national evidence base for effectiveness of social prescribing
 - > Evidence of replication of good practice from programme in new places
 - > Coverage and quality of social prescribing offer across 7 NHSE regions continues to expand

Appendix 3 Research method

Our team have used a mixed-method approach to draw together evidence and learning from across the programme to respond to the key research questions and provide recommendations to inform future investment and activity for NASP, Arts Council England and strategic partners. Our approach has recognised, and been sensitive to, the considerable diversity across the network of funded projects, which have been afforded flexibility to deliver a broad range of locally tailored activity, aligned to the overall programme priorities. The key elements of our approach is provided below.

Overview of the programme monitoring requirements

Projects in receipt of funding through the programme were required to collect core data as part of their funding agreement with Arts Council England. This data was aligned with the programme metrics included in the ToC. This data has been reported by all projects using a bespoke monitoring survey disseminated by our team (see [Appendix 4](#)) with supplementary information included in their final project closure reports submitted to Arts Council England.

Local evaluation reports and synthesis

Each project was required to undertake their own local evaluation. Our team accessed and reviewed all submitted local evaluation reports. These included reports produced in-house by project staff and those commissioned externally through academic partners or commercial research contractors. Project level evaluation reports varied considerably in terms of their focus, parameters and methodological approach. This is understandable given the variation in approach adopted across all funded projects.

Using a thematic matrix approach, each report was assessed by our team to extract evidence and learning against the key research questions posed in the wider programme-level evaluation and the metrics in the ToC. This approach generated learning around the evaluative processes and systems used by projects to demonstrate outcomes and impacts both for local partnerships and for those people supported through prescribed activities. Where necessary, our team cross-referenced local evaluation reports with the project's final project closure report.

Project consultations

To facilitate the process of capturing delivery experience, insight and learning from all funded projects, we completed two rounds of consultations with project leads. The first round of consultations was undertaken in July and August 2021 with a focus on early stage set up and delivery. The second round of consultations were completed over February and March 2022 with an emphasis of capturing evidence of impact and exploring sustainability planning and partnership legacy. These consultations were guided by a bespoke discussion guide which can be found in [Appendix 5](#).

Cohort meetings and peer learning

As a pilot programme, Arts Council England, NASP and strategic partners wished to encourage projects to share learning and practice at regular points across their delivery. To enable this, four interactive all-cohort learning workshops were hosted as following:

- **Cohort meeting 1: 21st July 2021**- introduction to the evaluation and sharing around delivery models, partnership working and referral systems.
- **Cohort meeting 2: 17th November 2021**- presentation of emerging themes from the programme level evaluation, exploring the key research questions and progress towards the short-term ToC outcomes.
- **Cohort meeting 3: 22nd March 2022**- exploring the diversity of approaches and models used by the projects, in particular those engaging children and young people.
- **All cohort meeting 3: 14th June 2022** – providing insight from the partnership survey and monitoring data to demonstrate outputs and outcomes being demonstrated by the programmes.

Project were supported through a further programme of National Peer Learning & Exchange sessions, to which our team contributed. A total of 27 site visits were completed by NASP between March 2021 and July 2022 to facilitate learning exchange.

Participant profile

The Programme's ToC incorporates a range of metrics around the profile of those people supported through the social prescribing pathways and activities. To support projects in drawing this together and to aid aggregation at a programme-level, our team provided all projects with a basic template for them to populate the return. A copy of the participant profile template can be found in [Appendix 6](#). Profile information was received from **25 projects**, providing details for **5,385 participants** across the programme. The 8 projects working specifically with children and young people were not able to share profile data due to their confidentiality and GDPR processes.

Partnership assessment survey

As one of the overarching goals for the programme was to enhance collaboration and networking between local organisations, our team designed a high-level partnership assessment survey (see [Appendix 7](#)). A survey link was provided to all project leads, who were encouraged to disseminate this to both their core and wider partners. In total responses were received from **121 partner organisations** across **25 projects**.

Case study development

Following each round of project consultations, a sample of projects were identified for further deep dive in consultation with Arts Council England and NASP. The purpose of these deep dives was to broaden the consultation to include a range of partner organisations and, where possible, participants supported through activities. These case studies are referenced in our report and provided in [Appendix 8](#).

7.3 Caveats and limitations

Our evaluation method was designed to avoid duplication of effort with local evaluation work taken forward by the projects. Following direction from Arts Council England and NASP it has also avoided over-burdening projects with requests for data over and above the core data set there were required to provide as part of their funding agreement.

Although 114 partner organisations have contributed their views and experience into this programme-level evaluation, limited input has been provided from local NHS partners and link workers, predominantly due to capacity pressures associated with the COVID-19 response. The absence of views and perspectives from link workers reflects their considerable capacity pressures over the delivery of the programme as noted in this report and direction from NHS England not to burden already over-stretched staff. Whilst the case studies included in this report includes feedback where our team has been able to engage link workers, this highlights an area where further engagement is required.

Our team has received and reviewed the local evaluation reports. This has not involved critically assessing their content or methodological rigour, but rather extracting key themes, evidence of impact and learning points.

Not all projects have provided the same level of monitoring data (includes participant profiles, monitoring and partnership surveys and local evaluation reports). For example, 8 projects have had a primary focus on engaging and supporting children and young people and have been unable to provide profile information.

As such the findings in this report do not necessarily reflect the views and experiences of all funded projects. Similarly we estimate that projects have captured participant profile information from around half of participants. As such, the programme-level profile may include skew for participants that have been willing to complete registration data. No comparable data on the profile of patients or participants supported through local social prescribing systems has been made available and as such it has not been possible to determine precisely if or how the profile of those supported through the Thriving Communities Fund differs from those supported through the wider local offer.

Appendix 4 Project monitoring survey

Thriving Communities Monitoring and Outputs

Evaluation of the Thriving Communities Project

This survey is designed to capture outcome data from your project which is crucial to understand the impact that the Thriving Communities project is having.

Please specify the name of your organisation:

Please provide the following information about the partners you are working with:

Number of core partners (1)

Number of delivery partners (2)

Are you working with any new partners (core or delivery) not listed in your original application?

Yes (1)

No (2)

Please provide details of the new partners that you are working with.

Please provide the following information about the social prescribing activities you are running:

How many social prescribing activities are you running?

What types of activities are these?

- Arts and culture (1)
 - Nature and environment (9)
 - Physical activity (2)
 - Financial wellbeing (3)
 - Health and care (4)
 - Faith group (5)
 - Education (6)
 - VCS (7)
 - VCFSE i.e. community venue offering multiple group activities from different providers (10)
 - Other (please provide details in box below) (8)
-

What communities does your organisation support? (tick all that apply)

- BAME (1)
 - Disabilities cognitive and/or physical (2)
 - General Public (3)
 - People impacted by COVID i.e. socially isolated, older adults (50+) (4)
 - Mental health needs (5)
 - Homeless (6)
 - Addiction (7)
 - Refugee / migrants (8)
 - Families (9)
 - People with a long-term health condition (10)
 - Children (11)
 - Adults (12)
 - Older adults (13)
 - Social isolation and loneliness (14)
-
-

How many sessions have you run to date?

How many of your sessions have been delivered virtually to date?

How many sessions have you had to cancel as a result of the COVID-19 pandemic?

How many volunteers do you have?

How many hours have they volunteered on the project in total?

How many link workers have you engaged?

How many referrals have been made by the link workers?

How many self referrals have you received?

Approximately what proportion of people referred to your project have attended sessions?

0 10 20 30 40 50 60 70 80 90 100

% of referred participants attending sessions ()



The next questions are about the participants that you have engaged through your project

Approximately how many participants attend your sessions regularly (i.e. they attend around two thirds of session)?

0 10 20 30 40 50 60 70 80 90 100

% of participants regularly attending sessions ()



Is there anything else you would like to add?

Thank you for taking the time to complete this survey!

Please click submit to record your response

Appendix 5 Project discussion guide

Thriving Communities Fund Evaluation Consultation with Projects: Round 2 – Progress Update

Wavehill are undertaking an evaluation of the Thriving Communities Fund (TCF) for Arts Council England (ACE) on behalf of the National Academy of Social Prescribing. The information gathered is used to help ACE and the National Academy for Social Prescribing (NASP) to assess the delivery of the Fund against its aims and objectives and to identify learning to shape future delivery of social prescribing.

The evaluation team are engaging the funded projects on a regular basis over the duration of the Fund's delivery. These consultations will focus on learning about individual project's delivery model, objectives, local context, and progress. Any information collected as part of these consultations is kept confidential and in line with Wavehill, ACE and NASP privacy policies. Your answers will not be made public in a way that could lead to you, or your organisation, being identified. The information is only used for evaluation purposes and to highlight key themes as part of the programme-level evaluation of the Fund.

Reports produced by Arts Council England from any analysis are made available on the [Arts Council website](#) and [NASP website](#). Wavehill will produce a report based on the data but this will not identify any individuals. Your personal data is deleted within 6 months of the evaluation being completed in June 2022. We do not share or use your information for commercial or marketing purposes.

If you have any questions, please contact Andy Parkinson, 07713 357 386, andy.parkinson@wavehill.com or policy.team@artscouncil.org.uk.

Under the new data protection legislation, you have the right:

- To access your personal data held by Arts Council England
- To require Arts Council England to correct any mistakes in that data.
- To (in certain circumstances) object to or restrict processing.
- For (in certain circumstances) your data to be 'erased'.

Please contact Arts Council England if you wish to do any of these things. If you have any concerns about how your data has been handled, you can lodge a complaint with the Information Commissioner's Office who is the independent regulator for data protection. You can contact the Information Commissioner's Office on 01625 545 745 or 0303 123 1113, via the website www.ico.gov.uk, or write to: Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Confidentiality

The data collected will be stored securely on our (Wavehill's) systems until 31st December 2022. Any comments that you make will be confidential and the information you provide will only be used for the purposes of this evaluation. Comments that you make will not be attributed to you. This means it will be impossible for anyone to identify you from any published reports because information will be anonymised.

It is also important to note that the team undertaking the evaluation do not work for Arts Council England, NASP or any of the organisations that are involved in the delivery or funding of this project. This is an *independent* evaluation.

Questions for discussion

About you and your project

1. As an introduction, please can you provide brief details your role and responsibilities associated with the development and/or delivery of your Thriving Communities project.
 - a. Has this changed at all since the project started?
2. Overall, how do you feel your project delivery is proceeding so far?
3. How is/has COVID-19 impacting/impacted on the delivery of your project?
4. What are the main lessons learnt so far that could be useful in future programme development and delivery?

Project delivery

Referrals

We'd like to know a little more about how the referral networks for your project operate. This will cover referrals into your project (Inward referrals), and also where your project is referring participants on to other support (outward referrals).

Inward referrals

5. How has your project sought develop links so that participants can be referred to your link workers, or onto project activities?
 - a. Who has been involved in developing these networks?
 - b. What would you say have been the critical success factors in developing your referral networks?
 - c. Have there been any approaches that haven't worked?
6. Can you give me brief details about how the inward referral process for participants works?
7. Who are the key inward referral sources for your project?
 - a. Have these changed at all since your project started operating?
 - b. Are there any reasons for those changes at all?

8. Following referral how are the needs of participants assessed?
 - a. Does the assessment process involve the development of a personal plan to support further support delivery and tracking of impacts of the support provided? Can you tell me a little more about this?

Outward referrals

9. Have you referred participants onto other projects/activities/organisations?
10. If no, are there any reasons why you have not referred participants onto other projects/activities/organisations?
 - a. If yes, where do you typically refer participants on to?
 - b. Have these changed at all since your project started operating?
 - c. Are there any reasons for those changes at all?
11. How has your project sought to develop the links for these outward referrals?
 - a. Who has been involved in developing these networks?
 - b. What would you say have been the critical success factors in developing these referral networks?
 - c. Have there been any approaches that haven't worked?

Workforce Development

12. How are/have frontline staff being/been trained on the projects referral process?
13. How are/have frontline staff being/been trained to deliver social prescribing activities?
14. How has this influenced the delivery of your projects' social prescribing activities?
 - a. How do you think this has influenced the way in which your social prescribing activities are perceived by medical professionals?
15. What kinds of training seem to be most useful for the staff delivering the project?

Volunteers

16. How are your volunteers recruited for your social prescribing activity?
 - a. Have any individuals been referred to you to be volunteers?
 - i. If yes, where have they usually been referred from?
 - b. Have any participants become volunteers?
17. Once recruited, how are they trained and managed?
 - a. PROBE: Has training had to include specific content related to Social Prescribing?
 - b. If yes, could you tell me what that has involved and how the training has been provided?
18. What roles in your project do volunteers fulfil?
19. What are the main things you/your organisation has learnt about using volunteers in your social prescribing project?

Project Sustainability

20. How are you planning to sustain the social prescribing offer funded through Thriving Communities once the programme funding ends?
21. Do you need any support around project sustainability?
 - a. If so, what support do/does you/your organisation need?

Evaluation

22. What are the key impacts from your social prescribing activity to date?
23. How have you been measuring the impacts of your project activities?
24. What progress has been made on your local evaluation?
 - a. Are there any key findings that you can tell us about?
 - b. Please can you provide contact details for any externally commissioned evaluator.
25. How are you using the impact and local evaluation findings to plan your project activities?
26. Is there anything that has not been covered in the interview that you think is important for us to consider at this stage of the evaluation?

Appendix 6 Participant profile template

Participant data capture template: data fields

Participant number	Gender	Age	Ethnicity	Long-term health condition or disability	Mental health support needs	Postcode (full or first 4 digits)	Referral route	Primary reason for referral	Is
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Gender		Age	Ethnicity	Long-term health condition or disability	Primary reason for referral	Activity engaged	Method of delivery	Referral route
Male		Under 16	White	Yes	Loneliness or social isolation	Arts and culture	Physical	Link worker
Female		16-24	Black, Black British, Caribbean, o	No	Anxiety or depression	Natural environment	Virtual	Self referral
Prefer to identify in another way		25-49	Mixed/Multiple ethnic group		Substance misuse	Physical activity	Blended delivery	Other
Preferred not to identify		50-59	Asian/Asian British		Domestic abuse	Financial wellbeing		
		60-69	Other ethnic group		Unemployed	Health & Care		
		70-79	Preferred not to identify		Homelessness	Faith Group		
		80-89			Other (please provide detail)	Education		
		90+				VCS		

Appendix 7 Partnership assessment survey

Evaluation of the Thriving Communities Project

The feedback gathered in this survey will help us to assess how partnerships are currently developing as part of the Thriving Communities Programme, and to identify common areas of success or challenges across the Projects. The Theory of Change for the Thriving Communities Fund specifically identifies that improved partnership working is a key outcome for the programme. This survey seeks to collect the evidence to identify if the programme is achieving this.

Your response is confidential, and your answers to the survey will not be made public in a way that could lead to you or your organisation being identified. The information is only used for research purposes.

Please specify the name of your organisation:

Which of the following organisations delivering a Thriving Communities Fund project have you been working with?

Active Luton
Argyle Community Trust
Ashfield Voluntary Action
Canal & River Trust
Creative Shift CIC
Culture Coventry
Delapre Abbey Preservation Trust
Exeter Community Centre Trust
Friends of Stretford Public Hall Ltd.
Green Close
Heeley Development Trust
Helix Arts Ltd
Her Centre
Northern Heartlands
OrganicLea
PCVS
Petrus Community
Reading Voluntary Action
Robin Hood Health Foundation
Ross-on-Wye Community Development Trust

Slough Council for Voluntary Services
Southampton Hospitals Charity
Space2
Spark Somerset
St Margaret's House
Studio 3 Arts
Sunderland Culture
The Arts Development Company
The Artworks
The Bridge Renewal Trust
The Bureau Centre for the Arts CIC
The YOU Trust
Third Sector Leaders Kirklees
Tullie House Museum and Art Gallery
Wolverhampton Voluntary Sector Council
Your Leisure Kent Ltd

Do you use the term 'social prescribing' when talking about the project and the activities being delivered to partners or potential partners?

- Yes, always
- Yes, sometimes
- Rarely
- No, never
- Not sure

Do you use the term 'social prescribing' when talking about the project and the activities being delivered to participants or potential participants?

- Yes, always
 - Yes, sometimes
 - Rarely
 - No, never
 - Not sure
-

The following statements are about the partnerships that you have developed to manage and deliver your project. Please indicate to what extent you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly disagree	Don't know
The project has a clear vision, shared values and agreed service principles amongst partners					
The project has defined and realistic objectives and aims					
The project has defined clear service outcomes					

The following questions are about the outcomes of the project, and the extent to which it monitors and understands success.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
The project has clear success criteria					
There are clear arrangements to effectively monitor and review how the project is working					
There are clear arrangements to ensure that aims, objectives and working arrangements are reconsidered and, where necessary, revised in light of review findings					

Reflecting on the current state of the Project, to what extent do you agree with the following statement?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
The project is achieving its aims and outcomes					

To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
The project has strengthened relationships between link workers and local culture, sport, nature and wider VCSFE partners						
The project has led to improved pathways to support for the community.						
The partnership has made alternative support more accessible for the community.						
The project has improved the local social prescribing offer.						
The project has improved patient/public awareness of social prescribing in the community.						

To what extent do you feel the project is reaching its target audience?

- To a great extent
- To some extent
- Not sure
- To a small extent
- Not at all

To what extent do you feel the project is better utilising local assets to support its target audiences?

- To a great extent
- To some extent
- Not sure
- To a small extent
- Not at all

Could you briefly explain why you say that please?

Do you feel the project is having a positive impact on local health and wellbeing needs?

E.g. participants benefiting - greater wellbeing, fewer GP visits, socialisation

- Yes
- No
- Not sure

How confident are you that the project will secure long-term sustainable funding to continue to engage and support its target audience/s?

- 1 (not at all)
- 2
- 3
- 4
- 5 (completely)

If you have any further comments about the long term sustainability of your project or support for your target audiences please record them here:

Appendix 8 Case studies

Argyle Community Trust: Green social prescribing

Detail of the Project

Argyle Community Trust is the official charity for the Plymouth Argyle Football Club and aims to be an active, inspirational, and inclusive community hub in the South West of England. On receiving funding through the Thriving Communities Fund, Argyle Community Trust developed the Green Social Prescribing project to increase local engagement with Central Park by offering a wide range of community health, creative and wellbeing-based activities to local people.



The project aimed to support target groups who were disproportionately affected by the Covid-19 pandemic. This included older people, armed forces veterans, disabled people, disadvantaged young people and individuals looking to lose weight.

Project Development and Delivery

In the summer of 2020, the Argyle Community Trust took over the management of Central Park Community Sports Hub in Plymouth so that they could develop an activity offer for anybody and everybody in the local community. This has enabled them to deliver free activities across the park including a compassionate café, a coffee morning for veterans, couch to 5k, children's football and a range of other social and physical activities and events.

Argyle Community Trust also developed partnerships with the Theatre Royal Plymouth and Green Minds. The Theatre Royal has provided inclusive arts events using Central Park. This includes hosting the Funky Llama festival in the park over the summer and weekly drama sessions also based in Central Park.

Green Minds have delivered a range of nature for health activities as part of the Green Social Prescribing Project. Green Minds is youth project funded till August 2023 through Plymouth Council and the European Regional Development Fund which looks to conserve, rewild and engage Plymouth with nature-based solutions.

How the project Helped

Support from the Thriving Communities Fund has allowed the Argyle Community Trust and its partners to take on the management of Central Park Sports Community Hub and deliver activities they would not have had the funding to deliver otherwise. Partners reported that the funding gave them a needed ‘boost’ after the first Covid-19 lockdown and enabled them to get out into communities and support individuals to get outside. One partner said,

“The main highlight of this project is that it allowed us to do events after Covid-19, we were really restricted during Covid-19. This was the first activity we were able to do post-lockdown and it’s been lovely to get out and about.” **(Green Minds Project staff)**

Support from the Thriving Communities Fund also helped Argyle Community Trust and its partners to look at the social prescribing offer across Plymouth to see where their project could add value and enhance the existing provision. Since 2010, the social prescribing offer in Plymouth has been delivered by the Wolseley Trust who work with 6 Primary Care Networks, covering 33 GP surgeries across the city.

What Happened – Key Outcomes/Impacts

Strengthening the range of social prescribing activities offered locally

The Argyle Community Trust and its partners were surprised by the high levels of public engagement with the Green Social Prescribing project activities in the summer of 2020. This ensured that local people got outside, used Central Park, and socialised again post-pandemic. Some activities were so successful in the first few months of delivery (e.g. the walking group, compassionate café and lawn bowls) that they continued through into winter.

The range of activities on offer through the Green Social Prescribing project have been seen by staff as reducing local people’s isolation, improving mental health and their increasing activity levels. The opportunity to engage with a range of activities indoors and outdoors have led, staff suggested, to greater active participation within the community,



“They [the community] are not just coming down and sitting, they are all on their feet, accessing facilities and getting [into] activities. [You see] people feeling valued as part of this project. They are there because they want to be.”

(Argyle Community Trust project staff)

Enhancing collaboration and networking between local organisations

As a result of the Green Social Prescribing project, partners agreed that they now have better relationships with one another and Plymouth City Council. Project partners stated that working with one another has enabled them to reach broader and more diverse audiences and consider a wider range of needs and topics within their delivery. In particular, the project has allowed partner organisations combine sports and physical health, culture and creativity and environmental and conservation-based activity in new and innovative ways.

“We have just won an award best natural infrastructure project. That has been great and helped us to look at working on other projects with the council and partner organisations. Within the Trust, it’s helped the football club to respect the green issues. Thinking that Argyle is based in the park, that is huge.” **(Argyle Community Trust project staff)**

Overall, partners perceived the Green Social Prescribing project as catalyst to encourage partnership working. Partnership working in this way, they suggested, will carry on beyond the lifetime of the project.

The Future

Partners reported that the project has given them a better understanding of the social prescribing referral process in Plymouth and how this can be improved to ensure that activities can be accessed by those who would benefit from them. Obtaining referrals through the existing routes was perceived by partners as sometimes challenging because of limited social prescribing link worker capacity and limited knowledge about the wider offer of activities available through the Green Social Prescribing project.



Looking forward, Argyle Community Trust would like to support the development of social prescribing hubs, to diversify routes into social prescriptions away from traditional GP referrals. This, they suggest, will ensure that harder to reach individuals can be better identified and referred on, even if they are not attending their GP surgery. As a result of the project, Argyle Community Trust have altered the public’s perception of what they do and what they can deliver,

“People are seeing us in a different light. We aren’t just a football club that play every Saturday afternoon. We are a community club that offer support to people struggling. People who attend sessions always say that they didn’t realise Argyle did that sort of thing.” **(Argyle Community Trust project staff)**

The Argyle Community Trust and partners intend to continue delivering social prescribing activities developed through their Thriving Communities project. In some cases, project activities are self-funded, e.g., the compassion café attendees all pay £1 to come to the cafe.

Canal and River Trust: Waterways and wellbeing

Detail of the Project

A project managed by the Canal and River Trust (CRT) that uses the natural asset of the Nottingham & Beeston Canal to provide physical activity, art, heritage, and food-based activities. The case study shows how a Green Social Prescribing approach with an emphasis on physical activity and arts cultural activities in the outdoors worked to raise the profile of social prescribing in the area and the key success factors in the work.



Project Development and Delivery

The Waterways & Wellbeing programme in Nottingham sought to understand better the nature of how green social prescribing activities can be successfully delivered and how best to work with the public health sector to achieve the best possible results for participants.

Building on work with local community organisations through the Nottingham Canal Improvement Partnership under strategic lead from the CRT sought to build on the local expertise in delivering community activities that support health & wellbeing. This involved more targeted work with the Nottingham Community and Voluntary Service, the Notts County Foundation (football club charity), the Canalside Heritage Centre, Nottingham Photographers Hub, and Himmah (BAME-led foodbank in Nottingham). Early strategic links were built with CCG and ICS strategic managers to support consultation and development of a range of activities including agreeing terms of reference, match funding arrangements and the establishment of a project delivery group. Activity planning and development also had input of local organisations and people impacted by Covid-19, including the peer led mental health group Scrambles, foodbank Himmah, and local resident groups through the Nottingham Canal Improvement Partnership.

How the project helped

Project funding helped develop further the existing partnership working and enabled targeted work on people most impacted by Covid-19. The funding also ensured that strategic links with the CCG could be further formalised. It also enabled the running of a range of activities through the support of key local community partners including:

- 1) Physical activities: utilising the Canal space – to offer a range of activities both on and off the water, including heritage, mindfulness and health walks, paddle boarding and canoeing.
- 2) Art-based activities: celebrating the heritage and ecology of the canal - various arts activities, including a photography course to improve wellbeing through learning new skills.

- 3) Gardening: using the verges and pocket gardens of the canal and the Canalside Heritage Centre community garden for planting and looking after flowers and vegetables, supporting them to connect with nature and learn new life skills.
- 4) Cookery & Meals: cookery classes and communal meals bringing communities together, delivered from community hubs and other local venues adjacent to the waterway, plus free and subsidised groceries for those most in need.

Progression opportunities including moves into volunteering, and delivery of peer led photography and art support groups provided participants with further support through the project.

What Happened – Key Outcomes/Impacts



Waterways & Wellbeing project reached 1,119 participants exceeding the original participation target of 430 people.

Activities that exceeded their targets the most included the wellbeing session run on the Nottingham and Beeston canal, physical activity sessions delivered by the Notts County Foundation, and wellbeing walks delivered by the Canalside Heritage centre.

Some of the arts activities such as the photography hub work was particularly impacted by Covid affecting the ability of the activity to recruit participants. Participants note significant confidence gains, enhanced motivation to be involved in activities and greater social connectedness from the project groups they joined.

“The people on the sessions were totally mixed in terms of diversity, physical ability, so much determination and It’s doing a lot of good for a lot of people. I wouldn’t have engaged with these people without it – I wouldn’t have had that many diverse people around me.”
(Project participant)

“I feel in a better frame of mind now and It’s forced me to do a lot of other things. Walking now – I walk to sessions and I never used to do that. I needed to get more mobile and this helped. I have remained active after this. I walk a lot more now than I ever did.”
(Project participant)

“Going to the pub together afterwards was just as important as doing the activity itself. It helped secure a bond between us that was missing with the canoeing. All in all, it has been an immensely positive experience. It’s helped me get back up to speed and take on challenges in other areas of my life” **(Project participant)**

There were several individuals who undertook longer term volunteering opportunities arising from their project experience and some gained permanent work contracts through their project engagement. Mental wellbeing of participants and volunteers was shown to have increased, although the evidence was limited around any longer-term change in activity levels and sustained physical activity.

Strengthening the range of social prescribing activities offered locally

The project has brought through a range of new activities co-produced with participants covering a mix of physical activity opportunities with art based, cookery and gardening. Delivery has particularly strengthened the association local partners have with the canal and they suggest they look more positively at the canal as an area that could host more activity in the future. As a project partner highlighted:

“We know we can do social prescribing activities now – feel more confident delivering them. We want to develop it further now.” **(Project partner)**

CRT also identify that they “understand better the many challenges that the health and link workers face when making social prescribing referrals” and therefore seek to mitigate these challenges in their development of future work/activities.

Enhancing collaboration and networking between local organisations

Although building on an existing partnership the project brought new working arrangements together to plan and develop the activities that the project provided. The collaborative working has improved the understanding that the mixed range of partners have gained about what successful social prescribing involves and the important role played by them supporting the socialisation between participants to help sustain project participation.

It has also raised awareness for the need for future social prescribing activity to be better linked up, particularly activities undertaken by the NHS.

Improving patient/public awareness of social prescribing in project localities

The project did this on two levels raising awareness amongst patients of the options that were available for them and the progression opportunities that were also there. The availability of the sessions was very important to those emerging from Covid:

“I was desperate at the time to find something that would get me out of this pit of despair. I’d never done anything like this before so it was scary and I don’t like getting wet but I wanted to do something as I was completely overwhelmed by life.” **(Project participant)**

The Future

The local partnership working continues and the CRT identify that their main learning from the project is that they better understand what kind of wellbeing activities they have the capacity and skills to deliver to a high standard for the local community.

Delapré Abbey Preservation Trust: Social connectedness

Detail of the Project

Through this project participants noted the social connectedness arising from their project engagement that introduced them to people in their local community they didn't know, helping to tackle the social isolation that lockdown forced on families particularly those with limited support networks. Its activities were developed to improve the wellbeing of those in the communities around the Abbey, increase its links with the NHS and public health partners, and alter the role the Abbey played in the life of the local community. This case study highlights how this has been achieved the benefits that arose from the extensive co-production work this involved.

Project Development and Delivery

The project involves the establishment of a Green Happy café, as a wellbeing hub promoting green social prescribing delivered in partnership with a range of community organisations. It was intended that this delivery would take place all through the Abbey enabling it to become a focal point for such activities in the community. The project was developed in partnership between the Delapré Abbey Preservation Trust; Warts and All Theatre (a theatre production company) The General Practice Alliance (GPA) (a collective of Northampton GPs), and Northampton Leisure Trust and Northamptonshire Sport (local leisure facilities operator and local Active Partnership).



Co-creation was a critical component of project delivery working between partners but actively seeking input from local groups and residents to shape the delivery the project undertook. This meant that the delivery in some areas differed to the original intentions, outcomes and outputs were achieved through different approaches to activity, more broadly there was more of a focus on creative activities rather than physical, educational, or social programmes.

Activities provided included wellbeing walks, book clubs, art workshops, storytelling workshops, and laughter and grief workshops running in a range of formats over single sessions, weeks, or continuously throughout the project delivery period to June 2022.

How the project helped

Project funding supported the establishment of the Wellbeing Hub, the operation of the Northampton Wellbeing Partnership Group, and the co-production, piloting, and delivery of the project's activity programme.

What Happened – Key Outcomes/Impacts

The key area of impact from the project delivery identified by the local evaluation report was the development of the co-creation group and partnership panel which continues to drive forward the programme supporting engagement with new funding opportunities and new project development. Overall, there were 301 online ticket bookings between 21st February to 25th May 2022 for Wellbeing Hub events. Furthermore, three school outreach wellbeing sessions during March 2022 for the Wellbeing Festival, which engaged a total of 403 children (school years 4 to 6).



Strengthening the range of social prescribing activities offered locally

The range of activities on offer has been strengthened through the project. The local evaluation report⁸⁹ identifies a new course offer that has been co-produced with residents and participants. The strengthening has been particularly apparent through the accessibility of the course offer. The co-creation group ensured the participation can be undertaken on an easy low-level way; representing the diverse local community to celebrate culture and bring communities together; and being aware of social anxiety coming out of Covid-19.

As project staff highlighted:

“We were very clear we didn’t want to do to the community, so we set up the co-creation group to do that which meant our activities started a little later while we consulted with people locally. It was always about being service user led and making connections between different services and breaking down barriers to participation.” **(Project staff)**

Enhancing collaboration and networking between local organisations

This has been highlighted by the local evaluation report as one of the main impact areas of project delivery. Analysis of partnership working highlights these statements made by partners:

“The collaborative working has led to more joint projects. All organisations have different strengths and assets, which makes a strong collaborative.” **(Project partner)**

“New partnerships/relationships have been formed across sectors to implement a more focused health strategy that is wider than addressing physical problems and is developing a consistent bio-psycho-social pathways, which can support our local populations.” **(Project partner)**

⁸⁹ Northampton Wellbeing Partnership (2022). Evaluation Report Thriving Communities - For Delapre Abbey Preservation Trust. University of Northampton.

Improving patient/public awareness of social prescribing in project localities

The co-produced additional activities have helped raise awareness of what is possible in delivery and what can be made available for local people.

“It has highlighted social prescribing but also that if you bring partners together you can cocreate a range of activities that other social prescribing services may want to take up. What we have done through the project, we are talking with two other parks in Northampton to take the learning to those areas – Bradlaw Fields so link workers can prescribe to activities nearer to the homes of people.” **(Project lead)**

Participants identified that their engagement had helped them connect to support services and opportunities in their local community.

“For me it was a kickstart of something just down the road and opened me to joining the National Trust and raised my appreciation of green space and the outdoor environment. It shook up the things I did away from more commercial opportunities. Visiting the Abbey became very important to us as a family.” **(Project participant)**

“It introduced me to people in the local community I didn’t know, lockdown was very hard for us as a family, limited support network. For me it really brought me into contact with others and other things that people talked really hit me because I saw those people having similar experiences in the 1st year of Covid. Everyone got involved despite many being very nervous there was lot of participant engagement.” **(Project participant)**

“...It probably was loneliness, in a way, on reflection. I knew that I needed to go out and search for something to fill that gap and I didn’t know what it was until I found it. And for me it was about trying lots of different things and eventually getting there. Now I feel very fulfilled with the volunteering, or social prescribing as you’d call it, that I am doing because it’s filling that gap for me and I also feel that I’m helping fill the gap for other people...” **(Project participant quoted in local evaluation report)**

The Future

The Northampton Wellbeing Partnership Group and the Wellbeing Hub are well established and there are ongoing discussions around additional funding and project development. The local evaluation report highlights how the project has also changed the association the Abbey has for many in the local community whilst project staff also noted:

“For the abbey and the trust, it links well with our strategy the wellbeing programme has supported the sustainability and the heritage aspect of the abbey. The Abbey needs to be kept open and having providers coming in...[to use the Hub]...brings new people to the abbey they see much more about it. It changes the association and gets us to be more central to the local area and the deprivation that is here. We want local people brought into the space.” **(Project lead)**

Exeter Community Centre Trust: Involving volunteers

Detail of the Project

Through the All's Well project, Exeter Community Centre Trust (ECCT - project lead organisation), Exeter Historic Buildings Trust (EHBT) and Devon & Exeter Medical Heritage Trust (DEMHT), aimed to show the benefits of engaging with heritage for health. This case study examines the way the project recruited and trained local volunteers to use the heritage in the St David's area of Exeter to support participant wellbeing.

Project Development and Delivery

The 3 core partners are Exeter Community Centre Trust (ECCT), Exeter Historic Buildings Trust (EHBT) and Devon & Exeter Medical Heritage Trust (DEMHT) deliberately involved potential users in the design of the project including Exeter BAME networks, disabled groups, and support workers in Covid-impacted consulting with residents, key community groups and a Community Builder. The project's delivery built on the St David's Community Help Scheme and a partnership with Exter Helps the social prescribing hub in the city. In building on this the project sought to help create a St David's and west Exeter Community Wellness Network.

How the project helped

Project funding supported engagement with the local partnerships and the establishment of a management group. This support activities including training for volunteers supported through workshops, and presentations. These support the development of curation, story-telling skills and personal development activities for goal setting, confidence and resilience building and training in using spaces therapeutically. The project also developed resources available to increase social prescribing in the area.



Open days, community events, exhibitions, artefact handling sessions in Exeter Community Centre, St Nicholas Priory and with Devon and Exeter Medical Heritage Trust all provided ways for the community to engage. A final network and conference shared the findings from project delivery in February 2022.

What Happened – Key Outcomes/Impacts



The project exceeded its output targets training 40 volunteer Community Hosts to support 4,174 participant visitors in the trails, events, and exhibitions. It also brought benefits to volunteers and participants alike, whilst supporting the strengthening of partnership working

Strengthening the range of social prescribing activities offered locally

The Heritage focus of the Exeter project extended the options available to the social prescribing offer in the city bringing new activities to the hub there and providing support through volunteers for participants to engage in activities and enabling them to experience three main routes to well-being including connecting, taking notice and learning.

Enhancing collaboration and networking between local organisations

The independent evaluation report highlights that the project provided regular semi-formal but facilitated opportunities for organisations and practitioners to meet up and discuss their work, share learning, explore their impact, improve reach into communities and enable opportunities for collaboration.

Enabling social prescribing link workers to connect people to more creative community activities and services

The project set out to bring more creative opportunities through Heritage to support link workers to connect people more to their communities. Volunteers felt they had connected with new people in their community and learned new things about the heritage of Exeter St David's thus helping them to link local people to these activities to improve their wellbeing. Participants highlighted how the volunteers has supported them connecting with the area more:

“I really got to see that it's a beautiful area. I mean, I think it's... it's a very special kind of oasis if you like, I didn't know, I didn't know it was that lovely.” **(Project participant)**

Improving patient/public awareness of social prescribing in project localities

Volunteers identified from their project experience that they were able to tell more people about the variety of social prescribing activities available in the city provided by the project and the social prescribing hub identifying:

“It has put me in touch with local community in a way that I wasn't in touch before though I lived here for some time.” **(Project volunteer)**

The Future

The final conference and networking event demonstrated strong interest and engagement in the projects activities with the event attended by 53 different organisations. The independent project evaluation demonstrated there was extensive local support for the continuation of the Thriving Communities Wellbeing Network to support the sharing of resources, expertise pooling and advocacy for policy change to support social prescribing in the city.



Helix Arts: Supporting carers

Detail of the Project/Activity

Alliance partners were looking to deliver an inclusive arts and cultural programme for carers impacted by Covid 19. Better Connect aimed to provide a broad range of inclusive creative activities for 350 diverse carers. The alliance delivered 163 sessions reaching 175 individuals and with support from 3 volunteers alongside many paid staff across a wide range of roles within alliance partner organisation

Projects were run with a range of partners included: Making Memories with the Family Gateway, Falling on Your Feet with Meadow Well Connected and with [Tyne and Wear Archives and Museums](#) at [Segedunum Roman Fort and Museum](#); You Your Art online; taster sessions in ceramics and textiles with Parent Voice and North Tyneside Carers Centre; By Your Side sessions with North Tyneside Art Studio; and staying in touch activities with carers after projects were completed.

Project/Activity Development and Delivery

As delivery continued, it was evident that sessions needed to be more flexible as carers struggle to commit to set times. Thus, sessions changed to mostly drop ins rather than booked times. Art was delivered both online and in person, with those completing online using household items to create art. For Family Gateway, a small number of families signed up initially and thus referrers looked to schools instead, to sign up young carers for them to then bring along their family also. Several referrals also came through promotion from Helix Arts themselves. North Tyneside's State of the Area report identified the key needs of residents and explored the impact of Covid19. This informed Better Connect and provided the focus on people with caring responsibilities. The report showed for example that carers are struggling to receive the right care package.

How the project helped

The funding supported the development and delivery of a range of arts activities and outputs, and significant partnership building work across the local area creating links between a range of agencies working with carers across North Tyneside.

What Happened – Key Outcomes/Impacts

“Carers don’t get the chance to have time out for themselves normally. This gives them the opportunity – there’s a real joy to it.” **(Project lead)**

For some that have attended with their family, staff have noted improvements in their relationships as it gives an opportunity to complete fun activities together, and subsequently some have continued such activities, such as healthy cooking, at home together.



A number of those involved have improved in confidence and created social ties, with those involved in physical activity noticing improvements in their movement.

Enhance collaboration and networking between local organisations

Delivery has resulted in increased collaboration between organisations, which in turn has given more space for self-reflection as well as comparison against other organisations and increased understanding of how services can fit with each other.

“Been well attended but most have signed up via Helix. Meeting many agendas because of the collaboration – we need to be united and follow each other’s paperwork etc. Capacity is tight so it’s not just about the time of the session its’ everything around it.” **(Delivery partner)**

In addition, increased collaboration has increased space and venues that can be used for delivery. As well as delivery, collaboration has seen Helix Arts get increased access to other funds that may not have been accessible to a small arts organisation, as Thriving Communities has increased cross sector working, for example enabling more formal links with GPs and health workers.

“It helps us align with them and each elector has different funds so we can partner together with them to meet more need by collaborating to meet more need. Working with helix has opened doors.” **(Project partner)**

“Arts participation is great because it promotes provision of social prescribing, it’s helped us identify gaps and understand the national agenda. It’s been a good opportunity to understand the practicalities.” **(Project partner)**

Reduction in GP/A&E visits locally

There is evidence that for some participants, their participation has resulted in changes in their level of engagement with health and social care services as this participant highlighted:

“I have thoroughly enjoyed each week and have learned new skills that I have used outside of the sessions, made connections and it has done more for my mental health in just these few weeks than months of talking therapy and medication.” **(Project participant)**

The Future

Whilst activities may not be the same moving forward without external funding, organisations involved in the alliance noted that they plan to continue delivering arts and crafts activities, as they understand the value their participants see in it and as such it increases participation.

Collaborations created intend to continue, with sharing of venues also continuing to encourage involvement and potentially collectively apply for further funding to support ongoing activities.

Her Centre: Working with schools

Detail of the Project/Activity

Her Centre are the lead organisation for the partnership and approached [Live Well Greenwich](#) to support delivery. Her centre was already using Little Fish Theatre in a social prescribing context and, along with theatre company and community arts hub [Tramshed](#), were using drama as a referral programme to build resilience in young people, especially given ongoing local pressures with referrals to Child and Adolescent Mental Health Services (CAMHS). The project involved a six-to-eight-week school ambassador programme targeted at those with unhealthy attitudes towards girls or difficulties with female staff, regardless of their own gender. Participants were identified through teachers or youth staff involved with the individual. The programme is centred around peer-to-peer teaching in small groups.

Project/Activity Development and Delivery

The overall aim of the programme is to build confidence, resilience, and awareness amongst young people within a safe space, using social prescribing to link young people into more generic services. In the long term, the programme aims to reduce sexual violence amongst those taking part, along with increasing understanding of gender roles and expectations within healthy relationships. Throughout the programme, there has been time at the start of sessions to engage in informal discussion and get to know peers. This part has grown in importance as it gives opportunity for participants to discuss topics and prepare themselves for the drama session, whilst also aiding staff autonomy for the session.

How the project helped

Staff noted that the funding was required to keep the project going. Creating a partnership as part of this funding has enabled staff to share knowledge, learning and practice in working and supporting young people in Greenwich, allowing greater connection between services and improved referral pathways for young people in the borough. Staff noted that the provision of social prescribing was key to helping local organisations connect with each other and join-up support services.

What Happened – Key Outcomes/Impacts



Groups have been apprehensive about performing shows but have excelled when they've completed the programme and performed. This is evident through evaluation completed by Her Centre, whereby participants have been able to remember multiple things learnt through their time on the programme both six- and 12-months post completion.

“Had one person who was selective mute and home-schooled – now has a very strong group to communicate with and attended an event at the Her centre (advocacy event) and was part of a showcase.” **(Project partner)**

Staff explained that the young people involved have learned about complexities of consent and been able to form friendships, in a space free of judgement, with likeminded people. There has also been learning about empathy and reflection on their own behaviour and attitudes towards consent and sexual behaviour.

Strengthen the range of social prescribing activities offered locally

Creation of the social prescribing officer role has given more signposting opportunities outside of CAMHS for young people in Greenwich, with staff noting that it's enabling them to meet more than just generic needs and giving organisations such as this the opportunity to support further through schools and social workers. Linked to this, the Her Centre are delivering training to doctors to recognise red flags within relationships and understand when intervention around consent may be required. Social prescribing officers have completed similar training to ensure they are able to support individuals experiencing concerns around consent and potential sexual abuse.

Whilst staff feel the programme is making an impact, it is felt that it needs to continue long term to strengthen social prescribing activities and solidify the flow through between referrers and delivery.

“Conversations are being had now; we realise how closely these projects are working with vulnerable young people. The project has helped us position the work better.” **(Project partner)**

The project shows there is a place for Arts Council England's support for the social prescribing movement. Social prescribers can effectively act as a co-ordinator to connect the pre-existing expertise across a local area. This also pushes organisations that use support practices such as drama to be recognised as a crucial asset to improving and supporting the wellbeing of young people.

Enhance collaboration and networking between local organisations

Partners have been working well together throughout, sharing knowledge around support and training. The programme is part of networks that refer in and out effectively. It is felt that this project shows there is a place for the Social Prescribing movement as it can act as a co-ordinator to connect pre-existing expertise across a local area. The project enabled sharing of support and services, which was important for the young people because it avoids having to repeatedly explain experiences to different support workers and rebuild rapport multiple times.

“We have better connections and networks with the local authority now and we now have funding from additional commissioners.” **(Project partner)**

Enable social prescribing link workers to connect people to more creative community activities and services

Programmes such as these enable smaller organisations that may deliver drama-based support to be recognised as a crucial asset to improving the wellbeing of young people.

Staff felt link workers were vital to partnership working, as it enables wider partnerships and circular referrals that the organisations involved wouldn't have the capacity to create and maintain.

Sustainability, diversity, dynamism of the social prescribing offer

Greenwich local authority see the programme as bringing funding into the borough and being used effectively. It is felt that there is an acute need in children's services and the programme is enabling a higher profile within that.

Improved patient/public awareness of social prescribing in project localities

Referrals are now coming from multiple avenues, such as social services, police, substance misuse organisations and youth supported housing. The network also works closely with schools and promotes in different communities to make sure awareness is increasing around activities. The young people involved are getting access to new activities such as theatre which they wouldn't have access to otherwise. With increasing need, it is felt that this support is increasingly important.

The Future

Moving forward, staff expressed the need for increased connection between organisations and continued training to ensure referrals can be supported. This in turn will encourage engagement with young people and ensure they feel they are in a safe space. To ensure sustainability, there is concern that funding must be more consistent rather than one off pots of money, as this prohibits long term delivery and implementation of the social prescribing profile.

"There has been an innate value in the project. We were already doing this work but it helped consolidate something that is a very important development." (Project partner)

Petrus Community: Building links with the NHS

Detail of the Project

The project built on work in the area developed by a consortium of partners across Rochdale that had previously led by Petrus Community. Petrus provide expertise and knowledge of the local community through its frontline homelessness support alongside longer-term therapeutic and voluntary including a community horticulture project PIER.

Project Development and Delivery

Their Thriving Communities Fund project sought to link this work with activities being delivered through an existing green social prescribing programme developed in 2018. This linkage was intended to extend access to a range of support options including gardening on prescription, walking groups. It sought to strengthen partnership working between social prescribing link workers, the Community Mental Health Team and local mental health inpatient unit.



This was in response to local insight generated from partners that showed an increase in demand for support arising from the impacts on a range of community groups, particularly the most vulnerable, from Covid. In developing the project Petrus wanted to work more directly with social prescribers to explore how they could more effectively meet this demand and tackle the barriers to social prescribing that affect their clients, the GP practices, social prescribing teams and VCFSE organisations in the community. This was primarily focussed on ways in which greater knowledge of these support services could be shared with potential clients but also social prescribers to engage those participants more effectively in the local offer

How the project helped

The project helped in two main ways:

1. It funded a Thriving Communities Social Prescribing Project Worker who was tasked with building stronger links with local partners and social prescribing infrastructure to ensure there was greater local knowledge of the options available for social prescribing referrals for the residents of the area. The project worker also undertook outreach work into local communities in Rochdale to make residents more aware of the support available to them.
2. It facilitated stronger partnership working enabling the hosting of partnership networking and sharing of local insight to improve the development of the social prescribing offer in Rochdale.

What Happened – Key Outcomes/Impacts

Project delivery has strengthened the linkup between different partners and social prescribers initiating and maintaining regular meetings between them that hadn't previously taken place prior to the project.



Organisations and referral partners tended to be broadly aware of the offers available from partners, particularly their activity offer but direct referrals from social prescribing link workers were uncommon. Links have been much improved and staff were able to meet regularly with the seven NHS link workers employed in Rochdale to understand client needs and highlight the local projects that their clients could be referred to including a ladies health walking group, a community allotment project and a combined arts and gardening group.

As the Petrus Service Manager highlighted:

“We’ve been able to make much better links with those workers because through the work of the project officer we’ve been able to dedicate time and resource to develop the links and then work with the link workers to identify clear ways for clients to be referred to the services provide by the project partners.” **(Service manager)**

An NHS link worker identified:

“It’s been easier to link up with the activities because we have the single contact through the project worker and that’s really helped by the regular catch ups and them linking in local communities into our referral work. We know better what’s available too and the links to walking group have meant I’ve been able to refer several women from the Asian community to be more physically active.” **(Link worker)**

Enhancing collaboration and networking between local organisations

Through the specific remit of the project officer role has brought organisations together that had previously been working separately across Rochdale.

Enabling social prescribing link workers to connect people to more creative community activities and services

Link workers have been supported by the project worker to better understand the offer available from community partners and helped to establish direct referral arrangements into these projects. The project worker has ensured that projects respond promptly to requests for information about project suitability for clients and the projects previous experience of working with vulnerable groups means they are proactive in their trust-building work with potential clients.

Improving patient/public awareness of social prescribing in project localities

Individuals in vulnerable communities most affected by Covid 19 including Asian and Homeless individuals have been linked up to NHS link workers who have been able to explain more detail about social prescribing and work jointly with GP surgeries in the area to share details of the local walking groups and community allotment projects. Participants in these projects are attending because of the links made by the project worker.

The Future

The links established by the project worker have continued and the NHS link workers meet regularly at the community settings providing the activities. There are hopes that further local funding from the local authority and public health will support some of the ongoing partnership working.

Spark Somerset: Supporting people with long Covid

Detail of the Project

Thriving Communities Somerset aimed to strengthen and expand the range of social prescribing activities across the County including creative, nature-based and physical activity sessions, by setting up a new partnership of organisations from a wide range of sectors. This project was a collaboration between SPARK Somerset, Take Art and Somerset Wildlife Trusts and aimed to support activities designed to help people of Somerset to recover from COVID-19 through the power of social prescribing. This case study examines how the partnership working was developed and what resulted.

Project Development and Delivery

The project was set up to support activities specifically for people most impacted by COVID-19. These included those with long term health conditions, Care Home staff, individuals with Long Covid and 18–35-year-olds who are at risk of or have been made redundant. A key focus of the project development was the establishment of a Core & Sector Partners' Steering Group (SG) with three sub-groups established to support planning of events and sustainability action planning.

Members from the CCG, public health, a GP consortium, CAB, Somerset Activity Sports Partnership (SASP) and a visual arts organisation (SAW) were added as it became apparent through delivery that there was a need to broaden the scope and expertise of the group to better support the development of social prescribing in Somerset.



This led to the development of an activity programme with existing, & new, partners that enhanced the local prescribing offer & deepens its impact through a bespoke commissioning process agreed through the steering group and local partners. The activity programme included a combination of arts and nature activities.

How the project helped

Project funding supported the employment of a part time Creativity & Wellbeing Co-ordinator working 24 hours p/w. This role was subsequently supported by additional funds from the CCG and the local authority to enable the postholder to remain in post for a further 12 months. This enabled the steering group to be established and supported throughout the project forming the basis of new infrastructure to enable the development of new forms of social prescribing activities in the area.

What Happened – Key Outcomes/Impacts

Examples of the activities that were driven and commissioned through the steering group include:

- [Wellington Art group](#)
- [Earn a bike and digital skills](#)
- [Postcards for Recovery](#)
- [Bluebirds Theatre Thriving Voices Choir](#)
- [WordPlay](#)
- [Eco Foods Creations](#)

The project has had impact because it has created an infrastructure to facilitate partnership working around social prescribing in Somerset that has been supported by adding a few additional activities in the area as detailed above.



As a result of lockdown restrictions and the focus on working with vulnerable groups, some activities were moved online including the Word Play group delivered by [Take Art](#). These sessions supported the **long covid recovery clinic and respiratory rehabilitation patients** by enabling them to engage in online creative writing and performance poetry classes. Whilst many people did not initially feel comfortable engaging online, the project provided access and support to help people access the internet and take part in sessions.

Strengthening the range of social prescribing activities offered locally

New activities were developed from the partnerships the project developed. These activities were highly popular and valued by participants and have attracted additional funding from the local CCG for them to continue. Another partner identified how the partnership involvement had enabled them to take more of a role in shaping the social prescribing offer in Somerset:

“It’s been a stronger involvement in social prescribing than before it’s been much more specific...it’s still quite embryonic, just being more aware about the breadth of the social prescribing offer in Somerset has been important.” **(Arts Project lead)**

Enhancing collaboration and networking between local organisations

The evaluation of the project identified that new links between practitioners and healthcare/wellbeing organisations have been established and that these were not in place before. Subsequently new creative collaborations have emerged from these connections that have supported the development of activities available to social prescribers in the area.

A project partner identified that:

“It’s addressing a real disconnect or lack of communication and bringing groups together. We do feel more connected and more signposted towards from being involved in the grassroots work has been done well too.” **(Project partner)**

The Future

The project has created good foundations for future work by tackling the disconnect between services which was not happening before. Partnerships and networks have grown and been strengthened & individual organisations are now having active conversations about social prescribing. The steering group continues to meet and there are options for further sustainability planning to be developed through the group. All activities developed by the project have attracted additional funding to enable them to continue to run.

Wolverhampton VSC: Supporting young people

Detail of the Project

The project sought to expand the available social prescribing activities for young people (13-17) in Wolverhampton. Building on their existing role as the lead for the adult social prescribing services across the city, Wolverhampton Voluntary Sector Council's (WVSC) Thriving Communities Fund project aimed to enhance the current offer to young people by providing a greater variety of social prescribing activities and opportunities available for link workers to prescribe into.

Following a consultation exercise carried out by the two young person's social prescribing link workers, a need for activities in the following thematic areas was identified formed part of the project's proposal:

1. Music: production, recording, instruments, singing.
2. Sports: badminton, football, basketball, other team games
3. Managing Trauma: Anger management, gangs, domestic abuse, harmful sexualised behaviour
4. Well-being: friendship and relationship workshops, mindfulness, emotional support workshops, environmental activities.]
5. Arts and crafts: Performing arts, painting, drawing, sewing, writing workshops.

Project Development and Delivery

Wolverhampton VSC sought to work with a range of partners to deliver the project. Following a similar model to the adult social prescribing service, their bid outlined the intention to work with two core partners: Base 25 and Gazebo.

Base 25 are a locally based charity that provide a range of youth work services in areas such as emotional wellbeing, behaviour and exploitation. Their role in the project, as set out in the project bid, was to focus on providing services around managing trauma and wellbeing (points three and four above).

Gazebo Theatre are an educational performing arts charity providing provision around theatre production and arts programmes and planned to focus on music and arts an crafts provision (points one and five above).

The young person's social prescribing offer follows a similar process to the established adults service whereby following a referral, contact is made with the young person to arrange the initial appointment where their support needs, interests and goals are explored with the social prescribing link worker. An action plan is agreed with the young person in how they are going to reach their agreed goals and appropriate referrals are made to projects, activities, therapies, or services. There is ongoing follow up and contact is maintained until all parties feel their goals have been achieved and there is no longer need for link worker support.

How the project helped

The project has been vital in providing the funding to enable Wolverhampton VSC to commission services from VCFSE organisations aligned with the identified need and demand. Organisations were able to bid for up to £3000 to deliver sessions aimed at supporting young people. As part of the project, 12 partners were funded to deliver activities including:

- Developing digital skills
- Performing arts
- Sporting activities
- Martial arts and street dance
- Music
- Well-being sessions
- Football

What Happened – Key Outcomes/Impacts

At the outset of the project, the Young People Social Prescribing service in Wolverhampton was relatively new and found there to be a lack of sustainable social prescribing activities available which led to low take up of referrals and low take up of prescriptions. Over the course of the project the numbers of referrals to the service have steadily grown.

Strengthening the range of social prescribing activities offered locally

The project has enabled the commissioning of a range of services suitable to the needs of young people by VCFSE sector partners. This has enhanced the overall offer and lead to better take-up of social prescriptions by young people. The delivery partners consulted with as part of this case study indicated that the activities were focused on personal growth, developing confidence, facilitating social interactions and improving wellbeing.

Enhancing collaboration and networking between local organisations

The project team report the young people's service is slowly becoming more embedded within the landscape of provision available to young people. At the outset of the project, they reported a lack of visibility amongst some key referrers including GPs, schools, Children and Adolescent Mental Health Service and this appears to have improved over the course of the project.

Enabling social prescribing link workers to connect people to more creative community activities and services

A wide range of creative activities have been commissioned and delivered to young people because of the project funding. Examples include the delivery of performing arts by the Central Youth Theatre which aimed to develop young people's confidence and communication skills through drama and performance. Immersive arts and crafts experiences were also delivered by Real Arts Workshop which included various creative activities alongside British Sign Language.

A project partner identified that:

“We offer a broad range of activities. We do discreet drawing exercises and this is quite good for calming and allowing people to get lost in their drawing. We do Aboriginal dot painting which is great as people can see what they have created in a relatively short space of time. They see their progress and it motivates them.” **(Project Delivery lead)**

The Future

The next steps for the project are to continue to build on the learning and partnerships developed through the project to sustain activities and provide new opportunities. Organisations will continue to be supported through Wolverhampton VSC’s voluntary sector support offer and the young people’s social prescribing service will continue to be promoted to a wide range of organisations and services to enhance the service’s reach to young people in need of the support.

Your Leisure Kent: Supporting people with dementia

Detail of the Project/Activity

The Thriving Communities Dover project aimed to establish a partnership to develop a collaborative and person-centred approach to support people living with memory loss and their families. The ambition of the project was to:

“create an authentic sense of place and belonging in the community for people affected by dementia, underpinned by a strong and sustainable alliance of partners.”

Project/Activity Development and Delivery

The project is being led by [Your Leisure](#), the charitable leisure trust that operates leisure facilities across, Kent and their partners: [Social Enterprise Kent](#)⁹⁰ and [Bright Shadow](#).⁹¹

The project set out to:

- 1) To build stronger lasting relationships and partnerships between Health Care professionals and Community Organisations
- 2) The successful formation of the Community Networking Group designed to share learning and ideas.
- 3) To provide high-quality low-cost or free activities and advice designed to improve quality of life and promote recovery from the impacts of the COVID pandemic ensuring accessibility to lower socio-economic groups
- 4) To work collaboratively across sectors to achieve the best outcome for communities
- 5) To take the learnings of this work and share them as an example of best practice in collaborative working and social prescribing.
- 6) To work towards and achieve a modal of sustainable activities within the project area

How the project helped

A central pillar of the project’s initial bid was the purpose-built facility for people living with dementia, Harmonia Village, where the project planned to engage with residents and develop a range of activities for those living with dementia in the area to access with Harmonia residents and their loved ones.

Harmonia was set to open when the COVID-19 pandemic hit. The site was immediately mothballed and there have been successive delays to the opening which has seriously affected the delivery of the project. As a result, the project was required to substantially change its delivery plans instead focusing efforts on the village of Aylsham in Dover. Aylsham faces challenges around disadvantage and rural deprivation with poor access to services.

⁹⁰ Social Enterprise Kent is a community interest company (CIC) that aim to maximise the positive social impact they have on local people, communities and businesses. They currently manage two contracts for Kent County Council including around preventative measures to reduce the number of people going into care.

⁹¹ Bright Shadow is an arts organisation specialising in supporting those living with dementia.



The project sought to consult with the community to understand challenges and test solutions. The approach that was adopted included engaging with the community through an anchor organisation in the village including BeChange (a local community hub) and use of a feedback wall located in the local church.

This served as a catalyst for conversation about dementia and memory loss and enabled the project team to develop a long list of potential opportunities to delivery to the community. The project has enabled the coming together of key organisations in Dover to collaborate and develop an improved support offer for those living with dementia and memory loss. In addition to enabling better collaboration, the funding has enabled the delivery of a range of activities aligned to the needs of those living with Dementia in Aylsham. During the lifetime of the project, each of the partners have engaged with NASP and national partners and the sharing of learning and interaction between other projects regionally have been valuable in enabling an open sharing of progress and challenges.

What Happened – Key Outcomes/Impacts

Strengthen the range of social prescribing activities offered locally

Activities that have been delivered as part of the project include the Zest Programme led by Bright Shadow and Digital Inclusion sessions led by SEK. The project has been exposed to several challenges that have meant the range and scale of activities initially planned are yet to be delivered. The project has enabled Your Leisure to build a better understanding of the gaps in provision available locally and the types of activities residents want.

Enhance collaboration and networking between local organisations

One of the key outcomes from the project is the way in which arts, culture and leisure organisations have come together to provide an enhanced range of opportunities to those living with dementia. There has been good networking across some of the key organisations delivering social prescribing activities as well as community groups and the local authority.

A Social Prescribing Forum was also set up to facilitate conversation and collaboration across stakeholders involved in the delivery of social prescription services including link workers, navigators, District Council workers and community wardens. This forum shares information about projects, gaps in services and helps to develop a more rounded understanding of the social prescribing landscape.

The Future

The collaboration between partners and understanding of community needs will be built upon post- Thriving Communities Fund delivery through continuation of partnership working between Your Leisure and Social Enterprise Kent.

Your Leisure recently were awarded funding through the National Lottery Reaching Communities Fund to support disabled and non-disabled people to be active together. This will provide Your Leisure with the opportunity to apply the learning generated through the Thriving Communities Fund project to future delivery.

The team are still in discussions with Harmonia Village and it is hoped that this partnership, which was initially central to the delivery of the Thriving Communities Fund project, will be developed further in the future to support residents living with dementia.

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