All Wales Social Prescribing Research Network

What Does Good Look Like? Setting its Outcome Principles and Framework for Wales.

31st October 2018.

FINAL Report

Report Authors:

Dr Carolyn Wallace, University of South Wales/PRIME Centre Wales
Judith Stone, Wales Council for Voluntary Action (WCVA)
Dr Liesbeth Beeckman, South East Wales Community of Practice.
Emma Davies, Torfaen CBC
Dr Freya Davies, Cardiff University/PRIME Centre Wales
Rebecca Evans, Public Health Wales.
Dr Mark Griffiths, Public Health Wales
Prof. Joyce Kenkre, University of South Wales/PRIME Centre Wales
Prof. Mark Llewellyn, WIHSC, University of South Wales
Dr Mary Lynch, School of Health Sciences/ Centre for Health Economics and Medicines Evaluation (CHEME), Bangor University
Prof David Pontin, University of South Wales
Della Powell, University of South Wales
Dr Glynne Roberts, Betsi Cadwaladr UHB
Prof. Steve Smith, University of South Wales/PRIME Centre Wales
Sara Thomas, Public Health Wales
Soo Vinnicombe, Bangor University/ National Centre for Population Health and Wellbeing Research (NCPHWR)
Dr Sarah Wallace, Cardiff University.
Megan Elliott, University of South Wales
Dr Sally Rees, Wales Council for Voluntary Action (WCVA)

Acknowledgement:

1. Introduction

In September 2018 the new All Wales Social Prescribing Research Network (WSPRN) funded for 12 months by the Wales School for Social Care Research convened a consensus meeting with members from its network membership to ask the questions *'What does good look like? What are the critical success factors for Social Prescribing?'* Therefore agreeing its outcome principles and outline framework for Wales. The meeting was co-chaired by Dr Carolyn Wallace, University of South Wales & PRIME Centre Wales, Dr Glynne Roberts, Betsi Cadwaladr University Health Board, Soo Vinnicombe, Bangor University and Dr Sally Rees, Wales Council for Voluntary Action (WCVA). This document reports on these events and asks network members to respond to the consultation questions asked.

The WSPRN currently has in excess of 220 members. The purpose of the WSPRN is to build the critical evidence for social prescribing in Wales. It has a facilitative function of supporting the emerging communities of practice in North Wales, West Wales and South East Wales, where there is an emphasis on everyday practice challenges and solutions. The WSPRN also supports the social prescribing interest group in HEFGG (Higher Education Future Generations Group) and RCE Cymru (UN global network of regional centres of expertise) http://planet.cymru/en/wales-rce-wcfg/#tab2 . It has to date set its research priorities (21st May 2018), acquired 2 PhD & 1 MRES KESS scholarships grants, published a web page https://www.wcva.org.uk/about-us/news/2018/11/wales-social-prescribing-research-network and a small opinion article at the Institute of Welsh Affairs https://www.iwa.wales/click/2018/10/social-prescribing-how-to-create-a-sustainable-journey/ and supported members in developing research and evaluation grant submissions.

2. Aim and Objectives

The purpose of the day in September was to identify good practice and start the process of developing a common outcomes framework.

Objectives were to:
- Discuss and negotiate agreed outcomes to be included in a common outcomes framework
- Bring together people to share experiences and/or interest in social prescribing.
- Understand the challenges and possible solutions of working together to develop the underpinning evidence for social prescribing in Wales.

The single consensus day comprised of presentations from Dr Carolyn Wallace 'where are we now?' and Dr Mary Lynch ' *Insights from mix methods approach to evaluation of two pilot SP*

projects', followed by two methods, a Nominal Group Technique (Kenkre et al, 2013) workshop (am) and World Café Style workshop (pm) (Brown & Isaacs, 2005). See Appendix 1 for a description of the methods used.

The definitions for output, outcome and impact (OECD, 2010) were used.

- **Output**- the products and services which result from an intervention
- **Outcome**- The likely or achieved short term and medium-term effects of an intervention's outputs.
- **Impact**- Positive and negative, primary and secondary long term effect produced by an intervention, directly or indirectly, intended or unintended.

3. Results

Forty (n=40) participants attended the 12th September event.

- **Agreed Social Prescribing Outcome Principles**

During the Nominal Group Technique method used in the morning to ask the question *'what does good look like'*, one hundred and thirty-three (n=133) identified outcomes were collapsed and agreed into a final three principles (n=3).

- **Individual:** Empowered to improve their own health and well-being (physical, mental and social) through better connections to their community.
  - Improved quality of life and wellbeing outcomes to individuals, with happier, more connected and resilient communities – with diversity of choice in prescription provision/
- **Community:** Better awareness of community assets to enable people to engage, support genuine collaborative working across organisations/sectors.
  - Social prescribers and skill mix and clear eligibility criteria from outset.
- **Systems/strategic:** Reduce inappropriate direction to services by improving knowledge and pathways to suitable community resources (pooling resources).
  - Systemic change inc. system level leadership to frontline social prescription services. ROI as part of this and sustainable funding. Look at it as a collective collaborative challenge. Structured processes for evaluation.

The world café event in the afternoon consisted of four rounds and provided an opportunity to further ask *'What are the critical success factors for Social Prescribing for participants and carers, providers, commissioners and policy makers? What should we include in a common outcomes framework?'*

- **The agreed general outcomes framework for Wales**

The aim of the agreed general outcomes framework is to support policy makers, commissioners, providers, practitioners and beneficiaries determine the success of social prescribing in Wales.

All participant identified output, outcome and impact contributions from the two consensus methods were captured and analysed using Nvivo 12 during a post event analysis stage. These were all mapped against the agreed principles to develop a general framework with both quantitative and qualitative reporting data to be considered by stakeholders. In addition a rapid literature review was

conducted and the findings also mapped against the findings (Bikerdike et al, 2017; Loftus et al, 2017; Mercer et al, 2017; Kilgarriff-Foster. & O'Cathain, 2015; Thomson et al 2017; Carnes et al, 2017; Morton et al, 2015; Pilkington et al, 2017; Stickley, T. & Hui, 2012; Vogelpoel, N. & Jarrold, 2014).

Principle	Outcome theme	General outcome measure	*Literature review findings*
Individual	1. Empowerment 2. Environment 3. Health and wellbeing 4. Individual resilience 5. Person centeredness/holism 6. Self-management • Early Intervention • Engagement • Local knowledge. 7. Social and work connections	Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Quality of Life Effectiveness (types/conditions/health); Individual service demand/ prescriptions/ drug reviews knowledge Individual social networks; Self-efficacy; individual resilience; skills; financial benefits; Carers assessments; volunteering; self-motivation; self-determination; adherence	WEMWBS, HADs, General Anxiety Disorder, Quality of Life, self-esteem, burden of Multi-morbidity measure. Change on six self-rated emotions. Self-efficacy. Reduced loneliness. Feeling part of a community. Patient Health Questionnaire, Clinical Outcomes in Routine Evaluation-Outcome Measure, General Health Questionnaire; Lifestyle measures: Work and Social Adjustment Scale, self-reported lifestyle activities. Positive and active engagement with life. Medication: polypharmacy, new repeat prescriptions; satisfaction; experiences.
Community	1. Community connectivity • Improved engagement • Community cohesion 2. Community economics 3. Community level needs analysis 4. Community resilience 5. Community empowerment 6. Community health and wellbeing • Person centeredness/holism	Referral numbers; Coherence and continuation of funding; Appropriate demand; Price/value; Range & cost of assets; SROI; Choice; Happiness; Loneliness; Social isolation; Community Resilience; sense of place; accessibility; local knowledge and understanding; Referral process.	Hospital services: attendance, A&E attendance, inpatient admissions GP services: frequency of consultations, GP contact (visits and calls) Providers/practice outcomes: job satisfaction, morale, burnout; NHS cost reduction Social return on investment
Systems/ strategic	1. Communications strategy 2. Economics 3. Evidence for practice and policy • Evaluation • Project management 4. Health and social care demand • Community activities	Health, social care, police service demand; linkages GP visits; use of resources; networks; costs; unscheduled care visits; National resilience; long term planning; contracts; cost benefit; value for	

		money; training; governance; service models; social determinants of health; standardisation of roles, skills; links to national outcome measures.	
	• Police • Primary care • Third sector • Transport 5. Population level measures 6. Workforce 7. Working together including integration, partnership and collaboration		

3.6 The consultation process

Understanding how we measure the 'critical success factors' of social prescribing was identified as one of the all Wales Social Prescribing Research Network research priorities in May 2018. The draft report was circulated through the network and amendments made to the original document. The next steps for the all Wales Social Prescribing Research Network are to:

- Complete the consultation on this report on the development of a general outcomes framework.
- Plan the next event focussing on an in-depth discussion of research priority no 1. *'What systems might sustain community assets? How can we make it sustainable?'* This will be taken forward by Dr Sally Rees funded by HCRW Pathway to Portfolio study, supported by Sara Thomas (CTMUHB) and Dr Carolyn Wallace (USW/PRIME)
- Continue to work on the Wales School of Social Care Research expected grant outcomes.

APPENDIX 1: Methods

The single consensus day comprised of two methods, a Nominal Group Technique (Kenkre et al, 2013) workshop (am) and World Café Style workshop (pm) (Brown & Isaacs, 2005).

The Nominal Group Technique was facilitated by Carolyn Wallace and supported by members of the steering group Glynne Roberts, Soo Vinnicombe, Sally Rees. It had three phases, with the second phase being carried out at the consensus event:

> ● *Phase one* - Participants were asked via email to talk to colleagues in work and bring with them three outcomes for social prescribing in Wales.

> ● *Phase two* - During the morning of the event there were 5 rounds of negotiation to achieve consensus, developing a list of outcome principles and outcome themes with some measures.

> ● *Phase three* - After the event, this report will be disseminated to attendees and already identified wider audience within the network who could not attend, for consultation on the findings.

The World Café process (www.worldcafe.com) provided the additional stakeholder detail for the outcomes framework. Each table named after a single social prescribing intervention hosted by a member of the steering group who helped to shape the content of each discussion.

A World Café comprises seven integrated principles (Brown & Isaacs, 2005; MacFarlane et al, 2017): set the context, create a hospitable space, explore questions that matter (remembering presentations and experience), encourage everyone's contribution, connect diverse perspectives, listen together for patterns and insights, 'the harvest' sharing collective discoveries. Participants moved around the room to each hosted table in timed 15 minute intervals, shaping the conversation in response to four rounds of questions:

> • *Remembering the presentation combined with your experience and knowledge of SP, what are the critical success factors for participants and carers?*
> • *Remembering the presentation combined with your experience and knowledge of SP, what are the critical success factors for providers?*
> • *Remembering the presentation combined with your experience and knowledge of SP, what are the critical success factors for Commissioners?*
> • *Remembering the presentation combined with your experience and knowledge of SP, what are the critical success factors for policy makers?*

At the end of the afternoon each table shared its collective discoveries through 'the harvest'.