Spring Northamptonshire Final Evaluation Report

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Executive Summary

Overview

Spring is a Northamptonshire based community-driven support network that seeks to help people lead a full and meaningful life whilst managing long term health concerns. It offers an effective and locally sourced social prescribing model of health care that seeks to increase the wellbeing and mental health of at risk-communities in Northamptonshire that is supported by the NHS and Public Health Northamptonshire. This social prescribing initiative links people to local services that seek to improve their mental health, rediscover pleasures, and take control of their own life through an intensive six-to-twelve-month programme. The goal is to encourage close connections to the community that encourage positive habits and the building of sustainable social networks so that when the service user exits the programme, they feel like an integral part of the community. This report represents the final analysis point for the project, with the full findings, recommendations and impact calculations presented from the gathered data.

Methodology

For the evaluation of Spring Northants, the University of Northampton (UON) research team utilised a mixed-methods, comparative approach with a focus on social impact. This included the capturing of qualitative data through interviews, focus groups and online resources, and the capturing of quantitative data through primary data from Spring (collated and shared by Bridges Ventures), survey data gathered from beneficiaries by the research team, and wider secondary data related to social impact (please see Section 4 for full methodological details). The University also utilised its bespoke Social Impact Matrix© approach in developing the Theory of Change (ToC) and Social Impact Measurement Framework (SIMF) for the project. The data gathered by the research team includes:

- Qualitative Data:
  - 8 x Spring Clients (total of 16 interviews)[1]
    - Case-studies for these beneficiaries are also presented in Appendix B.
  - 24 x Spring SPLWs

[1] Spring beneficiaries are interviewed at three points (start, middle and end) during their time on Spring.

- 5 x PCN patients[2]
  - Case-studies for these patients are also presented in Appendix C.
- 4 x Primary Care Network SPLWs
- 2 x Spring/PCN managers
- 2 x VCSE representatives
- 9 x Spring stakeholders (including staff and Board members)

- Quantitative Data:
  - 77 responses to the Spring Survey Tool
  - 3,493 individuals in the Spring dataset of whom:
    - 892 are currently enrolled
    - 658 have completed the programme
    - 178 have been transferred elsewhere
    - 1,765 did not finish

Findings

The findings are presented here in brief, with respect to the three core research aims that underpin the project. More detailed analysis can be found in the full report with a broad narrative summary also supplied in the final Summary section.

Research Aim 1: Explore the impact and experiences of the social prescription pathway for service users

The completion outcomes for Spring were mixed, with a success rate of approximately 50% in terms of successful completions and transfers/signposting.

- Completion outcomes:
  - 49.47% have had successful closures, been transferred to another provider or are still on the programme.
  - 50.53% had unsuccessful closures either before or during the intervention.

[2] PCN patients were only interviewed once towards the end or after their engagement, due to problems accessing PCN referrals in the earlier stages of the evaluation (see the Interim Report for further details here).

Participants that successfully engaged with Spring highlighted improved self-efficacy, confidence, social skills and wellbeing, with this point demonstrated statistically with regard to wellbeing scores measured at the beginning, middle and end of the Spring intervention, and average General Self-efficacy scores measured based upon length of engagement.

- Warwick-Edinburgh wellbeing scale:
  - Beginning (T1) to Middle (T2) = +8.10%
  - Middle (T2) to End (T3) = +4.00%
- Wellbeing Star scale:
  - Beginning (T1) to Middle (T2) = +12.60%
  - Middle (T2) to End (T3) = +6.40%
- General Self-efficacy, time spent on Spring and average response score (out of 4):
  - Less than one month = 2.26
  - 1-3 months = 2.54
  - 3-6 months = 2.58
  - 6-12 months = 2.67
  - 12+ months = 2.85

Spring also provided participants with the opportunity to engage with new things, meet new people and to do this all in what the beneficiaries viewed as a 'safe space'.

Age UK and the General Practice Alliance (GPA) delivered the bulk of the interventions (71.61% between them), with self-referral, PCN SPLW teams and healthcare accounting for the top three referral routes (54.48% of referrals)[3]. Participants had multiple health conditions of both a physical and mental nature, with the average primary referral experiencing five conditions. The top five conditions accounted for 51.5% of all referrals and included: Mental Health (14.15%); Depression (13.16%); Diabetes (8.85%); Fibromyalgia (7.90%); and Orthopaedic problems (7.44%).

Participant experiences of Spring for those that completed the programme were very positive, with an average rating score of 93.08% at the exit interview (192 interviews conducted from the 658 current completions) and particularly strong ratings with regards to Spring listening to what matters to people (98.96%) and improved wellbeing following on from engaging with the Spring SPLW

[3] This shows a change from the Interim Report where the third highest referrer was Spring Partners not healthcare.

(96.35%). A total of 98.96% of respondents in the exit interviews would also recommend Spring to friends and family. Within the research interviews conducted as part of this study, this was also affirmed by participants, who talked about Spring SPLW's ability to get them engaged in topics, hobbies or activities that they would not have previously considered (but that they enjoyed). The focus of the Spring SPLWs on producing personalised plans also helped individuals, exceeding their expectations especially around the constant 'check-ins' with them to see how they were (creating a sense of belonging and worth). Participants highlighted a culture of going 'above and beyond' in the support given and the comprehensive nature of the development plans produced and support offered.

Although beneficiary views of Spring were primarily positive, participant assessments of the employment support offered were largely negative (94.23% disagreed that Spring supported them with/into employment). It should be noted that employment/employability is a secondary outcome for Spring and not its primary purpose, albeit some were supported into work or job-seeking[4]. Inevitably, there were barriers to engagement and improvements including transport issues for those that lived further away from the nodes of support, and issues in engaging with activities around work schedules for those that did work part-time. Respondents suggested a number of improvements that could be made to Spring, including improving awareness of Spring and what it does (some respondents had been wary/scared to engage)[5]; where possible grouping people into support groups that have similar needs issues (i.e., diabetic or wellbeing focused groups); and allowing people some flexibility in the length and type of the engagements they undertook (some felt that they did not need longer programmes of support, whilst others wanted more directions from the Spring SPLWs as to what types of support they could engage). Overall, though, it is clear that experiences for those that do complete Spring interventions are very positive.

[4] It should also be noted that from March 2024 the data captured around this by Bridges has changed from the old question of "My Link Worker helped me to secure new employment?", to now ask '"Were you looking for work or volunteering opportunities?" and the "Link Worker helped me to secure new employment or volunteering opportunities".

[5] This could also explain the high unsuccessful completion figures, particularly for those that did not ultimately start with Spring after referral.

Research Aim 2: Assess the integration of the Spring Pathway in Northamptonshire[6]

The integration of the Spring pathway into local healthcare and community ecosystems has gone very smoothly, in large part due to the work of the Spring SPLWs and community partners, in building relationships, enabling activity accessibility, and ensuring that signposting is proactive and beneficiaries are supported (i.e., the SPLWs attend referrals with beneficiaries). The in-depth knowledge of Spring SPLWs around local communities and the problems that people face has been invaluable here, enabling effective development plan creation that is integrated into existing local provision that is suitable for the beneficiary's needs.

However, there were barriers to integration identified and areas that could be improved in terms of linkages with local service provision. First, the knowledge across the county's health ecosystems as to what social prescribing is, what it can offer and who it can benefit remains limited, despite the work of Spring to educate on this topic. This hinders faster referrals and beneficiary support despite the efforts of Spring SPLWs to show community partners what Spring can and cannot do. Second, this was exacerbated by communication problems across public sector relationships, with the role of multiple PCNs aggravating difficulties in building understanding of Spring and social prescribing and how PCNs can refer into it (albeit this is to be somewhat expected in such a relatively new programme). Finally, funding was described as an issue for third sector organisations, who do not feel that social prescribing historically or through Spring has been adequately funded with regard to community partnerships. This it was felt, limited the depth of support that could be provided to some Spring beneficiaries, especially those with complex needs and multiple conditions.

In regard to the differences between Spring and PCN social prescribing approaches, the evaluation has had to reply on the qualitative data to make these comparisons. The interviews and focus groups with the five PCN patients, the four PCN SPLWs and one PCN manager revealed key areas of difference, namely:

- **Holistic provision:** whilst Spring itself is a holistic service (albeit with differences in approach across the delivery partners), this is not the case within PCN social prescribing

[6] It should be noted here that the engagement with Primary Care Network Link Workers (PCN SPLWs) has been limited and this is an area that the research team will be working to fill during the next three months of the project.

approaches, with patient evaluation tools and staff line management dependent on the lead organisations (Age UK in East and North Northants, and GPA in Northampton)[7].

- **Length and type of provision:** Spring provisions are fixed term, lasting between 6-12 months, whilst the PCN approach seems to offer more indeterminate prescription timescales (4 of the 5 PCN case-studies presented in Appendix C argued that their support was open-ended). Spring SPLWs also viewed their role as one of empowering individuals to take responsibility for their own health and wellbeing, whereas PCN SPLWs were viewed more as an advocate or support worker/counsellor role.
- **Target volume and funding:** One area of convergence was around dissatisfaction with what SPLWs on both sides saw as a culture of volume targets. On Spring, this has led to an increased focus on group activities to support throughput, facilitated by access to the Wellbeing Activation Fund, something that was not available to PCN SPLWs.
- **Referrals:** Self-referrals are much more common on Spring than in PCN delivery, which relies more on clinician-based referrals (maybe due to the greater awareness within PCNs of the PCN SPLW's role). However, both the Spring and PCN services bemoaned inappropriate referrals from mental health support and adult social care services.

Research Aim 3: Develop a Social Impact Measurement Framework to evaluate the impact of the project for both service users and society.

The data with regard to Social Impact Measurement is limited and so it is difficult to identify specific impacts and monetised savings to society at this point. These limitations are associated with challenges receiving data matching Spring beneficiaries' outcomes to Public Health data through the Northamptonshire Analytics Reporting Platform (NARP) system (partly due to issues resolving Data Sharing Agreements) which hinders the opportunity for a more in-depth analysis[8].

A ToC and SIMF have been developed for Spring and are available upon request (having already been shared with the Spring Strategy Board and partners). This has enabled us to begin to track some of the *potential maximum* impacts that Spring may provide to society and the monetised effects of these for health and social care providers in the county. In summary, some of the

[7] It should be noted that there are also line management and pay differences across Spring provision, albeit the evaluation and the patient outcomes assessments are uniform.
[8] It should be noted that there is a possibility that this additional NARP data may be received in May 2024 and that this can then be added as part of any revisions to this final report.

identified potential annual impacts and savings are listed below. Please note, **all monetised figures are per 100 people successfully supported (with the exception of wellbeing, which is based on actual data)**[9]:

- Community and Social Wellbeing:
  - £4,762,560.00 saved through improved wellbeing[10]
  - £101,700 saved through improved self-efficacy
  - £295,900 saved through reduced social isolation
  - £102,000 saved through regular social engagement activities
- Physical and Mental Health:
  - £3,000 saved in reduced GP visits
  - £10,800 saved in reduced hospital A&E visits
  - £19,200 saved in reduced reliance on specialist mental health services
  - £29,200 saved in reduced ambulance callouts
  - £351,900 saved in reduced non-elective long patient stays
  - £241,446 saved through reduced depression and anxiety
- Employment, Training and Education:
  - £574,424 saved in people securing employment
  - £77,480 created through enhanced lifetime earnings for people achieving NVQ Level 2 equivalent qualifications
- Welfare, Finance, and Social Support:
  - £1,053,200 saved through improved domestic wellbeing (i.e., caring responsibilities) and access to legal services
  - £120,099 saved through improved financial skills and housing security

Recommendations

Based on the qualitative and quantitative findings obtained the following six recommendations are made, in order to further progress the service that Spring offers, as well as the working environment for its SPLWs:

[9] Full details for these calculations can be found in Section 9 of the full report, which is available upon request.
[10] Figure based on current wellbeing changes.

1. *Accessibility:* Improve the accessibility of activities and groups for clients by working to address barriers to attendance e.g., financial, transport, work commitments, physical health, and motivation. This may enable a larger number of engagements and also improve the number of successful closures on Spring. This is aligned with the constant refinement that is being undertaken within Spring around evaluation of unsuccessful closures, as there can be varying reasons for these and it also needs to be understood more widely that unsuccessful closures can often be a good thing for the individual in question[11].
2. *Branding and Referral Appropriateness:* There needs to be more work on Spring branding to ensure that people understand what a suitable referral to the programme entails. This branding and awareness-raising work should focus on shaping discourse around what social prescribing is, wellbeing and the role of Spring within the wider health and wellbeing ecosystem. This could help to increase public awareness of Spring to ensure that it is a well-known option of support amongst those who would benefit. This could include better marketing of the programme online, in Primary Care Network settings and across third sector partners and/or providers. This can also aid in ensuring that referrals to activities and groups are appropriate to the individual needs of each client. This has been an area of strength for Spring so far, with beneficiaries praising the individualised, in-depth support offered. However, further work with partners to develop understanding of what Spring can do and what community organisations can offer, could enable even better pathways for Spring clients.
3. *Primary Care Networks:* More work is required to gain the understanding and investment of GPs into the Spring social prescription service. In doing so, the GP referral pathway can be enhanced and better patient outcomes could be achieved by GPs for those patients that require social prescribing type approaches to alleviating physical and mental health problems. This is linked to the branding and awareness work required above and could possibly also include the creation of 'community champions' (as suggested by a participant in this study) to further promote this work across PCNs.

[11] The full list of recorded reasons for an unsuccessful closure are as follows. **Prior to Starting:** Did not require/want service; Not the right time for the service; Does not meet eligibility criteria; Referral to another more appropriate service; High safeguarding risk; Fails to engage. **After Starting:** Client withdrew from service; Client failed to engage; Safeguarding risks to high; Illness or death; Referral to another more appropriate service; Moved away from Northamptonshire.

4. *Career Progression:* Review career progression for SPLWs, as currently there is a feeling that progression routes within Spring and social prescribing are not good. This will limit the recruitments of link workers into Spring and damage the potential growth of social prescribing in the county.
5. *Impact Measurement:* The health sector is traditionally focused on hard data designed to understand the efficacy of programmes. This evaluation has demonstrated the significant value that Spring has delivered, but the data on precise impact linked to wider health outcomes (and health service usage) remains under-researched (although the possible future addition of the NARP data to this evaluation may deepen understanding here). Therefore, detailed work to fully understood the impact of Spring, utilising the baseline social impact work developed here, would be beneficial.
6. *Partnership Working:* There is a need to enhance the partnership model of work within Spring, to ensure that the partners' collective mass (skills, resources, purchasing power) within the project is fully brought to bear. Spring has to date shown itself to be a very well-developed and high-functioning partnership model, but refinements around this, alongside defining very clear boundaries of responsibility would be beneficial.

1. Overview

Spring is a Northamptonshire based community-driven support network that seeks to help people lead a full and meaningful life whilst managing long term health concerns. It offers an effective and locally sourced social prescribing model of health care that seeks to increase the wellbeing and mental health of at risk-communities in Northamptonshire that is supported by the NHS and Public Health Northamptonshire. This social prescribing initiative links people to local services that seek to improve their mental health, rediscover pleasures, and take control of their own life through an intensive six-to-twelve-month programme. The goal is to encourage close connections to the community that encourage positive habits and the building of sustainable social networks so that when the service user exits the programme, they feel an innate part of the community.

The use of social prescribing has grown as health services tackle growing budgetary and economic challenges, and attempt to manage the increase in chronic conditions, such as diabetes and mental illness (NHS Digital, 2018; NHS England, 2017). Chronic conditions are exacerbated by loneliness, which can cause individuals to see the world as threatening, triggering psychological stress responses (Cacioppo and Cacioppo, 2018). As a remedy to this, people experiencing loneliness more frequently attend primary care institutions as a safe source of social connection, which can place strain on services (Cruwys et al., 2018). The impact of loneliness; however, goes further than the financial implications for health care services. Currently, the number of over 50's expected to experience loneliness is set to reach two million by 2025/26 in the UK, a 49% increase in 10 years, with those individuals 26% more at risk of death (Campaign to End Loneliness, n.d.).

The impact of loneliness and the strain it puts on both the individual and the healthcare system has led to alternative non-medical solutions, including social prescribing. Social prescribing enhances the individuals' social connections, improving the well-being of patients suffering long-term conditions (Kimberlee, 2015). The goal of social prescribing is to encourage self-management of illness and reduce the need for primary care. As the name suggests, social prescribing has a significant social element, with service users signposted toward 'Link Workers' who encourage engagement in community groups and programmes, to help develop a sense of belonging (Rempel et al., 2017). Research has shown that these interventions are cost-effective and enhance health and wellbeing; however, there are questions as to why social connectedness enhances health outcomes,

and how best to target and understand its effects on those participating to maximise the benefits of future programmes (Bickerdike et al., 2017; Polley et al.,2022).

As social prescribing is more commonly adopted by healthcare practitioners, approaches to evaluation have continued to evolve. There have; however, been difficulties in the adoption of a standard model, in part due to the diverse application of approach, activities promoted, intensity of the intervention and model of action (Elliot et al., 2022). Such variety in social prescribing has led to inconsistent research designs or non-generalisable evidence on how and why these interventions are successful (Bickerdale et al., 2016).

Examining prior evaluations, Elliot et al. (2022) and Bickerdale et al. (2016) have highlighted themes of acceptable and high-quality research: Stakeholder involvement; mixed-methods; a multilevel and coordinated research framework; and the use of evaluation to inform. These aspects are included within the research design, with attention paid to the characteristic that sets Spring apart from other social prescribing initiatives including its intensity. This report represents the final analysis point for the project, with the full findings, recommendations and impact calculations made from the data gathered and analysed.

2. Literature Review

2.1. Social Prescribing

Social prescribing is not a new concept but has more recently gained momentum in healthcare across England. The NHS long term plan, in 2019, sets out a shift in patient care towards a more person-centred approach and this is supported by the NHS Comprehensive Model of Personalised Care (NHS, 2019). This model was developed with six key components (shared decision making, personalised care and support planning, enabling choice – including legal rights to choice, social prescribing and community-based support, supported self-management, personal health budgets); all of which focus on enabling individuals to take control of their own health and wellbeing. The NHS (2019) aimed to have 1,000 trained social prescribing link workers in post by the end of 2020/2021with a further goal of at least 900,000 people to have been referred to social prescribing by 2023/2024.

Social prescribing forms a key part of the NHS strategy in supporting the sustainability of primary care (Zhang et al., 2021), with its emphasis on non-clinical interventions to improve well-being and can be used in isolation or alongside existing medical treatments to support individuals (Bickerdike et al., 2017). Social prescribing involves linking individuals with community-based activities, such as arts programs, exercise groups, or support services, to address social, emotional, and practical needs. The goal of social prescribing is to encourage self-management of illness and reduce the need for primary care. This approach acknowledges that health is influenced by social, economic and environmental determinants (Peretz et al., 2020). As the name suggests, social prescribing has a significant social element, with service users signposted toward 'Link Workers' who encourage engagement in community groups and programmes, to help develop a sense of belonging (Rempel et al., 2017).

2.2. Why Social Prescribing?

In a discourse analysis of academic research into social prescription, Calderon-Larranaga et al. (2021a) identified three main discourses: social prescribing as helping to overcome the social determinants of health, social prescription as supporting patients' journeys towards self-activation, social prescription as enhancing personalised care in general practice. GPs reported seeing increases in individuals with what they termed 'social problems' such as social isolation, loneliness,

housing issues and bereavement although there was limited focus on the value of link workers to support and advise on these re-occurring issues. As a result of the increasing reliance on health and social services, social prescription is framed within the academic literature (Bickerdike et al., 2017; Zhang et al., 2021), as a potential alternative to individuals' over-reliance on public services. In this sense, social prescription is portrayed as helping individuals to move from dependency (also described as lack of control or vulnerability) to self-efficacy (also described as independence or activation).

A range of needs – including those caused by chronic conditions - are exacerbated by loneliness, which can cause individuals to see the world as threatening, triggering psychological stress responses (Cacioppo and Cacioppo, 2018). As a remedy to this, people experiencing loneliness more frequently attend primary care institutions as a safe source of social connection, which can place strain on services (Cruwys et al., 2018). The impact of loneliness, however, goes further than the financial implications for health care services. Currently, the number of over 50's expected to experience loneliness is set to reach two million by 2025/26 in the UK, a 49% increase in 10 years, with those individuals 26% more at risk of death (Campaign to End Loneliness, n.d.). The impact of loneliness and the strain it puts on both the individual and the healthcare system has led to alternative non-medical solutions, including social prescribing. However, whilst Foster et al. (2021) found that a national social prescription pathway over 2 years improved scores for loneliness, Reinhardt, Vidovic and Hammerton (2021) found that evidence is too varied and limited to make firm conclusions about social prescription's effectiveness to address loneliness.

The use of social prescribing has grown as health services tackle growing budgetary and economic challenges, and attempt to manage the increase in chronic conditions, such as diabetes and mental illness (NHS Digital, 2018; NHS England, 2017). Social prescribing has gained attention for its often-reported effectiveness in addressing a diverse range of health and well-being issues. These include loneliness and social isolation (fostering a sense of community, social connectedness and belonging), mental health issues (reducing symptoms of depression and anxiety), chronic conditions (improved health outcomes and overall wellbeing), physical health needs (including enhancement of quality of life). Research also evidences the positive impact of social prescribing on community engagement and reductions in the use of public healthcare services (Elston et al., 2015; Kimberlee, 2015; Morton et al., 2015).

When analysing the academic literature into social prescription, Calderon-Larranaga et al. (2021a) found that appointments with clinicians in primary care were often described as 'rushed', 'hurried' and 'impersonal'. Social prescription offers an alternative of 'time and space' to counteract these relational misgivings with clinical healthcare staff. Hence, the personalised nature of social prescribing interventions allows for tailored approaches to individuals' needs, fostering a patient-centred model of care (Tierney et al., 2020). Connecting people to local resources and services can enable them to gain a sense of control over their health and well-being. Furthermore, economic evaluations suggest potential cost savings associated with social prescribing, as preventive measures and community-based interventions may mitigate the demand for more intensive and costly healthcare interventions.

Existing literature on social prescribing through communities underscores the significant role of community-based interventions in promoting holistic well-being and addressing social determinants of health (Pescheny et al., 2019). Numerous studies highlight the positive impacts of connecting individuals to local resources and activities (see a recent review by Cooper et al., 2023). The integration of social prescribing within the context of general practitioner (GP) surgeries has emerged as a promising strategy to address both medical and social determinants of health (Peretz et al., 2020). Existing literature highlights the potential benefits of this model in enhancing patient outcomes and healthcare system efficiency (Whitelaw et al., 2017).

2.3. Challenges and Opportunities

Despite these positive impacts, challenges exist in terms of standardising social prescribing practices, ensuring equity in access, and establishing robust evaluation frameworks. Social prescription, as outlined previously, is framed and conceptualised within a 'solutionist' paradigm (Calderon-Larranaga et al., 2021a). This becomes problematic, as this conceptualisation has pushed research to measure impacts rather than or in addition to evaluating to what extent social prescription succeeds in supporting individual needs as well as healthcare systems. According to Costa et al. (2021), a universal definition of social prescription has not been determined with differing conceptualisations being used. This is challenging when measuring the effectiveness of social prescription interventions, with variables such as length of intervention and the type of support (such as face-to-face or remote) will influence the service-users experiences of social prescription. Costa et al. (2021) highlighted that some of the research they reviewed neglected to

report the length of the intervention which can only lead to further contradictory findings and biased results.

In a review by Husk et al. (2019), successful social prescription pathways are achieved with three key stages of enrolment, engagement and adherence. The enrolment stage sees the patient considering whether they think the referral will be good for them; will social prescription help them with their condition/s, and will the activity meet their needs? In the second stage of engagement, accessibility of the activity is understood in regard to cost, proximity and practicality. Patients should feel informed and confident about the activity in order to achieve attendance at the first session. Adherence, as the last stage, is achieved with skilled leaders that facilitate the activities and this then is related to a change in the patient's condition. According to Husk et al. (2019) and Costa et al. (2021) social prescription consists of various relationships and the link worker is key to its success.

Indeed, the literature on social prescribing emphasises the critical role played by professionals involved in the implementation and facilitation of social prescribing programmes (Peretz et al., 2020; Tierney et al., 2020). This includes a diverse range of staff, such as link workers, health coaches, and community navigators [called Social Prescribing Link Workers (SPLWs) in Northamptonshire], who act as intermediaries between healthcare services and community resources. According to Costa et al. (2021), Hassan et al. (2023) and Husk et al. (2019), evidence of the key role that link workers play in the effectiveness of social prescribing is abundantly clear, although link worker roles vary significantly. Personalisation of individual needs is important in directing the service-user to the most appropriate activities and according to Yadav et al (2024), this will result in greater satisfaction, enjoyment and motivation. Therefore, the training and qualities of social prescribing staff and any associated volunteers (Whitelaw et al., 2017) significantly influence program effectiveness. Studies suggest that staff with strong interpersonal skills, cultural competence, and the ability to build rapport with diverse populations contribute to better patient engagement. The capacity to understand individual needs and connect patients with suitable community activities is crucial for successful outcomes (Griffiths et al., 2022). Additionally, literature emphasises the importance of collaboration and communication skills among social prescribing staff (Morris et al., 2022).

In a review of the literature into social prescription for people with long-term chronic conditions, Yadav et al. (2024) supported these previously mentioned findings with regards to the key role of social prescriber. A fundamental aspect of the social prescriber is to build trust with the service-user, and this can be developed through strong interpersonal skills and attentive listening. These skills are easier achieved through face-to-face interactions which result in higher levels of quality service and trustworthiness. Barriers to engagement with social prescription interventions are frequently associated with individual's self-perception, motivation, and confidence (Calderon-Larranaga et al. 2021a). In the studies reviewed by Yadav et al. (2024), frequent disengagement was reported for people with multiple long-term conditions which impacted on their mental wellbeing. Issues with anxiety, lack of confidence, social isolation and perceived sense of dependence on the social prescriber were associated with higher absenteeism and higher drop-out in the prescribed activities. The most reported barriers to engaging with social prescription activities were adverse economic conditions, travel related time and costs, limited internet access and low digital literacy, length of intervention periods, unsafe intervention environments, unavailability of desired activities, inconvenient timing, unavailability of suitable age related and gender specific interventions, language barriers and cultural inappropriate services (Yadav et al. 2024).

Hassan et al. (2023) proposed that there are three core elements for the success and sustainability of social prescription: personalised approach, public involvement and whole systems working. In reviewing the challenges faced in implementing effective and sustainable social prescription services in the Northwest Coast region of England, Hassan et al. (2023) reported on both internal and external influences. Internal influences included capacity at the local level and the concerns raised about increasing demand on link workers. Services had been evaluated with both qualitative and quantitative measures and challenges to complete the evaluations were noted as availability of staff, costs, issues of measurement, data collection issues and delivering outcomes (Hassan et al., 2023). External influences highlighted the multifaceted nature of social prescription and a need for clear leadership and co-ordination (Hassan et al., 2023). There was a clear need for long term investment with challenges in securing adequate funding and resources. A further external influence was data sharing to obtain better evidence for social prescription effectiveness (ibid).

Effective partnerships between healthcare providers, community organisations, and social prescribing professionals are vital for creating a seamless referral process and ensuring that patients

receive appropriate support. Ensuring that these professionals are integrated effectively into healthcare teams and community networks is crucial for maximising the impact of social prescribing initiatives (Aughterson et al., 2020). This includes staying updated on community resources, understanding the social determinants of health, and honing skills related to motivational interviewing and behaviour change. Continuous training is essential for adapting to the evolving landscape of community services and maintaining the quality of social prescribing interventions.

2.4. Evidence of Impact

Whilst evidence of the effectiveness of social prescription is mixed, research has shown that these interventions can be cost-effective and enhance health and wellbeing, however, there are questions as to why social connectedness enhances health outcomes, and how best to target and understand its effects on those participating to maximise the benefits of future programmes (Bickerdike et al., 2017; Polley et al., 2022). As the concept evolves, understanding its effectiveness and refining implementation strategies are crucial for maximising its potential benefits in promoting a more comprehensive approach to healthcare. As social prescribing is more commonly adopted by healthcare practitioners, approaches to evaluation have continued to evolve. There have, however, been difficulties in the adoption of a standard model, in part due to the diverse application of approach, activities promoted, intensity of the intervention and model of action (Elliot et al., 2022). Such variety in social prescribing has led to inconsistent research designs or non-generalisable evidence on how and why these interventions are successful or not (Bickerdale et al., 2017).

Continued research is essential to deepen our understanding of the long-term impacts and to refine the implementation of social prescribing programs for maximum effectiveness in diverse healthcare settings. Identifying areas of good practice will help to maximise effectiveness across delivery partners. In a realist review of social prescription literature, Calderon-Larranaga et al. (2021b) identified four fundamental areas for good practice to be implemented:

1. Individual characteristics – the stakeholders buy in to social prescribing and knowledge of the patients' circumstances and appropriate services/organisations;
2. Interpersonal relations – interactions within and across sectors;
3. Organisational contingencies – practice culture, relevant training opportunities, accessible resources;
4. Policy structures – bottom-up policy making with suitable monitoring in place.

Findings across social prescribing research and evaluation suggest that varying success rates will be inevitable. According to Wakefield et al. (2022), social prescription is not definitively advantageous but can be, given the right resources. Social prescription pathways require effective collaboration between healthcare providers, service-users, and community organisations (Sun et al., 2023), as well as the development of sustainable funding models.

3. Research Aims

The evaluation adopted a mixed-methods design using quantitative and qualitative research methods involving a range of stakeholders at different levels. The overall aims of the evaluation are outlined below.

Research Aim 1: Explore the impact and experiences of the social prescription pathway for service users.

- 1.1: What impacts do Spring service users report during and after participation in the pathway (with particular emphasis on personal wellbeing, self-efficacy and behaviour change)?
    - 1.1.1: For those that have access to the Wellbeing Activation Fund, what added value (if any) does this bring?
- 1.2: What are the experiences of service users participating in the Spring pathway (with particular focus on barriers, enablers and aspects of personalisation)?
- 1.3: What are the opinions of Primary Care Referrers to Spring, regarding patient outcomes?

Research Aim 2: Assess the integration of the Spring Pathway in Northamptonshire.

- 2.1: What barriers and enablers exist that impact on healthcare stakeholders or voluntary organisations' engagement with Spring?
- 2.2: How does interplay between context, environment, and people (staff and service users) impact on social prescribing and its outcomes?
- 2.3: Compare and Contrast the Spring social prescription programme with the PCN Link Workers SP Model[12].
- 2.4: How do differing aspects of social prescription interventions perform within an intensive programme?[13]

[12] This has been dependent on the research team receiving access to secondary data and primary data collection opportunities through the Primary Care Network Link Worker delivery organisations in the county (Age UK and the General Practice Alliance). Please see the Data Limitations section later in the report.
[13] It should be noted that the comparisons between SP programmes and intervention aspects has been dependent upon the statistical data that has been shared with the research team relating to programme performance and outcomes. Whilst this was also be explored in the qualitative data capture, the qualitative methods do not offer direct comparisons (just perceptions of differences). Gaps in the data are explored later in this report in the Data Limitations section.

Research Aim 3: Develop a Social Impact Measurement Framework to evaluate the impact of the project for both service users and society.

- 3.1: What has been the social impact of Spring?
    - 3.1.1: Specifically, what evidence is there that Spring reduces patient use of health and social care services?
- 3.2: What benefits does the programme offer to wider society (monetised or otherwise)?

4. Methodological Approach

Social prescribing is a relatively new practice that does not yet have a clear definition, with a variety of models existing (Pescheny, Pappas, and Randhawa, 2018). The different models of social prescribing ultimately involve different actors, routes, and organisations; therefore, multiple measures and research designs have been used to investigate the impact of social prescribing. Studies have been used to review the approaches of investigation into social prescribing methodologies (qualitative, quantitative, or mixed-methods), the actual measures used, and the outcomes (Kinsella, 2015; Thomson, Camic, and Chatterjee, 2015; Bickerdikeet al., 2017; Chatterjee et al., 2018; Pescheny, Pappas, and Randhawa, 2018). Undoubtedly, Randomised Control Trials are the best approach to use to investigate the effect size of interventions to improve health (Campbell et al., 2000); nonetheless, these do not allow for the understanding of the reason why the intervention works (or does not), the impact of the different actors involved, the factors that might or might not lead to success, how environmental context plays a role in the process, and the barriers and facilitators to success (Pescheny, Pappas, and Randhawa, 2018). Therefore, for the evaluation of Spring Northants, the UON research team utilised a mixed-methods, comparative approach with a focus on social impact.

4.1. Qualitative Methods

The qualitative arm of the project investigated specific aspects of Spring Northants by involving clients, Social Prescribing Link Workers (SPLWs), commissioners and relevant community stakeholders, and Voluntary, Community and Social Enterprise (VCSE) representatives. The design of the qualitative element of the evaluation was based on existing research/evaluation into social prescription (Costa et al., 2021; Husk et al., 2019), and the key areas for consideration in capturing process and impact on patient pathways. The methods outlined below aimed to capture *what* works, *who* it works for, and *why* it works based on a range of stakeholder and client feedback.

4.1.1. Service user engagement (Spring & PCNs)

The research team recruited and followed eight (n=8) Spring Clients through their social prescription pathways. The participating clients were at various points through their six-to-twelve-

month referral with Spring, having engaged in varying activities. Data collection followed the process outlined below:

- Two telephone interviews (one at enrolment, and one during engagement).
- An 'on the ground' interview at the VCSE service/ activity whilst the client was in attendance.
- A final in-depth interview mapping the client's pathway through their social prescription experience.

The Spring case studies (see Appendix B) captured client feedback, identifying key experiences arising in relation to behaviour change and beliefs, relationships and processes, engagement and adherence, alongside perceived outcomes. Crucially, the client interviews were longitudinal in nature (initial interview and follow-up interviews with clients/patients), so that rich, in-depth data was gathered on the impact that Spring has on individuals over time, in a way that is then directly compared with the PCN SPLW model. PCN patients were recruited (n=5) and one interview was conducted with each patient. Each interview followed the same schedule used for Spring clients. The data collected from PCN patients enabled the researchers to make some comparisons across Spring and PCN social prescription delivery as well as create case studies for the PCN patients' experiences (see Appendix C).

The research team have also analysed Spring client data across experiences, in response to the research aims.

4.1.2. Link worker engagement (Spring & PCN SPLWs)

Engagement with Social Prescribing Link Workers (across both Spring and the PCNs) aimed to incorporate two strands of activity: introductory sessions and focus groups (with Spring SPLWs and PCN SPLWs) and an online discussion board for Spring SPLWs. These two strands of activity enabled the research team to:

- Evaluate Spring SPLWs role in the pathway (including perceived and realised engagement with clients/patients, procedural requirements, facilitators and barriers to the completion of their work).

- Review Spring SPLWs Continuing Professional Development and support needs as SPLWs.

- Deliver training for evaluation recruitment.

This engagement was completed via an initial introductory session with Spring SPLWs to introduce the evaluation and their role within it, followed by a focus group about their roles, experiences and needs. The research team conducted two focus groups with Spring SPLWs (September 2023 and January 2024), which included an introductory session and focus group with eleven Spring SPLWs for the September focus group and nine Spring SPLWs for the January focus group, plus four further participants who engaged with the Padlet[14]. An introductory session and focus group were also conducted with two SPLWs from one PCN (North Northants) and another was conducted with two SPLWs from a further PCN (East Northants). A focus group was also conducted with two managers who have experience of both Spring and PCN social prescription pathways. The aim here was to capture their knowledge and expertise on the similarities and differences between the social prescription models. Table 4.1 overleaf breaks down the qualitative sample.

4.1.3. Primary care referrers to Spring

Our initial evaluation proposal included data collection with Primary care referrals to Spring. Attempts were made to link with these professionals on a number of occasions through the team's existing networks but unfortunately it was not possible to recruit for this part of the data collection. Comparisons have been made using other available data, including the interview/focus group data and quantitative data related to referrals.

4.1.4. Voluntary Community Social Enterprise engagement

The evaluation team interviewed three VCSE representatives to capture:

- Contextual information to support the various aims of the evaluation;

[14] Padlet is primarily a teaching tool and is used at the University of Northampton but can also be used to gather data through questions posed on its Discussion Board feature. Please see: https://askus.northampton.ac.uk/Learntech/faq/186128

- VCSE experience and feedback on being involved in the Social Prescription pathway in Northamptonshire.

4.1.5. Stakeholder interviews

Nine stakeholders were recruited and interviewed on their experiences of the development, delivery and impact of Spring. Stakeholders included leaders and senior management team members in delivery organisations and individuals holding commissioning roles within Spring itself. Within the report, stakeholder quotations are not aligned to specific organisations or role titles, in order that participants could speak freely. Every effort has been made to reduce the potential for identification through the quotations used to illustrate the themes arising from their contributions.

4.1.6. Overall qualitative sample

Stakeholder	Method of engagement	Number of attendees	Number of engagements
Spring SPLWs	Focus group and Padlet	24	11 attendees to the 1st focus group, 9 attendees to the 2nd focus group and 4 contributors to the Padlet
Spring clients	Interviews	8	Clients 1-3: 3 interviews Clients 4 and 5: 2 interviews Clients 6-8: 1 interview
PCN SPLWs	Focus groups	4	2 separate focus groups with 2 attendees at each
Spring/PCN managers	Focus group	2	1 focus group undertaken involving the two Spring/PCN managers
VCSE representatives	Interviews	2	1 interview undertaken with each VCSE representative
PCN patients	Interviews	5	1 interview undertaken with each patient
Spring stakeholders	Interviews	9	6 interviews undertaken, ranging from 1 to 3 participants

Table 4.1. Qualitative Sample Breakdown

4.2. Quantitative Methods

The quantitative dimension of the research primarily aimed to explore the influence of social prescribing on service users. This involved gathering data from two sources: primary data collected by the ISII and secondary data supplied by Spring Northants. The primary data was obtained through a survey, available both online and in paper format. The survey was administered at two key points: initially when the service user was referred through social prescribing (Time 1) and again after 6 months or the necessary duration for the programme to manifest its impact on the patients (Time 2). The survey was structured to comprehensively gauge the impact on service users, focusing on several key aspects. Notably, the survey explored:

- *Service User Demographics:* Age, gender, ethnicity, employment status, living arrangement and identification of belonging to vulnerable groups.
- *Healthcare Appointments:* Number of appointments with GPs and other clinics, assessing changes over time to understand the impact on the demand for GP and clinic services.
- *Service Delivery Information:* Length of participation in the programme and details about the referring organization.
- *Psychological Scales:* Utilization of user-friendly, academically validated, and robust psychological scales, including General Self-Efficacy Scale, Three-Item Loneliness Scale, and Quality of Life Scale. These scales aim to investigate well-being, loneliness, and quality of life at both the programme's commencement and its conclusion, providing insights into the impact of Spring Northants on these critical areas.
- *Feelings and Perceptions of Social Prescribing:* Participants' subjective feelings and perceptions regarding the social prescribing experience.
- *Programme Outcomes:* Collected exclusively at the conclusion of the participation in the programme, capturing the overall outcomes and achievements of the programme.

The secondary data, sourced from Spring Northants, encompasses a wealth of valuable information to aid in the investigation of the programme's impact on both patients and the healthcare system. This data includes:

- *Demographic Information:* Comprehensive details regarding the demographic composition of the participants.

- *Physical and Mental Condition Information:* Insight into the participants' physical and mental health conditions, offering a holistic understanding of their well-being.
- *Programme Commencement Details:* Information about the participants' initial engagement with the programme.
- *Resilience and Wellbeing Data:* Data captured through the use of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the Wellbeing Star at the baseline (T1), 6 months (T2), and 12 months (T3). These tools measure resilience and well-being, providing valuable indicators of participants' mental health.
- *Action Plans:* Details of the action plans devised for participants to collaboratively work on with the delivery partners. This sheds light on the tailored strategies implemented to address individual needs.
- *Exit Interviews:* Evaluation data obtained through exit interviews, assessing the overall outcomes of the programme. This information is crucial for gauging the programme's effectiveness and impact on participants.

By analysing this comprehensive set of secondary data, the research team aimed to gain a nuanced understanding of the programme's influence on individual service users, as well as its broader implications for the healthcare system.

5. Analysis and Demographics

5.1. Qualitative Analysis and Demographics

Qualitative data collected from the interviews and focus groups was coded and analysed thematically using both pre-determined categories derived from the literature and secondary sources as well as through identification of themes from the interview, focus group and online discussion board data (Braun and Clarke, 2022). The process used a six-step Thematic Analysis framework, as outlined by Braun and Clarke (2006), including 'data familiarisation,' 'data coding,' 'theme identification,' 'theme review,' 'theme refinement and naming,' and 'reporting' (Braun and Clarke, 2006; Braun and Clarke, 2022). This method helped to uncover patterns within qualitative data, guiding the researchers through the process of engaging with the data, creating codes, and developing themes or categories (Braun and Clarke, 2006). Demographic summaries of the Spring clients are presented in table 5.1 overleaf.

Client	*Organisation*	*Stage in Journey at Point of Referral*	*Sex*	*Age*	*Region*	*Highest Educational Qualification*	*Employment*	*Social Prescribing Activity/Activities Engaged*
1	Northants Carers	Start	Male	57	East Northants	Unknown	Unemployed	Walk on the Wild Side, dog walk
2	GPA	Start	Female	41	Northampton	Unknown	Unknown	Living Well
3	Northants Carers	Halfway	Female	Unknown	East Northants	Unknown	Volunteer	Power of the Mind, The Greenpatch, Walk on the Wild Side, Soul Haven
4	GPA	Halfway	Female	64	Northampton	College	Works part-time	Diabetic meetings, Northampton Pain Support Group, Kintsugi Hope, health and wellbeing coach, collage group
5	GPA	Recently finished	Male	68	Northampton	Unknown	Works part-time	Diabetic meetings, walks, Soul Haven, wellness gym
6	Age UK	Start	Male	65	North Northants	University	Unemployed	Accommodation Concern referral
7	GPA	Halfway	Male	49	Northampton	Unknown	Unknown	Alpha stim trial, Community Law Service referral, Disability gym, Housing support
8	Northants Carers	Start	Female	64	Rushden	Unknown	Works part-time	Fibromyalgia support group, yoga group

Table 5.1. Spring client demographics and social prescribing activities

5.2. Quantitative Analysis and Demographics

Quantitative data was analysed through IBM's Statistical Package for the Social Sciences version 28.0.1.0, Excel, and Stata version 15. Descriptive statistics, paired-sample t-tests, correlations and ANOVAs have been implemented, to thoroughly test longitudinal changes in patient/service-users' wellbeing and explore demographic characteristic relationships within the data. This enabled the research to robustly assess whether long-term changes in these constructs are due to the two routes or are instead just random fluctuations.

5.2.1. Results from the Survey Tool

The following section provides an analysis of the data collected from two online surveys conducted between 4th August 2023 and 8th March 2024. The first survey was targeted at individuals currently enrolled within the Spring Northampton programme (n=43), whilst the other was targeted at those who had competed the programme (n=34), creating a combined sample size of 77[15]. Both surveys gathered demographic data, such as age, gender, ethnicity, education, living arrangements, and disability. This data can be comparatively analysed across variables related to organisation and health service engagements (e.g., clinic appointments; GP appointments) and personal circumstances (e.g., general self-efficacy; employment situation) to gain insight into the impact of the Spring Northamptonshire social prescribing intervention. The survey additionally utilised three validated scales[16]:

- **ULCA Three-Item Loneliness Scale (Hughes et al., 2004):** This scale is comprised of three statements assessing feelings of companionships, isolation, and exclusion. Participants select an answer from a three-point Likert scale running from 'Hardly ever' (1), to 'Some of the time' (2), to 'Often' (3).
- **General Self-Efficacy Scale (Schwarzer and Jerusalem, 1995):** This scale is comprised of ten statements assessing feelings of confidence and the ability to achieve personal goals. Participants select an answer from a five-point Likert scale running from 'Strongly disagree' (1), though 'Neither agree nor disagree' (3) to 'Strongly agree' (5).

[15] The sample size was 84 however seven participants did not consent for the responses to be used in the research.
[16] After data was collected each of these scales were subjected to a Cronbach-α statistical test to internal consistency within the measures. The results showed high levels of internal consistency: Three-Item Loneliness scale, α=.910; General Self-Efficacy Scale, α=.942; ED-5D, α=.802; Social prescribing scale, α=.767. These are all above the accepted minimum of .70 as outlined by Kline (2020).

- **ED-5D Health Scale (Gusi et al., 2010):** This scale is comprised of five statements related to the participants health. Participants select an answer from a five-point Likert scale running from 'I have no problems' (1), though to 'I have moderate problems' (3) up to 'I have severe/extreme problems' (5).

In addition to the validated scales, a bespoke scale was created to gauge participants' perceptions of their referral to social prescribing and assess how suitable it was for their needs. This four-item scale asked participants to select an answer on a five-point Likert scale running from 'Strongly Disagree' (1), to 'Neither Agree nor Disagree' (3), to 'Strongly Agree' (5).

5.2.1.1. Demographic Data

The demographic data was analysed to explore the sample make-up across factors such as gender, age, ethnicity, educational level and health challenges. The mean age of the respondents was 58.06 years (Range=33-86; SD=11.04). Gender representation was higher for women who made up a higher proportion of the sample size (76.62%), compared to men (23.38%). This disparity may be expected in studies of social prescribing services, with twice as many women accessing these interventions as men (National Academy for Social Prescribing, 2021; Cartwright et al., 2022). Regarding ethnicity, 84.42% of respondents identified as 'White', 'White – British', and 'White – English', with representation of other minority groups being 'Other White Background (5.19%), 'White – Irish' (3.90%), 'Black or Black British – African' (2.60%), 'Other Asian Background' (2.60%), and Asian or Asian British – Indian (1.30%)[17]. This distribution aligns with what may be expected in social prescribing initiatives which are, generally, either reflective of their local population (as this is for Northamptonshire) or have an overrepresentation of white participants[18] (Cartwright et al., 2022).

The educational level of the survey respondents was relatively balanced with no specific category of education overly dominant, with NVQ Level 2 being the largest at 19.48%. The employment status of the participants was also representative of what might be expected within a social

[17] Where possible patterns and trends will seek to analysis the impact of the various aspects of the intervention on each of the minority groups, however, in some cases due to the lower numbers of minority groups analysis will be conducted between 'White' and 'BAME', though the research notes this may not capture the full nuance of the interventions impact on minority groups.

[18] In 2022, 63.9% of the Northampton population identified as 'White – British' (Office for National Statistics, 2022).

prescribing intervention, with 29.87% not working[19], 25.97% retired, 12.99% part-time employed, 11.59% full-time employed, 6.49% unemployed, 5.19% identifying as carers, and 1.30% being students (Figure 5.1).

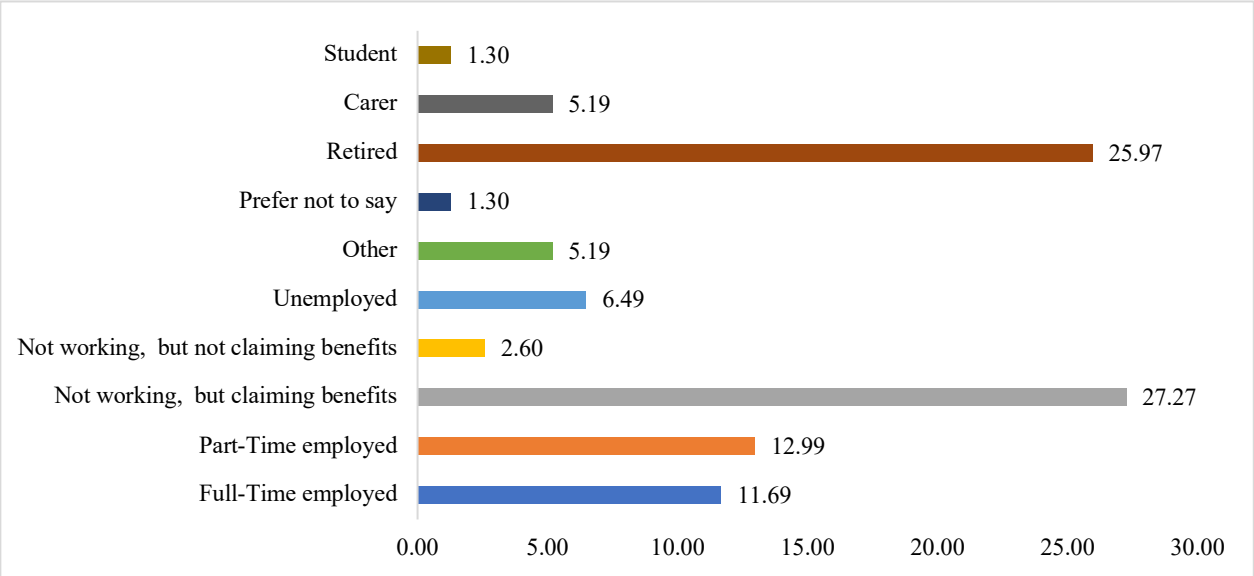

Figure 5.1. Employment status of survey participants at the time of their involvement in Spring Northamptonshire.

Data related to health showed that 85.71% of participants were experiencing a physical health challenge and 77.92% a mental health challenge. There is also a significant level of intersectionality, with 93.51% of the respondents' noting difficulties in two or more categories, suggesting complex needs within the Spring Northamptonshire cohort (Figure 5.2).

[19] Of this number 27.27% are claiming benefits and 2.60% are not claiming benefits.

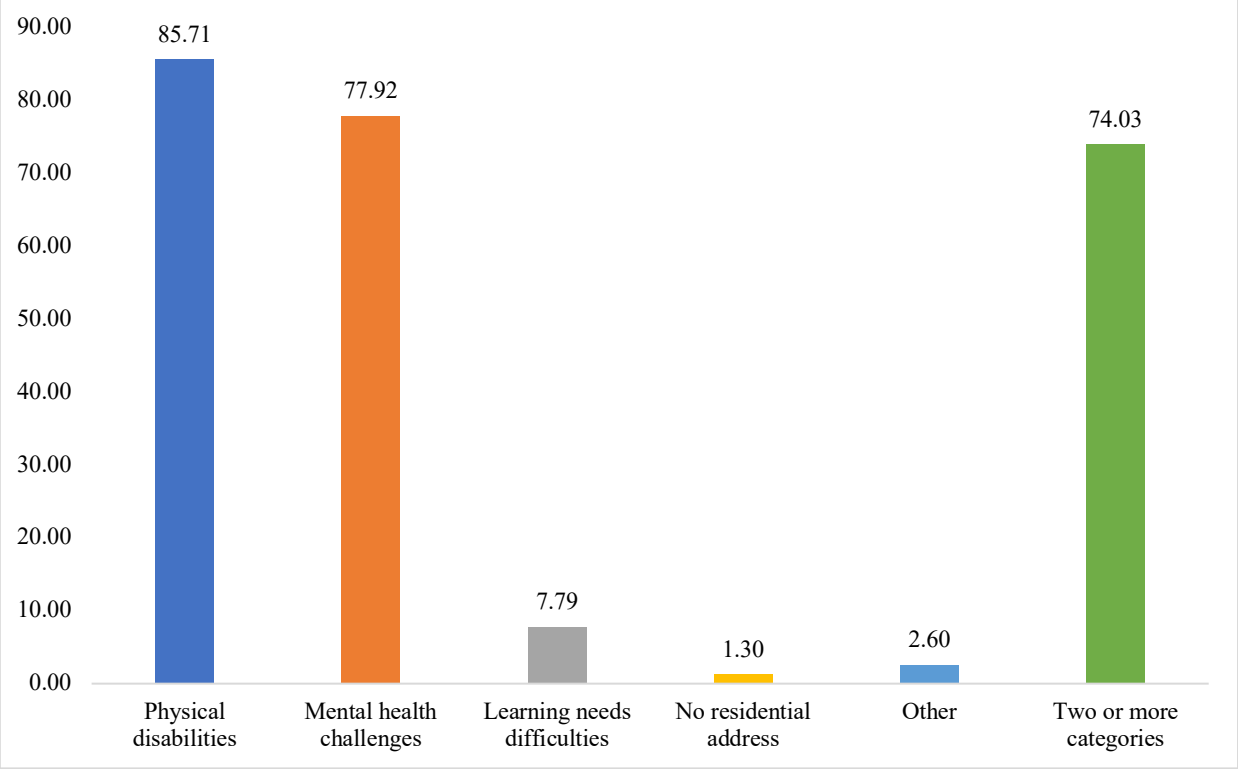

Figure 5.2. Responses to the survey question "Do you experience any of the following difficulties?" (%). Participants could identify with multiple difficulties.

The demographic data collected from the surveys suggests that the Spring Northamptonshire intervention sample-size aligns with what may be expected in the wider social prescribing and Northamptonshire contexts. This may mean that findings are both generalisable outside of the immediate context albeit acknowledging the relatively low sample-size of 77 participants, allowing Spring Northamptonshire to contribute to knowledge and best practice, and that learnings from other interventions are potentially comparable in highlighting the strengths and weaknesses of more intensive programmes. This may be mediated by the findings in Section 5.4.

5.2.1.2. Life Environment and Employment

Life environment and employment data were captured to measure the mediation the people within the participants direct ecosystem had on programme outcomes. In total, 57.14% of the survey respondents owned their own house or had a mortgage, 19.48% rented from the council, 11.69% privately rented, and 1.30% were in sheltered accommodation (9.09% selected other). Regarding shared accommodation, 42.86% lived with their spouse or partner, 28.57% by themselves, and 18.18% lived with their children (10.39% selected other). Neither living arrangements nor the individuals' participants lived with impacted feelings of isolation or loneliness. There was, however, close to statistical significance in the participants feelings of a lack of companionship and whether they lived by themselves or their children, compared to with a partner ($\chi(1)=12.020$; $p=.062$[20]) (Figure 5.3).

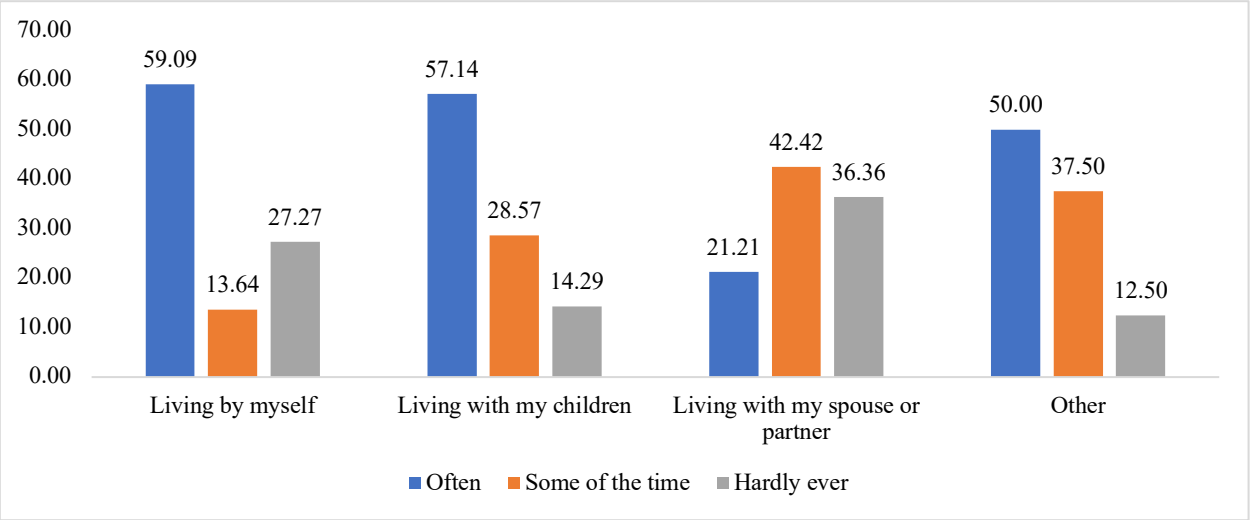

Figure 5.3. Responses to the item "How often do you feel a lack of companionship?", split by shared living arrangement.

The participants' employment situations impact on feelings of loneliness was additionally statistically significant. Although across the whole three-item loneliness scale there was limited statistical significance when exploring relationships, full-time employed people were less likely to feel a lack of companionship than all other categories (77.78% felt a lack of companionship 'hardly ever'), followed by retired participants (40.00%), and the unemployed ($\chi(1)=40.342$; $p<.001$).

[20] This was subject to a chi-square cross-tabulation statistical test, which looks for the statistical significance in the relationship between two ordinal or nominal variables.

Interestingly, deeper examinations of employment suggest that the more days an individual works, correlates with lowered feelings of companionship ($\chi(1)=12.329$; $p<.05$), feeling left out ($\chi(1)=15.985$; $p<.01$), and feeling isolated ($\chi(1)=14.607$; $p<.01$). This may support the hypothesis that intensity of interaction is an important contributor to the success of social prescribing initiatives, given its mediating influence in other aspects of the participants lived environment (Figure 5.4).

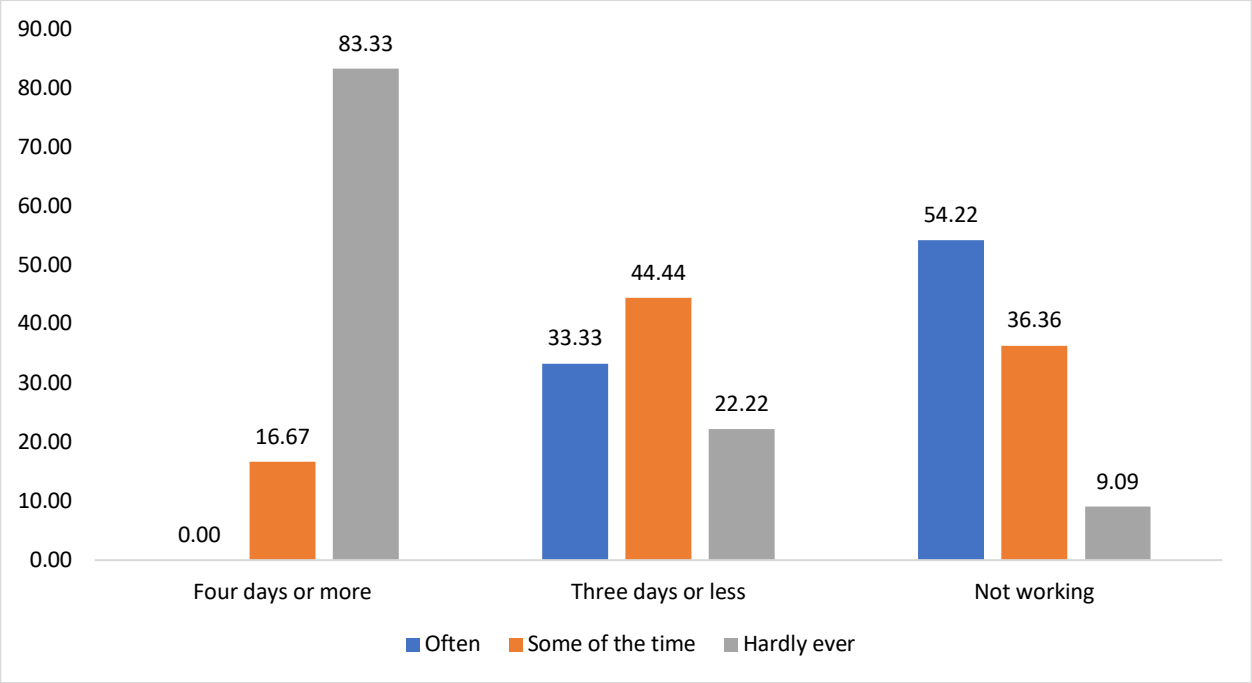

Figure 5.4. Responses to "How often do you feel that you lack companionship?", split by days worked per week.

5.2.1.3. Health Related

As part of the survey, participants were asked to share information on their attendance at GP appointments over the last three months. This data would allow for comparisons to be drawn between those involved in the programme and those who had completed it. Overall, participants attended an average of 3.96 appointments over the previous three months, with 4.02 for those still in the programme and an average of 3.88 for those who had completed it. Additionally, the longer a participant had been in the programme, the fewer GP appointments they had over the previous

three months, however, this pattern requires further investigation as it is not statistically significant[21] (Figure 5.5).

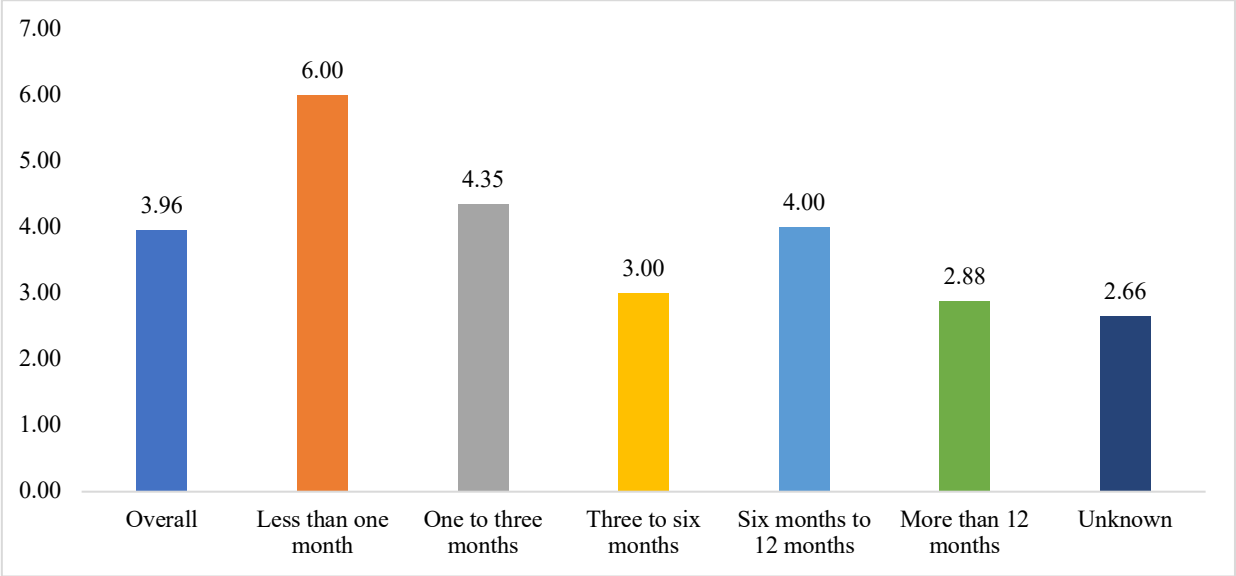

Figure 5.5. Average GP appointments over previous three months, split by time involved in Spring Northamptonshire.

There was no correlation between a participant's perceptions of their health and feelings of loneliness. However, there was a statistically significant correlation between a participant's health and their general self-efficacy. Specifically, participants who had a more negative perception of their health indicated a higher level of general self-efficacy (r=.245; p<.05). Further to this, the longer a participant spent within the programme, the higher their reported general self-efficacy. Although there was no statistically significant difference in the mean scores, there was an interesting correlation between time spent in the programme and reported responses to the statement two on the General Self-Efficacy scale: "If someone opposes me, I can find means to get what I want" (p=.53) (Figure 5.6).

[21] This was tested for significance through a Spearman's Correlation Statistical Test, which evaluates the relationship of two variables changing in the same direction.

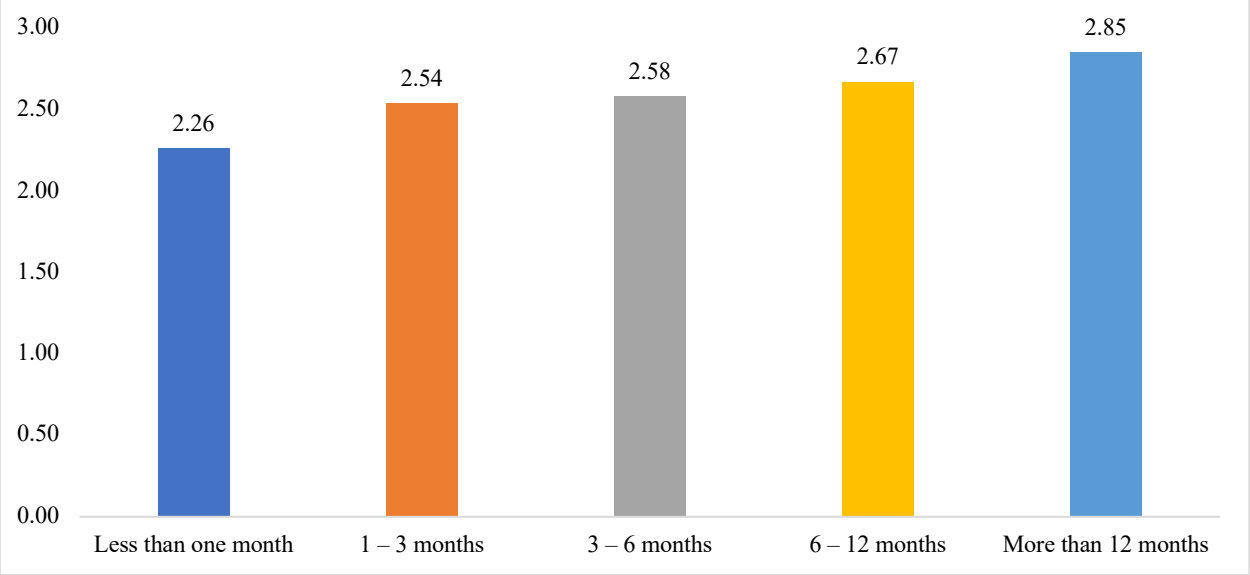

Figure 5.6. Mean General Self-Efficacy scores split by time involved with Spring Northamptonshire.

A possible explanation for this may be that individuals with more severe health challenges develop greater general self-efficacy, as they face repeated challenges. The impact on general self-efficacy that could be potentially attributed to Spring Northamptonshire may contribute to this by introducing social challenges that participants have had to overcome when engaging with new organisations. A means of testing this would be to examine the number of appointments participants have had and the impact on general self-efficacy, however, within this study there is limited data with only 28 of the 77 participants answering this question.

5.2.1.4. Personal Health

The EQ-5D questionnaire is used to measure five dimensions of health: mobility, self-care, usual activities, pain and discomfort, and anxiety and depression. This is complemented by a health thermometer where participants are asked to rate their general health on a scale of 1 to 100. The average means score for general health was 49.05, mediated by gender to 46.93 for males and 49.84 for females, with no significant variance between the groups[22]. Across all groups, the health scores between 31 and 40 were the most highly represented with 22.97% of responses (Figure 5.7).

[22] An ANOVA test was utilised to explore variance for statistically significant relationships.

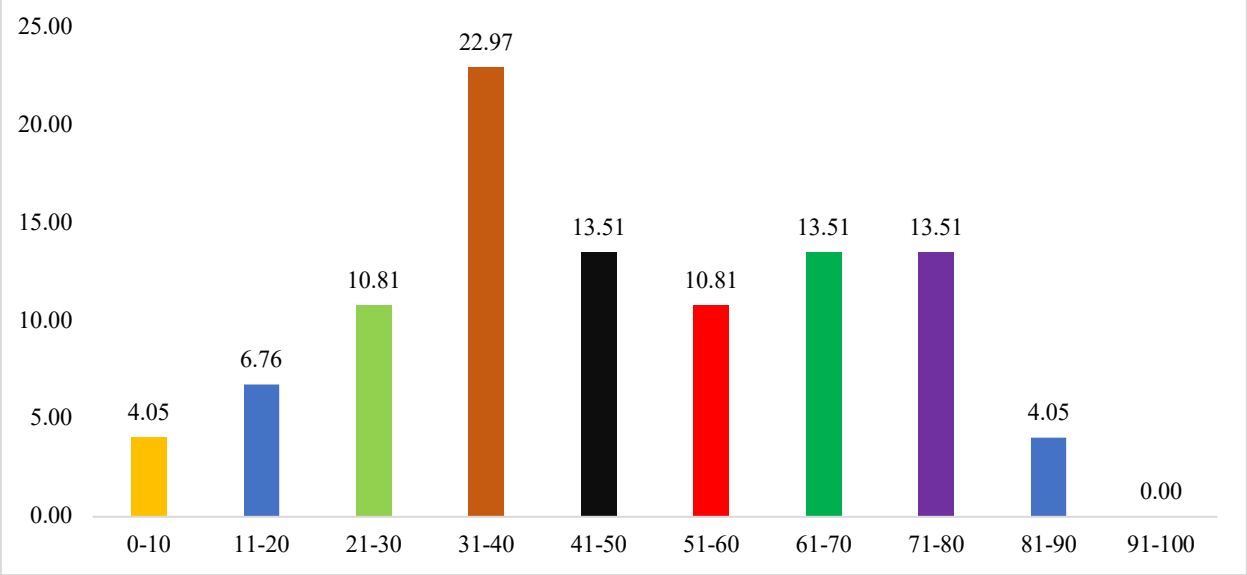

Figure 5.7. Results of the ED-5D health thermometer split into score ranges (%)

Regarding specific health-related issues, 38.67% of participants had severe issues with washing and dressing themselves and 16.00% were severely anxious or depressed. In total, 46.67% of participants were likely to have at least one category where they had severe problems (Figure 5.8).

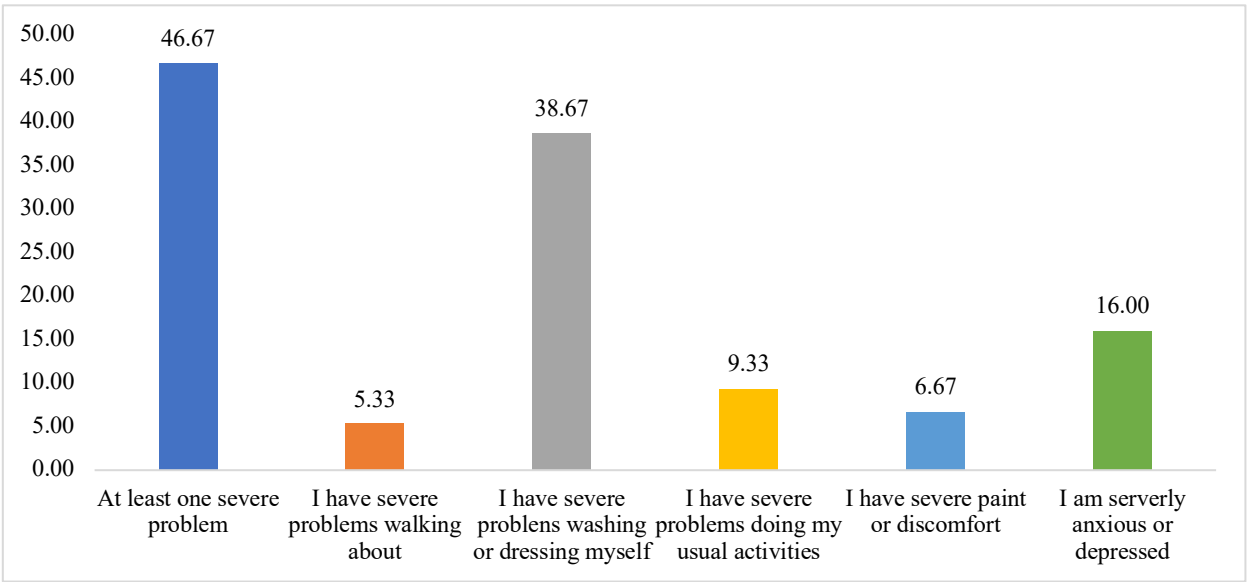

Figure 5.8. Percentage of participants who indicated severe problems in one of the ED-5D areas.

There was no significant correlation between participants who had at least one severe problem, compared to those who did not, with regard to loneliness or general self-efficacy. As noted in the

interim report, Spring Northamptonshire has a high number of participants with severe health challenges, which may not be expected within a social prescribing intervention. As has been noted in the qualitative data and the wider quantitative analysis (see sections 7 and 8), there were issues with inappropriate referrals into Spring, especially earlier in the programme and this may explain this data to a degree. Further investigation of this, and the impact of its unique characteristics on those with significant health challenges, should therefore be considered.

5.2.1.5. Spring Northamptonshire

The survey asked about participants' experiences with Spring Northamptonshire. There was an equal split between participants who believed that the decision to enrol in the intervention was a joint decision made between themselves and their doctor, with 36.36% either strongly agreeing or agreeing and 33.77% disagreeing or strongly disagreeing, with no statistically significant variation related to participant demographics.

Regarding the perceived collaboration between the doctor and the social prescribing team in ensuring the participant reached the best outcomes, 38.96% either strongly agreed or agreed, and 27.27% strongly disagreed or disagreed. However, there was a statistically significant variance in answers, depending on the participants educational background (f=2.097; p<.05) (Figure 5.9).

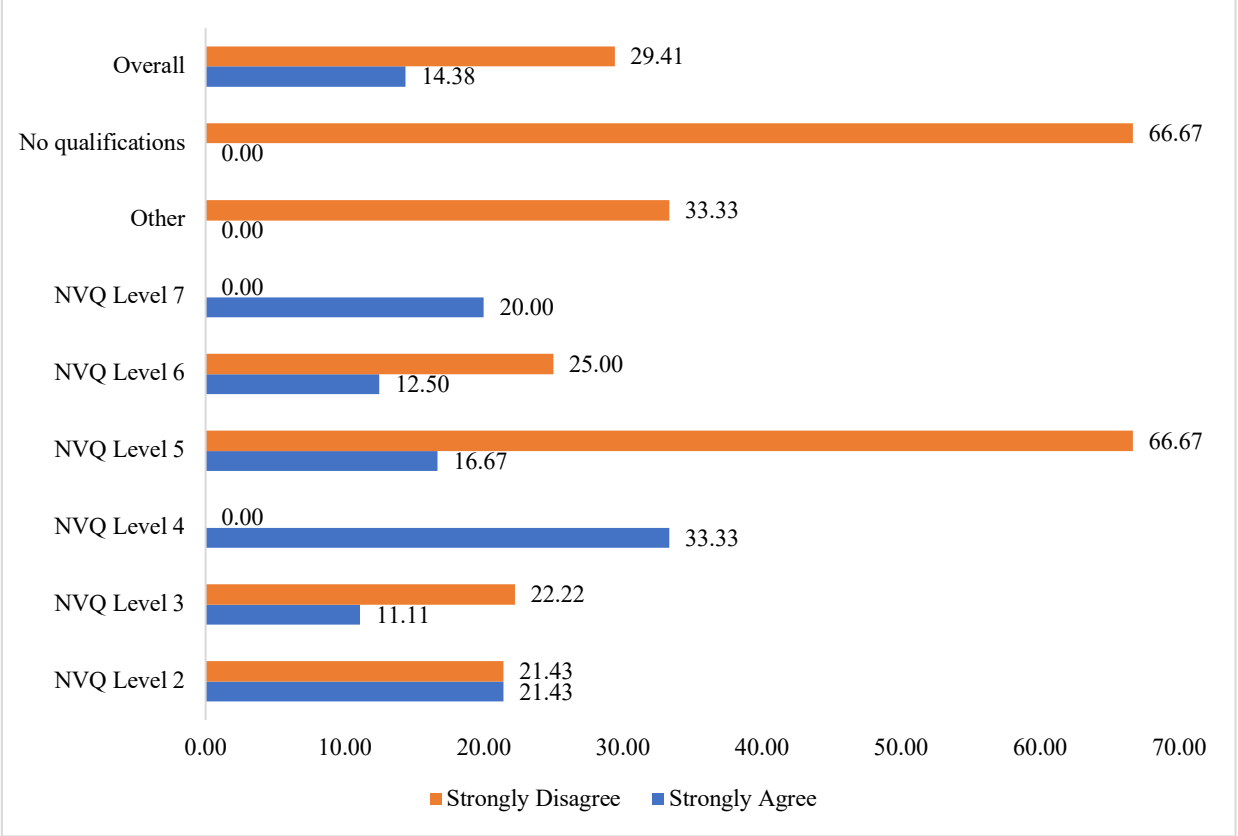

Figure 5.9. Variation of responses to the question "I believe that my doctor and social prescribing team are working together to ensure I get the bests outcome" (%)[23].

The was also a significant variance in response to two of the statements in regard to age. For the statement "The programme that was offered was personalised to my needs", 34.28% agreed or strongly agreed with the statement whilst 7.16% disagreed or strong disagreed, however, this peaked at 21.74% for people aged between 51 and 60 (f=5.151; p<.05). For the statement "The organisations have been easy to contact and communicate with", 34,28% of participants agreed or strongly agreed, however, older participants, were in general less positive and were less likely to strongly agree and most likely to disagree (f=6.719; p<.001) (Figure 5.10).

[23] NVQ Entry Level 1-3 and NVQ Level 1 removed due to low numbers.

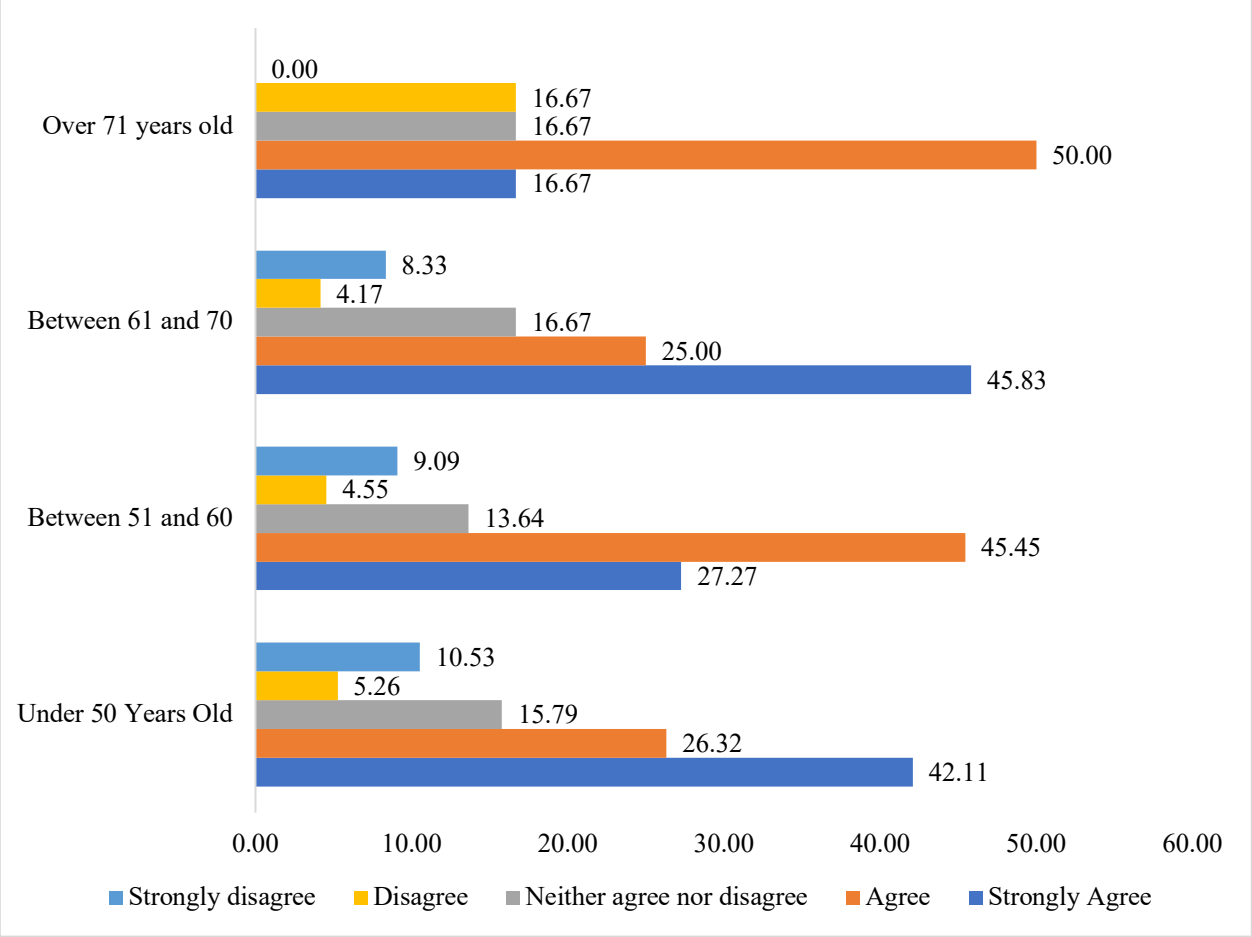

Figure 5.10. Variation of responses to the question "The organisations have been easy to contact and communicate with." (%)

Overall, participants were positive about their engagement with Spring Northamptonshire, with an average of 50.33% strongly agreeing/agreeing with the statements, compared to 20.45% strongly disagreeing/disagreeing. Despite this, there are statistically significant variances, which may indicate a need to examine communication strategies both between participants and organisations, and between participants and the doctors and stakeholders they engage with (especially mediated by their age).

5.2.1.6. Summary

The survey analysis has identified the following key trends:

- The Spring Northamptonshire programme reflects the demographics that may be seen in similar social prescribing interventions and aligns with the demographic make-up of

Northamptonshire[24]. It is important to note, however, that there are a higher number of participants with significant health challenges, which differs from what may be expected, and this should be taken into consideration when carrying out future comparative studies.

  - For instance, participants within the programme who had severe health challenges, as measured on the ED-5D survey, exhibited higher levels of general self-efficacy, which could influence outcomes if compared to other interventions. This may be related to the higher number of inappropriate referrals to Spring that were seen in the early days of the programme, as noted in the wider quantitative analysis.

- Continuing with general self-efficacy, the longer that participants were involved with the programme the higher their mean General Self-Efficacy scores (less than one month $\chi(1)==2.26$; 12+ months $\chi(1)==2.85$). Specifically, there was a statistically significant increase in participants' confidence in the statement 'If someone opposes me, I can find the means to get what I want'.
  - The higher the general self-efficacy of the participant, the fewer appointments with a GP had been made in the preceding three months. This suggests a potential saving to the state.
- Loneliness among participants centred on a sense of lacking companionship, which was corelated with people living alone, with their children, or not being in work. To further evaluate this, the number of days worked per week was examined, which showed a statistically significant correlation between more days at work and a lowered sense of a lack of companionship.
  - This finding suggests that the intensity of social interactions, a key aspect of the Spring Northamptonshire intervention, may effectively counteract negative feelings of loneliness.
  - Finally, most service users who participated in the surveys reported positive experiences with the Spring Northamptonshire social prescribing initiative. There are indications, however, that there should be an internal evaluation of the communication structures and methods within the programme, with varying responses regarding the ease of contact participants had with the involved organisations, and between the doctors and the involved organisations. In addition, the responses suggest that the intensity of the programme has a positive influence on outcomes.

[24] Demographic data for Northamptonshire can be found at the Office for National Statistics (Home - Office for National Statistics (ons.gov.uk)).

5.2.2. Spring Northants data

5.2.2.1. Programme Information

The Spring Northants data encompasses all 3,493 participants, including 892 who remain in the programme, 658 completed the programme, 178 transferred to another provider, and 1,765 that did not complete the programme. Notably, a significant portion of participants did not complete the programme, accounting for 50.53% of cases. This can occur either before the programme initiation, affecting 37.02% of participants, or after completing the initial assessment, affecting 13.51%. Understanding the reasons for these terminations prior to completion will be crucial in refining the programme and improving its effectiveness (Table 5.2).

Type of closure	Number	Percentage
Still in the programme	892	25.54%
Programme Completed	658	18.84%
Transfer to another provider	178	5.10%
Programme not completed - After completing initial assessment, Well-Being Star and WEMWBS	472	13.51%
Programme not completed - Prior to start (initial assessment, WEMWBS or Well-being Star not complete)	1,293	37.01%
Total	3,493	100.00%

Table 5.2: Type of closure.

The primary reason[25] for participants not completing the programme is attributed to participant's not engaging, accounting for 37.73% of cases. Interestingly, 14.67% of participants ceased engagement because they did not require or want the service, while 12.58% were disqualified due to not meeting the eligibility criteria (Table 5.3). The Other category comprised multiple responses to allow for a clearer data analysis.

Type of closure if programme not completed	Number	Percentage
Client did not engage	666	37.73%
Client withdrew from service	129	7.31%

[25] Two reasons for closure were given, to allow for a data analysis that included the main reason for closure the first was used.

Did not require/want service	259	14.67%
Does not meet eligibility criteria	222	12.58%
High safeguarding risk	43	2.44%
Illness or death	19	1.08%
Moved away from Northamptonshire	5	0.28%
Not the right time for the service	264	14.96%
Other	69	3.91%
Referral to another more appropriate service	89	5.04%
Total	1,765	100.00%

Table 5.3: Type of closure if programme not completed.

To allow for a clearer interpretation and more robust tests the types of closures have been recategorised into Programme not completed and Referral not pertinent[26]. This should allow for the distinction between those that dropped from the programme and those that should have not been referred in the first place. Figure 5.11 below displays the overall programme outcomes including the recategorised responses for those that did not complete the programme. The majority seem to be those that did not complete the programme (31.00%), however, this percentage dropped from 50.53% of cases displayed in Table 5.2, since some of the latter were referrals not pertinent.

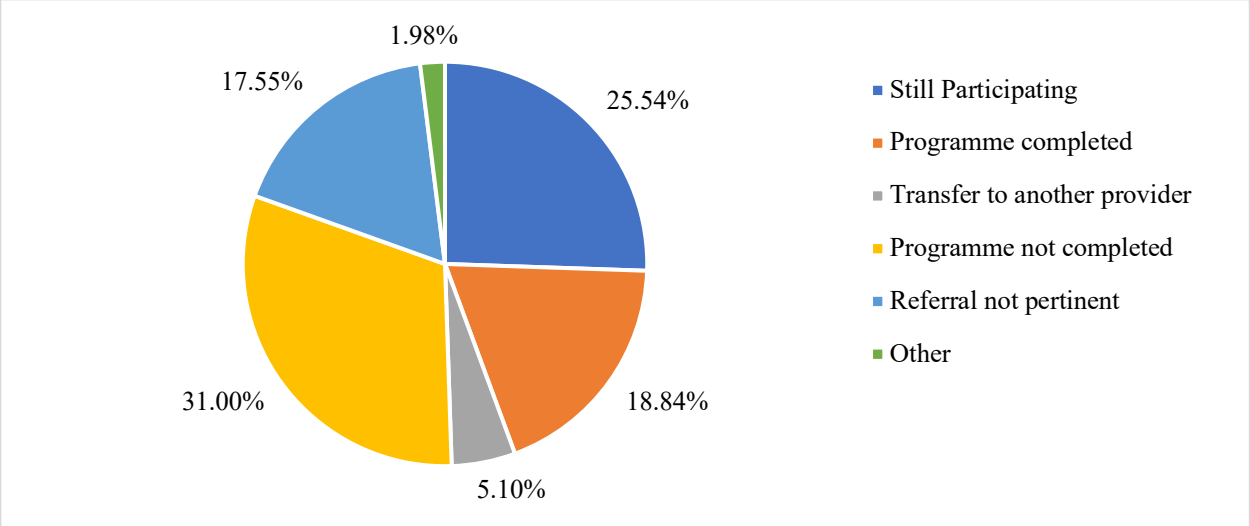

Figure 5.11. Status of the participation (N= 3,439).

[26] In particular, the category 'Programme not completed' includes the categories: Client did not engage, Client withdrew from service, Illness or death, Moved away from Northamptonshire, and Not the right time for the service; while the category 'Referral not pertinent' includes the categories: Did not require/want service, Does not meet eligibility criteria, High safeguarding risk, and Referral to another more appropriate service.

5.2.2.2.Demographics from the Spring Northants data

This section presents the demographic information of Spring Northants participants, using data sourced from Spring's beneficiary database. Demographic analysis is presented for all respondents except those transferred, as they would have been reintegrated into the programme through other categories. According to the participant breakdown, females represent the majority at 68.48%, while males constitute 31.52%. Figure 5.12 illustrates the gender distribution across programme outcomes, showing slightly dissimilar patterns among females and males. Around one-third of females (32.00%) and males (34.41%) did not complete the programme. Conversely, a higher proportion of females (29.20%) are still participating, while fewer experienced referrals not pertinent (16.98%) compared to males (22.02% still participating and 21.45% referrals not pertinent). Moreover, a significant correlation between gender and programme outcomes was observed ($\chi(4) = 23.1281$, $p = 0.000$).

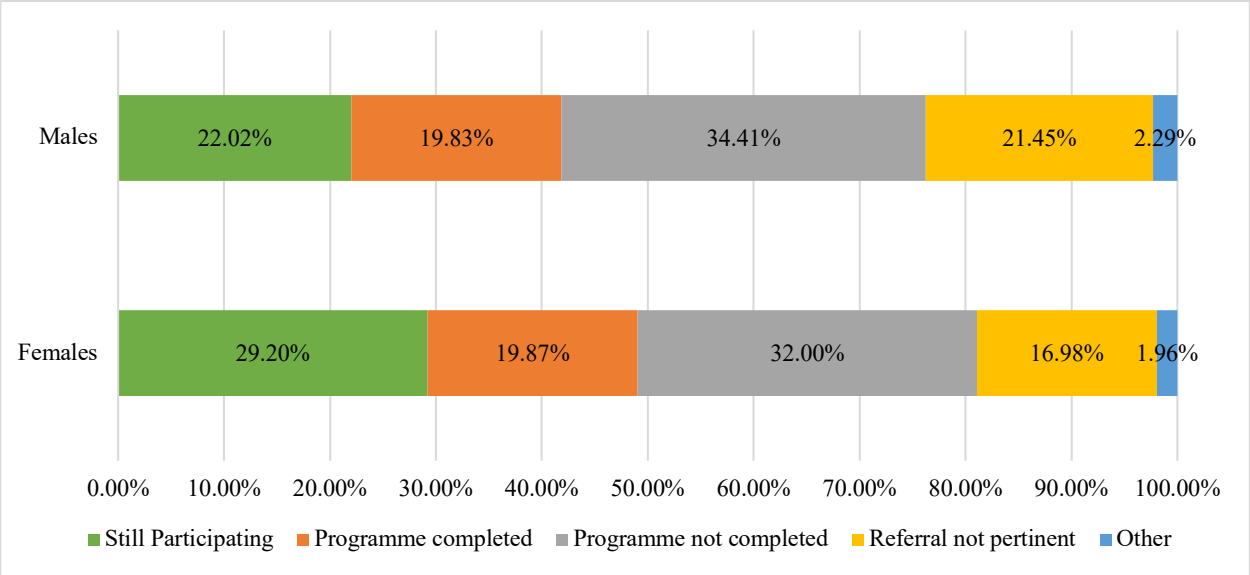

Figure 5.12. Gender distribution according to the programme outcome (N=3,299).

The mean age of participants is 52.82 years, with a standard deviation of 16.59 years. Participant ages at the day of referral range from 18 to 100 years. The distribution of ages is illustrated in Figure 5.13 below. Furthermore, the correlation analysis between age and programme outcomes (successful and unsuccessful) yielded insignificant results.

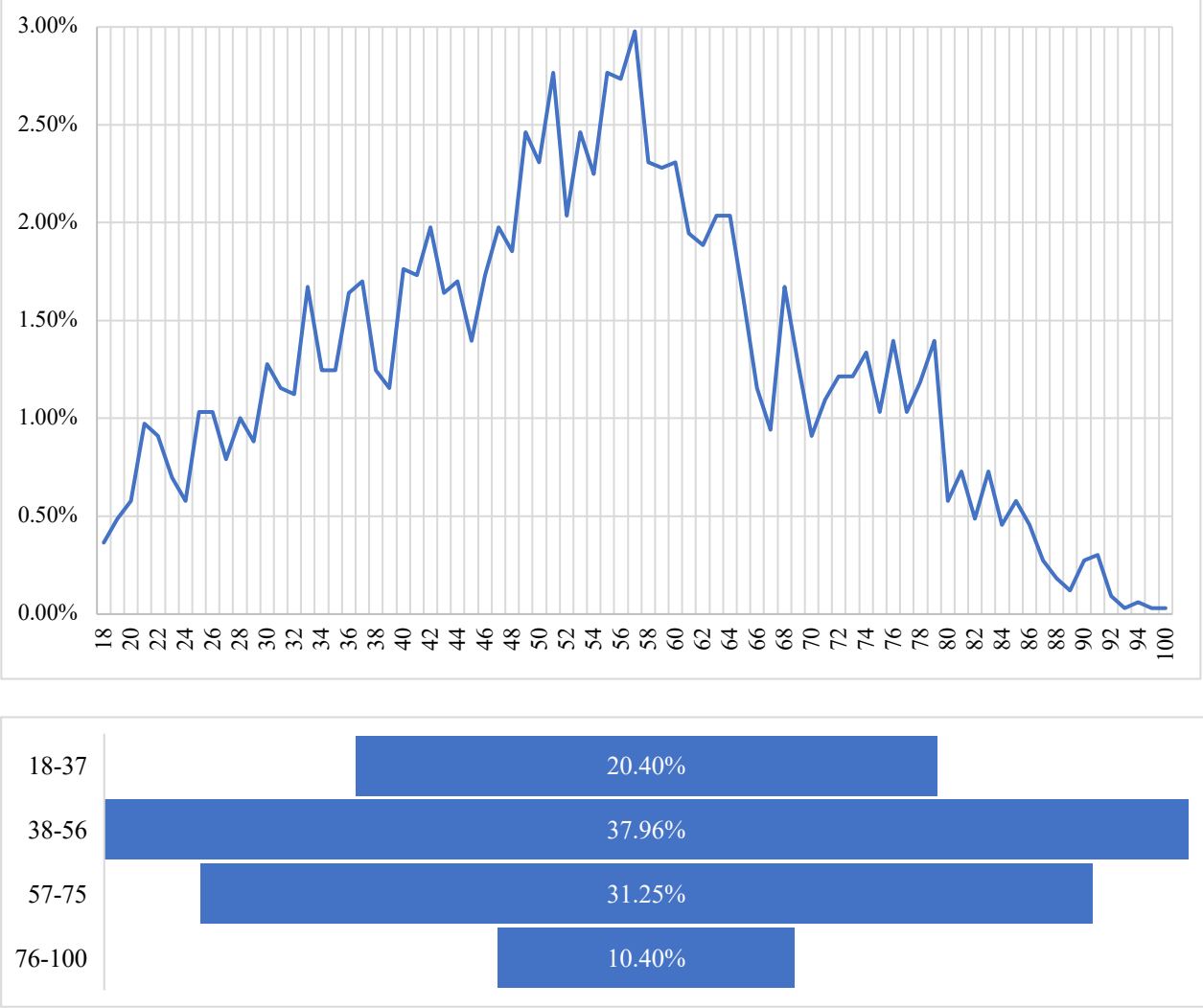

Figure 5.13. Age distribution, represented continuously with a line (above) and categorised (below) (N=3,291).

The correlation between age and final outcome have been investigated the results are significant ($\chi(12)= 104.56$, $p=0.000$). The distribution of participants across age groups varies (Figure 5.14), with older age groups generally having higher proportions of participants who have completed the programme or are still participating. The age group 57-75 has the highest percentage of participants who are Still Participating (32.98%), while the age group 18-37 has the lowest (18.33%). Conversely, the age group 18-37 has the highest percentage of participants whose programme is Not Completed (35.77%), indicating a higher dropout rate among younger participants. The age group 76-100 has the highest percentage of participants for whom referral is Not Pertinent (28.36%), suggesting a higher proportion of participants in this age group who may not require referral services. Overall, the data provide insights into the distribution of participants across

different age groups and their progression within the programme, highlighting potential trends and areas for further investigation or intervention.

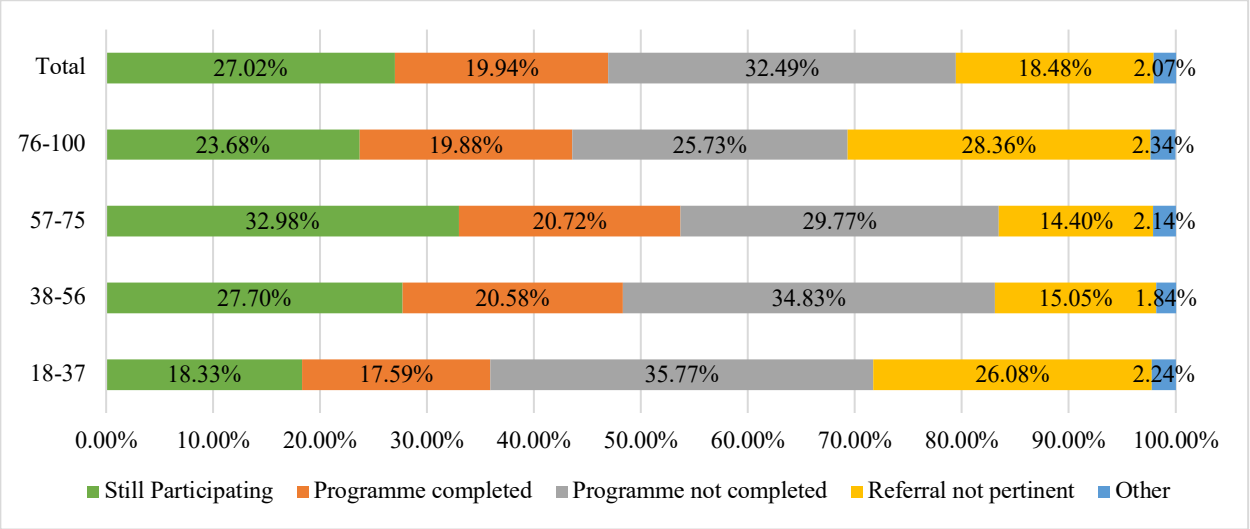

Figure 5.14. Age distribution and Final Outcome (N=3,290).

When delving into the demographic breakdown by ethnicity, it's notable that the majority of participants belong to the White ethnic group, constituting 80.97% of the total (Figure 5.15). This category incorporates various subgroups, including White British, White Irish, and individuals from other White backgrounds. Specifically, 76.74% identify as White British, 1.03% as White Irish, and 3.20% as White from other backgrounds. These findings are visually presented in Figure 5.16, which exclusively showcases data for BAME respondents for enhanced readability and analysis.

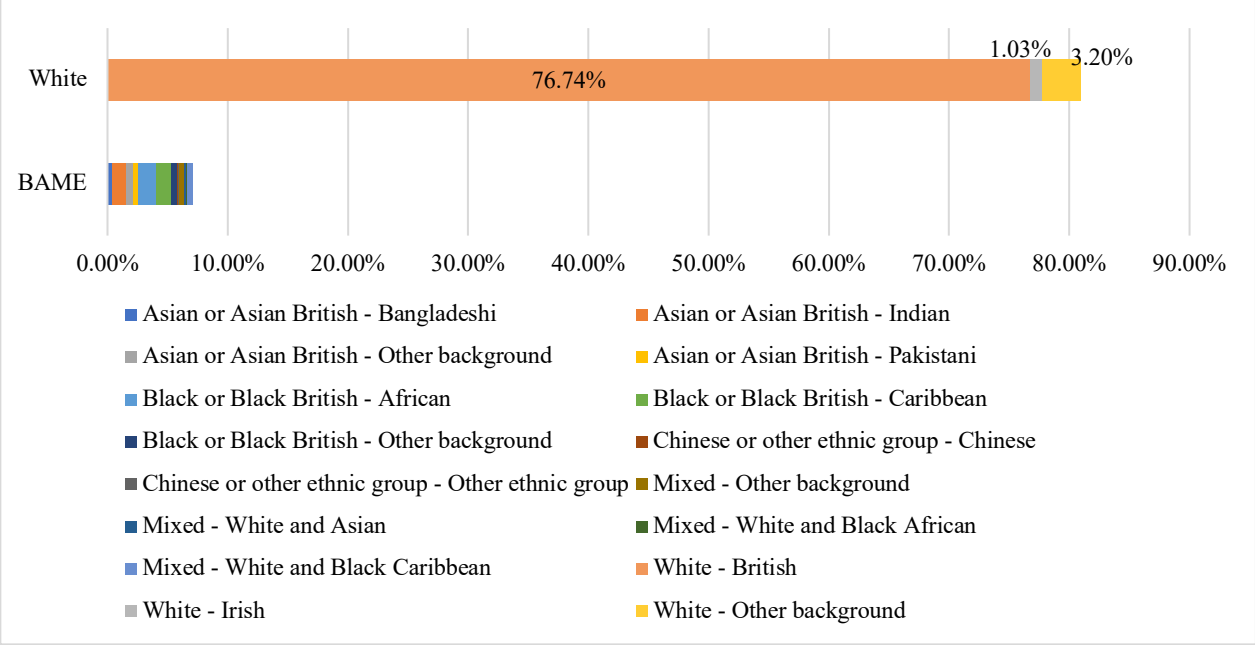

Figure 5.15. Ethnicity distribution (N=3,310).

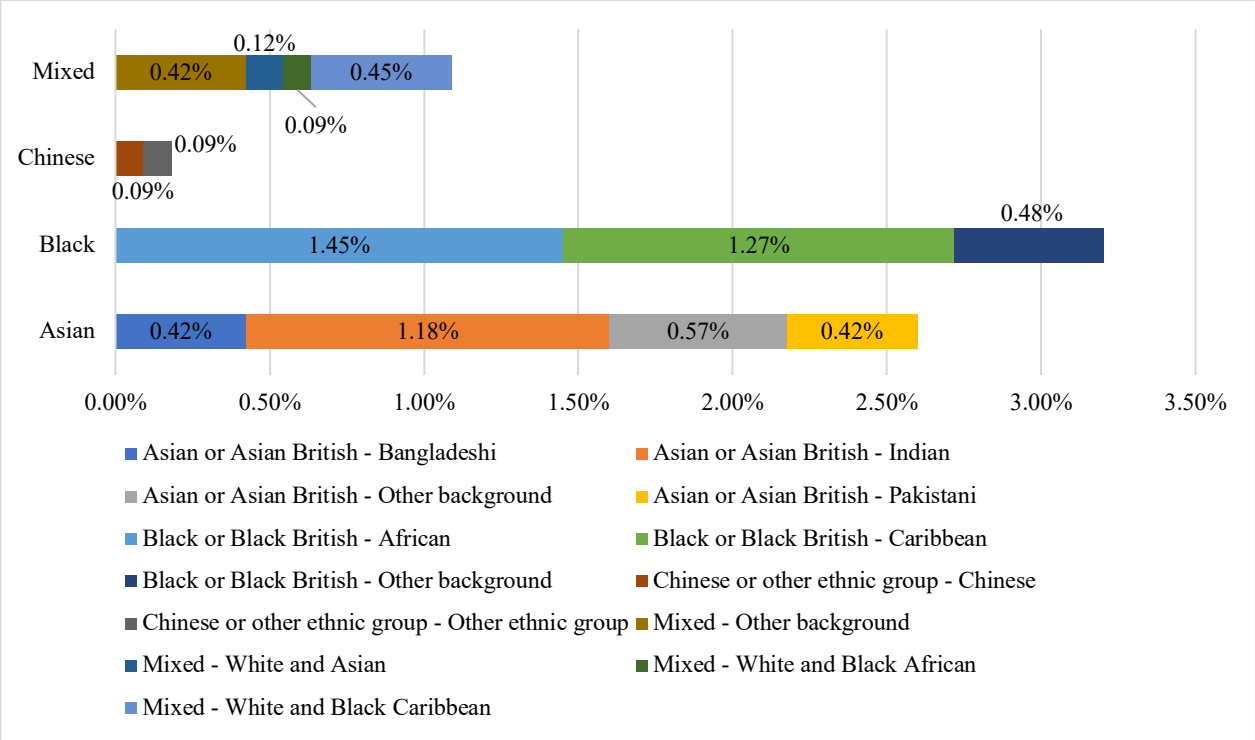

Figure 5.16. Ethnicity distribution (BAME only).

Table 5.4 (below) presents the distribution of ethnicity across different local authorities, with the largest category comprising of individuals of White ethnicity from Northampton, accounting for 26.24% of the total.

	Asian	Black	Chinese	Mixed	White	Ethnicity Unknown	Total
Bedford	0.00%	0.00%	0.00%	0.00%	0.06%	0.03%	0.09%
Cherwell	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.03%
Corby	0.06%	0.03%	0.00%	0.12%	6.21%	1.67%	8.09%
Daventry	0.09%	0.09%	0.00%	0.06%	10.84%	1.51%	12.06%
East Northamptonshire	0.12%	0.19%	0.00%	0.03%	10.77%	1.61%	12.72%
Elmbridge	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.03%
Harborough	0.03%	0.00%	0.00%	0.00%	0.03%	0.00%	0.06%
Kettering	0.15%	0.28%	0.09%	0.09%	11.33%	2.16%	14.11%
Northampton	1.51%	1.95%	0.03%	0.62%	26.24%	3.18%	33.53%
Rugby	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.06%
Rutland	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.03%
South Northamptonshire	0.03%	0.03%	0.03%	0.00%	3.98%	0.34%	4.41%
Stratford-on-Avon	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.03%
Wellingborough	0.56%	0.65%	0.03%	0.09%	11.73%	1.14%	14.20%
Total	2.56%	3.21%	0.19%	1.02%	81.35%	11.67%	100.00%

Table 5.4. Ethnicity distribution and Local authority (N=3,239).

Northampton emerges as the primary location of individuals on the programme, with approximately one-third of the respondents (33.61%) from Northampton (Figure 5.17). Following Northampton, Kettering and Wellingborough that account for 14.09% and 14.18% of respondents respectively, indicating a diverse distribution across the region.

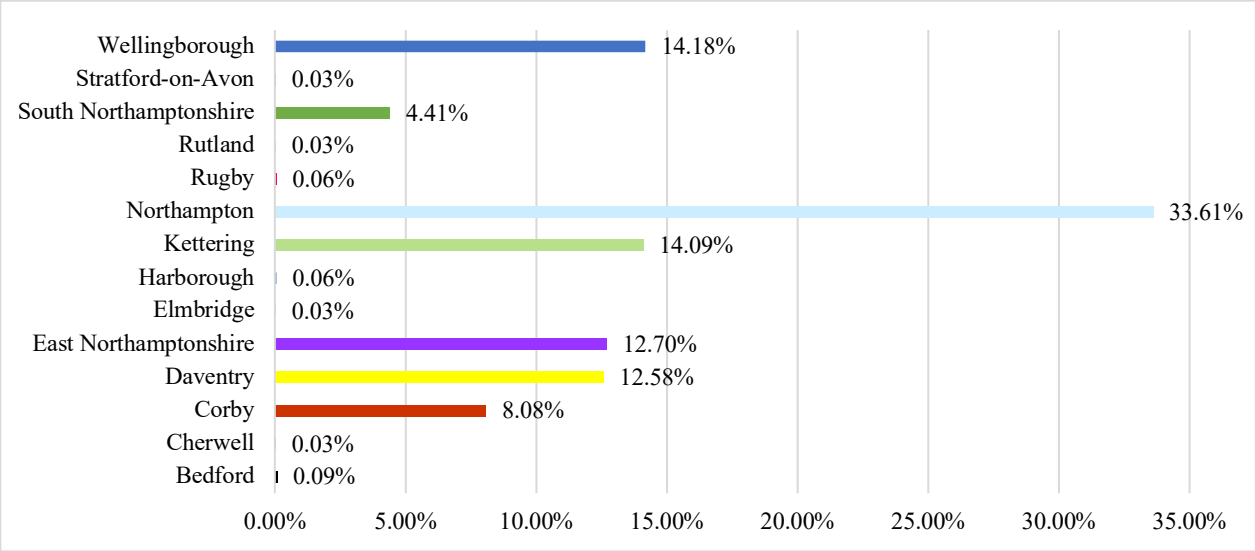

Figure 5.17. Local Authorities distribution (N=3,243).

Most programme participants appear to originate from deprived areas, with 48.75% of respondents residing in areas classified as 40% or below of the most deprived (Figure 5.18).

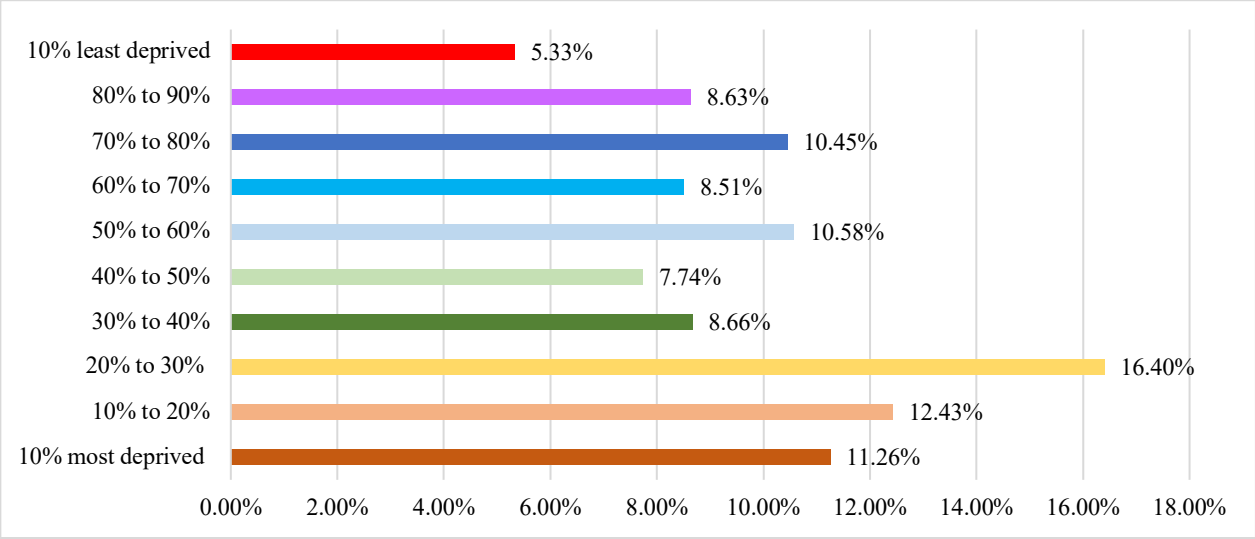

Figure 5.18. Index of Multiple Deprivation (N=3,243).

The Health Deprivation and Disability index, which is one of the components of the Index of Multiple Deprivation, has been investigated in relation to the Local Authorities (Table 5.5 overleaf). The total row provides an overview of the overall distribution of deprivation across all local authorities. It indicates that 10.61% of the total population falls within the 10% most deprived decile, while 3.76% falls within the 10% least deprived decile. There are significant variations in the distribution of deprivation across different local authorities. Some local authorities, such as South Northamptonshire have a higher proportion of their population in less deprived deciles, while others, like Corby and Wellingborough have a higher concentration in more deprived deciles. For instance, South Northamptonshire has a higher proportion of its population concentrated in the 80% to 90% (35.66%) and 10% least deprived deciles (44.06%), while Corby has a higher proportion in the 10% most deprived decile (27.48%) and in the 10% to 20% decile (34.35%). However, Corby also shows representation across various other deciles, indicating a diverse socio-economic landscape with pockets of both higher and lower deprivation. Daventry displays a varied distribution of deprivation across its population. It has representation in the 80% to 90% deprivation decile (28.68%) and in the 70% to 80% decile (17.16%), indicating lower level of deprivation. East Northamptonshire's socio-economic profile is characterised by a concentration of its population in the mid-high range deciles, particularly the 50% to 70% deciles. It has a substantial proportion in the 70% to 80% decile (25.49%), indicating a considerable segment facing moderate levels of deprivation.

Similar to Daventry, East Northamptonshire exhibits a mix of socio-economic conditions, with varying levels of deprivation across different segments of the population. Wellingborough demonstrates a diverse distribution of deprivation, with representation across multiple deciles. It has notable proportions in the 10% to 20% (27.39%) and 20% to 30% (22.39%) deprivation deciles, indicating a significant segment facing moderate levels of deprivation. In summary, the table provides valuable insights into the distribution of Index of Health Deprivation and Disability on the different Local Authorities. Deprivation across different local authorities, highlighting regional variations and disparities. This information is essential for informed decision-making and the development of targeted strategies to address socio-economic inequalities and improve the quality of life for residents across various regions.

	10% most deprived	10% to 20%	20% to 30%	30% to 40%	40% to 50%	50% to 60%	60% to 70%	70% to 80%	80% to 90%	10% least deprived	Total
Bedford	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	3 (100%)
Cherwell	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	1 (100%)
Corby	27.48%	34.35%	6.11%	16.03%	4.20%	8.78%	2.67%	0.38%	0.00%	0.00%	262 (100%)
Daventry	6.62%	5.64%	2.45%	2.21%	11.76%	6.37%	11.27%	17.16%	28.68%	7.84%	408 (100%)
East Northamptonshire	0.00%	0.00%	1.70%	18.93%	12.14%	12.86%	25.49%	6.31%	17.72%	4.85%	412 (100%)
Elmbridge	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	1 (100%)
Harborough	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	2 (100%)
Kettering	15.54%	12.04%	7.44%	8.97%	20.79%	9.63%	15.75%	6.56%	3.28%	0.00%	457 (100%)
Northampton	15.05%	26.51%	13.21%	16.61%	8.62%	8.53%	7.25%	3.85%	0.37%	0.00%	1,090 (100%)
Rugby	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	2 (100%)
Rutland	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	1 (100%)
South Northamptonshire	0.00%	0.00%	0.00%	0.00%	1.40%	2.10%	9.79%	6.99%	35.66%	44.06%	143 (100%)
Stratford-on-Avon	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	1 (100%)
Wellingborough	2.17%	27.39%	22.39%	13.70%	8.91%	10.00%	12.17%	3.26%	0.00%	0.00%	460 (100%)
Total	10.61%	17.98%	9.68%	12.77%	10.51%	8.88%	11.78%	6.01%	8.02%	3.76%	3,243 (100%)

Table 5.5. Index of Health Deprivation and Disability and Local Authorities (N=3,243).

Lastly, Spring Northants data captured information on the employment situation of service users during the initial assessment. Results revealed that the majority of respondents, accounting for 64.01% of the sample, reported being unemployed and not actively seeking employment (Figure 5.19). Smaller proportions of the population identified as either permanently employed (15.79%) or retired (13.92%). These findings underscore the prevalence of unemployment or economic inactivity among the study participants at the outset of the assessment, shedding light on their socio-economic circumstances. Indeed, several of the most frequently mentioned Local Authorities in the survey are located in economically deprived areas. For instance, Corby ranks among the 79th most economically deprived regions for Employment Deprivation, followed by Wellingborough, Northampton, and Kettering, all situated among the 154th most economically deprived (Paterson-Young and Hazenberg, 2023).

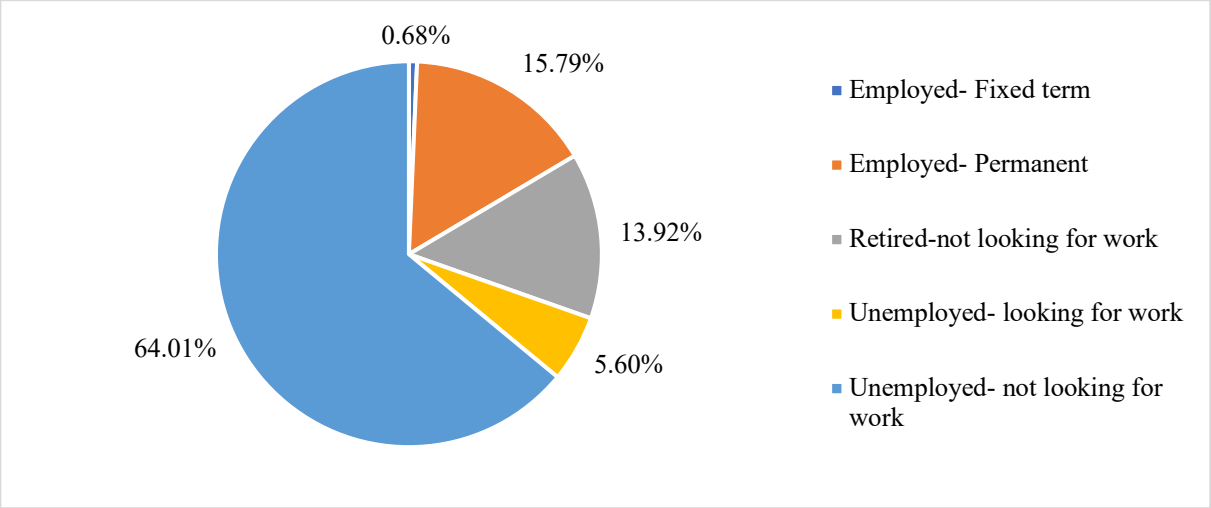

Figure 5.19. Employment at the initial assessment (N=589).

Section 7 provides an in-depth analysis of the Spring Northants data in relation to the research questions. This section explores various facets, including referral patterns, engagement with delivery partners, participant wellbeing, physical and mental health conditions, actions taken with delivery organisations, and insights gleaned from exit interviews. By offering a comprehensive examination of these key aspects, the expanded analysis aims to provide valuable insights and formulate informed responses to the research questions.

6. Social Impact Measurement Framework

6.1. Overview of Social Impact Measurement

The SIMPLE methodology was adopted by McLoughlin et al. (2009) to align social impact matrices on the measurement of *outputs, outcomes,* and *impact. Outputs* can be defined as the direct and easily identifiable outputs of a socially impactful activity, for example, the number of people engaged in a social prescribing programme (McLoughlin et al., 2009). Although *outputs* can be effective at measuring the success of a programme from a singular perspective, it fails to take into consideration longer term effects. These can be measured by *outcomes*, the positive change to service users, such as enhancements to their psychological well-being (McLoughlin et al., 2009). Finally, *impact* looks at the even longer-term benefits and the impact socially focused activities have on society (e.g., reductions in healthcare spending). This is a more difficult area to measure as it can be focused on intangible aspects of an intervention. It is; however, important to measure to fully garner the effectiveness of a programme.

The University of Northampton has further developed the work of McLoughlin et al. (2009) by combining it with a 'triple-bottom line' that is present in both the business models of social enterprise and in the delivery of public services. The 'Social Impact Matrix' triple-bottom line consists of the economic, social, and environmental impacts delivered by organisations, and is used as a proxy value for social value. To develop a Social Impact Matrix of their own, organisations need to explore the specific areas of impact it has in economic, social, and environment spheres. Once these areas are defined, specific categories of outputs, outcomes, and impacts are created, and appropriate tools adopted for them to be measured (Figure 6.1).

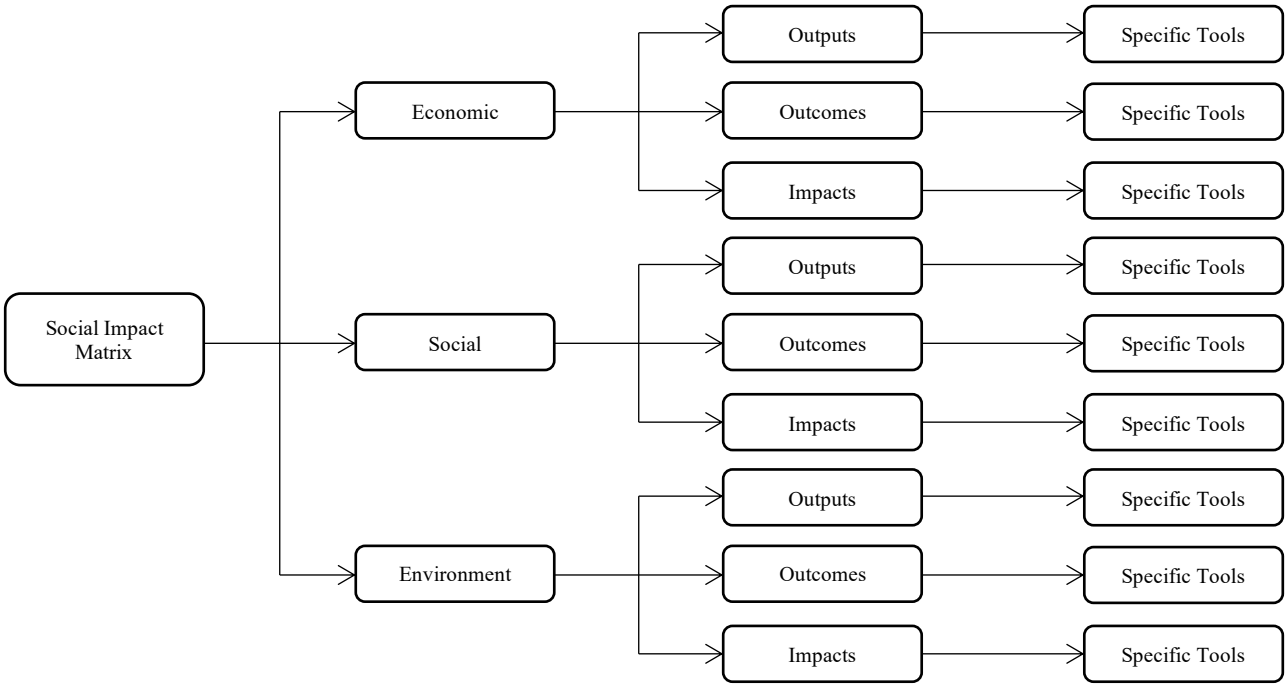

Figure 6.1. Social Impact Matrix

Whilst the impact calculations have not been made at this time as they are not part of the remit for the Interim Report, and the data we have currently does not allow this, a Theory of Change (ToC) and Social Impact Measurement Framework (SIMF) have been developed for Spring and are available separately to this report on request.

6.2. Areas to consider in impact measurement

Social impact measurement requires application of accounting principles to address questions such as: What would have happened anyway (deadweight)? What is the contribution of others (attribution)? Have the activities displaced value from elsewhere (displacement)? Further, if an outcome is projected to have lasting impact, what is the rate at which value reduces over time (drop-off)? Applying these measures enables identification of the total value of outcomes to ensure organisations avoid over-claiming.

Deadweight

Deadweight is a measure of the outcomes that would have occurred regardless of the activities and services delivered (Social Value UK, 2016). Identifying the information required for deadweight is often challenging (and potentially expensive if live control groups are required) thus using

detailed reviews of existing service literature, and stakeholder engagement (i.e., SROI Introductions, interviews), enables the identification of what could have happened anyway. It is important to note that measuring deadweight is based on estimations, as identifying an identical comparison group is challenging (Social Value UK, 2016). Stakeholders will often have access to other programmes that offer alternative support, and this is particularly the case with regard to peoples' physical and mental health, which can be accommodated across health and social care services. Levels of deadweight are usually applied using the following rates: Low (10%), Medium (50%), and High (90%). Further research will be required to identify the correct deadweight ratios for Spring and these will be applied in the social impact calculations to be made in the final report.

Attribution

Attribution is a measure of the extent to which the outcomes were caused by the contribution of other activities. It is calculated as a percentage (i.e., the proportion of the outcome that is attributable to other organisation) (Social Value UK, 2016). It is important to note that achieving an accurate measure of attribution is an attempt to acknowledge that changes may be associated with other activities. Identifying the information required for attribution is often challenging, and organisations need to identify a suitable approach (Social Value UK, 2016). Services can request specific information from beneficiaries, for example, information on other activities offered and the benefit of such activities (Social Value UK, 2016). Identifying the information required for attribution is often challenging (and potentially expensive if live control groups are required), thus using detailed reviews of organisational information (i.e., qualitative information describing the level of support) is required. It is important to note that measuring attribution is based on estimations, as identifying an identical comparison group is challenging (Social Value UK, 2016). Given the unique nature of Spring, and the lack of an appropriate comparison group, the attribution values are applied at 20%.

Displacement

Displacement recognises how the outcomes may displace other outcomes. For example, if the organisation supports individuals to enter employment, they may be taking away a job opportunity from another person. In the main, it is unlikely that direct Spring activities would displace any other activity locally or nationally, as the Spring support is offered to individuals experiencing multiple

and complex vulnerabilities, who would otherwise receive limited and/or no support. Further, the partnership model of Spring across the public health and third sectors means that displacement is also less likely at a service delivery level.

Duration & Drop-off

Drop-off is a measure used to account for a reduction in impact over a specific period (usually calculated for outcomes lasting one year or more) (Social Value UK, 2016). It is usually calculated by deducting a *"fixed percentage from the remaining level of outcome at the end of each year. For example, an outcome of 100 that lasts for three years but drops off by 10% per annum would be 100 in the first year, 90 in the second (100 less 10%) and 80 in the third (90 less 10%)"* (Social Value UK, 2016: 61). Once impact measurement is embedded, the organisation should have a system that manages this information, by tracking participants to establish accurate information on drop-off (e.g., completing follow-up questionnaires and/or interviews to establish the length of time until the outcomes reduced) (Social Value UK, 2016).

7. Impact & Experiences of Social Prescription Pathway Service-users

This section of the report offers the findings of the evaluation, relating to Research Aim 1. These are introduced with reference to the aims of the study that they respond to. These aims are:

- **Research Aim 1: Explore the impact and experiences of the social prescription pathway for service users**
    - 1.1: What impacts do Spring service users report during and after participation in the pathway (with particular emphasis on personal wellbeing, self-efficacy and behaviour change)?
        - 1.1.1: For those that have access to the Wellbeing Activation Fund, what added value (if any) does this bring?
    - 1.2: What are the experiences of service users participating in the Spring pathway (with particular focus on barriers, enablers and aspects of personalisation)?
    - 1.3: What are the opinions of Primary Care Referrers to Spring, regarding patient outcomes?

Research question 1.1: What impacts do Spring service users report during and after participation in the pathway (with particular emphasis on personal wellbeing, self-efficacy and behaviour change)?

The data analysis of Spring Northants encompassed all participants involved in the programme, irrespective of the closure type or the outcomes. However, a correlation analysis between the scale results as well as other variables and the outcomes of the programme was conducted to discern whether certain outcomes were linked to specific results in the participants' wellbeing. This selective approach ensures the inclusion of all participants while examining the factors influencing specific outcomes.

The Spring Northants data offers insights into the impact of the programme on its participants. The administration of the client Wellbeing Star (WBS) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) at the initial assessment (baseline/T1), 6 months (T2), and 12 months (T3), enables an understanding of participants' changes over time since their engagement in the programme. Table 7.1 (below) illustrates the number of questionnaires collected at T1, T2, and T3 for both scales. Participants who were transferred, did not complete the programme, did not have

a pertinent referral, or exited for other reasons exhibited a higher response rate in the baseline questionnaire compared to the 6-month and 12-month assessments. Conversely, those who completed the programme demonstrated relatively consistent response rates especially across the first two questionnaire time points. Participants still enrolled in the programme displayed a higher response rate for the baseline questionnaire, suggesting that most of these participants have been engaged in the programme for less than 6 months.

	Still Participating	Programme completed	Transfer	Programme not completed	Referral not pertinent	Other	Total
WEMWBS baseline	782	655	44	427	38	24	1,970
WEMWBS 6 months	293	550	2	14	4	4	867
WEMWBS 12 months	11	317	0	1	0	3	332
WBS responses	**Still Participating**	**Programme completed**	**Transfer**	**Programme not completed**	**Referral not pertinent**	**Other**	**Total**
WBS baseline	782	655	44	426	39	24	1970
WBS 6 months	292	557	2	14	4	4	873
WBS 12 months	11	313	0	1	0	3	328

Table 7.1. Scales responses.

The average WEMWBS scale scores demonstrate an upward trend over time, as illustrated in Figure 7.1. Comprising 14 questions on a 5-point Likert scale, the results increase signifies an improvement in overall wellbeing. Improvements in overall wellbeing are corroborated when examining individual changes over time which indicates enhanced wellbeing between T1 and T2 and between T1 and T3, as depicted in Figure 7.2. Moreover, when investigating the changes at the individual level between T1 and T2, the data show that 627 experienced an increase in wellbeing (72.40%), 63 did not perceived any improvement (7.27%) and 176 experienced a decrease in their wellbeing (20.32%). These results are confirmed when the individual changes have been investigated between T1 and T3. In fact, the data shows that 270 experienced an increase in wellbeing (81.33%), 11 did not perceived any improvement (3.31%%), and 51 experienced a decrease in their wellbeing (15.36%).

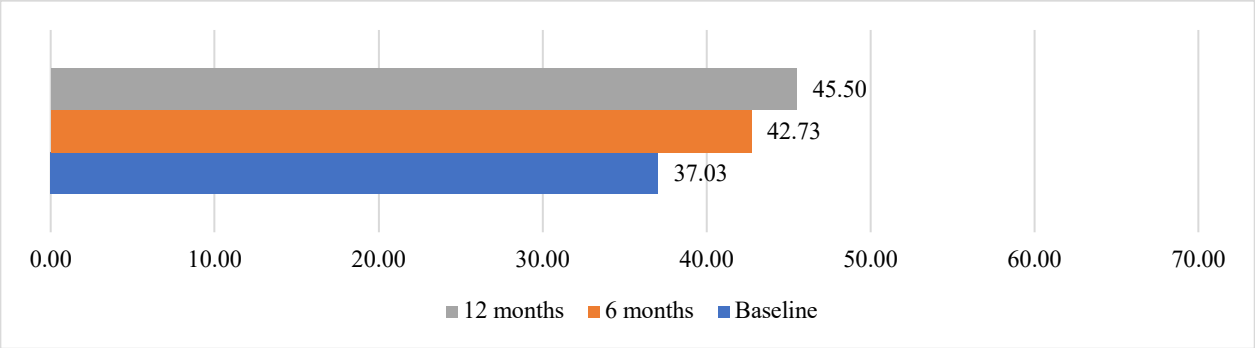

Figure 7.1. Warwick-Edinburgh Mental Wellbeing Scale responses at T1 (N=1,970), T2 (867), and T3 (332).

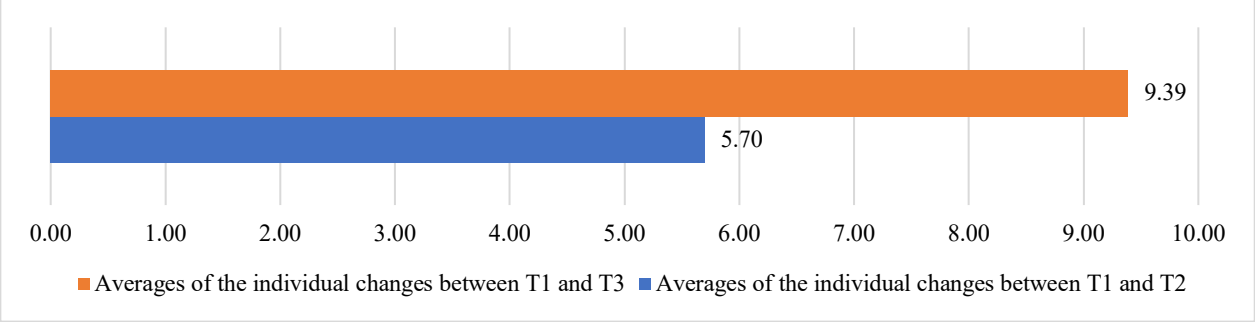

Figure 7.2. Warwick-Edinburgh Mental Wellbeing Scale response differences.

The correlation between the outcome of the WEMWBS scale (re-categorised as decreased, no changes, and increased over six months) and demographic or programme-related variables has been investigated using the Chi-square test or the Fisher Exact test[27]. Specifically, correlations with gender, ethnicity, geographical area, employment situation at the beginning of the programme, delivery partner organisation, number of actions implemented to support the participants, type of closure of the programme, the final outcome of the programme, and the number of long-term and secondary conditions were examined. The only significant correlations were observed in relation to the number of activities the participants engaged in and the wellbeing outcome ($\chi(2)=7.11$, p-value=0.03). Table 7.2 results and the significant Chi-square suggest that a higher number of activities is associated with a greater likelihood of maintaining or improving wellbeing.

[27] The choice of the test depended on the number of responses in the cells, if the cells had 5 or more responses then the Chi-square was used and if lower the Fisher Exact test was used.

	Number of Actions (less or equal to 2)	Number of Actions (more than 2)	Total
Decreased	20.38%	20.31%	20.32%
No changes	11.37%	5.95%	7.27%
Improved	68.25%	73.74%	72.40 %
Total	100.00% (211)	100.00% (655)	100.00% (866)

Table 7.2. WEMWBS outcome over six months and the number of activities.

The average of the WBS scale demonstrates an increase over time, as illustrated in Figure 7.3. Comprising eight questions on a 5-point Likert scale, these results are further supported when investigating individual changes over time, indicating an improvement in wellbeing between T1 and T2 and between T1 and T3, as depicted in Figure 7.4. The changes at the individual level between T1 and T2 illustrate positive outcomes, with 723 participants experiencing an increased sense of wellbeing (82.91%), 53 participants perceiving no improvement (6.08%), and 96 participants experiencing a decrease in their wellbeing (11.01%). Similar trends were observed when examining individual changes between T1 and T3. Specifically, 300 participants experienced an increase in wellbeing (91.46%), 11 participants did not perceive any improvement (3.35%), and 17 participants experienced a decrease in their wellbeing (5.18%).

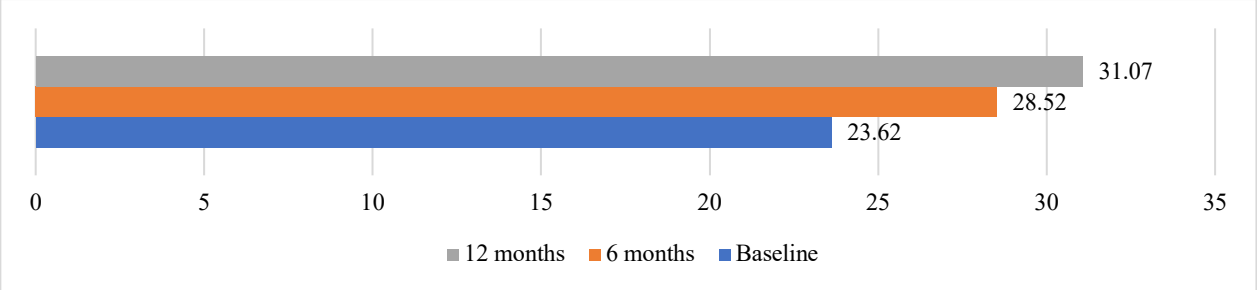

Figure 7.3. Client Wellbeing Star responses at T1 (N=1,970), T2 (873), and T3 (328).

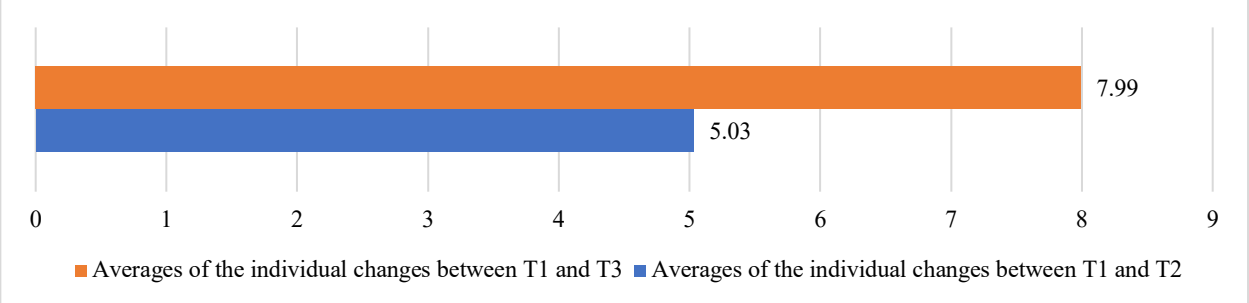

Figure 7.4. Client Wellbeing Star responses differences.

The correlation between the outcome of the WBS scale (re-categorised as decreased, no changes, and increase over six months) and several demographic or programme-related variables was investigated using the Chi-square test or the Fisher Exact test. Similar to the analysis conducted for the WEMWBS scale, correlations with gender, ethnicity, geographical area, employment situation at the beginning of the programme, delivery partner organisation, number of actions implemented to support the participants, type of closure of the programme, the final outcome of the programme, and the number of long-term conditions and secondary conditions were examined. The correlation between gender and the wellbeing outcome was significant, albeit with a significance close to the 0.05 limit ($\chi(2)=6.17$ and p-value=0.046). Specifically, females' wellbeing appeared to have decreased more than males' albeit females' wellbeing also appeared to increase more than males (Table 7.3).

	Female	Male	Total
Decreased	11.78%	8.91%	10.93%
No changes	4.91%	8.91%	6.10%
Improved	83.31%	82.17%	82.97%
Total	100.00% (611)	100.00% (258)	100.00% (869)

Table 7.3. WBS outcome over six months and the number of activities.

A significant correlation has been identified between the number of activities and the wellbeing outcome ($\chi(2)=11.66$ and p-value=0.003) (Table 7.4). Participants who engaged in more than two activities exhibited both higher and lower wellbeing outcomes.

	Number of Actions (≤ 2)	Number of Actions (> 2)	Total
Decreased	7.58%	12.10%	11.01%
No changes	10.43%	4.69%	6.08%
Improved	81.99%	83.21%	82.91%
Total	100.00% (211)	100.00% (661)	100.00% (872)

Table 7.4. WBS outcome and number of activities.

Our qualitative data shows that the impact of Spring is multifaceted, with clients and board members reporting observed changes in client's wellbeing, self-efficacy and behaviour. Personal wellbeing relates to how Spring was perceived to have impacted on the mood and satisfaction with life for Spring clients. Noticeable changes started at the level of awareness, whereby knowing that

Spring existed and was comprised of groups designed to assist with specific needs was felt to be helpful:

> "The fact that I know where these two groups are, that helps. I know there are self-help groups out there for people. I should have known this really but I now know they are there and that I'm entitled to go to them" – *Spring Client 6*

> "...having somebody there that even if something was to happen now I know that if I was to speak to my person she will try her utmost to help me with that situation. That's positive and that helps me mentally, knowing that I have that backup if I need it" - *Spring Client 7*

When engaging with the various activities within Spring, clients reported finding these enjoyable and that they were something to look forward to. For example, one client mentioned that she found the activities enjoyable because they took her back to her childhood, and she felt that she was able to achieve something within them:

> "I guess it feeds my inner child - I think it was at a level where it was achievable for me because I'm not brilliant at arts and crafts but I thoroughly enjoy it and the projects each week that we were working on were achievable" – *Spring Client 3*

Board members too, suggested positive associations were made with Spring by clients, discussing their approach to enabling ongoing empowerment facilitation across the 12 months, alongside requests from clients that they re-enter the pathway to receive ongoing further support:

> "And then for the 6 to 12 months, it's probably a bit of stepping back but keeping in touch with. And that really works for people. They'll say things, 'I was just going to check this out with you'...Whereas if you'd left them and closed the case they wouldn't go round it again, it just keeps them engaged…There has been recently a number of clients wanting to go back round again, which is a positive in one way because they've had such a good experience." - *Board member 4*

Not only did clients enjoy these activities, but they also felt that their involvement with Spring had improved their mental health:

> "...definitely has improved the way I see things or overcome some feelings or some - how do I put it? - anxieties I've had." – *Spring Client 2*

> "But yes, my mental health has improved no end. I'm so much happier in myself, I feel I've got a sense of purpose in my life now." – *Spring Client 3*

> "I think it's made me feel a bit more positive, that I'm not on my own." – *Spring Client 8*

Overall, whilst most clients went into Spring with few expectations, many felt that Spring had surpassed these. For instance, one client mentioned that Spring had helped them in ways that went beyond the help that they thought they could receive from anyone:

> "I don't think I had any expectations. I don't have expectations about anything these days, it is what it is. They've [Spring] exceeded the help that I thought I would get from anybody" – *Spring Client 1*

Self-efficacy, the perception of one's ability to behave in ways that help in managing specific situations and/or obtaining specific outcomes (Bandura, 1982), was found amongst Spring clients with regards to their belief that Spring can help them learn the necessary skills to sustain the changes that have been made:

> "I know I'll learn the skills and the way to keep momentum and not keep dropping - Or not go back to the point of where I am now where I ask for help, but I can actually find the mechanisms and that to move on in a positive way" – *Spring Client 2*

> "It's helping me psychologically to push myself much more to want to keep the momentum going and build on it, use the positivity to drive me further and wider than without that help" – *Spring Client 7*

> "I've learned some tools that I can take forward now, which I've just mentioned, to help with my wellbeing, to keep me on track and to keep up." – *Spring Client 3*

More specifically, Spring empowered clients to be able to independently seek out things that would help them work towards where they wanted to be:

> "So, it's just gets your mind going again to think of different things that you can do when Spring finishes. They've put the thinking cap on my head rather than it being on their head." - *Spring Client 3*

> "But now I know that yes, I can take my pension if I want to so I'm exploring that option. [SPLW] has given me a bit of confidence to do that." - *Spring Client 8*

> "It's things that I don't have to worry about because they (Spring) given me the tools to enable me to do it myself - or certain aspects myself. Some people need more help, some people just need the tools to get on with it. And I'm that kind of person that I've gone through my roughest part and I'm picking myself up and I'm driving forward. I set myself goals and I'm a man on a mission." – *Spring Client 7*

> "I'm starting to look at what I can identify for myself, so that to me is progress." - *Spring Client 2*

> "We want to have support at each end of the Spring process, support that will bookend the Spring core offer and provide people with support into Spring and peer-support upon leaving Spring. This would allow us to give people what they need and ensure they can continue to achieve outcomes upon leaving Spring"- *Board member (post focus group email)*

Spring also helped clients to cope better and manage their conditions, as one client explained:

> "So, they are helping you understand why the anxiety is happening and when that happens it's having a knock-on effect on your pain. So, it's helping you think in a different way towards your pain, accepting it for what it is and moving forward with it instead of sitting there and feeling sorry for yourself that you've got this pain and it's not going away and, 'I can't do this, that and the other." - *Spring Client 8*

A VCSE representative who delivered activities discussed how they had observed growth in the confidence of Spring clients over the weeks of running the activity. According to the activity leader, there was not only a growth in confidence, but the belief in themselves to go out on their own and identify various wildlife and see nature:

> "...so, I think confidence and also – particularly some of the men, at first they were very quiet but now they are very keen to talk to you about what they've seen that week or what they've been doing, which is nice." – *Walk on the Wild Side, VCSE representative*

This level of impact was also noted by stakeholders, who offered examples of the changes they had observed in clients based on their own observations, or reporting by Spring staff:

> "It's looking at someone's journey and the impact the service has had in supporting someone who's not been out of his house for three years, into standing up and speaking to a group about that journey of being completely disenabled by your long-term health condition to actually being empowered. Makes it worth it." - *Board member 8*

> "Whereas we've got people losing weight, we've got people walking, we've got people who have got their cholesterol down, we've got them engaged socially. And, of course, the value of social connections, we try and make it as local as possible so it's sustainable." - *Board member 4*

Spring was also said to have helped with knowing when to prioritise oneself, particularly within the context of a busy lifestyle:

> "Yes, without any element of guilt or the fact that most of my time is taken up being a family of four, being actively with my children and maintaining a home or maintaining my health for my health impaired, my ability to just get on. Otherwise, I'll stay in a vicious cycle so it's recognising that I can take time out and concentrate on what's required." – *Spring Client 2*

Behaviour change was conceptualised as both direct and indirect change, including an openness towards and/or thoughts about behaviour change. Clients reported a multitude of behavioural changes as a result of their involvement with Spring. For example, for most clients interviewed, Spring provides an opportunity to get out of the house and socialise with new people, which they were not doing much of previously:

> "But normally I sit here and I watch telly and - oh God. So, it's got me out and about, meeting different people. Got me a bit more involved and I quite enjoy it to my surprise." – *Spring Client 1*

Clients also mentioned that, as well as meeting new people, they were experiencing new things alongside them, which they would not have engaged in before if it had not been for Spring:

> "Yes, what I was going to say was the change has been for me, I've done something sociable amongst a group of people that I don't know…experiencing new things together that I probably wouldn't have taken the time out to do for myself." – *Spring Client 2*

> "...without Spring I wouldn't have been taking part in these activities." – *Spring Client 3*

Engagement in these new activities and groups and enjoyment of them was even mentioned by one client to serve as a motivator to take part in similar activities and groups through Spring:

> "I haven't mentioned journaling because it's not something I would have thought of to do. But as we touched on it in this six-week course I did and as it was a taster of, I recognised that it could be beneficial. So, then I was able to go to them and say I think I'd like to do that now." - *Spring Client 2*

This combination of engaging in activities with others was also viewed as novel by one client, in terms of being in a social environment that was just for them as opposed to other environments that were shared with the likes of family:

> "Yes, I'm in a social environment that is just for me. What I mean by that is most of the social things I do involves around what we do with our children in their social groups and our church." – *Spring Client 2*

Not only did Spring help clients get out of the house doing different things and meeting new people, but it also helped them to engage in more physical fitness than they did previously:

> "That has helped me no end because I've realised how important physical activity is, as well as stimulating your mind as well. So, that has changed in my life, I'm a lot more active now, thanks to Spring for their intervention, than I was pre-engagement with them." – *Spring Client 3*

> "Now I go to the gym on the Monday morning; I also go again on Thursday, I do another hour session on Thursday, just to make sure that I'm trying to lose weight and I'm trying to

keep active. I know at this time of life things are going to slow down, I'm not going to be so fit to do anything that I need to do, and I want to be." – *Spring Client 5*

Engaging in physical activity through Spring also inspired one client to work on giving up smoking, demonstrating that the benefits of Spring could have a domino effect on healthy lifestyle behaviours:

"I've made a decision, and I've acted upon it, to give up smoking; I've got an appointment booked in for 8th January for that. And I think being active down at the Green Patch and the walk that we do down there and wildlife walks that I've taken part in, I think just wanting to be smoke free really, that's helped by being active with Spring even though they are not directly responsible for that decision." – *Spring Client 3*

One client also mentioned that sleep music, providing through an MP3 file, was effective in helping to improve their sleep by aiding them in their ability to sleep and relax:

"...if I struggle with my sleep or relaxation I put that (MP3 file) on and that will help me for as long as I need it, and that's brilliant." - *Spring Client 7*

Behaviour change was also found with regards to the role of clients within their close social circles, as well as the wider community:

"The other thing is my partner has taken this journey but his journey is obviously very different to mine. But together we were able to work with each other to improve the way we are and the things that are different for me, that I struggle with that are different for him. So, we are able to support each other better." - *Spring Client 2*

"So, it's not just about the journey for the physical side of things and the mental health side of things but it's an improvement in your role in society as well because you are helping out a charity." – *Spring Client 3*

Overall, involvement in Spring may have a longstanding impact on behaviour, as one client mentioned that they would continue with activities and groups affiliated with Spring even after their journey has ended:

> "When I'm down this way I shall still go. I shall come down and stay at [place name] now and again and I shall go the gardening if I'm about." – *Spring Client 1*

> "Yes, I still to the Green patch even though - because it was just a referral to them so you can stay there for as long as you want to." - *Spring Client 3*

This longstanding impact was also evident with clients who continued to meet with other activity attendees once the activity was over or once they had finished their journey with Spring:

> "Outside of Spring we are all going to meet again...just to do a walk." - *Spring Client 1*

> "Yes, we all decided that once Spring finished that we wanted to do something but we weren't quite sure what so we all decided we'd have a coffee at the local Costa and try to meet up at least once a week." – *Spring Client 5*

> "I gained a lot from that and met some new friends. We've got a little WhatsApp group for the people that took part in my group." – *Spring Client 3*

Further to the continuation of activities and meeting with activity attendees, this longstanding impact was also made clear when clients mentioned prioritising getting in touch with a social prescriber or getting more involved in Spring activities once they moved house:

> "But my first thing once we do move is to find a GP, a doctor, and I will then ask straight away, I want to see social prescriber." - *Spring Client 1*

> "But if I'm living closer - I'm making a plan for the future if I can try and find somewhere to live in [inaudible] or [Town] or [Town] it would be more ideal. I'd be able to get to things more easily." - *Spring Client 6*

Whilst clients themselves did not refer to the Wellbeing Activation Fund, board members made reference to it, suggesting that it offers additional opportunities for clients and communities, enabling Spring to support a wide range of needs through group interventions in particular. This supported strategic decisions to include more group working as part of the Spring intervention, with the aim of increasing the range of clients that could be supported:

"...the Wellbeing Activation Fund [is] a catalyst to be able to sponsor and support community groups, which for me is one of the key responses that we should all be encouraging, to support certainly older people but also a wider range of clients." - *Board member 1*

"In my experience it's been used well and the delivery partners have used it to innovate, and some of those ideas have been looked at to be used elsewhere." - *Board member 2*

"Originally and initially, it was about working one to one and we then recognised relatively mid-way through that process, actually we can't keep doing this. So, it has to be that more group interaction but again venue hire, all of that, there was a whole process around making use of that wellbeing Activation Fund effectively." - *Board member 6*

Some board members and Spring SPLWs noted the increasing challenges associated with the administration of accessing the fund which may lead to decreasing applications in future, however others contextualised the administration alongside the opportunities that it presented, suggesting that the benefits that it offers may outweigh the administrative side of applications.

"...because of course Spring has the [WAF] Fund, which is absolutely fantastic but obviously there are barriers and it's getting tighter and tighter what we can use the [WAF] Fund for." - *Board member 7*

*"*I don't know whether it's a barrier in itself, it's probably another time barrier, is there are four different processes to access the Welfare Activation Fund. The first £100 we can now thankfully approve ourselves but we have to complete quite detailed form, stick it on a Post It and send it to ourselves. The second one is where we have to go to our manager for anything over £100. Again, detailed Post Note to her. The third one is where there's a one-off individual spend of over £200, has to go to [Bridges], another form for that. The fourth one is the group activation fund where again we've just touched on the problems of that not being authorised sufficiently in advance. So, they've got four different processes and I'm not sure that everybody is doing the same thing with those processes." - *Spring SPLW Focus Group 2*

> "...is quite a gamechanger in terms of being able to encourage the set-up and the ongoing groups that have been established. And I think any model, we need a lot more of that actually because I think it's money well spent and makes all the difference." - *Board member 1*

One stakeholder questioned whether the Fund might be better located in supporting local group settings or local charities, rather than the more established Spring delivery partners.

Research question 1.2: What are the experiences of service users participating in the Spring pathway (with particular focus on barriers, enablers and aspects of personalisation)?

This section incorporates quantitative and qualitative data from the Spring Northants dataset to illuminate service users' experiences, focusing on aspects such as the referral form, the delivery organisation engaged, physical and mental conditions, the action plan, and outcomes explored in interviews. The delivery partners are Age UK Northamptonshire (37.10%), General Practice Alliance (34.01%), Northamptonshire Carers Association (20.27%), and Mayday Trust (8.62%), as depicted in Figure 7.5.

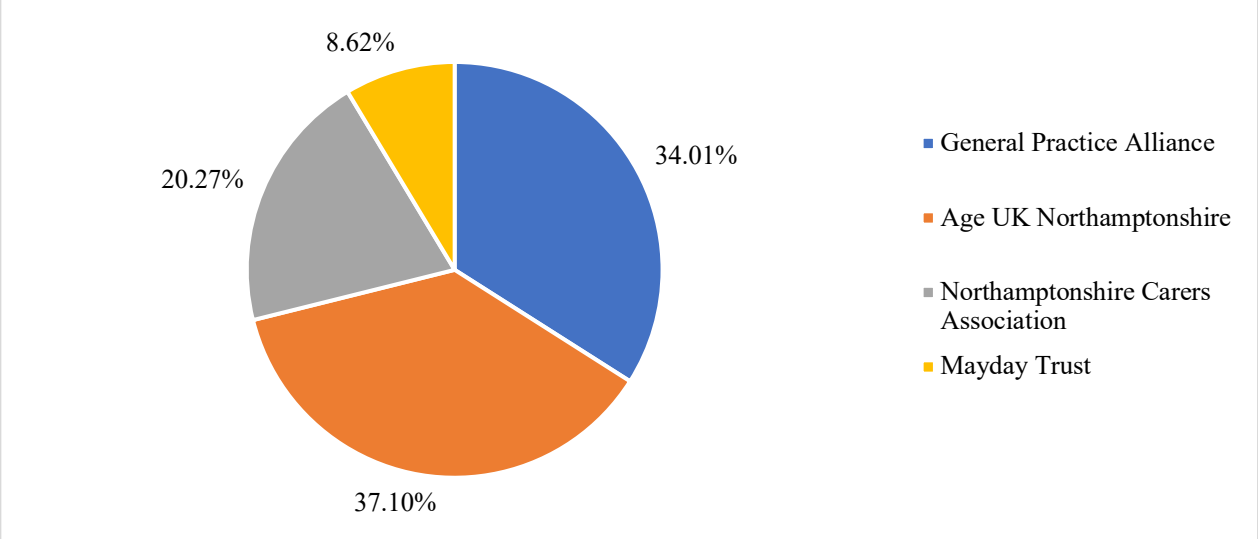

Figure 7.5. Delivery partner distribution (N=3,493).

The correlation between the delivery partners and the outcome of the programme is significant ($\chi(15)384.27$ and p-value=0.001). The findings presented in Figure 7.6 indicate there are variations in the distribution of participants across different delivery partners, common challenges such as programme non-completion and referrals not pertinent are evident across the board. General

Practice Alliance and Age Northamptonshire Carers Association demonstrate relatively high levels of ongoing participation (respectively 32.58% and 26.55%). General Practice Alliance also has the highest level of referrals not pertinent. Age UK Northamptonshire and Mayday Trust have the highest levels of programme completions (respectively 22.99% and 23.26%). This suggests that these organisations may have implemented effective engagement strategies or provided services that resonate well with their target demographic. Mayday Trust is the one with the highest level of transfer to another provider (24.58%). A common challenge across all providers is the proportion of participants who did not complete the programme, all around a third or the responses. This indicates potential barriers or difficulties faced by participants during their engagement.

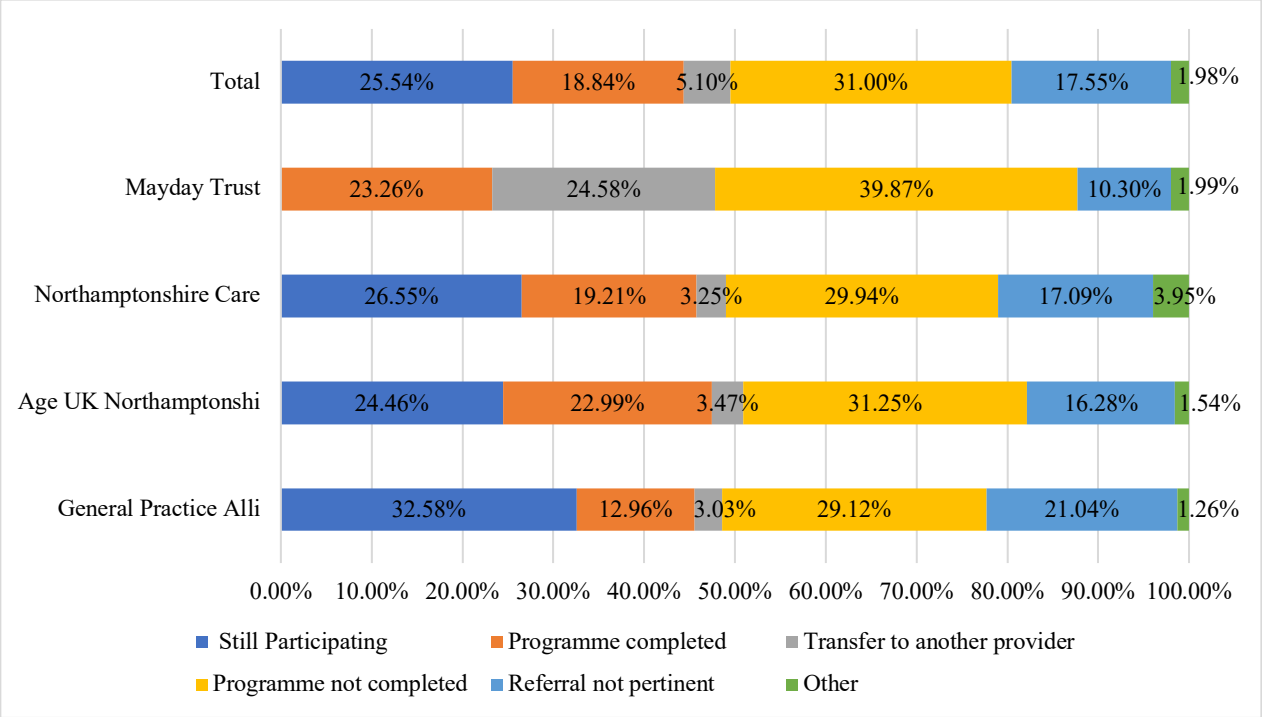

Figure 7.6. Delivery partner and programme outcome.

The predominant mode of entry into the programme for participants has been through self-referral, accounting for a significant proportion of the sample (23.33%), as depicted in Figure 7.7. This underscores an individuals' proactive approach to seeking and engaging in the programmes independently.

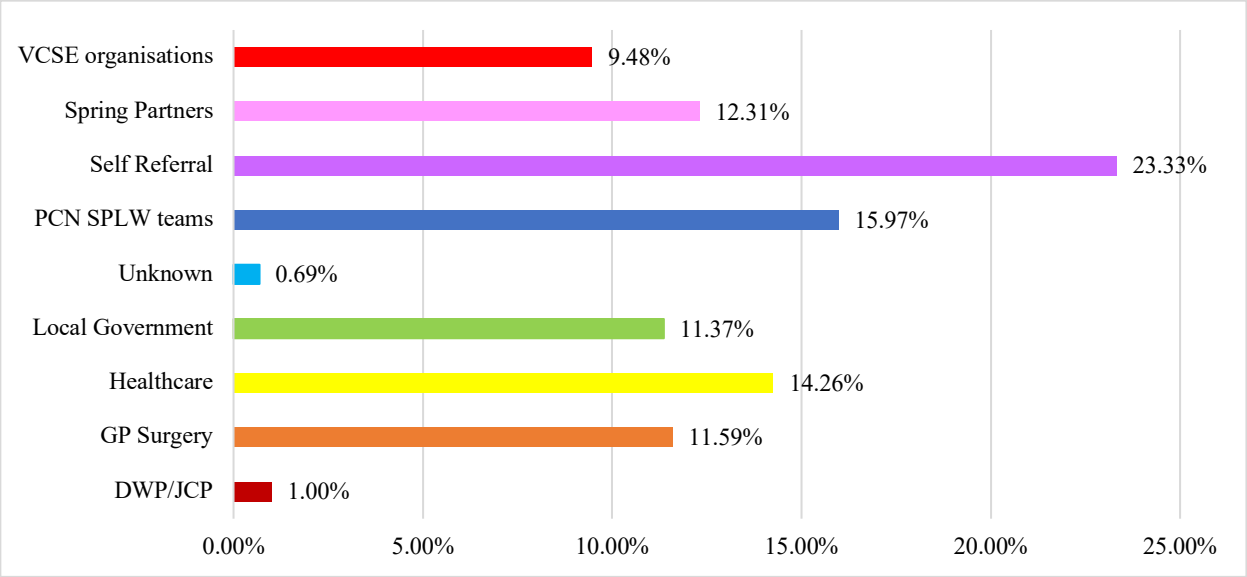

Figure 7.7. Referral type (N=3,493).

Table 7.5 below provides a detailed breakdown of the programme outcomes according to the referrals. Significant correlation is observed between these factors ($\chi(35)= 345.74$ and p-value=0.000). The Unknown referrals have been excluded. A striking observation is the considerable variability in participant statuses among different providers. For instance, the Department for Work and Pensions (DWP) and Jobcentre Plus (JCP) show a notably higher proportion of participants who have not completed the programme, accounting for 54.29% of their participants. This suggests potential challenges or barriers within these programmes that may hinder participant progression. Conversely, some providers demonstrate more favourable outcomes. PCN SPLW teams, Self-Referral, and Healthcare exhibit relatively higher levels of ongoing participation and successful outcomes, with completion rates ranging from 32.26% to 35.71%. These figures suggest that these referrals were effective or aligned well with participants' needs. Examining the distribution of participants across referral categories reveals additional insights. For instance, Local Government and Healthcare show a higher percentage of participants with referrals not pertinent to the programme, at 26.95% and 23.29% respectively. This indicates potential mismatches between participant needs and the services offered by these providers. In contrast, Self-Referral and Spring Partners exhibit lower percentages of participants with referrals not pertinent (respectively 16.69% and 11.16%), suggesting better alignment between participant needs and programme offerings. Overall, understanding these variations is crucial for effectively tailoring interventions and support.

	Still in the programme	Successful	Transfer	Programme not completed	Referral not pertinent	Other	Total
DWP/JCP	8.57%	5.71%	0.00%	54.29%	25.71%	5.71%	100.00% (35)
GP Surgery	25.93%	13.58%	9.63%	39.01%	9.63%	2.22%	100.00% (405)
Healthcare	28.71%	11.04%	4.82%	29.32%	23.29%	2.81%	100.00% (498)
Local Government	11.84%	16.12%	3.78%	39.55%	26.95%	1.76%	100.00% (397)
PCN SPLW teams	32.26%	17.56%	3.76%	31.36%	13.44%	1.61%	100.00% (558)
Self-Referral	35.71%	19.02%	3.44%	23.93%	16.69%	1.23%	100.00% (815)
Spring Partners	22.56%	29.07%	6.28%	29.07%	11.16%	1.86%	100.00% (430)
VCSE organisations	6.95%	30.82%	5.74%	28.7%	24.77%	3.02%	100.00% (331)
Total	25.80%	19.04%	5.04%	31.00%	17.55%	1.98%	100.00% (3,493)

Table 7.5. Closure type and Referral type distribution.

Table 7.6 below provides a detailed breakdown of the delivery partner organisations according to the referrals. Significant correlation is observed between these factors ($\chi(2)=193.44$ and p-value=0.000). As above, the Unknown referrals and the DWP/JCP have been excluded due to their low numerosity. The organisations that receive the highest number of referrals are General Practice Alliance and Age UK Northamptonshire, accounting for approximately 25% to 44% of all referral organisations. Specifically, Local Government (40.81%) and PCN SPLW teams (42.83%) primarily refer to General Practice Alliance, while GP Surgery (40.25%), Healthcare (38.35%), self-referral (40.86%), and VCSE organisations (44.71%) primarily refer to Age UK Northamptonshire.

	General Practice Alliance	Age UK Northamptonshire	Northamptonshire Carers Association	Mayday Trust	Total
GP Surgery	28.89%	40.25%	11.11%	19.75%	100.00% (405)
Healthcare	33.73%	38.35%	22.09%	5.82%	100.00% (498)
Local Government	40.81%	25.19%	27.96%	6.05%	100.00% (397)
PCN SPLW teams	42.83%	36.92%	17.92%	2.33%	100.00% (558)
Self-Referral	32.39%	40.86%	19.88%	6.87%	100.00% (815)
Spring Partners	33.72%	31.16%	24.88%	10.23%	100.00% (430)
VCSE organisations	26.89%	44.71%	17.52%	10.88%	100.00% (331)
Total	34.48%	37.13%	20.18%	8.21%	100.00% (3,434)

Table 7.6. Delivery partner and Referral type distribution.

The participants' long-term conditions were investigated and participant were able to report up to 11 conditions. In total, 46 distinct long-term conditions were identified, with Figures 7.8a and 7.8b below illustrating the frequency of these conditions (per beneficiary and also as a cohort across the programme). Interestingly, mental health issues (32.96%) and depression (30.66%) emerged as the two most frequently reported conditions amongst beneficiaries (i.e., 32.96% of beneficiaries reported a mental health condition). Across the programme as a whole, the most prevalent conditions as a percentage of total conditions reported were mental health issues (14.15%) and depression (13.16%). These findings highlight the prevalent health concerns among participants, underscoring the importance of addressing mental health within this cohort.

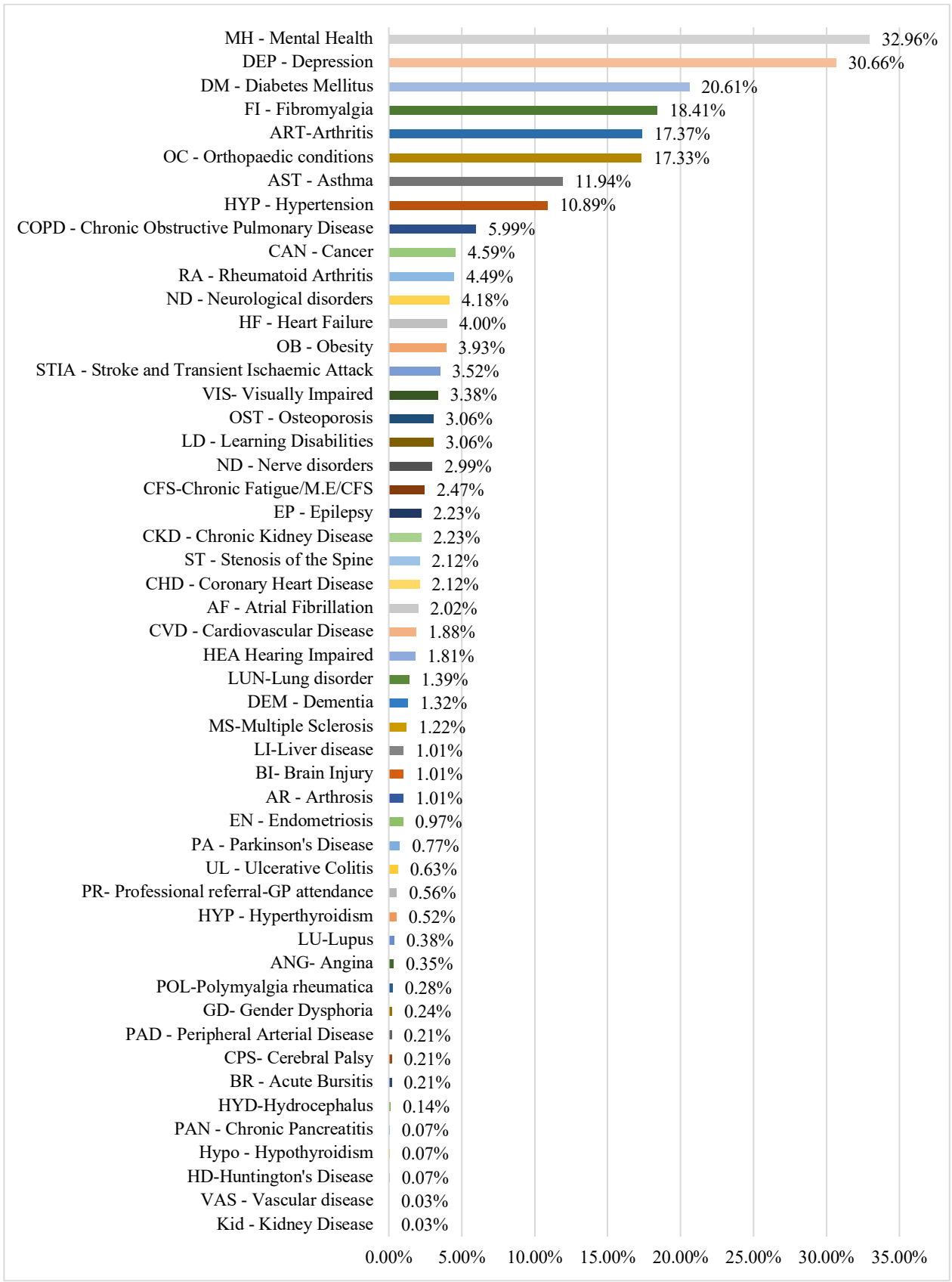

Figure 7.8a. Primary referral criteria by total beneficiaries[28] (N=2,873).

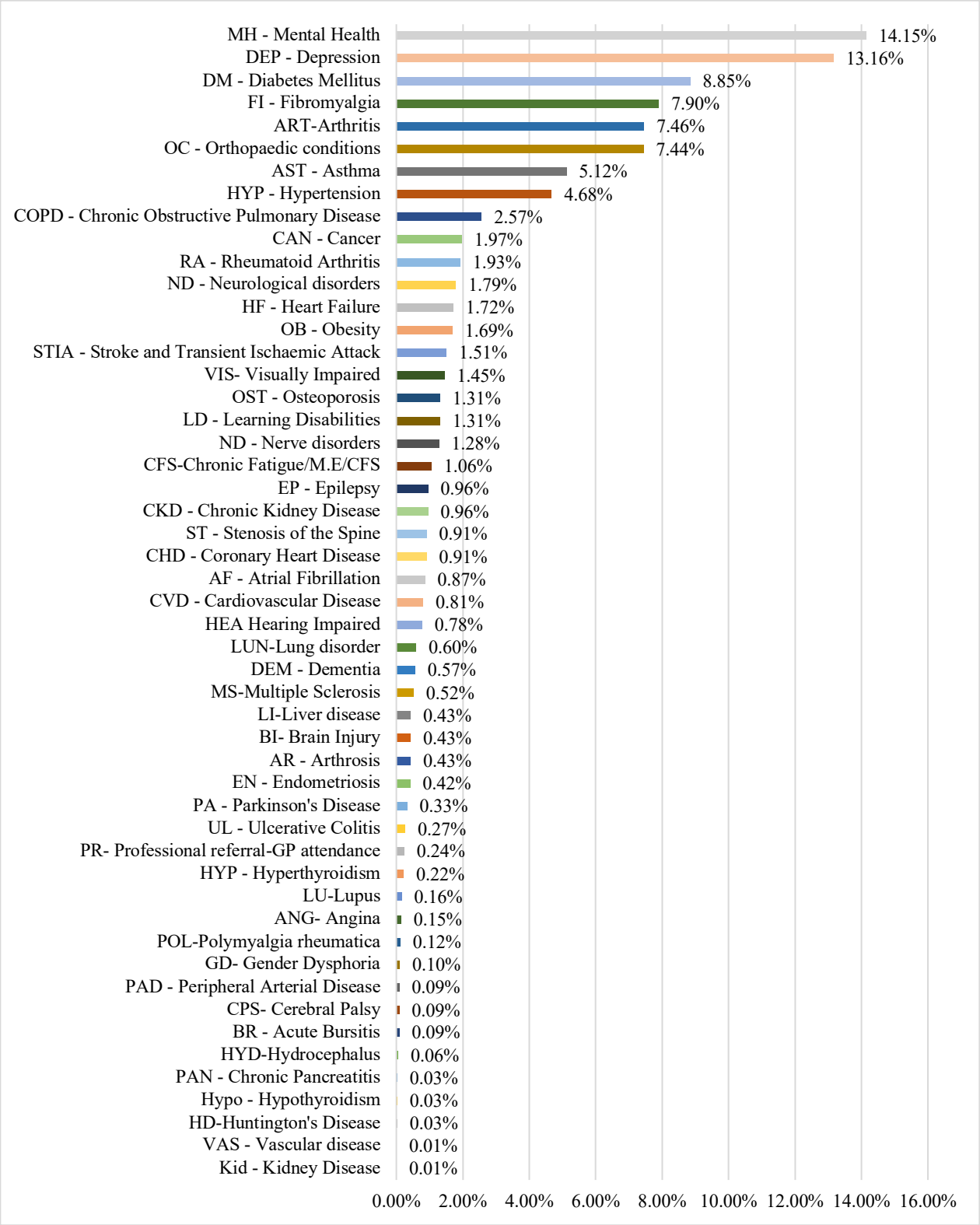

Figure 7.8b. Primary referral criteria as a proportion of total conditions reported (N=6,693).

[28] Beneficiaries can have more one than one condition, therefore this chart can sum to more than 100%. This data shows for example, that 32.96% of beneficiaries reported a mental health condition.

In addition to long-term conditions, the dataset also encompasses secondary referral criteria, with up to five instances recorded for each participant. The graphs below (Figure 7.9a and 7.9b) illustrates the frequency with which these criteria have been reported. Notably, the two most prevalent criteria reported amongst beneficiaries were low levels of emotional and mental wellbeing (52.04%) and social isolation (46.86%). Across the programme as a whole, the most prevalent conditions as a percentage of total conditions reported low levels of emotional and mental wellbeing (23.63%) and social isolation (21.28%). These findings offer valuable insights into the factors influencing participants' engagement with the programme, highlighting the importance of addressing emotional wellbeing and social isolation within this context.

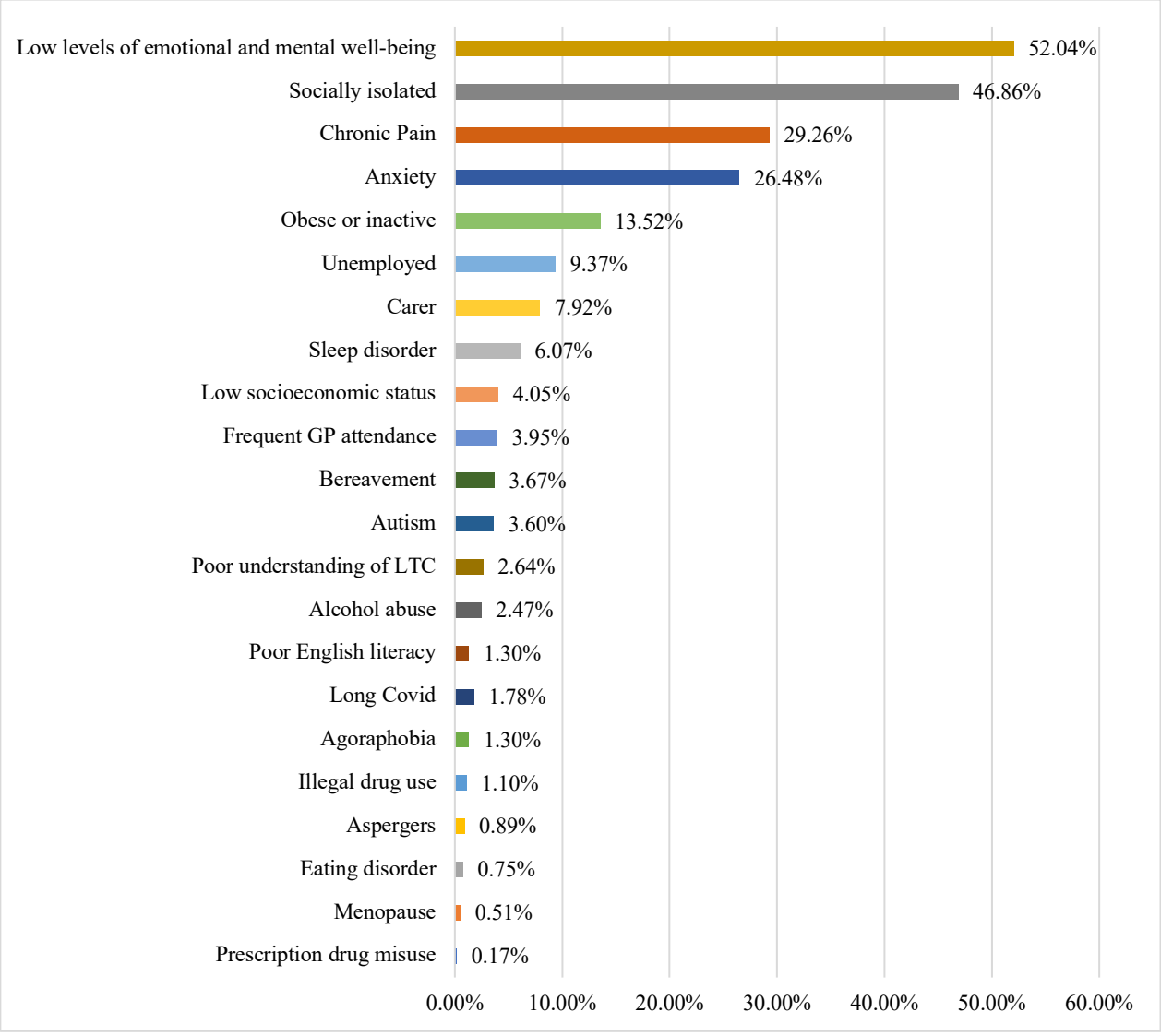

Figure 7.9a. Secondary referral criteria by beneficiaries (N=2,915).

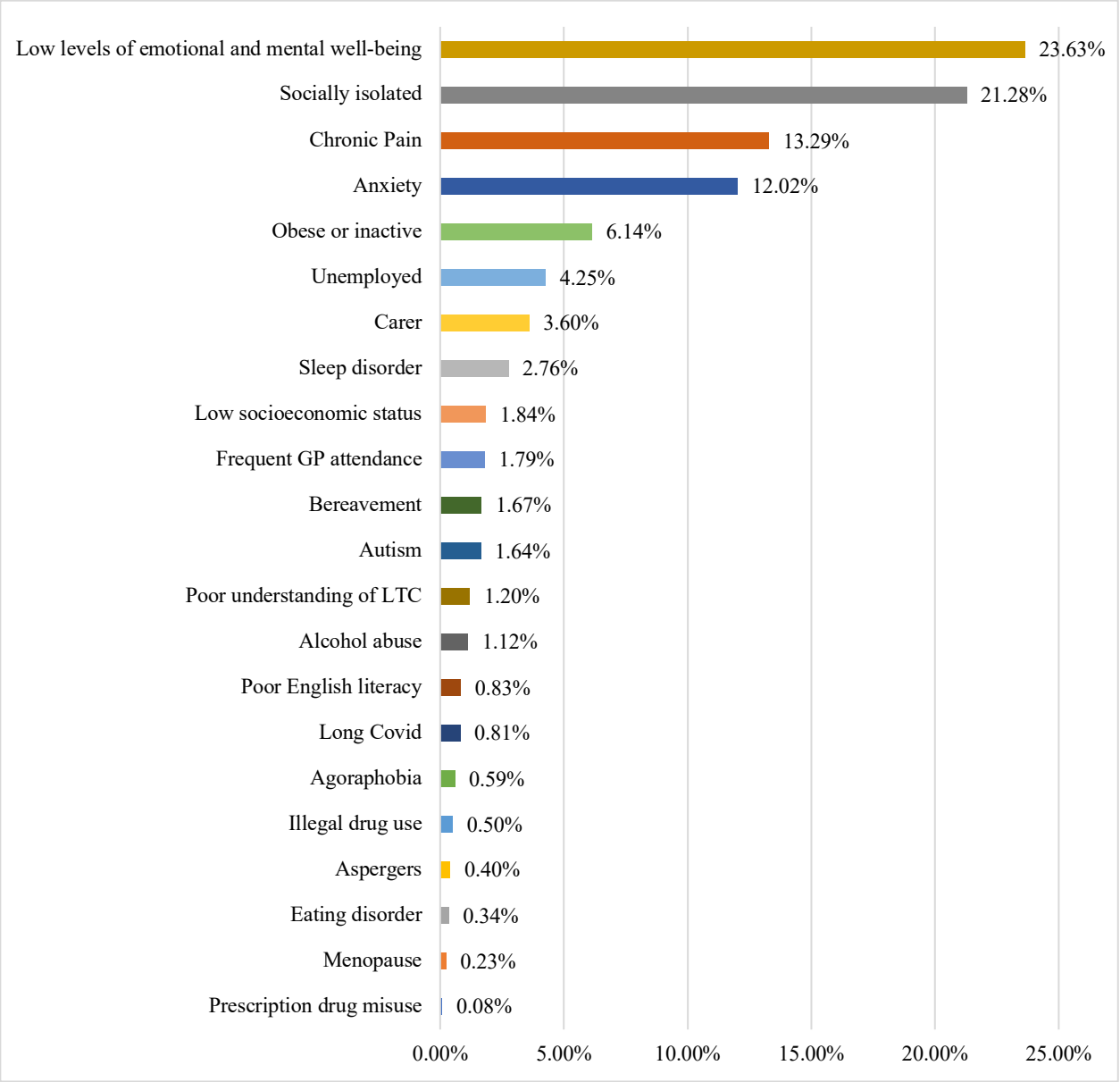

Figure 7.9b. Secondary referral criteria as a proportion of total conditions reported (N=6,420).

As per the client Wellbeing Star scale, participants have individualised action plans, each potentially encompassing multiple actions. Figure 7.10 (below) provides a summary of the total number of actions reported. Notably, the predominant actions identified revolve around work, volunteering, and other activities (22.06%), while managing symptoms was also a significant focus (20.41%). This underscores the diverse and personalised nature of the participants' action plans, with an emphasis on addressing aspects related to occupation and symptom management.

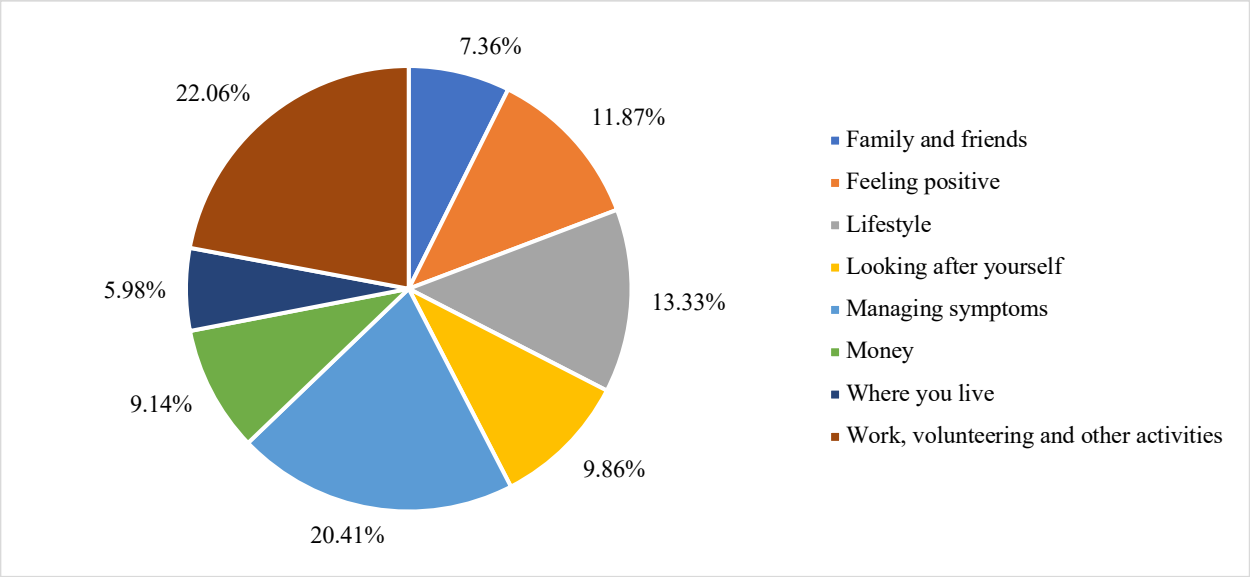

Figure 7.10. Actions plan (N=5,418).

The overall experience in Spring Northants appears to have been highly positive. Out of the 658 participants who completed the programme, 192 (29.2%) took part in the exit interview, providing valuable feedback. The majority of participants responded affirmatively, expressing agreement with all the questions posed in the exit interview. These questions encompassed positive affirmations about the programme or its outcomes, as depicted in Figure 7.11. This positive sentiment is particularly notable in responses to key statements such as "Working with my social prescribing link worker has improved my overall feeling of wellbeing", "I would recommend Social Prescribing to others" and "Spring listened to what matters to me" The widespread agreement on these aspects highlights a strong endorsement from participants, underscoring the beneficial impact of the Social Prescribing initiative on their overall wellbeing and the perceived effectiveness of the programme.

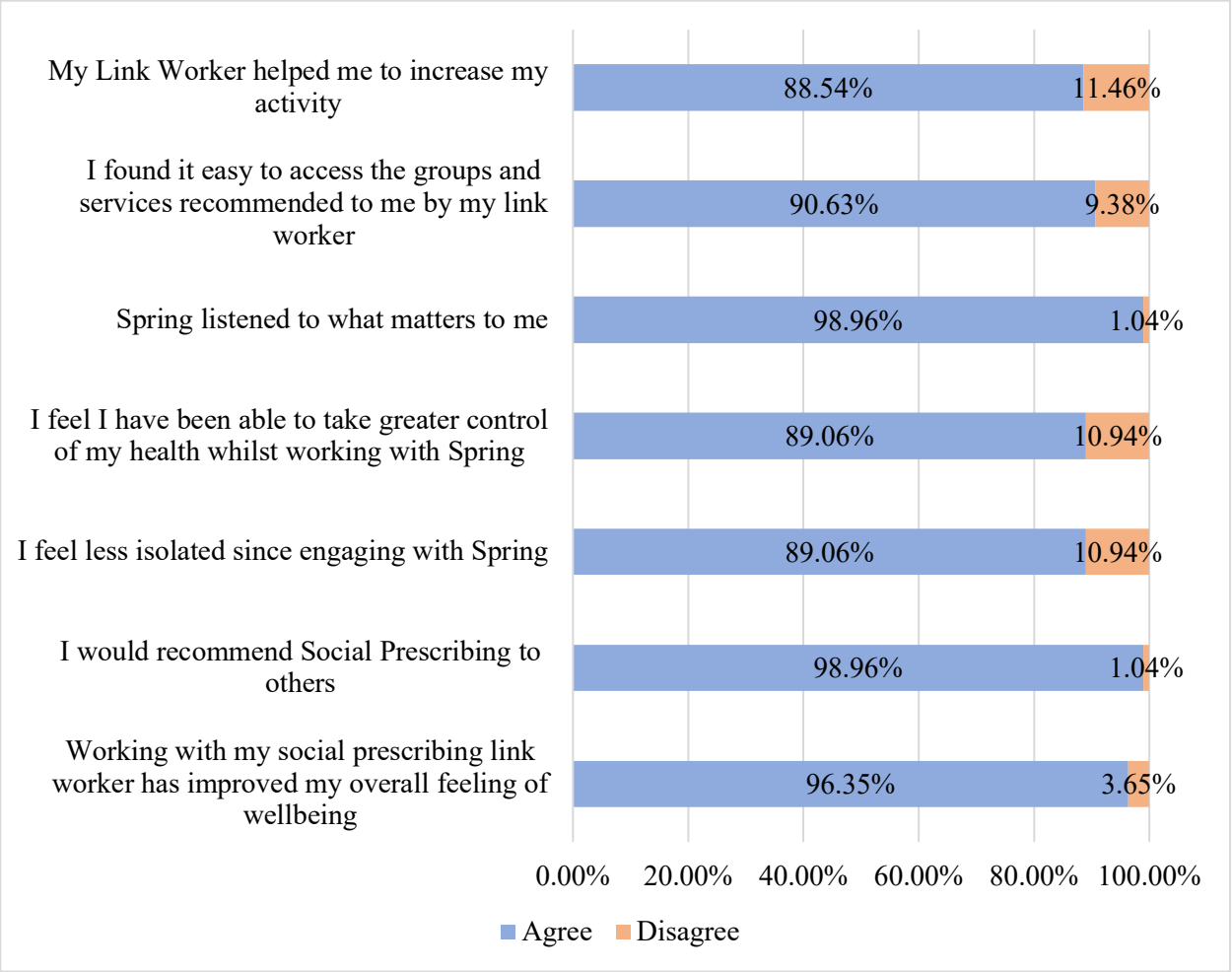

Figure 7.11. Exit interview questions (N=192).

The exit interview also included a specific question regarding employment, focusing on participants views on whether Spring SPLWs had the ability and capacity to assist participants in securing new employment. Interestingly, the vast majority of respondents (94.23%) indicated disagreement with this statement (Figure 7.12). This insight suggests that, according to the participants, Spring SPLWs may not have played a significant role in facilitating employment opportunities. Given that 63.70% of respondents were not employed at the beginning of their participation, this finding holds particular significance. It sheds light on the priorities undertaken by the delivery partners, indicating that while their efforts contributed to enhancing participant wellbeing, they may not have effectively addressed participants' employment needs. Understanding these perspectives is crucial for refining and tailoring future programme offerings to better align with participants' expectations and needs regarding employment support. By acknowledging and

addressing these insights, programme administrators can enhance the efficacy and relevance of support services, ultimately empowering participants to achieve their employment-related goals[29].

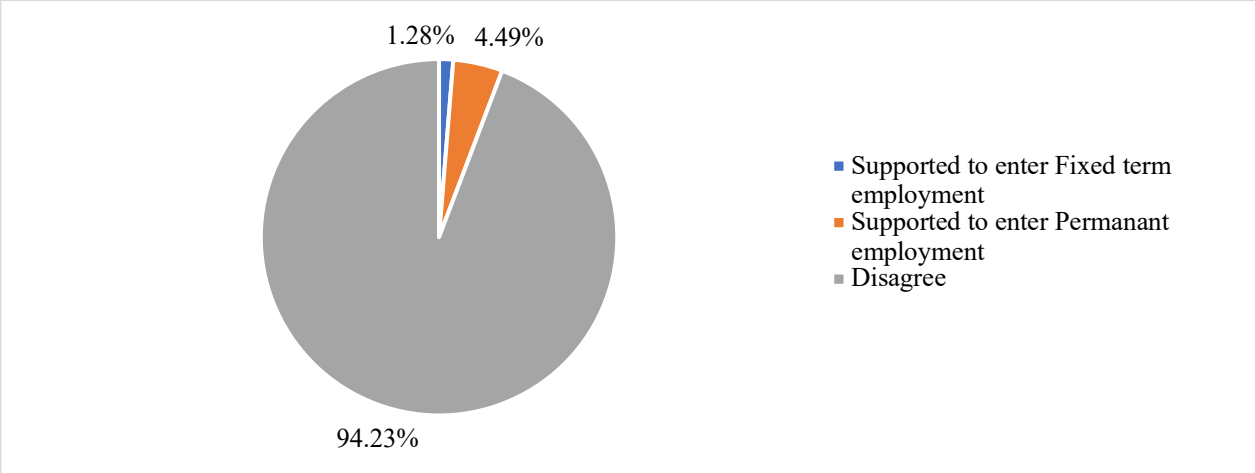

Figure 7.12. Exit interview questions about work (N=156).

Figure 7.13 provides a word cloud of the open question exit interviews responses, indicating a positive impact on the participants. Among the most frequently occurring words are helping, support, enjoyed, and positive.

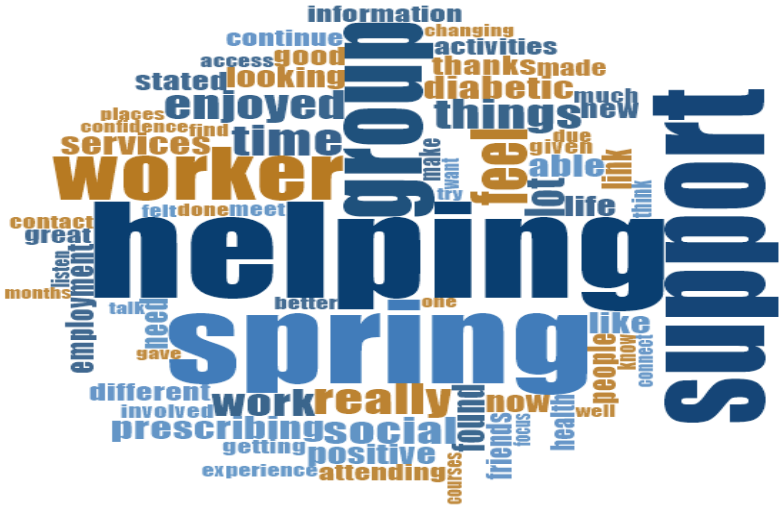

Figure 7.13. Exit interviews' Word count.

[29] It should be noted that employment is not one of Spring's primary aims, but since the programme has had a positive effect on employment in some cases, this was tracked as a secondary outcome. However, tracking of this was altered in March 2024 to change the question wording from "My Link Worker helped me to secure new employment?" to "Were you looking for work or volunteering opportunities?" This has not impacted this report due to the recentness of the change.

Table 7.7 (below) presents correlation coefficients between various variables in the evaluation, providing insights into their relationships. In this correlation matrix, each cell represents the correlation coefficient between two variables. A correlation coefficient closer to 1 or -1 indicates a stronger positive or negative relationship between the variables, while a coefficient closer to 0 suggests a weaker or no relationship. Significant correlations are marked with asterisk(s), denoting statistical significance (*** $p<0.01$, ** $p<0.05$, * $p<0.1$). The significant correlations revealed in the analysis offer valuable insights into the intricate interplay among the variables under investigation.

- **Primary Conditions versus Actions:** Notably, a positive correlation ($r = 0.370$, $p < 0.1$) is observed between the number of actions and the number of long-term conditions. This suggests that as the number of long-term conditions increases, there is a corresponding rise in the number of actions required, indicating a potential relationship between health complexity and healthcare utilisation.
- **Secondary Conditions versus Actions:** Conversely, an inverse relationship is observed between the number of actions and the number of secondary conditions ($r = -0.379$, $p < 0.1$). This indicates that while an increase in long-term conditions necessitates more actions, the presence of secondary conditions might lead to a reduction in the required number of actions. Such findings underscore the nuanced nature of healthcare needs and the differential impact of various health conditions on healthcare utilisation patterns.
- **Primary Conditions versus Secondary Conditions:** A negative correlation is observed between the number of long-term conditions and the number of secondary conditions ($r = -0.520$, $p < 0.1$), indicating a tendency for individuals with more long-term conditions to have fewer secondary conditions, potentially due to competing healthcare priorities or management strategies.
- **Primary Conditions versus Wellbeing:** Further analysis reveals significant negative although weak correlations between the number of long-term conditions and both the WBS baseline ($r = -0.096$, $p < 0.1$) and the WEMWBST baseline ($r = -0.136$, $p < 0.1$). These results suggest that individuals with a higher burden of long-term conditions tend to report lower levels of wellbeing at baseline assessments.
- **Secondary Conditions versus Wellbeing:** Interestingly, the number of secondary conditions demonstrates positive correlations with multiple measures of both WBS and

WEMWBST, indicating that individuals with a greater number of secondary conditions tend to report higher levels of wellbeing across various dimensions. This suggests a complex relationship wherein the presence of secondary conditions may influence subjective wellbeing positively, despite potentially complicating health management.

- **Stability of Wellbeing Measures Over Time:** Furthermore, the positive correlation between the two wellbeing scales at different points in time underscores the consistency of subjective wellbeing assessments over time. This suggests that individuals who report higher levels of wellbeing at one assessment point are likely to report similarly elevated levels at subsequent assessments, reflecting the stability of subjective wellbeing measures over time.

In summary, these findings contribute to a deeper understanding of the dynamics within the studied domain, elucidating the complex relationships between health conditions, healthcare utilisation, and subjective wellbeing. Such insights are critical for informing healthcare interventions and strategies aimed at improving patient outcomes and quality of life.

Variables	Number of Action	Days between first contact and referral	Number of LT Conditions	Number of SE Conditions	WBS Total Baseline	WBS Total 6 months	WBS Total 12 months	WEMWBST 6 months	WEMWBST 12 months	WEMWBST 12 months
Number of Action	1.000									
Days between first contact and referral	-0.012	1.000								
Number of LT Conditions	0.370*	-0.052*	1.000							
Number of SE Conditions	-0.379*	0.034	-0.520*	1.000						
WBS Total Baseline	-0.108*	-0.043	-0.096*	0.251*	1.000					
WBS Total 6 months	-0.095*	-0.031	-0.053	0.244*	0.631*	1.000				
WBS Total 12 months	0.018	-0.068	-0.027	0.147*	0.473*	0.689*	1.000			
WEMWBST Total Baseline	-0.105*	-0.037	-0.136*	0.225*	0.621*	0.507*	0.462*	1.000		
WEMWBST 6 months	-0.057	-0.072	-0.073	0.214*	0.450*	0.679*	0.557*	0.656*	1.000	
WEMWBST 12 months	0.027	-0.085	-0.011	0.161*	0.350*	0.495*	0.728*	0.524*	0.680*	1.000

*** $p<0.01$, ** $p<0.05$, * $p<0.1$

Table 7.7. Correlation matrix

Our qualitative data tells us that although Spring can benefit clients in a range of ways, but some participants did report experiencing **barriers to their engagement**. For example, Spring was largely unknown to clients before they were either referred or self-referred, which made asking for help an anxiety provoking experience:

> "So, from my experience, to go to somebody was a big step to ask for help, but to also not know what that looked like. And I hadn't heard of them beforehand, I actually didn't know they had access to things that I just – I didn't or wouldn't know where to start to look for half that stuff." – *Spring Client 2*

Engaging with Spring was also a struggle for those who had previous experience of social prescribing, which ended up not being able to address their needs:

> "I must admit I was a bit - not dubious but I was a bit wary when I found out that Spring was a social prescriber project and I thought is it going to be like my previous experience? But I can honestly say it's nowhere near like that and never has been. It's always been a positive experience from the get-go." – *Spring Client 3*

Beyond initial contact, Spring clients also experienced barriers to engagement with the activities and groups on offer. One of the reasons for this is that some activities and groups that clients want to attend, are operated on days and times when they had other commitments:

> "Unfortunately for me, because I work three days a week I couldn't get to do all the courses. So, that's the only bad thing for me because there was so much more I could have done and would have loved to have done." – *Spring Client 4*

> "I can't do them because I'm working on the two days they meet up, they meet up on a Wednesday and a Saturday and I can't do either. It does make life a bit difficult but I can't go on their walks." – *Spring Client 5*

> "I could have got involved with that just didn't happen due to my own commitments. So, much more that I could have done if I hadn't got other arrangements." – *Spring Client 3*

> "The only thing is because I work they do a lot of things during the day which would be nice to engage with, like go for walks and things. But I can't do that because I work. So, you kind of miss out on a lot of things." – *Spring Client 8*

> "As I say, I'm not quite there yet because a lot of my time is still taken up in finishing the house and the garden and everything else that had been left for so long. Once all that's done, then I can focus my attention, if I feel ready, on things like this men's group and the fitness and all that. But I don't want to eat into my valuable time at this moment when I've got other pressing issues." – *Spring Client 7*

For others, securing transport to activities and groups within Spring was an issue:

> "Unfortunately, not being able to drive - and they (activities) are quite a long way off ." – *Spring Client 6*

> *"*...is incredibly local because there is no public transport in Northamptonshire to speak of. If you live in Corby there's absolutely no point in being told about something in Northampton*."* - *Board member 3*

Securing transport may also be impacted by financial challenges, with participation prevented for clients who are unable to afford transport to get there:

> "I didn't manage to go on the ranger-led walk for a couple of weeks. I had some financial issues." – *Spring Client 3*

> "...for most people 11 o'clock in the morning is fine but for somebody who's got to travel a long distance, from probably two or three buses, which is going to cost a lot of money because I've got another five months before I get my bus pass." - *Spring Client 6*

Sometimes, especially if activities were based outside, the weather would present a barrier to engagement as poor weather conditions would result in either there not being much to do or its cancellation:

> "As I say, I missed the walk this morning because of the weather and I do miss not going on it, miss the people, miss the dogs." – *Spring Client 1*

> "I went back to the Green Patch after my operation, again not much going on because of the inclement weather and the cold frosts which meant that you couldn't even do any weeding." - *Spring Client 3*

School half term could also result in the cancellation of some of the activities:

> "As I say, this coming Wednesday the Walk on the Wild Side is cancelled because of half term and I shall miss not going on that." – *Spring Client 1*

A lack of funding was also noted as a barrier to engagement. This meant that activities and groups that were enjoyed by clients were halted until further funding could be secured:

> "Unfortunately, that walk, now the funding has gone from Space To Talk for [Town] at the moment but as and when that comes back then I shall re-engage with Space and hopefully continue with that." – *Spring Client 3*

Even if nothing was stopping activities from being engaged with, sometimes clients themselves did not feel mentally ready to take part in the activities and groups that Spring offered:

> "I think she (SPLW) offered me something else as well, I think like a group meeting to build my confidence with other people. I think she offered me a group like that but at the time I'm just not in the right frame of mind to interact with other people on that level." - *Spring Client 7*

> "...when my Tuesdays became free I just didn't have the confidence because of my size and what have you." – *Spring Client 3*

> "I'm putting barriers up to stop doing things; I'm putting these barriers up by saying, 'I can't do this; I can't do this because of that and that and that'. If I tried, perhaps I could do it. You know what I mean? You know where I'm coming from? These barriers have been put there in my mind by me." – *Spring Client 6*

Being physically ready to engage in some activities and groups was another barrier experienced by some clients:

> "And then they referred me to the disability gym people as soon as my knee's at that point where I can start training again I'll go back to that so I'm looking forward to that. Until that knee's better I can't really - I'll just end up injuring it again." – *Spring Client 7*

> "Two weeks ago, on the Wednesday walk, I just couldn't do it. I got there and I just couldn't do it, I just sat and had a coffee with another chap who couldn't do it." – *Spring Client 1*

> "I was recovering from an operation in November so I missed the Green Patch for five weeks." – *Spring Client 3*

> "As I think I said last time, because of my physical problems I'm finding it practically impossible to get to these places, to the meetings, to the sessions." - *Spring Client 6*

> "I went and tried the yoga but because I have issues with my lungs, I just can't do the deep breathing so I think it's not really for me. Even though in my head I want to do it, it was making my asthma and my lung condition worse because I was trying to take too many deep breaths." – *Spring Client 8*

Even whilst within activities and groups, barriers could still be experienced by clients. For example, other attendees could prevent participation if they dominated the group:

> "It just felt as if the group had become about one person because that person, to warrant another phrase, could talk the hind legs of a donkey. So, I felt a little bit left out and not able to have a chat and talk about the things that were affecting me." – *Spring Client 3*

Whilst some barriers were experienced, clients also identified various aspects of Spring which **enabled** them to engage. For instance, the activities and groups on offer made clients want to initiate their involvement with Spring as they thought they would enjoy them and keep them busy, that they were structured in a way that would benefit them and that they would help alleviate symptoms relating to their health condition(s):

> "I like arts and crafts, to start off with, and I was told about the arts and crafts group that was on a Monday afternoon. And so that was one thing that attracted me to engage with Spring." – *Spring Client 3*

> "...also, to keep me occupied because I've got other hobbies to do, they do take time up but you get into a rut, if you see what I mean, and I needed to get out of it." - *Spring Client 5*

> "And also, just talking to people with the same problems, I know that helps. AA got me sober and that was a self-help group so I knew self-help groups work because there's empathy. You don't want just sympathy, you want empathy." – *Spring Client 6*

> "Because I know I'm not very fit and happy and I thought the heart attack called Pumped Up - and Breathing Space, I think, for the people with COPD and breathing problems - they seem to be the best two for me to go to. They are the ones where I can get some exercise and I can get some advice" – *Spring Client 6*

However, these activities and groups would not have been able to interest and initiate the engagement of clients if it had not been for Spring's SPLW's drawing their attention to them, as they were previously unknown to clients:

> "And those services, especially Spring, provide help and knowledge on things you just didn't know were there and you don't know where to start. That's the biggest thing, you don't know where to start." – *Spring Client 2*

> "From my experience they tend to get a much faster response than any other method that I've found, so that was one motivating factor. But also, services that I wasn't even aware of, which you wouldn't necessarily find out unless you did a lot of research or a lot of asking around to find out what's available." – *Spring Client 7*

Not only did Spring SPLW's enable the engagement of clients through their knowledge of the activities and groups available to them, but they also helped clients create a plan of action in addressing the things they needed help with. One client stressed that this would have been more challenging to do alone:

> "And then it just felt good afterwards for us to have a plan and to say, 'We're going to look at this, look at this, look at that'. And it was like wow, that would have taken me maybe months and maybe never. It's understanding that you can work together to move forward in a not so daunting way." – *Spring Client 2*

Clients also said that Spring SPLW's enabled their engagement with Spring through their personalities, as they were both friendly and listened to them without judgement. This helped clients to feel heard whilst receiving support and part of the group whilst partaking in activities:

> "And it doesn't take long to feel settled in the groups either. They've all been led by really friendly, outgoing people. They make you feel welcome and they make you feel like you belong." – *Spring Client 3*

Spring SPLW's also keep in regular contact with clients, helping to ensure that clients can benefit from their support, as well as the activities and groups on offer:

> "...there are a lot more - not a huge amount of one-to-one sessions but there are one-to-one sessions with your support worker. And, like I say, there have been times when I've needed to speak to [link worker] on the phone and if she hasn't been available straight away she always gets back to you to arrange a suitable time." – *Spring Client 3*

Funding from Spring also helped clients get involved in services that they were referred onto, as one client mentioned that they were referred onto counselling by their Spring SPLW but also that Spring could contribute to the payment of this service:

> "The other good thing is she said Spring would pay for four of the sessions. it's a voluntary contribution of around £10 a time but she said Spring will pay for at least four of potentially six or more sessions, depending on how many they feel I need to help me with that. So, that was a nice surprise which we were very grateful for." - *Spring Client 7*

A personal motivation to improve health and wellbeing was also mentioned to be a key enabler by clients to get involved with Spring:

> "I want to push forward and what I was finding was that I wasn't necessarily getting the help I needed fast enough so frustration was kicking in...my body clock's ticking and I need to sort myself out because my health was at that stage where if I left it I don't know how long I'd be around for." - *Spring Client 7*

> "I wasn't in a particularly good place at the time, so I was happy to engage with them." – *Spring Client 3*

Personalisation relates to aspects of Spring's service delivery that are tailored and/or adjusted in order to meet the individual needs of its clients. An example of this would be how Spring SPLWs develop action plans alongside clients to ensure that the activities and referrals they offer will be suited to them. This process sometimes results in the client acknowledging areas of their life that they need help with, which they had previously not thought about:

> "You still need help, yes. And someone else to support. They might say, 'How are you feeling in this area? How are you in this area? How are you in this area?' They may not be things you think of, does that make sense? So, it's having some sort of organisational thoughts and process and 'Where next?' and having that support." – *Spring Client 2*

As a part of this personalised support, Spring SPLW's also referred clients to activities, groups and services that were directly related to the needs and interests they expressed to them:

> "And they [SPLWs] know their stuff, boy do they know their stuff! I'm sure if I said that I wanted to go into space they would probably suggest going to Leicester Space Centre. Although physically I couldn't go into space, that would be the next best thing. They are very, very knowledgeable and they've got their finger on the pulse." – *Spring Client 3*

> "I said to her [SPLW] that I needed to lose some weight so she recommended a wellness gym which is up near [place]. I've done that this morning, I go once a week to the wellness gym and do an hour session up there." - *Spring Client 5*

> "...they've sent me information to speak to the housing people because where we live at the moment...and the house isn't fit for purpose. I have issues with the stairs, how steep they are; the place could do with a complete overhaul but the landlord, for want of a better word, hasn't spent a penny on the place in 12 years and everything is falling down." - *Spring Client 7*

> "The sessions are fine, the sort of things they are running are ideal for people like me." - *Spring Client 6*

> "Yes. It's like the yoga class is for people with fibromyalgia and that was wonderful because you weren't going along thinking, 'Oh my God, I've got to try and keep up with normal 1, 2 and 3'. Not everybody can do it. So, there's no pressure in you to feel like you

> can't do it, you do what you can. And I think that was great because if you went to a normal yoga class you would come away so deflated because you wouldn't be able to do - sometimes you can't lift your arms up. And the lady who was running the yoga class through Spring, she actually had fibromyalgia as well. So, you kind of got a lot of understanding there and it makes it a bit more lighthearted, I think." - *Spring Client 8*

> "When I spoke to - I said I really do need to focus on my health, I need to lose weight, so on, and she (SPLW) said about this Fitness Without Boundaries." - *Spring Client 2*

Spring SPLW's were also said to offer their company to clients when attending these groups and activities, if they felt they needed that extra support:

> "She [SPLW] has also been there for me, given me the option to have her, say, a group or meet with me to go somewhere to meet someone... it's nice to know that there's that opportunity to have your support worker go with you for a bit of support if need be." – *Spring Client 3*

Not only were Spring SPLW's said to offer their company to help Spring clients engage in activities, one client discussed how they were physically supported on a walking-based activity when they otherwise would have felt unable to do it:

> "Then Wednesday just gone, because I couldn't walk it they hired me a scooter to go round." - *Spring Client 1*

The support provided by Spring SPLW's was also personalised because it exceeded the expectations of clients in terms of what could be provided and when it could be provided. For instance, one client discussed how he was given a phone when he was without one and that they were told that they could still chat to their SPLW and attend activities and groups beyond their involvement with Spring:

> "I was in a real mess, a real mess. My body and my mind wasn't working and my phone broke down. I can't be without a phone because if I fall over I need my phone. And I couldn't work out in my own to go and buy one, just go and buy one, sort it out. But I couldn't get that in my head somehow. And [SPLW] gave me a phone she'd bought for somebody else that didn't need it. And I would never have thought, these days, they are

horrible at the moment, and I never thought anybody would help me in the way they did." – *Spring Client 1*

"I've still got [SPLW's] number so I know that if I do need to have a chat with her." - *Spring Client 5*

"I said that to them and they said, 'If you come here and have coffee and garden with us we are not going to say you can't come and we are not going to say you can't come on the dog walk and on and things like that, we won't say you can't come." – *Spring Client 1*

In terms of **what works well** within Spring, clients highlighted that they liked the approach to support that Spring SPLW's took as they were quick to deliver support, proactive and knowledgeable:

"Yes, I can't remember the exact dates but I think it was a couple of weeks and things started moving so yes, that worked really well. Not having to wait months and months and months for action to happen, I was pleased with that." - *Spring Client 7*

"Everybody that I've met from Spring, they go above and beyond their roles really in the support capacity that they offer you." – *Spring Client 3*

"It's just nice to feel that somebody can look at your situation and say, 'We'll look at this; we'll look at that' and know where to go." – *Spring Client 2*

It was also mentioned that this approach to support came without any pressure to engage in the suggestion and referrals proposed:

"They don't pressurise you either, it's literally, "I think this might help you; think about it', if it's something you want they'll send you information about it. 'If it's something you want to do when we talk next we'll action it', and then it's done." – *Spring Client 7*

Clients also said that Spring SPLW's were enjoyable to be around as they were kind-hearted and happy:

"They [SPLWs] are just such a happy group of people and that happiness, they portray that across. When somebody is giving you joy then you want to give joy to somebody else as

> well. Everybody is just - they are such a pleasure to be around and so easy to talk to. It's just lovely, just a really nice bunch of people." – *Spring Client 3*

> "I feel they are so welcoming in terms of they don't feel like, 'Oh, I don't want to speak to these people' They have genuine concerns and understanding of what you are going through and gone through and genuinely wanting to help you, which is nice to see in the world we live in." - *Spring Client 7*

The overall service was said to work well as it provided a comprehensive approach to support:

> "It has, definitely, it's like an all-rounder. It hits different areas of your life and makes a positive change in it." – *Spring Client 3*

> "A lot of what they covered, like the pain management and the relaxation, sleep, trying to get me out to mingle with people to improve my wellbeing, as far as I can see they covered everything I currently need." - *Spring Client 7*

Not only was this support comprehensive, Spring clients also mentioned that there were lots that Spring was able to offer them that they could get involved in which they liked:

> "It's just been brilliant, there are so many different things that they've had in the pipeline...and yes, so it's totally exceeded my expectations tenfold really." – *Spring Client 3*

> "There are lots of things she (SPLW) mentioned. And she's a good listener as well." - *Spring Client 8*

Once involved in groups and activities, Spring clients liked that other attendees were often in a similar situation to themselves and were easy to get along with:

> "And everybody's in the same boat, and that's what's nice. When you are talking to somebody you know that they are in the same sort of similar situation to you and that we're all on a journey and that we are getting the benefit of Spring." - *Spring Client 3*

> "...it's just so nice that everybody is the same there, even the chronic pain course that I'm on, the lady who's the tutor, she's experienced and still experiences living with chronic

pain. So, you are dealing with people who aren't talking at you, they are talking with you because they understand how you feel and they understand the knock-on effects that pain and things can have." – *Spring Client 8*

"And then when you meet the people they are lovely, really lovely. It's nice when they say it's like it is and it is. And you go there and you are greeted by really nice people. And in this journey it's been really warming, just really nice, caring, empathetic, understanding people." – *Spring Client 2*

One of the most frequently mentioned ways in which **Spring could be improved** was through making more people aware about the service, as it was unknown to them before their referral:

"I don't think enough people know that there's help out there, there's help. There are genuine people out there to help" – *Spring Client 1*

It was also proposed that this type of service should be more widely available, expanding to the point where they are able to offer more activities, groups and forms of support to people in need of help:

"I'd like to think that going forward it becomes a mainstream thing that is offered and then they can potentially offer more and more things to help people as it becomes more mainstream." - *Spring Client 7*

"I wish there was more, I wish they did more activities." – *Spring Client 1*

"...because Spring are social prescribers they don't get involved in finance issues." – *Spring Client 3*

"They need expanding more around the county. Instead of having one session in Town] or wherever, you could have a session in [Town] and you could have a session in [Town] or [Town]" – *Spring Client 6*

"I think weekends for me, I would go more, only because for me, after work, having fibromyalgia I'm just so pushing myself at work that when I get in that car, sometimes I don't even want to drive home. I will make that effort in the evening but it can be hard sometimes, it can be hard." – *Spring Client 8*

Clients also discussed how sometimes they could be referred to groups and activities in error, resulting in dropouts:

> "It was a six week course and I had a link worker. It was a bit strange because we were a mixed bunch in there. Most of us were diabetics apart from a couple of people and they couldn't understand why they got their letter because it seemed to be a group of diabetics in there, so a couple of them left." – *Spring Client 4*

> "...they just went and didn't come back at all, we didn't see them again." - *Spring Client 5*

Once engaged in activities and groups, it was sometimes felt as if they were too long and that too much control was handed over to the clients when they were unaware as to what they could ask for:

> "I did attend the Northampton Pain Support Group, which was 16 weeks long...I felt like 16 weeks was a little bit too long" - *Spring Client 4*

> "They really handed the class over to us as to what we wanted to do, which was a bit difficult because we didn't know what was available to us so we didn't really know what to ask the link workers" – *Spring Client 4*

Sometimes activities and groups were also felt to be poorly organised, which made them unlikely to continue engagement:

> "I did go to the afternoon coffee group but there was nobody there that I could speak to about my chorionic pain and I was just given a craft kit that probably a five year old could do, which is probably my level of crafts [laughs], bearing in mind my skill level. There were only two of us and it wasn't very well organised so I didn't go back to that." - *Spring Client 3*

8. Spring Pathway Integration in Northamptonshire

This section of the report offers the findings in relation to the study's second project aim, which concerns the integration of the Spring Pathway in Northamptonshire. The specific aims for this part of the study are:

- **Research Aim 2: Assess the integration of the Spring Pathway in Northamptonshire.**
  - 2.1: What barriers and enablers exist that impact on healthcare stakeholders or voluntary organisations' engagement with Spring?
  - 2.2: How does interplay between context, environment, and people (staff and service users) impact on social prescribing and its outcomes?
  - 2.3: Compare and Contrast the Spring social prescription programme with the PCN Link Workers SP Model.
  - 2.4: How do differing aspects of social prescription interventions perform within an intensive programme?

Within interviews with board members, the importance of Spring integration was discussed, with a focus on the gaps that the intervention was designed to fill. Board members expressed that with the rising pressure on services including GP services and PCNs, novel ways are needed to reduce demand and increase capacity:

> "Actually helping people not to put pressure on the GP, on the primary care network, is the most obvious and easy way of tackling this problem...but what it does mean is that the finite capacity that is there can be applied more efficiently because if your doctors are spending too much time on frequent flyers, they haven't got the time and the capacity to look after the people who need to be looked after…the idea of the scheme is to work with people who've got a number of long term conditions which is likely to lead to them being disproportionate users of the NHS. And in a number of cases where probably the NHS can't do much to help...then you hope that you can reduce the demand or free up capacity in the PCN for people who may get better use of that capacity." – *Board member 3*

Spring SPLWs and board members explained that a key enabler to integration of Spring into the community is their ability to develop detailed understanding of local community issues and offers ("...I think there's a level of expertise in certain areas now beginning to be apparent in the different providers and indeed within my team, for example as well." – Board member 1). This reflects the interplay between context, environment and people in this context. Whilst some of the underlying needs that Spring supports are reflected nationally (for example arising from challenges arising from the Covid-19 pandemic), knowledge of local needs and support mechanisms was considered a key enabler to ensuring clients received the support that was needed, enabling them to further develop their sense of purpose (e.g., when they were out of work), and/ or move beyond labels (e.g., arising from long term health conditions or chronic pain), and bringing people together to reduce isolation:

> "Currently we're facing an additional backload of missed appointments and health issues as a result of Covid-19 and lockdowns. There was a build-up of issues and now they are coming through more and more. Again, last year in particular, although it's still there, it's concerns over inflation and cost of living and our older population being able to make ends meet. Underlying all of that and typically there's been an inexorable growth in mental health issues, mainly as a result of loneliness across the county. So, those would be the broad issues." - *Board member 1*

> "I would say that for lots of clients we're still working with people who have been impacted by Covid. So, the isolation and the anxiety were so acute for them during Covid that it hasn't really changed. And for people, often they are on their own. - *Board member 4*

> "Without a doubt, virtually everybody - loneliness and isolation, without a doubt is absolutely huge." - *Board member 5*

> "The post-Covid world that we find ourselves in as opposed to what spring was due to do when it originally arrived in the county, there are the expectations around what services there would be to complement what we offered. And then the sheer demand that's just gone through the roof with the cost of living as well as post-Covid. You can't underestimate the ripple effect of it." - *Board member 6*

Knowledge of local community needs was considered fundamental to the impact that Spring could achieve. As a county, Northamptonshire offers a broad range of different needs amongst communities down to the individual level, and board members were acutely aware of this. They explained the differences in need within different geographical areas and locations which Spring seeks to support. This has led to future plans to offer geographically strategic hubs which would afford the opportunity for drop ins:

> "...the broader their knowledge of the services which are available for them to link to, the more likely they are to be effective." - *Board member 3*

> "...in the North we've got Corby which has greater pockets of deprivation. Sometimes what can happen is of course there can be more focus in those areas so perhaps smaller pockets of deprivation perhaps don't get assistance." - *Board member 5*

> "I think that makes it worse because you've got the very rich next door to the very poor so that health inequality is really apparent to people because they are seeing the richness around them and what other people have and they don't have, which makes it just that little bit more disconnected. So, yes, you've got a very mixed cohort of people." - *Board member 8*

> "Over the next six months we're going to be working more towards doing more of these in a triangle area across the borough. So, we'll have Belling, we're going to try one at the Doddridge Centre, which is in the centre of town, and then possibly more St Crispin's way, which is Duston, that way. So, we'll cover the whole town and just do a drop in and position our link workers there so that people can come to us." – *Board member 9*

Spring SPLWs and VCSE representatives explained that Spring SPLWs go further than signposting, usually accompanying clients to the organisations and places that they are referring them to. This approach was deemed to enable clients to establish their level of comfort, work at their own pace and Spring SPLWs to build a personal journey for clients:

> "What works well is when we have detailed knowledge of what is in the community, we are NOT a signposting service, we go with, we meet there, we ask how it went, that is what

makes the difference. Signposting for our clients is a waste of resource, they do not have the confidence or motivation to make the call themselves." - *Spring SPLW*

"I think it's maybe three, four, five times, Spring's dropped in and brought someone and introduced them to the place. Usually what they are doing is seeing if that person feels comfortable with the idea of being here" - *The Green Patch, VCSE Representative*

"Yes, there (SPLWs) are always a couple of them that come along to the sessions and gather everybody at the start, make sure everyone's got what they need, that sort of thing" - *Walk on the Wild Side, VCSE Representative*

One of the main enablers to engagement between voluntary organisations and Spring was considered to be the accessibility of the activities within the organisation, allowing all clients within Spring to take part and benefit:

"Something they (Spring) did say was this session's been really good because we've got accessibility to our off-road mobility scooter which meant that some of their clients who haven't been able to attend outdoor sessions at other places can come to this one because that facility's available. So, it's more accessible for a lot of people than some of the other venues they go to" - *Walk on the Wild Side, VCSE Representative*

"there are a lot of options for people who do come down, in terms of the type of work they do and how much engagement they have, how much time they spend, it's a really attractive one for the referrers... it's the diversity of social options as well and the degree in which you are social is something you can control when you are down here because you can get away from other people if you want to" - *The Green Patch, VCSE Representative*

Supporting findings from the interviews with Spring clients, Spring SPLWs, board members and VCSE representatives identified that the most common barriers for clients to engage in social prescription activities were transport, finances, and an individual's motivation. Spring started on the backend of COVID-19 at a time that individuals' needed a significant amount of support to get people back into society due to social anxiety. Spring is designed as a person-centred service where the individual dictates the engagement in services (2nd Focus Group with Spring SPLWs). Whilst activities were mostly accessible, there were some instances whereby Spring clients struggled to

attend due to its location (barriers include lack of available transport and the cost of available transport) making it hard to reach within the context of having health problems:

> "…because we are light touch it's that level of motivation that they have to have. They have to want to change, they have to want to be making that step forward. Because if they haven't got that motivation they want support workers and it's not a Spring empowering service that they need." – *Board member 9*

> "Financial has an impact and that's where I no doubt will come on to talk about the Wellbeing Activation Fund, but we do know that money is a barrier for people and that really helps." – *Board member 5*

> "So, it's a real mixture of need, with all the usual issues around transport. You can put on whatever activities you like but if people can't get there it's a non-starter." – *Board member 4*

> "Because we know barriers, there are access barriers, people are going to food banks, they haven't got enough to eat." – *Board member 7*

> "I think there's one lady that was cycling there and then she felt that it was too much for her, I think she was a pain sufferer and she felt it was too much for her." - *Pink Rooster, VCSE Representative*

Another enabler of engagement was the collaborative approach taken between Spring SPLW's and voluntary organisations, as there were instances where they would work together to co-design activities for Spring clients that utilised the services that voluntary organisations offered based on the models of support used by Spring:

> "[SPLW] and I had a meeting...about how the programme would look over 12 weeks. I then had a meeting with the facilitator and drafted a 12-week schedule...in the meetings spoke about the wellbeing star, so aspects of that...I think there are eight domains. One of them, for example, is things like feeling positive so we did take it from that approach and use it as a sort of skeletal series of objectives." - *Pink Rooster, VCSE Representative*

The funding that Spring would provide for client involvement would also enable voluntary organisations to integrate with Spring:

> "Spring fund their participation, which means that we can work with them on making sure that people can come along and not have to pay any fees." - *Pink Rooster, VCSE Representative*

However, there were barriers to engagement between voluntary organisations and Spring. One of the most prominent being funding, as a lack of it was perceived to slow down voluntary and social prescribing organisations working together. With voluntary organisations depending on volunteers and donations, working with Spring could be more regular as opposed to sporadic and more people could benefit from the service on offer:

> "For us as a Trust and a movement, social prescribing has been around for a while now and when it was first suggested we thought, 'This is going to be great because there will be funding behind it', because finally people are realising the benefits of the wellbeing stuff, which we've always offered. But it's felt like it's been very slow getting off the ground, it's very ad hoc" - *Walk on the Wild Side, VCSE Representative*

> "But it would be great if there was some funding from elsewhere so it didn't rely on us saying, 'How can we make this work for both charities (Spring and The Wildlife Trust)?'. If there was actually some proper funding we could do more of these without it having to rely on people contributing themselves or fundraising it would make things so much better and we could reach so many more people, it would be guaranteed covering our costs, which is always the biggest thing for us" - *Walk on the Wild Side, VCSE Representative*

In addition, Spring SPLWs and board members expressed that there was a need for enhanced collaboration between different organisations. This includes collaboration between delivery partners, and in the context of working with other organisations. This, they felt, would ensure a more targeted approach to those they worked with, managing delays in referrals or other challenges that they encountered. Further, it would broaden local understanding of the role and impact of social prescription, and the local approach to this, reducing inappropriate referrals, whilst making best use of the resources available (including specialist staff):

> "But it's not just about money, there have been a number of providers. So, say a tutor that we've found very good, Bridges will capture them, try and get an SLA with them and own them and it's gone terribly wrong and people just leave. Which is bad reputationally for us and they were brilliant instructors." - *Board member 4*

> "More collaborative working and sharing of knowledge and resources [is needed] between organisations in order to be able to provide a whole approach and any delays in support which are needed for research for sign posting and referrals." - *Spring SPLW*

> "More people/ services understanding what social prescribing is and what we can and cannot offer." - *Spring SPLW*

> "Social prescribing is still new, and many people do not understand what we do, including other services. We give detailed presentations on the support we can provide and still services have a different expectation of what we can offer, which is misleading for our clients when they first start working with us." - *Spring SPLW*

> "Within Spring we are trying to become a little bit more community based and we are starting to work a lot more collaboratively with other charities. For instance, we use Growing Together, we use Northampton Sports. And we try to do that collaborative piece of work, so if we're working with them then if they see other people, they bring them into our services as well...We've done our Women's Group like that and our Swimming Group is with Northampton Sports..." – Board member 9

Reflections from some board members noted that there had been improvements in this area, over the lifetime of Spring. This had led to some referrals between PCN and Spring teams, improving the number of suitable referrals and enabling further targeting of resources:

> "...we have a social prescriber, I think it could be in Wellingborough, who has fed innumerable clients through to Northamptonshire Carers, for example, because that's been a priority of their PCN. So, that's worked really, really well." – *Board member 1*

> "The appropriacy of referrals is much, much better and the way in which our link workers operate is definitely truer to how the service is designed and set up." – *Board member 8*

Continuation of these improvements would also support one board member's reflections on the challenges for partners in working with a client base which falls outside their usual range of client needs. This would ensure partners could work together to share resources in these instances@

> "When I look at the actual clients, they are not older people like Age UK, they are not carers, for Northamptonshire Carers. They are not - homelessness, mental health that was Mayday Trust, or sometimes mental health. And then general Practice Alliance, they absolutely are there's because you've got GPs who will want to use whatever pathway they can to improve patients' experiences and lives etc. So, it is an odd mix." – *Board member 4*

A need for enhanced collaboration was also felt by VCSE representatives, as sometimes venue related issues would impede the smooth running of the delivery of activities for Spring clients:

> "We had issues with invoicing, they were over-charging and invoicing. We had an issue with the kitchen, I think they wanted to charge ridiculous for boiling the kettle, kind of thing, just little things like that...for example, I was taking milk each week to the venue" - *Pink Rooster, VCSE Representative*

Spring SPLWs and board members also explained that working across multiple PCN could promote challenges with varying organisational structures, teams and role titles:

> "Working with so many individual PCN's has proved difficult as it is so individual in practice, roles etc to get an understanding of what Spring does and how beneficial it could be to their patients." - *Spring SPLW*

> "...we originally had the idea that, 'We're a GP federation, we'll just get our GPs and our clinicians to refer to us'. But why would they do that when they have their own social prescribers that they can just ping a task to?" - *Board member 8*

Working relationships with GP surgeries is an important topic in relation to receiving referrals across the Spring partnership. Spring board members reflected on the extent to which they received referrals differed across different geographical areas in the county. In part this was considered a result of a still growing awareness of Spring's availability and remit, and board members also noted

the significant challenges that GP surgeries are under, leaving little time for them to embed new offers and services:

> "...I suspect that probably we're not linked into the GPs closely enough...I think, without being able to prove it, the GPs surgeries are very busy. They've got their own social prescribing link workers and in their busyness it's very hard for them to do something new and different and possibly we don't differentiate ourselves enough from the link workers that are in the NHS...Organisations that are crushed by workload find it very hard to do things differently, they find it very hard to deal with initiatives because they are just spending all of their available bandwidth and resource on bailing out the canoe." - *Board member 3*

In responding to this, teams have worked to generate more referrals by building relationships with different GP surgeries to increase awareness of Spring's presence and remit, and ensure that they work to build understanding and cooperation between the varying practice that each has:

> "I think what remains in our constant challenge is relationships with GPs surgeries, PCNs. They can just vary so markedly, one PCN or surgery to another. Even where we, as Age UK, employ the social prescribers in a surgery, the objectives for that surgery can often be very different and focus in a completely different way, so it's not an easy relationship." – *Board member 1*

> "…in the far East of Northants as well in the sense of it's quite rural, they are used to solving their own problems, if you like. Plus, from a GP surgery perspective they are quite used to being independent of other surgeries whereas Wellingborough, Corby, they are better at interacting with each other, I would say. Which makes them also quite wary in the South. A lot of hard work's gone in to building relationship with the surgeries, whereas I think in the North they were more accepting of, 'Oh yes, we're used to - great, you guys are coming to help out? Perfect, we'll send some people your way'." – *Board member 6*

> "We've worked really hard over the last twelve months to improve our relationships within the services, within GPA. So, other social prescribers, the health and wellbeing coaches; all the services within GPA we are working really hard to make sure that they are aware of us." – *Board member 9*

Data analysed from the focus groups with Spring and PCN SPLWs, as well as the interviews with board members and managers who had experience of managing both Spring and PCN SPLWs, enabled us to compare and contrast social prescription delivery across the county. Further, data from interviews with Spring clients and PCN patients, has also been used in the comparison of services. It is evident that various systems and processes are in place across Spring and PCN social prescribing and within Spring and PCN social prescribing. In focus groups with Spring SPLWs, differences between the three delivery partners (GPA, Age UK Northants and Northants Carers) in Spring were discussed:

> "...at the moment with the three different organisations, naturally each organisation has its own way and model of doing things and how they've got so far. But there are a lot more steps to go before we are all fully joined up, I think, as a full service and that's quite a long way away" - *Spring SPLW Focus Group 2*

Whilst the Spring SPLWs felt that services were starting to join up, they felt Spring was a 'divided' Spring and not 'one' Spring:

> "Hopefully doing that though where we can actually start to get our clients to attend each other's groups that might help us become one Spring rather than an individual thing because it's been individual for so long, and there's no reason why. We all should have always been one Spring, but it was always divided, so hopefully that will help us and the way we work and also our clients" - *Spring SPLW Focus Group 2*

Differences were also evident in the various PCN social prescribing delivery dependent on the area of county and employers e.g., East and North Northants PCN link workers are employed by Age UK Northants and managed differently to PCN link workers in Northampton who are employed by GPA. In the interview with the PCN and Spring managers, the difference in line management was discussed as well as differences in measurement tools being used with patients:

> "We (GPA) have a Social Prescribing Lead, who is also an OT, for our PCN services and she directly line manages and also works as a PCN Social Prescribing member of staff. So, she does therefore have access to all of the System One databases that her staff do, which enables her to support and monitor outputs and outcomes and also support our Social

> Prescribers to gather the outcomes data in terms of WEMWBS and Wellbeing Star." - *Manager's Interview*

Across Spring partners, the differences in employment practices (including line management and pay grades) were discussed, with participants also noting the importance of staff having access to progression opportunities. Board members verbalised concerns that staff may move between partnership organisations as a result of lower pay being offered within different organisations:

> "And there's always an issue there with different delivery partners all being on different salary bandings, so each of them were different organisations so that was a challenge. We did have a few, 'Well we'd better give you a pay rise then because you are going to jump ship to another delivery partner'. Which then would cause some issues internally with other people who are on that team saying, 'Hang on, why was that job advertised at that rate when my job is essentially the same thing but not in social prescribing?'." – *Board member 2*

> "Three teams - what was four teams - of four or five people is really, really diluted, and four different organisations. I can imagine it was a commissioners dream of test and learn, what's the added benefits from having four different voluntary organisations at Spring but as a programme, we are weaker and diluted, I think, by being four separate services, four different employment practices, four different salaries." – *Board member 4*

In comparison, the PCN teams in the North and East of the county are line managed by the PCN operational leads and further managed by Age UK Northants on behalf of 360 Care Partnership. In the focus group with PCN SPLWs in the North of the county, limited measurement tools are used when working with patients, unlike the GPA employed PCN SPLWs who use the WEMWBS and Wellbeing Star similar to the process used by Spring:

> "...there's no script or anything that we need to follow. If we feel there's a mental health aspect to it, sometimes it's useful to use some of the mental health tools on the system, like the four questions and whatnot. But it's very rare that we follow any script per se..." - *North Northants PCN SPLW Focus Group*

In the East of the county, outcomes of referrals are not being recorded for PCN social prescribing. In contrast, Spring have a structured approach to capturing success outcomes. PCN SPLWs in the

North of the county suggested that they would like to be able to measure outcomes rather than base their success on their own perceptions of patient outcomes, there are no formal measurements or targets in place. However, the East of the county do have targets. GPA PCN SPLWs have guidelines not targets and have a more structured approach to measuring wellbeing and patient outcomes. Board members, too, noted the challenges associated with recording outcomes:

> "Obviously, it's on their (patients) records that we've supported them, but it's not actually recorded really anywhere to say that we're doing really well." - *East Northants PCN SPLW Focus Group*

> "But no, we don't have to use anything. Sometimes I think it would be nice to use something more because you can come up with all these stories of what you've done with people and how far they've come but actually as a measurement of how they feel about that might be different to how we perceive it." - *North Northants PCN SPLW Focus Group*

A noticeable difference in social prescription between Spring and PCN is the length of intervention. Where Spring offers an intervention that is between 6 to 12 months in duration, PCN social prescription appears to last for various lengths of time. For example, 4 of the 5 PCN patients who were interviewed suggested that their social prescription services were for as long as required. One PCN patient reported that they had been using the social prescription service for approximately 2 years and thought that "... as far as I'm aware it continues for as long as you need it to" (PCN Patient 2, interview). Only one PCN participant reported their social prescription was for 6 months exactly. A PCN SPLW in the East of the county stated that: 'I've had some (patients) that I've signed off and they've contacted me again and said, 'I need help with this, can you help with this?' So, yes, our door's always open because we're there to help people'.

In focus groups with PCN SPLWs in the North and East of the County, they discussed 'quick wins' where their engagement with a patient was to signpost on to another service. This aspect of shorter timeframe of work within the PCN was also noted by board members:

> "Quick Wins are nice - they come in, they get referred in for one thing and we catch up with them maybe once or twice and that's it" - *North Northants PCN SPLW Focus Group*

"Sometimes it is what we call a quick win, if somebody wants to stop smoking it's a quick referral to the stop smoking team. We deal with that and then we sign them off." - *East Northants PCN SPLW Focus Group*

"We know that generally in the PCN it's a shorter-term intervention. I say generally, because I'm aware that at Lakeside they will work with people for up to a year. But generally, it's shorter term so anything from one meet to up to three months whereas with Spring, we're longer." – *Board member 6*

"So, we recognise the value of one-to-one; we recognise some people need more one to one than others, but we also recognise that because of the nature of the contract, we cannot deliver bespoke on what matters to the person. It has to be in the remit of what we are contracted to deliver, which is volume. We also have the challenge with the Spring contract in that if somebody only needs a couple of weeks, just a kickstart, a bit of encouragement, just someone to unpick what their goals are and then they are ready to go, in a PCN world we go, 'Awesome, you are empowered now; off you go, do your thing. We might check in with you in a few months, just that it's still working for you, but off you go'. Whereas with Spring there's kind of a need to maintain someone on a caseload so you've not got as much throughput. So, you've got a bit more flexibility with the PCN services to work with people for two times or twelve times, on average. It could be over the space of a couple of weeks or it could be over the space of three to six months, but generally that three to six months is where it normally sits, and it is one-to-one work." - *Manager's Interview*

Whilst some used the word 'signposting' to describe Spring, others noted the importance of moving beyond signposting. There is a balance in the responses given between sharing information and supporting bridging any gaps in access, and enabling clients to develop their own motivation and connection within the intervention:

"I always say we're not a signposting service because if it was that easy people would be just looking and going themselves and they don't. It takes a lot for us to literally hold their hand virtually to get them out to some community connection, and that may be really small steps." - *Board member 4*

SPLW focus groups (both Spring and PCN SPLWs) were conducted with North and East Northants link workers. PCN patient interviews were recruited and conducted through PCN SPLWs from GPA linked surgeries – demonstrating a difference in models and engagement across the county. The role of SPLWs in Spring and PCNs show similarities and differences. Spring SPLW's made clear that their role is not that of a 'support worker', nor is it restricted to signposting. That their aim is to empower individuals to take responsibility for their own health and wellbeing over the intervention period. This was echoed by board members, who noted how understandings of SPLW roles had changed over time, with some early observations suggesting some SPLWs had gone above and beyond their remits:

> "I'm a link worker so my role is to listen to what you are telling me and then to link you in with organisations or groups or support networks that will enable you to reach your goal." - *Spring SPLW Focus Group 1*

> "Spring is social prescribing; it's not solving the problems of people with deep problems in their lives...And the link worker is a link worker, they link between someone who's got issues, long term conditions, with an organisation that's got an intervention which the link worker thinks will help, within the short time made available by this intervention. You can't solve someone's financial difficulties, you can't solve someone's housing difficulties, you can't solve their health difficulties. What you can do is point them towards somewhere where they may get enough help to be able to help themselves." - *Board member 3*

> "Not only we tightened up on the referrals that we accepted but actually over time - and you'll know this - we changed our staff team as well. We moved much more to individuals who were more - 'commercial' would be the wrong word but would much more understand the model that Spring had always meant to be, which was a lighter touch. Who weren't afraid of dealing with targets and who were more entrepreneurial in terms of being able to get out, make those contacts and be more proactive rather than reactive." – *Board member 1*

> "We had people who enjoyed being the 'crutch' or the scaffolding for someone rather than people that enjoyed seeing other people shine or be empowered… There's a real risk of dependency and co-dependency happening so you have to have the support and supervision

for your staff to ensure that we're taking off the training pads as they go along this journey." – *Board member 8*

In comparison, the PCN patients reflected on their SPLW in more of a support worker/counsellor role. Frequently referring to their PCN SPLW as someone that listens and stands as an advocate. One patient discussed how their PCN SPLW helped them with emails and making contact with various agencies on their behalf whilst a further patient discussed how their PCN SPLW had helped her to face the truth:

"Well basically he's (SPLW) helping chase up the ADHD team…But I need somebody to be a bit more for me or else I don't get that help. So, him firing off an email on behalf of me helped." - *PCN Patient 5, interview*

"It was just a very natural conversation but she (SPLW) made me face things. I can give you an example. I resented what I couldn't do; I resented the fact that I couldn't do the things I used to do. Sometimes that's not very nice to see that in yourself, so because it's not a very nice thing to see in yourself I would have said, 'I don't resent it at all; I'm quite happy'. But actually, that wasn't true, so she actually made me face things that were not very nice to face and pinpoint the nature of that resentment and in my case, it was that I couldn't do things that had always meant a lot to me." - *PCN Patient 1, interview*

Focus groups with PCN SPLWs illustrated that they are 'enablers' and not 'fixers', like that of Spring SPLWs. However, there are some contradictions and ambiguity evident here in the SPLW role and it seems that various methods of support are offered dependent on individual needs and models of delivery. This was further expounded in the interviews with the Spring and PCN Managers:

"I think social prescribing could be a catch-all. It's not very clearly defined, and I'll give you comparison with our health coaching service. Our health coaches only work on diet, exercise, sleep and wellbeing strategies. They are a very defined service so it's very easy to go, 'Somebody needs to lose some weight or do some more exercise; I'm going to refer them to a health coach'. Whereas you try and describe what a social prescriber does, the social determinants of health - yes [laughing]." - *Manager's Interview*

Spring SPLWs work with Local Area Partnerships to ensure the gaps being filled meet the highest health priorities for that area. The development of community groups is a task now allocated to Spring SPLWs, which some board members felt had enabled a growth in capacity ("I think numbers-wise certainly it was a slower start than we all hoped for and forecast but also we didn't really know what we were offering until we were actually able to do more than work one to one with people." -– Board member 6). Some positive examples were given of the work that occurs in group contexts, including those that are led by members of the communities they support:

> "Sometimes we go for diagnosis specific. For example, in Rushden a surgery came forward, they had something like 1,000 patients who have fibromyalgia. And from that we started to run groups and from that formed a peer support group, which is now probably 400-500 people in Rushden. So, lot so of information giving, lots of chair yoga, living with chronic pain, those sorts of groups; really successful. And being led and run by people with fibromyalgia." – *Board member 4*

However, in the second Focus Group with Spring SPLWs, there was evident ambiguity and frustrations at the changing role of SPLWs with pressure not only to meet their 80-person caseload but with regards to community development. We were told by board members that groups were rarely actively marketed, and so a balance is needed between any future marketing, and the capacity of Spring SPLWs to embed group work within their workloads:

> "I think the community development aspect, I just feel we'd need - if the focus is on developing groups, then I feel that just a bit more thought is going to have to go into how we are going to be equipped to deliver our role with a case load of 80." - *Spring SPLW Focus Group 2*

> "My case load is nearing 80 and at the moment I feel like it's the call centre. So, constantly my diary is just full of monthly calls every single day because they are obviously overlapping. And then you get drawn into a conversation when you are possibly with that client as well because you can't just leave them. And then all the other things that go on. So, I do find that that's what I'm doing mainly at the moment, just speaking to people. And I haven't got the capacity to meet them on a one to one." - *Spring SPLW Focus Group 2*

One way to enhance capacity was discussed by board members and Spring SPLWs in their explanation of recent developments within Spring. Clients of Spring would be approached where appropriate to become a volunteer through, for example, facilitating groups. It was felt that this implementation would have benefits for not only increasing the capacity and reach of Spring, but also for the volunteers themselves, through re-affirming their self-worth and level of community engagement:

> "We're just starting volunteering. At six months we are going to be talking to people about, 'Having you thought about volunteering? Would you like to give back to the programme?'...But as we know, the benefits of volunteering are already established aren't they? Giving back and your feeling of wellbeing, your feeling of worth, all that sort of thing... But I think the volunteering came about because we need people to be more engaged in where they are locally and giving that commitment." - *Board member 4*

> "There's a really fantastic example of one, but actually there are more, where they've delivered crafting groups through Spring then that next step. So, they've volunteered their time as a participant and then the next step was we supported them to achieve funding from the council to continue to deliver to the community. They've now set up as a community interest group and they are continuing that." - *Board member 4*

> "We've been looking at maybe mentioning to clients that have said they've got an interest in volunteering and we're looking at maybe creating a volunteer pathway so that when clients get to that six months point, maybe when the social prescribers have done that intense work, maybe doing the referrals, getting benefits in place, things like that. We've been looking at piggybacking off other groups that are in the area, maybe like a coffee morning, maybe there's an aqua aerobics class or something that we could put a volunteer in that role. And then the volunteer for Spring would be there as our face really, to check in with the clients that don't need support, that are just going for groups." - *Spring SPLW Focus Group 2*

Whilst the Spring SPLWs discussed that face-to-face meetings with clients offered a gold standard of service, they were finding less time to do so and were being encouraged to complete the onboarding of new clients via phone conversations:

> "...and we were meant to be there to give people time, to build confidence. We were looking at caseload of 60 maximum, that was realistic, having the time to spend with people. Then I think at one point they said caseload was going to go up to 104, which was crazy, and now it's 80. Do you give people the best that you can and focus on that group of people or are you just there to meet targets?" - *Spring SPLW Focus Group 2*

> "In the ideal world, what we would want to do as link workers is where we see the potential, because not everybody will be there but where we see the potential to go, 'Actually, maybe by doing this', and having that conversation and agreeing with a person for a particular piece of work in the knowledge that actually they just need that to get on the road if you like; to be able to start their Spring journey. But that's quite limited, that's really, really limited in the people that we can do that with, just because of volume. So, it is very light touch a lot of the time because of those numbers. And I feel that it's always a balance, it's always a win and a loss really because we cannot offer that to some people." - *Board member 5*

Similarly, PCN SPLWs have some targets or guidelines, and these are also based on volume. In the interview with the Spring and PCN Managers, they expanded on the differences and similarities between Spring and PCN delivery. Differing priorities could lead to a targeted focus arising from PCN or surgery priorities:

> "Spring now has had to become a group activity in order to gain the volume. Again, the volume of people through the service because actually part of the payment by results is you have to have a lot of results to get the payment. So, results weighed and measured for Spring does work effectively but we've had to go to a group model. Whereas actually for Social Prescribers and PCNs, again it seems to be driven by the Clinical Director maybe within that PCN and those key partners within each surgery sometimes, what referrals they want pushed across... one-to-one work is much more a PCN way of working, I would say, [name] might be the same, and Spring is group work. Yes very different." - *Manager's Interview*

> "I think within the GPs surgery it can be targeted...[they are given] lists to contact all the carers or I know they are doing some work around health checks and health inequalities, so it's very much often led by the surgery's priorities." -– *Board member 6*

A key difference therefore is that Spring mainly deliver group activities within interventions and are tasked with identifying gaps within communities for group development whereas PCN social prescribers are generally delivering on a one-to-one basis:

> "The in a nutshell bit really is that the PCN social prescribers tend to work mostly work one to one with people. Whereas Spring offer is much more about group activation, it's getting people to meet others, it's bringing them immediately into a space where there's someone else who might have experienced something similar or at least lives in their local area." – *Board member 6*

PCN SPLWs in the East of the county discussed how they would like to deliver more group activities but lack the funding to do so - highlighting the value added from the Wellbeing Activation Fund for Spring clients:

> "I find it hard sometimes because Spring can set up the groups, but it will be for Spring clients. Whereas we can't take ours along to some of those, so that's where it is a shame. Our patients need them as well and some of them are just lonely and isolated so I wish that we had more groups that we could take our patients to." - *East Northants PCN SPLW Focus Group*

Reflections on referrals were key across Spring and PCN SPLWs, managers and board members. Board members considered the differences in types of referrals received by both, suggesting that PCN referrals are more frequently made from clinicians, rather than via self-referral which was more common for Spring. Board members explained the processes involved in the different types of referrals, and whilst self-referral was not something that had been actively marketed (other than recently via the use of social media), it was still more widely used than other types of referrals for Spring:

> "...our voluntary sector partners - self-referral was never something that we did anything with, it's just happened. I think in the last - probably it's been about six months we've had our Facebook page for Spring Northants and I know in one group where there were 10 places, two of those places came through seeing it on social media, so that was a self-referral." - *Board member 5*

Board members suggested that self-referral may at times indicate client motivation to be involved, where they had taken the onus to refer themselves. Motivation was considered a key part of success within Spring and Self referrals were seen as a positive in relation to community enhancement and Spring's overall growth:

> "So, people going, I've seen on the board about the social prescriber'. [They hardly]...have any of those, they all came from clinicians. A couple from receptionists but in the main the people were referred in...Whereas with Spring we know that we've had quite a number, a really significant number of self-referrals. And I think that's really key arounds people's motivation." – *Board member 6*

> "And the real trick is to find the people who, with a little bit of help, will want to help themselves and then you can get a marvellous return on a relatively light touch. And that's the core issue of what we're trying to do. – *Board member 3*

> "Just to echo that really, I think it's about on a small scale but I think as the programme grows and grows and it just evolves, is about the community; that's what that's about. And that's why I think actually I feel that that is really positive, those self-referrals." - *Board member 5*

Whilst board members discussed the positives of self-referrals, they also reflected on the importance of other types of referrals, which would enable services to target harder to reach groups, who were not currently accessing other services as they could. Some targeted work to identify clients through particular settings/community organisations were explained, and these were considered very beneficial to broaden the range of clients that were referred, alongside partnership working between Spring and potential referral organisations. Across the board, a quick response time to these referrals was considered important in maintaining motivation for engagement from clients:

> "...we're also finding through all of our services that those that are accessing tend to be more white middle class, people who perhaps have a little bit more motivation and nous to grabbing the access that's available to them. So, we have to work harder to reach the people who really need the support." - *Board member 8*

> "I thought it was a really great piece of work right at the very beginning...coming from Berrywood Hospital, where the link workers would go into Berrywood and meet with patients who the occupation therapist had potentially identified as referrals." - *Board member 5*

> "But probably forgotten people if you like. They are not acute, they are not in A&E, they are not bothering the data there. They are not in adult social care, they don't have personal care needs but they are not in work. They are not connected to their community and they are frequently going to GPs around anxiety, depression, not sleeping. Just no social connections really." - *Board member 4*

> "We can either have it from a professional, a third part, or as a self-referral...Where do they come from? We go out and we market ourselves. Again [name redacted]'s been really busy in the community development lead, improving the relationships with third parties to create the two-way street coming from other charities." - *Board member 9*

> "...this is another way that we get referrals in, by doing cohorts. So, going back to the diabetes group that [name redacted] mentioned earlier, with them we have a certain criteria that we ask the GP's admin team to extract the data and send out specific information about the course that we are going to deliver. In this case it was a six-week course for diabetes where we get guest speakers to come and educate them on different aspects of diabetes. And they send out all the letters and we are allowed to contact them after that." - *Board member 9*

An ongoing issue for both Spring and PCN SPLWs is inappropriate referrals resulting from the gap of mental health support and adult social care services:

> "There are some that may come across with mental issues that are too complex for us to deal with because we are not mental health practitioners so we're not able to help those. And if somebody is an alcoholic or a drug user and it's too complex, then as well we can't always deal with those either." - *East Northants PCN SPLW Focus Group*

> "Inappropriate referrals is probably the biggest barrier. I think we have some gaps in service provision across the county and some big needs. Mental health is one and social care is

another. We can get people in mental health crisis or having safeguarding issues coming through to the social prescribing services - that's both social prescribing services - with an expectation from those individuals that your service is the right service to manage that crisis. Or they are really comprehensive care needs so then you have to redirect - There's a lot of time that is spent re-educating the referrers and supporting signposts to the correct referrals for those people that have come through that are inappropriate. That's an ongoing issue." - *Manager's Interview, GPA*

"I feel like there is a lot more down the mental health route that we could do with but at the same time, we're not counsellors, we shouldn't be put in positions where we speak to people with complex mental health and potentially make them worse. So, we do have a lot of mental health related calls but at the same time I wouldn't want to have that extra training because then it would take our role a bit further away from the social prescribing." - *North Northants PCN SPLW Focus Group*

"I think the other thing as well which we've definitely noted is some of the referrals coming in from the other organisations, because there isn't that support for them for mental health. There isn't that support, or there is a long waiting list, for social services. And all that time we are kind of holding clients that potentially we perhaps shouldn't be. They are not quite ready for our wellbeing service yet, but we are trying to fill that gap, as social services see that as a bit of a - rightly or wrongly - because there isn't that support at that higher level." - *Spring SPLW Focus Group 2*

Spring board members also highlighted the challenges associated with inappropriate referrals, citing in the main those who were referred with a high level of need which could not be met by Spring. This, they attributed to high levels of need which were not being met via other services:

"The biggest challenge on the ground and that feeds up into a more strategic lens is just the sheer level of need there. So, whether it be you are designing a programme thinking of people with more moderate needs and actually getting referrals in for people with very acute mental health issues or very challenging needs, which aren't necessarily in the scope of the programme to solve but there aren't necessarily being an obvious avenues to refer into because the pressures on mental health, cost of living, those sorts of things...There are lots

of people with very high level needs but not necessarily the services there or the capacity of the services to support them." – *Board member 2*

This had led to additional workload for partners in responding to these referrals. In addition, an impact on Spring SPLWs was observed in relation to their morale in responding to these clients where they were outside the scope of their specialism:

"...in those early days, and I think all providers suffered from it, was that we got - and still do to a large extent get many, many inappropriate referrals. So, those who have complex needs or those who are really at dependency level in the system, which is not suitable for Spring. So, that caused a lot of additional work at the beginning and it took some time before we were alive to the issue and hardened our hearts to being tougher about dealing with those clients.....And they were doing it for the sake of protecting that individual, or indeed others close to them...it wasn't just the time factor, there was quite a huge morale burden in those instances for those staff that were affected so that was a hard one to overcome." - *Board member 1*

"I touched upon it earlier about being a strength-based programme and that's a real challenge, of course, because people have been in the system, shall we say - most of the people that we work with have been in the system for a number of years whether it's through DWP, whether it's through the medical professionals." – *Board member 5*

"There's a two-pronged thing there because a referral is not a start and we've learned the hard way that high numbers of unsuitable referrals are a lot of work and a lot of learning and repeatedly referring back to the referrer to say, 'This is why we are not able to work with this person at this time'". - *Board member 6*

"If you looked at how many people Spring has had an impact on, the number of successful starts does not reflect that. So, let's have a measure that reflects more accurately the amount of impact the service is having because I think it's falling short on that at the moment." - *Board member 8*

This led to a perceived difference in the type of clients that SPLWs were now working with between PCN SPLWs and Spring SPLWs. This is summarised by the following quotation, in which a board

member suggests that PCN link workers are being referred clients with complex ongoing needs, whereas Spring SPLWs are – following work to re-frame their role – working with a lower level of need and working to support prevention of escalation of these needs:

> "...that some of the staff are finding that within their PCNs they are being tasked and referred people who have been through that system of health and social care for many years, who have got complex, chaotic lives, that are not suitable to join Spring. So, Spring becomes relatively more of a prevention aspect than the social prescribers in surgeries who actually might be working with people who have experienced domestic violence, who have got housing challenges and debt as well as their own mental health issues. And long-term damage to themselves, perhaps from childhood stuff, that actually comes out, tumbles out, in that initial phone call." – *Board member 6*

Referrals made where clients were not made aware of the remit of Spring prior to referral had also posed a challenge. This aligned with concerns around the marketing of Spring with a number of different partners involved, each of whom had their own brand and expectations from clients. Client understanding of NHS systems and processes was also considered a factor here, and confusion from organisations regarding what was available was also reflected on:

> "And the people that they were referring had care needs and support needs. They weren't in a space where they even recognised the need to make positive changes to their health and wellbeing, let alone have the motivation, the skills or the knowledge to actually work on their journey of change." - *Board member 9*

> "And in terms of branding, if you like, in the county, very hard to promote Spring when you've also got Age UK, Northamptonshire Carers, Mayday Trust. It's really confusing I think for clients who say, 'I'm not a carer' and you go through all of those conversations. – *Board member 4*

> "The NHS is the place you go to. So, I think there's a mixture there of external comms going out to the wider patients so they know what social prescribing is, which I think is difficult because if you ask most people in the street, they wouldn't know what primary care is, never mind what social prescribing is. It's just health or it's just a blanket service really." - *Board member 2*

> "I don't know if it just gets a bit messy from a messaging standpoint but also people in the system, if you are referring in that makes it difficult to understand, 'If my client lives in this area they'll get this service; if they are living in that area they'll get a different service." - *Board member 2*

Considerable reflection regarding the remit of the intervention, and the role of SPLWs in Spring has therefore been undertaken. Board members reflect on the fact they had responded by attempting to further inform referrers about the limits to what Spring could provide, placing boundaries to ensure referrals were manageable and within scope:

> "It was some good learning for us really as to how to sell it, almost, to the people who wanted to refer to us. Because the Department of Work and Pensions, Job Central it was just awful. We just got a flurry and like, 'Oh wow, great', and then every person you spoke to it was like, 'We don't know who you are or what you want; I'm not doing any of that thanks'." - *Board member 6*

> "There was a time when mental health was the main reason that people were being referred to us and we are not support workers, we are not mental health workers. We can only support them in a light touch service. So, we are putting those boundaries in and we're explaining it to the people that refer to us...So, the referrals that are coming in are far more appropriate these days." *Board member 9*

The need to ensure that the remit of the SPLW role was clear is important, however it is also important that those taking on SPLW roles have the skills, knowledge and confidence to ensure that they maintain this role. Reflection has been undertaken on the need to recruit, train and support SPLWs to ensure that there is clarity for them in their remit, and (linking to the discussion on inappropriate referrals elsewhere), the support to put boundaries in place where necessary:

> "So, actually, at the beginning I think [the partners] were hiring people who just wanted to do them good - and this is not a negative at all - people who wanted to change other people's lives for the better. Whereas actually what we want are people who understand that Spring is a light touch intervention for a large cohort rather than people's lives for the better. Whereas actually what we want are people who understand that having a light touch

intervention to a lot of people will on balance do more good than an in-depth attempt to fundamentally improve someone's life, a very small number of people." - *Board member 3*

"You might start off by talking to someone once a week or once a fortnight in the first couple of months but after that it's just checking in and encouraging people to action the plan that they've devised with you...I think that's probably the difference between people coming out of the programme now feeling empowered and able to continue as opposed to people who, perhaps at the beginning of the service were getting to the end of the service and going, 'I can't do it on my own, I need you to stay with me. What am I going to do without you?', which is not what we wanted from the service." – *Board member 8*

Spring SPLWs reported that their biggest barrier to providing a quality service is capacity. In the first focus group which took place in September 2023, SPLWs discussed the 80-person caseload suggesting that quantity is overriding quality:

"Yes, we do a dance with Bridges which is to meet the KPIs, which is around caseloads. The expectation is 80, ideally probably 180 [laughter] but 80. And targets. And personalisation. And we do a dance around that continually, I think. Caseloads, yes 80 has been talked about. Caseloads are irrelevant if you are not doing anything with the people, as we've proved from a recent contract that's finished now, you can have 80 on a caseload but if you haven't had contact with those clients for six months, eight months it doesn't matter does it? It's what you do. You could have 40 cases and they are active, you know where they are at, they are moving along a scale of improvement. But we've got a bit stuck on some of those numbers, the targets, equally that you have to do and eight starts a month per link worker." - *Spring SPLW Focus Group 1*

A further similarity between Spring and PCN SPLWs is the lack of career progression. In the focus groups with Spring and PCN SPLWs, they discussed progression in terms of future career as they viewed their roles as 'very niche' (North Northants PCN SPLW Focus Group). However, there was some consensus that on-the-job developmental needs are generally well supported. According to the Spring and PCN Managers, there is no scope to progress beyond a Band 5 which will most likely lead to high staff turnover and/or complacency.

Spring board members discussed the future of Spring, and areas for reflection considering this. One of the key reflections related to the timeframes that clients are involved in the intervention. Spring partners work with clients for 12 months, but some board members suggested that assessment of success on this requirement did not enable the recording of nuances in client need they were presented with. They felt that some clients were adequately supported within a shorter timeframe:

> "Spring is very formulated...some people will be okay and empowered after three months and other people it might take nine, it might take ten. But the 12 months is sometimes too long...If I was going to commission a programme again it would have that flexibility of timescale." – *Board member 7*

> "If somebody's got that motivation and the come in the other one is that they don't want to be with us for six months, which is the conversation we've just had. We work with them for a couple of months and they go, 'I didn't realise this was inside me, it was just a bit of a dark hole I was in; I need the support and that, brilliant, I'm off', gone.…I think the problem we may find with evaluating the service as is, is if somebody hasn't engaged for six to 12 months, so hasn't had those follow-up outcomes, they are considered unsuccessful." – *Board member 9*

> "I would say we personalise it more. We go, 'You can be with us for five sessions, ten sessions; you can be with us for two months, you can be with us for 10 months; it's up to you and the journey that you are on'." - *Board member 8*

Some board members also noted the importance of improving the inclusivity of Spring. These participants felt that more work could be done to enhance the range of groups that Spring offered benefits to, in terms of both client engagement and staff recruitment. One board member noted that the inclusion of groups for individuals who have similar challenges had enabled them to "get the best out of that system without having to spent an enormous amount of…SPLW time…on each client" – Board member 1):

> "I think health inequalities is all about people feeling that they can access the same services as everybody else. But if you go to a service and there's no-one that looks like you, then you are not likely to return. So, we want to do much, much more inclusive work around the different communities that we have in Northampton borough." – *Board member 7*

> "Even when we are recruiting for staff, primarily it's white, primarily it's women. We need to be more inclusive, we need to be more proactive around that and at the moment we're not very good at it, but that's an aim that we have to address that." - *Board member 8*

> "I have never had a conversation about equality and diversity in this job...Nobody is interested in are we reaching a diverse group of people or not...And it's never fed back on any data or anything, even about the fact that it's good, bad or indifferent, it doesn't feature as a thing." – *Board member 4*

One suggestion for how this may be achieved involved the inclusion of user involvement in future board meetings and therefore decision making:

> "And the final thing is there isn't any user rep anywhere. In Board, in Bridges, in the meetings. So, whether there's plenty of ex-clients now who wouldn't be compromised by having a small panel, having a reference panel." – *Board member 4*

Some board member offered additional suggestions which may be relevant for future board discussions, particularly in relation to the remit and review of delivery partner activity. Board members discussed the shifting balance in place between Bridges and the delivery partners in relation to funding and outcomes, illustrating where tension could arise between the two in management of this relationship, which for Bridges is financially incentivised and for partners is not. Board members discussed the challenges that could result in working together within this model:

> "...my understanding is that the actual financial pressure sits on Bridges in terms of the outcomes where the delivery partners aren't on an outcome -based contract. It's you put your - I can't remember if it was quarterly invoices - in and it's very much linked to spend." – *Board member 2*

> "The obvious principal weakness of the system is that Spring, and therefore Bridges, are incentivised to deliver whereas our delivery partners are not financially incentivised...They are obviously committed to the project and they want to do a good job but there is no financial incentive...Charities have very little capacity for risk and therefore if you are using a charity as a delivery partner you can understand why they can't assume that risk… And

> so, Bridges' view is that through management they can manage better outcomes but they don't financially incentivise better outcomes. That's where there is a divergence of interests." – *Board member 3*

In addition to this, one board member suggested future adaptations to the existing funding model. In this example they suggested the integration of a model that assured partners guaranteed income, whilst also having an element that was dependent on targets:

> "...in two years' time I think we could move to a more aggressive funding model where part of our money would be guaranteed and part of the money would be entirely dependent on targets as long as we had the opportunity to over-deliver on those targets so that there would be the potential for upside in terms of how we were able to respond." - *Board member 1*

Changes to the administration of accessing funding were also noted by one board member, who suggested that there was a recent decline in spending across delivery partners as a result of this:

> "I think it's probably I spend most of my time managing upwards to Bridges...very financial focused over the past few months...Your incoming one, who is saying, 'Yes, I've heard what you are saying', and freedom to act is pretty critical in a project like this. We're half way through, you've got to trust us to deliver and want to deliver...£100 is paid to an account somewhere. We used to be able to see it, we don't see it any more, as in money in, money out. It's now a central pot, very cumbersome [process to apply for it], and of course the spending has gone down across all three partners because if you make it that difficult..." – *Board member 4*

Another comment in relation to future funding and sustainability of Spring related to minimum wage increases, which this partner felt was already having an impact on recruitment to the intervention:

> "...there are some conversations around, and all partners are having these conversations, about the minimum wage increase from April and the fact that most of us as partners, it would seem that due to the letter of the contract, don't qualify to receive an increase for our wages to go up in line with that...That is a challenge, it means that currently we are in a pause mode around recruitment." - *Board member 6*

Additional reflections considered the strategic oversight of Spring, including the Strategy Board itself. Whilst they noted that delivery partners were often in touch with each other in relation to 'operational problem solving' (Board member 2), board members reflected that the introduction of the board had offered other positives. It ensured that partners were brought together to discuss key issues and review relevant data. They also commented on how they felt that the board enabled the growth of Spring's profile and learning between statutory and third sector partners:

> "It's sort of been a game of two halves because at the very beginning there was the Strategy Board, or some version of it. And then there was a long period where it didn't exist and I didn't go to any meetings so I was not really engaged...It started again only a little before you got involved because we're looking to the future...So, I can really only comment on the recent meetings, which I've found very positive...I like the idea that we can invite - that you are there; I like the idea that Public Health is there and a couple of meetings ago we had the Chief Nurse and the Chief Medical Officer. So, that's good, it's got the profile, at least at the moment, that it deserves, I think." – *Board member 1*

> "I think just one thing to add at the end of this for me is I think strength in the Spring model has also been the three different providers. Because obviously we are a GP federation, you've got Age UK and you've got Northamptonshire Carers. We are now working much, much closer with them than we did at the start and I think we as a statutory GP organisation can learn a lot from the voluntary section and vice versa." – *Board member 7*

> "The Strategy Board, it's useful forum. I know there's talk about changing the make-up of it. There's always going to be that - not 'conflict' but a slight challenge if you've got, say, Bridges and the funders there along with delivery partners. There certainly needs to be interaction across those levels and I think it's important the delivery partners have a really good understanding of the strategic direction of travel and the reasoning behind the asks that they'll get." – *Board member 2*

Some challenges were identified in relation to the level of oversight of delivery partners which is closely aligned to the start target that is in place. Board members noted that challenges arose from this target in that a referral did not necessarily equate to a start within Spring, however resource was still needed on the referral itself. It was felt that this may lead to partners working to keep clients who were referred, but who did not fit within what Spring could offer. Discussions on the

oversight of delivery partners were also noted, with some feeling that greater freedom would enhance impact, whilst others felt that a balance could be met between numbers and quality:

> "Obviously Spring is funded as a social impact bond. My understanding is that Bridges partnerships, outcome partnerships, put the money in at the start and then they obviously have to deliver on the outcomes to be paid back from the social impact bond...And when you said, 'outcomes focused', I would probably dispute that. We are very much outcomes focussed but Bridges obviously have to deliver the start target and it has become in some cases quantity versus quality. So, if I was looking at an outcomes based contract, I would definitely be wanting to look at the Wellbeing Star and what's happened to the people on that journey more than a target driven culture of starts." – *Board member 7*

> "But I love it, I love the creativeness that you can do. I think more freedom to act would be good, would be healthy. And just trust people 2½ years in to deliver what we know we have to deliver and if we don't, then that's when you performance manage." – *Board member 4*

> "I find this project inspiring. There are so many good things that it does do, you have to forget about the targets and the numbers to allow you to think outside the box. And because it's got that pot of money, you really can be quite creative when given the opportunity to do it." - *Board member 9*

> "I think there's probably more trust from the Public Health Commissioner than there is from Bridges for us in our work." – *Board member 2*

> "I think I've kind of gone through a journey with this where I started off feeling upset about the numbers and 'this is affecting the quality', to actually even though we are achieving the numbers there is still value and we are still able to provide a quality service to our population." – *Board member 8*

One board member also noted the importance of considering the impact of the loss of a previous delivery partner in 2023. When this happened, their list of potential clients – with whom they had already begun to engage - had been taken over by other partners, meaning that this cohort of clients had been in the Spring system for 12 months with no direct facilitation for their needs. This had posed challenges for all involved:

> "…for example, the contractor that left the partnership last year, they'd dialled up a lot of people, as in they'd dialled the phone, 'How are you? Where are your areas of need?' and left them and left them and left them...So, we've picked up those people and, of course, they haven't had any particular service or support but they are coming to the end of the 12 months. They are called restarts and it's just one of those things, whatever project you start there's always some anomaly that you didn't expect and this is one of them, restarts." - *Board member 4*

Some board members also discussed upscaling Spring in future, although there were caveats mentioned with this in relation to maintaining a personalised approach for clients. The potential for offering more specialist support was discussed in relation to this, however board members were clear that this should not be done in a way that impacted on the potential to support other clients who would benefit from the intervention:

> "...to what extent do we want to specialise or stay as generalists and I would argue that we need to do both, that you will only get focus if you have a wide invitation and a wide appeal and you are not limiting your referrals...You want to limit your referrals to those who will benefit from the programme but not limit them simply because of a particular health condition or whatever... I think there is definitely lots of confidence here for scaling up and being able to do a lot more for a lot more people, although I would argue that we need to keep the general conditions and target group pretty much the same and not seek to specialise too early." - *Board member 1*

Further recommendations for future focus across the stakeholders involved in Spring relate to marketing and terminology, alongside a review of the remit of delivery partners (in this instance, in relation to training responsibility), and access to additional data for forward planning. Board members felt that these were important areas of reflection in relation to future referrers and clients. One board member felt that the overall marketing of Spring had been positive ("I think Spring have done a good job actually having a central referral point and having a consistent marketing perspective which focusses on the Spring as opposed to the delivery partners." – Board member 2). Others felt that enhanced marketing – underpinned by reviews of surgery specific data in the case of GP surgeries - would support the setting of realistic expectations, developing

understandings of what Spring – and more broadly social prescription - can offer, and supporting a reduction in client misconceptions at initial referral:

Future partnership working

"…it's who's managing what really and I think that's a bit foggy. So, training, for example, is it us to deliver the training, in which case all three partnerships join together and buy some training together? Is it for Bridges to deliver it? It's a bit foggy." – *Board member 4*

Branding and messaging

"But that's what some people envisage with the word 'wellbeing'. So, it's breaking down those barriers as well and saying, 'No, it's about you. What do you want? You tell us what you want and we will help you along your way." – *Board member 9*

"But I think there's still work to do on messaging. But I suppose it can be - I don't know, that's limited if you are looking at local services, whether it be Spring or the PCNs, if actually there's not much national messaging on what social prescribing is. – *Board member 2*

"I think the other is for us as organisation, as individual providers - there are three of us now - I think there is a balance, a tension, between our own image and brand, we're all proud of our brand, and the brand for the project, Spring...I think that's going to be a tension that we'll need to work through going forward. It would be an easy answer to say, 'You'll just have the project brand', but that at the same time may not be maximising the range of what we do and our current reputations." - *Board member 1*

"And I think that reflects with the referrers as well. Within healthcare culturally we are - the NHS is it 'does to'. And yes, we've got the personalised care agenda and shared decision making and patient choice is all part of that, but that's very new in comparison to the culture of the NHS. So, we have pockets of shared decision making and patient choice but we also have, 'You need to go and see your social prescriber; I'm telling you to'." – *Board member 8*

Future measurement and impact

"...we're obviously half way through the contract and social prescribing is proving its worth. But health - I've worked in it 20 years, they will look at hard data. Has this supported people to stay out of hospital, to stay healthier longer? That is how we get the funding going forward, linking into those types of conversation at the Integrated Care Board." - Board member 7

"[in relation to future measurement of impact]... And waiting lists as well, waiting lists for surgeries, waiting lists for various different health condition assessments, waiting lists for going to see the chronic pain specialists. There are certain waiting lists where people are stuck with nothing." - Board member 8

Development of community champions

"I think that's another gamechanger for the future, where you can encourage training, identifying champions who will continue the good work within groups and have the skills and the confidence to do that. I think that's definitely a key part of the model going forward if done well." - Board member 1

Finally, one board member also noted the importance of considering geographical reach in any future development/ design of Spring. Whilst partners currently oversee specific geographical areas, they noted the benefits and challenges of any change to this arrangement, linking back to our earlier discussion of one of the strengths of Spring lying in the community knowledge of its staff.

9. Spring Social Impact Measurement Framework

Social impact measurement allows organisations to understand the value of services and activities for individuals, organisations, and society. The Social Impact Matrix© developed by the University of Northampton fills this gap by providing a holistic social impact measurement approach that can be used to develop a bespoke measurement framework. The Social Impact Matrix© largely builds on McLoughlin et al.'s (2009) SIMPLE methodology, which focuses upon the measurement of outputs, outcomes and impact. According to this framework, an output can be defined as the direct and easily identifiable outputs of a programme (i.e., the number of beneficiaries supported). Outputs are augmented with longer-term benefits called outcomes that represent positive changes to participants' states of mind that will enhance their lives and psychological wellbeing in the long run (i.e., improved wellbeing and self-efficacy). The framework also seeks to articulate impact, an even longer-term benefit relating to the wider impact on society resulting from Spring (i.e., savings to the health service). This section seeks to address the following research aims:

- **Research Aim 3: Develop a Social Impact Measurement Framework to evaluate the impact of the project for both service users and society.**
    - 3.1: What has been the social impact of Spring?
        - 3.1.1: Specifically, what evidence is there that Spring reduces patient use of health and social care services?
    - 3.2: What benefits does the programme offer to wider society (monetised or otherwise)?

With the exception of wellbeing, the research questions cannot be answered in full due to limitations in the data and therefore the *potential* impact[30] areas for Spring are identified. The key areas identified are based on the key areas identified in the literature and/or quantitative data including Physical Health and Mental Health; Employment, Training, and Education; Community and Social Wellbeing; and Welfare Finance and Social Support.

[30] These figures are the maximum potential figures and do not account for attribution, deadweight or drop-off at this stage. It should be noted that this SIM section could be further updated following release of NARP data to the research team in May 2024 (subject to data sharing agreements being put in place between the University and the ICB).

9.1. Physical Health and Mental Health

Spring social prescribing initiative links people to local services that seek to improve their mental health, rediscover pleasures, and take control of their own life through an intensive six-to-twelve-month programme. The goal is to encourage close connections to the community that encourage habit and the building of sustainable social networks, so that when the service user exits the programme, they feel an innate part of the community. The use of social prescribing has grown as health services tackle growing budgetary and economic challenges, and attempt to manage the increase in chronic conditions, such as diabetes and mental illness (NHS Digital, 2018; NHS England, 2017).

Spring has the potential to reduce beneficiaries' reliance on health and care services that could reduce, not only the burden on health and social care services, but the cost-of-service provisions. The average cost to the NHS of a GP visit is £30 (PSSRU, 2022), £108 per hospital A&E visit (PSSRU, 2022) and for a visit to a specialist mental health service £192 (PSSRU, 2022). The PSSRU (2022) attached an average cost of £3,519 for non-elective long patient stays and an average cost of £292 for ambulance callouts. The Unit Cost Database average cost of a non-elective long patient stay is £3,519. Depression and Anxiety has an average cost of £2,414 (PSSRU, 2022). For **every 100 beneficiaries** reporting reduced access to health care services, the *maximum* potential annual value of social impact delivered by Spring in this area would be equal to £3,000 (100 * £30) for GP visit, £10,800 (100 * £108) for hospital A&E visits, £19,200 (100 * £192) for specialist mental health services, £29,200 (£292 * 100) for ambulance callouts, £351,900 (£3,519 * 100) for non-elective long patient stays, and £241,446 (£2,414.46 * 100) for support for depression and anxiety.

Access to specific services have benefits for mental health and wellbeing, including access to activities such as cooking, swimming, and sport. The average cost of a cooking class in Northampton is £12 (Superprof.com). The cost of physical activities vary, with estimates from the Department of for Culture, Media and Sport (2014) estimating the value of sport involvement at £113 and the value of swimming involvement at £134. Sport within the SIMF is defined as being part of an activity requiring physical exertion and competitive in nature. Activities that encourage exercise, such as walking or fitness, are measured through different formulas as part of physical health. For **every 100 beneficiaries** reporting engagement in activities like sport and swimming,

the *maximum* potential annual value of social impact delivered by Spring in this area would be equal to £11,300 (100 * £113) for involvement in sport, £13,400 (100 * £134) for involvement in swimming, and £1,200 (£12 * 100) for involvement in cooking.

9.2. Community and Social Wellbeing

Spring promotes good health and wellbeing in beneficiaries through support offered by delivery partners. Health and wellbeing are measured as *general wellbeing,* defined as one's perception of their satisfaction of life and life stability. Wellbeing can be evidenced by collecting information using the 14-item Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), scored on a 5-point Likert scale, or the EQ-5D. Research (Cox, Bowen, and Kempton, 2012; Maccagnan et al., 2019) has suggested that improving an individual's wellbeing could be valued at as much as £10,560 per individual per year, which illustrates the importance of capturing information on wellbeing. Data available, based on the WEMWBS, allows for the calculation of the social impact delivered for Spring in this area. Data shows that Spring that 627 Spring beneficiaries experienced an increase in wellbeing (72.40%) whilst 63 did not perceived any improvement (7.27%) and 176 experienced a decrease in their wellbeing (20.32%)[31]. When accounting for the negative changes in 176 beneficiaries, this allows for social impact attribution for 451 beneficiaries. Support from Spring for beneficiaries to improve wellbeing would mean that the *maximum* potential annual value of social impact delivered by Spring in this area would be equal to **£4,762,560.00**. When attribution[32] (20%) and deadweight (10%) are applied this would mean a total value of £3,333,792.00.

Another area, linked to wellbeing, is confidence and self-efficacy. Self-efficacy is an individual's belief in their ability to complete a task and the strength of this belief (Bandura, 1977). An individual with high self-efficacy will attempt to complete a task even after repeated failures, thus improving self-efficacy is essential for ensuring positive outcomes. Self-efficacy can be evidenced by collecting information using the 10-item Schwarzer and Jerusalem (1995) Generalized Self-Efficacy Scale, scored on a 4-point Likert scale. Identifying a suitable proxy for self-efficacy is complex; however, an average cost of self-efficacy improvements can be calculated at £1,017 per individual reporting improvements in self-efficacy (based on proxy calculations from

[31] Additional changes are found when comparing the T1 to T3 group but given that these scales are completed by the same individuals, the T1 to T2 changes are used for this calculation.
[32] Attribution set at 20% and deadweight set at 10% given the unique nature of Spring.

www.hotcourses.com / Cox et al., 2012). Therefore, for **every 100 beneficiaries** reporting improved self-efficacy, the *maximum* potential value of social impact delivered by Spring in this area would be equal to **£101,700** (100 * £1,017).

Spring connects individuals with the community through delivering community-driven support networks that seek to help people lead a full and meaningful life whilst managing long term health concerns. Research (Holt-Lunstad et al., 2015) shows that social isolation is associated with a 29% increased mortality rate, thus reducing social isolation has an impact on health and social care costs. Access and membership to social groups has an added value to society of £2,959 (HACT, 2014). Therefore, for **every 100 beneficiaries** reporting reduced social isolation, the *maximum* potential value of social impact delivered by Spring in this area would be equal to **£295,900** (100 * £2,959). Involved in specific activities that promote social engagement can also have a beneficial impact, with the Department of Culture, Media and Sport estimating the added value of social engagements at around £85 per individual per month. Therefore, for **every 100 beneficiaries** accessing social engagement activities per month (for 12 months), the *maximum* potential value of social impact delivered by Spring in this area would be equal to **£102,000** (100 * [£85*12]).

9.3. Employment, Training, and Education

Health inequalities in populations can be linked with a number of social determinants that impact the environment and communities in which individuals live (WHO Commission on Social Determinants of Health and World Health Organization, 2008). Improvements in health and wellbeing have an impact on an individuals' quality of life but, research has shown, that it can also have an impact on an individuals' return to education, training and/or employment (Pajares, 1996). An individual's motivation, well-being and personal accomplishment are strongly associated with their efficacy beliefs, which influence their choices and resultant actions (Pajares, 1996). The support offered by Spring can support individuals into education, training and/or employment through helping them self-manage illness and reduce the need for primary care, as well as encouraging engagement in community groups and programmes, to help develop a sense of belonging (Rempel et al., 2017).

Through supporting individuals to access employment, there is an economic benefit to the state related to income tax, national insurance and welfare savings. The income tax rate is currently set

at 20% at the basic level with a personal allowance of £12,570 per year[33] and the rate for National Insurance is 12% paid on earnings above a primary threshold of £12,584[34]. Furthermore, securing employment saves the state welfare costs, with the average Job Seekers Allowance cost around £4,004.00[35]. Based on this, for **every 100 beneficiaries** supported to secure employment, the *maximum* potential value of social impact delivered by Spring in this area would be equal to **£574,424** (100 * {[(£18,000 – £12,570) * 0.20] + [(£18,000 - £12,584) * 0.12] + [£4,004.00]}).

For the accredited training, the lifetime benefit figures are based upon BIS (2011) figures that estimate the lifetime value of NVQ and City and Guild qualifications. As an example, BIS (2011) estimate that a Level 2 City and Guild qualification could be worth an additional £42,353 - £70,699 over a lifetime. This estimation covers the life-time value, with an annual figure estimation (based on dividing the life-time value with average life expectancy)[36]. Based on this, for **every 100 beneficiaries** supported to complete a City and Guide Level 2 qualification, the *maximum* potential value of social impact delivered by Spring in this area would be equal to **£77,480** (100 * £774.28).

9.4. Welfare, Finance, and Social Support

Spring has a role in supporting individuals holistically, with research showing that social prescribing interventions are cost-effective, and enhance the health and well-being of the participants. The role of social prescribing goes beyond this in the support it offers individuals (Bickerdike et al., 2017; Polley et al., 2022). By offering welfare, financial, and social support, social prescribing interventions can help address the social determinants of health (Braveman and Gottlieb, 2014). Developing resilience and knowledge can encourage individuals to seek out help when needed and to navigate more complex systems, such as local council services or attaining legal advice, thus creating savings for themselves and wider society. Social prescribing partners have provided support around the access to legal services, advice, and the development of wider financial skills.

[33] HM Treasury data obtained from www.gov.uk/income-tax-rates
[34] The yearly threshold was calculated by multiplying the weekly primary threshold (£242) for 52 weeks. Calculation based on HMRC data obtained from https://www.gov.uk/government/publications/rates-and-allowances-national-insurance-contributions/rates-and-allowances-national-insurance-contributions
[35] The yearly threshold was calculated by multiplying the weekly threshold (£77.00) for 52 weeks. Data obtained from https://www.gov.uk/employment-support-allowance/what-youll-get
[36] Average life expectancy for adults in Northamptonshire is 78.7 (PHE, 2019) thus the average annual value for City and Guild Level 2 can be calculated as £774.28 (£42,353/54.7).

Savings to society and/or individuals through access to legal services is estimated at a value of £350 over a six-month period for those dealing with health and social care issues (Leckie et al., 2021). Through empowering individuals, there is the potential to improve domestic wellbeing, which is valued at £10,182, if individuals take part in an outreach programme (Refuge, 2021). Based on this, for **every 100 beneficiaries** supported in improving their domestic wellbeing and accessing legal services would have a maximum potential value of **£1,053,200** [(100 * £350) + (100 * £10,182)]. Other areas of support for Spring beneficiaries includes support to maintain tenancies, improving housing security and the learning of general financial skills. Support in learning general financial skills of a participant is valued at £19.99 per session in line with the market rate (Future Learn, 2023). Support for maintaining tenancies and improving housing security has been offered to beneficiaries through Spring partners, this support was valued by Tait (2022) at £1,181 broken down into loading and transit (home removal, moving boxes, costs for fragile objects, utilities and changes to bills). Based on this, for **every 100 beneficiaries** supported in improving their financial skills and improving their housing security, would deliver a maximum potential value of **£120,099** [(100 * £19.99) + (100 * £1,181)].

10. Summary

10.1. Spring performance

The programme encompasses 3,493 individuals, of whom 892 are currently enrolled, 658 have completed the programme, 178 have been transferred elsewhere, and 1,765 did not finish. Notably, around half of the participants did not complete, indicating a significant area for improvement in programme effectiveness. However, when the programme outcome have been recategorised this category decreases to almost a third. The Spring quantitative data analysis depicted a predominantly female (68.48%) participant cohort, with a mean age of 52.82 years. Gender significantly correlates with programme, suggesting gender-specific interventions may be beneficial. Ethnicity data show the majority (80.97%) identify as White, with Northampton being the primary location of programme participants (33.61%). The data highlights a significant link between socio-economic deprivation and health outcomes among programme participants. Nearly half of the participants reside in areas classified as among the most deprived, indicating a considerable presence of socio-economic disadvantage within the programme's demographic. Regions such as Corby and Wellingborough demonstrate a higher concentration of individuals facing health challenges, aligning with their higher deprivation levels.

Analysis of the WEMWBS and WBS scales demonstrated an overall upward trend in scores over time, indicating improved wellbeing among participants. Notably, a majority of participants experienced enhanced wellbeing, with fewer reporting no improvement or decreased wellbeing. Correlation analysis between WEMWBS outcomes and demographic or programme-related variables identified a significant association between the number of activities engaged in and WEMWBS outcomes. Participants involved in more activities were more likely to maintain or improve their wellbeing. Moreover, correlation analysis between WBS outcomes and various variables revealed significant associations with gender and the number of activities engaged in. Females were more likely to experience decreased wellbeing compared to males, while a higher number of activities correlated with greater likelihood of maintaining or improving wellbeing.

Significant correlations were observed between delivery partners and programme outcomes, highlighting variations in participant distribution and common challenges across different providers. Self-referral emerged as a predominant mode of entry, indicating participants' proactive

engagement in the programme. Analysis of participant long-term conditions and secondary referral criteria revealed prevalent mental health issues and social isolation among participants, emphasising the importance of addressing mental health within the programme. Participant action plans encompassed diverse strategies, with a focus on work, volunteering, and symptom management. Overall, the programme's impact was positively endorsed by participants, with high levels of agreement in exit interviews regarding programme effectiveness and outcomes. However, participants indicated limited support in securing new employment, suggesting a potential area for programme improvement. Correlation analysis further illuminated relationships between various variables, providing insights into healthcare needs, wellbeing, and programme effectiveness. These findings contribute to a comprehensive understanding of programme dynamics and inform future interventions aimed at improving participant outcomes and quality of life.

10.2. Spring and PCN delivery

In regard to the differences between Spring and PCN social prescribing approaches, the evaluation has had to reply on the qualitative data to make these comparisons. The interviews and focus groups with the five PCN patients, the four PCN SPLWs and one PCN manager revealed that whilst Spring itself is a holistic service (albeit with differences in approach across the delivery partners), this is not the case within PCN social prescribing approaches, with different patients evaluation tools and staff line management dependent on the lead organisations (Age UK in East and North Northants, and GPA in Northampton)[37]. As an example, in North Northants there are limited patient evaluation tools used, whereas in Northampton the PCN SPLWs use similar tools (wellbeing measures) to those used on Spring. Further, in the North there is no capturing of referral outcomes within PCN social prescribing (unlike Spring), whereas there are some structured measures/targets in place in Northampton and the East of the county. There are also issues with regard to whether PCN focused interventions are even captured on patient records.

There are also differences between the length of provision for Spring and PCN social prescribing, with the former designed to provide support for 6-12 months, with outcomes measured during and at exit, and the PCN approach being for an indefinite period of time with limited outcome measurement (as discussed above). Indeed, 4 of the 5 PCN case-studies presented in Appendix C

[37] It should be noted that there are also line management and pay differences across Spring provision, albeit the evaluation and the patient outcomes assessments are uniform.

argued that their support was open-ended. Spring SPLWs also viewed their role as one of empowering individuals to take responsibility for their own health and wellbeing, whereas PCN SPLWs were viewed more as an advocate or support worker/counsellor role (this was a view echoed by patients/beneficiaries, Spring Board members and SPLWs)[38]. Spring SPLWs also tended to work more closely with Local Area Partnerships than their PCN SPLW counterparts.

One area of convergence was around dissatisfaction with what SPLWs on both sides saw as a culture of volume targets. On Spring, this has led to an increased focus on group activities to support throughput, albeit this can have its benefits for those beneficiaries that want group settings/work. This group work and larger style interventions were also facilitated on Spring by access to the Wellbeing Activation Fund, something that was not available to PCN SPLWs. There were differences in referral types, with self-referrals being much more common on Spring than in PCN delivery, albeit the greater number of clinician-based referrals to PCN SPLWs may also be due to the greater awareness within PCNs of their work. However, both the Spring and PCN services bemoaned inappropriate referrals from mental health support and adult social care services.

10.3. Spring ecosystem integration and impact

Spring's integration into the wider health and social care ecosystems has been broadly strong, with a clear understanding of community issues and local needs (within the SPLW workforce). There were however, five main barriers reported (as first described in the Interim Report). First, funding levels were not deemed sufficient by third sector providers to fully meet Spring beneficiary needs. Whilst the research team recognise that calls for more funding are perhaps to be expected by those receiving it, participants engaging with Spring with multiple conditions/problems suggests that their needs may be more resource intensive to resolve (and indeed this was to a degree the aim of Spring in the first place). This funding need has been somewhat mitigated over time by the more appropriate referrals now being made, but the funding gaps remains. The wider impact work and release of Northamptonshire Analytics Reporting Platform (NARP) data to understand impacts on key health outcomes may provide evidence of the savings that such targeted, intensive support can provide in the future. Second, there remains a lack of understanding of what social prescribing is

[38] Some PCN SPLWs also described their role as one of empowerment.

across the wider health and social care ecosystem, despite the strong work that has already been done by Spring, and further educational and branding work is required here. Third, better communication of Spring's function and strategic aims, alongside what/who it can support across the county (within PCNs and the third sector especially), would aid referrals and increase the potential impact of Spring. Fourth, the data lays bare the clear commitment of SPLWs to the 'cause' and the vital aspect of their work to understand local needs and support individuals. However, there remains a difficult career progression track for SPLWs currently employed in Spring or within the PCNs, which can in part be seen to be due to the number of different organisations and locales engaged in the work (i.e., all with different pay and working conditions). Finally, the data with regard to Social Impact Measurement remain restricted, as with the interim report, and so it is difficult to identify specific impacts. This is something that the research team attempted to address by engaging in discussions around accessing data from the NARP however this remains unresolved (see further information in section 10.3).

10.4. Recommendations

Based on the qualitative and quantitative findings obtained the following six recommendations are made, in order to further progress the service that Spring offers, as well as the working environment for its SPLWs:

1. *Accessibility:* Improve the accessibility of activities and groups for clients by working to address barriers to attendance e.g., financial, transport, work commitments, physical health, and motivation. This may enable a larger number of engagements and also improve the number of successful closures on Spring. This is aligned with the constant refinement that is being undertaken within Spring around evaluation of unsuccessful closures, as there can be varying reasons for these and it also needs to be understood more widely that unsuccessful closures can often be a good thing for the individual in question[39].
2. *Branding and Referral Appropriateness:* There needs to be more work on Spring branding to ensure that people understand what a suitable referral to the programme entails. This

[39] The full list of recorded reasons for an unsuccessful closure are as follows. **Prior to Starting:** Did not require/want service; Not the right time for the service; Does not meet eligibility criteria; Referral to another more appropriate service; High safeguarding risk; Fails to engage. **After Starting:** Client withdrew from service; Client failed to engage; Safeguarding risks to high; Illness or death; Referral to another more appropriate service; Moved away from Northamptonshire.

branding and awareness-raising work should focus on shaping discourse around what social prescribing is, wellbeing and the role of Spring within the wider health and wellbeing ecosystem. This could help to increase public awareness of Spring to ensure that it is a well-known option of support amongst those who would benefit. This could include better marketing of the programme online, in Primary Care Network settings and across third sector partners and/or providers. This can also aid in ensuring that referrals to activities and groups are appropriate to the individual needs of each client. This has been an area of strength for Spring so far, with beneficiaries praising the individualised, in-depth support offered. However, further work with partners to develop understanding of what Spring can do and what community organisations can offer, could enable even better pathways for Spring clients.

3. *Primary Care Networks:* More work is required to gain the understanding and investment of GPs into the Spring social prescription service. In doing so, the GP referral pathway can be enhanced and better patient outcomes could be achieved by GPs for those patients that require social prescribing type approaches to alleviating physical and mental health problems. This is linked to the branding and awareness work required above and could possibly also include the creation of 'community champions' (as suggested by a participant in this study) to further promote this work across PCNs.
4. *Career Progression:* Review career progression for SPLWs, as currently there is a feeling that progression routes within Spring and social prescribing are not good. This will limit the recruitments of link workers into Spring and damage the potential growth of social prescribing in the county.
5. *Impact Measurement:* The health sector is traditionally focused on hard data designed to understand the efficacy of programmes. This evaluation has demonstrated the significant value that Spring has delivered, but the data on precise impact linked to wider health outcomes (and health service usage) remains under-researched (although the possible future addition of the NARP data to this evaluation may deepen understanding here). Therefore, detailed work to fully understood the impact of Spring, utilising the baseline social impact work developed here, would be beneficial.
6. *Partnership Working:* There is a need to enhance the partnership model of work within Spring, to ensure that the partners' collective mass (skills, resources, purchasing power) within the project is fully brought to bear. Spring has to date shown itself to be a very well-

developed and high-functioning partnership model, but refinements around this, alongside defining very clear boundaries of responsibility would be beneficial.

10.5. Data Gaps & Limitations

The evaluation team found recruitment of PCN patients challenging for the qualitative element of the study. Commissioner support with this aspect of the project at the later stages of the evaluation led to the recruitment of 5 PCN patients. It should be noted that these 5 patients had experienced social prescription services from GPA surgeries in Northampton Borough and this means that patient experiences from other areas of the county are not represented within the qualitative data. As noted in Section 8, various methods of delivery made comparisons difficult as there were differences between and within Spring and PCN models of social prescription. Furthermore, it is likely that individuals who have agreed to participate in this evaluation have done so because their experiences of social prescription have been generally positive. Except for one Spring client we have not captured any service users who have failed to engage with social prescription in the qualitative evaluation.

With regard to the quantitative data, the following two areas require further work ahead of the publication of the final report.

1. *NARP Data:* The research team remain without the NARP data that will allow us to track individuals against wider outcomes. This is essential in allowing us to be able to identify social impact more precisely, as opposed to the current *potential* social impact that we report for the programme per 100 beneficiaries successfully supported. It is the research team's hope that this data can still be forthcoming in May 2024 and then integrated into this report in Section 9.

References

1. Aughterson, H., Baxter, L., and Fancourt, D. (2020) Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners, *BMC Family Practice,* 21(194).

2. Bandura, A. (1982) Self-efficacy mechanism in human agency. *American Psychologist, 37*(2): 122-147.

3. Bandura, A (1977) Self-efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review*, 84(2): 191-215.

4. Bickerdike, L., Booth, A., and Wilson, P.M. (2017) Social prescribing: Less rhetoric and more reality: A systematic review of the evidence, *BMJ Open,* 7(4).

5. Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2): 77-101.

6. Braun, V, and Clarke, V. (2022) *Thematic Analysis: A Practical Guide*. London: Sage Publications Ltd.

7. Braveman, P. and Gottlieb, L. (2014) The social determinants of health: it's time to consider the causes of the causes. *Public Health Rep*, Suppl 2: 19-31.

8. Cartwright, L., Burns, L., Ainyemi, O., Carder-Gilber, H., Tierney, S., Elson, J., and Chatterjee, H. (2022) *Who is and isn't being referred to social prescribing?* London: National Academy for Social Prescribing.

9. Cacioppo, J.T. and Cacioppo, S. (2018) Loneliness in the modern age: an Evolutionary theory of loneliness (ETL), *Advances in Experimental Social Psychology,* 58: 127-197.

10. Calderon-Larranaga, S., Greenhalgh, T., Finer, S., and Clinch, M. (2021a) What does the literature mean by social prescribing? A critical review using discourse analysis, *Sociology of Health and Illness,* 44: 848-868.

11. Calderon-Larranaga, S., Milner, Y., Clinch, M., Greenhalgh, T., and Finer, S. (2021b) Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review, *BJGP Open*, 5(3): 0017.

12. Campaign to End Loneliness (Date Unknown) *The Facts on Loneliness* [Online] Available at: https://www.campaigntoendloneliness.org/the-facts-on-loneliness/. Accessed on 1 February 2024.

13. Cooper, M., Flynn, D., Avery, L., Ashley, K., Jordan, C., Errington, L., Scott., J. (2023) Service user perspectives on social prescribing services for mental health in the UK: a systematic review, *Perspectives in Public Health,* 143(3).

14. Costa, A., Sousa, C.J., Seabra, P.R.C., Virgolino, A., Santos, O., Lopes, J., Henriques, A., Nogueira, P., and Alarcao, V. (2021) Effectiveness of Social Prescribing Programs in the Primary Health-Care Context: A Systematic Literature Review, *Sustainability*, 13: 2731.

15. Cox, J., Bowen, M., Kempton, O. (2012) *Social value: Understanding the wider value of public policy interventions.* New Economy Working Papers, Number 008, May 2012.

16. Cruwys, T., Wakefield, J.R., and Sani, F. (2018) Social isolation predicts frequent attendance in primary care, *Annals of Behavioural Medicine,* 52(10): 817-829.

17. Department for Business, Innovation and Skills (2011) *Returns to Intermediate and Low Level Vocational Qualifications*, BIS Research Paper No. 53, September 2011, available online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32354/11-1282-returns-intermediate-and-low-level-vocational-qualifications.pdf. Accessed on 6 November 2023.

18. Department of for Culture, Media and Sport (2014) *Quantifying and Valuing the Wellbeing.* Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/304899/Quantifying_and_valuing_the_wellbeing_impacts_of_sport_and_culture.pdf. Accessed on 6 November 2023.

19. Elliot, M., Davies, M., Davies, J., and Wallace, C. (2022) Exploring how and why social prescribing evaluations work: a realist review, *BMJ Open,* 12.

20. Elston J, Gradinger F, Asthana S, Lilley-Woolnough C, Wroe S, Harman H, Byng R. (2019) Does a social prescribing 'holistic' link-worker for older people with complex, multimorbidity improve well-being and frailty and reduce health and social care use and costs? A 12-month before and-after evaluation. *Primary Health Care Research & Development,* 20 (e135).

21. Foster, A., Thompson, J., Holding, E., Ariss, S., Mukuria, C., Jacques, R., Akparido, R., and Haywood, A. (2021) Impact of social prescribing to address loneliness: A mixed methods evaluation of a national prescribing programme. *Health and Social Care in the Community*, 29: 1439-1449.

22. Griffith, B., Pollard, T., Gibson, K., Jeffries, J., Moffatt, S. (2022) Constituting link working through choice and care: an ethnographic account of front-line social prescribing. *Sociology of Health and Illness,* 1-19.

23. HACT (2014) *Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach.* Available online at MeasuringSocialImpactHACT2014.pdf (dsc.org.uk).

24. Hassan, S. M., Ring, A., Goodall, M., Abba, K., Gabbay, M., and van Ginneken, N. (2023) Social prescribing practices and learning across the North West Coast region: essential elements and key challenges to implementing effective and sustainable social prescribing services. *BMC Health Services Research*, 23(562).

25. Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., Stephenson, D. (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci,* 10(2): 227-237.

26. Husk, K., Blockley, K., Lovell, R., Bethel, A., Lang, I., Byng, R., and Garside, R. (2019) What approaches to social prescribing work, for whom, and in what circumstances? A realist review. *Health and Social Care in the Community*, 28: 309-324.

27. Kimberlee, R. (2015) "What is Social Prescribing?" *Advances in Social Sciences Research Journal,* 2(1): 102-110.

28. Kinsella, S. (2015) *Social prescribing. A review of the evidence*. Wirral: Wirral Council Business & Public Health Intelligence Team.

29. Leckie, C., Munro, R., and Pragnell, M. (2021). *Defending the public purse: The economic value of the free legal advice sector: A report for the Community Justice Fund*. Community Justice Fund.

30. Maccagnan, A., Wren-Lewis, S., Brown, H., and Taylor, T. (2019). Wellbeing and society: Towards quantification of the co-benefits of wellbeing. *Social Indicators Research,* 141(1): 217-243. https://doi.org/10.1007/s11205-017-1826-7

31. Mahtani, K. R. (2020) Supporting social prescribing in primary care by linking people to local assets: a realist review. *BMC Medicine,* 18(49).

32. McLoughlin, J., Kaminski, J., Sodagar, B., Khan, S., Harris, R., Arnaudo, G., and Mc Brearty, S. (2009). A strategic approach to social impact measurement of social enterprises. *Social Enterprise Journal*, 5(2): 154-178.

33. Morris, S. L., Gibson, K., Wildman, J. M., Griffith, B., Moffatt, S. and Pollard, T. M. (2022) Social prescribing during the COVID-19 pandemic: a qualitative study of service providers' and clients' experiences. *BMC Health Sciences Research,* 22(258).

34. Morton, L., Ferguson, M., and Baty, F. (2015) Improving wellbeing and self-efficacy by social prescription. *Public Health,* 129: 286-289.

35. NHS Digital, (2018) *Statistics on obesity, physical activity, and diet: England 2018*, [Online] Available at: https://journals-sagepub-com.northampton.idm.oclc.org/doi/full/10.1177/1359105320944991#bibr31-1359105320944991. Accessed on 1 February 2024.

36. NHS England (2017) *NHS England news: 1.4 million people referred to NHS mental health therapy in the past year* [Online] Available at: https://www.england.nhs.uk/2017/12/1-4-

million-people-referred-to-nhs-mental-health-therapy-in-the-past-year/. Accessed on 1 February 2024.

37. NHS England (2019) *Comprehensive Model of Personalised Care* [Online] Available at: https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/ Accessed on 22 April 2024.

38. NHS (2019) *The NHS Long Term Plan [Online],* Available at: www.longtermplan.nhs.uk Accessed on 22 April 2024.

39. Pajares, F. (1996) Self-efficacy beliefs in academic settings. *Review of Educational Research*, 66(4): 543-578.

40. Paterson-Young, C. and Hazenberg, R. (2023). *Hidden Needs in Northamptonshire: Update Report.* [Online] Available at: https://pure.northampton.ac.uk/en/projects/hidden-needs-in-northamptonshire-ii. Accessed on 1 February 2024.

41. Peretz, P. J., Islam, N. and Matiz, L. A. (2020) Community Health Workers and Covid-19 – Addressing social determinants of health in times of crisis and beyond. *The New England Journal of Medicine,* 383(19).

42. Pescheny, J.V., Pappas, Y. and Randhawa, G. (2018) Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Services Research*, 18(1): 1-14.

43. Polley, M., Catterjee, H., Asthana, S., Cartwright, L., Husk, K., Burns, L., and Tierney, S. (2022) *Measuring outcomes for individuals receiving support through social prescribing,* National Academy for Social Prescribing, London.

44. PSSRU (2022) *Unit Costs of Health and Social Care 2022.* Available online at https://www.pssru.ac.uk/unitcostsreport/. Accessed on 6 November 2023.

45. Reinhardt, G. Y., Vidovic, D., and Hammerton, C. (2021) Understanding loneliness: A systematic review of the impact of social prescribing initiatives on loneliness. *Perspectives in Public Health*, 141(4): 204-213.

46. Rempel, E.S., Wilson, E.N., and Durrant, H. (2017) Preparing the prescription: A review of the aim and measurement of social referral programmes, *BMJ Open,* 7(10).

47. Schwarzer, R., and Jerusalem, M. (1995). Generalized Self-Efficacy Scale. In Weinman, J., Wright, S. and Johnston, M. (eds) *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

48. Wright, S. and Johnston, M. (Eds.) (1995) *Measures in Health Psychology: A User's Portfolio - Causal and Control Beliefs* (pp. 35-37). Windsor, UK: NFER-Nelson.

49. Sun, Q., Loveday, M., Nwe, S., Morris, N., and Boxall, E. (2023) Green Social Prescribing in Practice: A Case Study of Walsall, UK. *International Journal of Environmental Research and Public Health,* 20: 6708.

50. Tait, D. (2022) What are the Average Costs of Moving in 2022? [Online] Available at: What Are the Average Costs of Moving in 2022? (selectra.co.uk). Accessed on 6 November 2023.

51. Tierney, S., Wong, G., Roberts, N., Boylan, A., Park, S., Abrams, R., Reeve, J., Williams, V. and Mahtani, K.R. (2020) Supporting social prescribing in primary care by linking people to local assets: a realist review. *BMC Med,* 18(49).

52. Wakefield, J.R.H., Kellezi, B., Stevenson, C., McNamara, N., Bowe, M., Wilson, I., Halder, M.M, and Mair, E. (2022) Social prescribing as a 'social cure': A longitudinal study of the health benefits of social connectedness with a social prescribing pathway. *Journal of Health Psychology*, 27(2):158-172.

53. Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (2006) *NHS Health Scotland, University of Warwick and University of Edinburgh*. Available online at https://www2.uwe.ac.uk/services/Marketing/students/pdf/Wellbeing-resources/well-being-scale-wemwbs.pdf. Accessed on 10 October 2021.

54. Whitelaw, S., Thirlwall, C., Morrison, A., Osborne, J., Tattum, L. and Walker, S. (2017) Developing and implementing a social prescribing initiative in primary care: insights into the possibility of normalisation and sustainability from a UK case study. *Primary Health Care Research and Development,* 18: 112-121.

55. WHO Commission on Social Determinants of Health and World Health Organization, (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health final report.* World Health Organization.

56. Yadav, U. N., Paudel, G., Ghimire S., Khatiwada, B., Gurung, A., Parsekar, S. S., and Mistry, S. K. (2024) A rapid review of opportunities and challenges in the implementation of social prescription interventions for addressing unmet needs of individuals living with long-term chronic conditions. *BMC Public Health*, 24(306).

57. Zhang, C. X., Wurie, F., Browne, A., Haworth, S., Burns, R., Aldridge, R., Zenner, D., Tran, A. and Campos-Matos, I. (2021) Social prescribing for migrants in the United Kingdom: a systematic review and call for evidence. *Journal of Migration and Health*. 4.

Appendices

Appendix A: Survey Tool Data

Section 1: Demographic Data

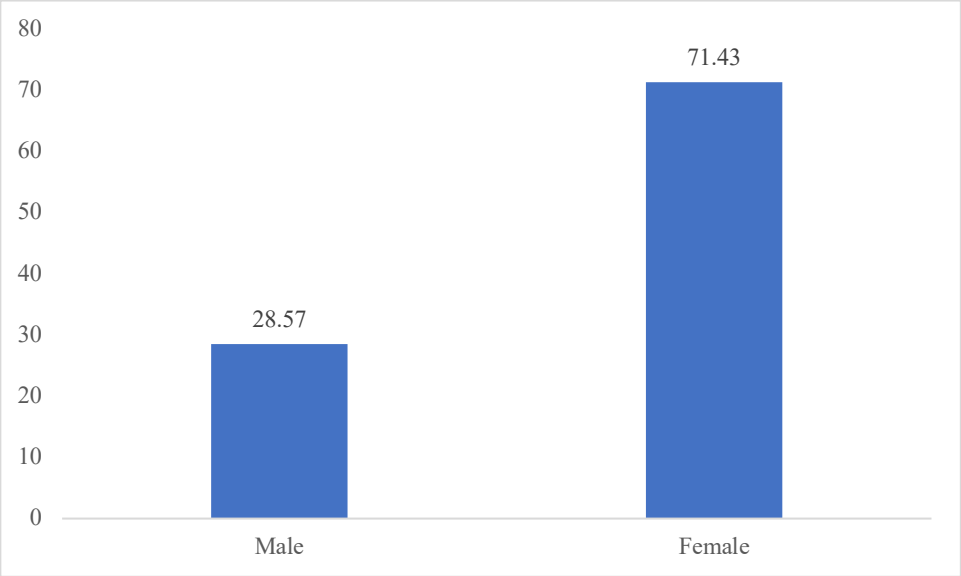

Figure A1.1. Gender or participants (%)

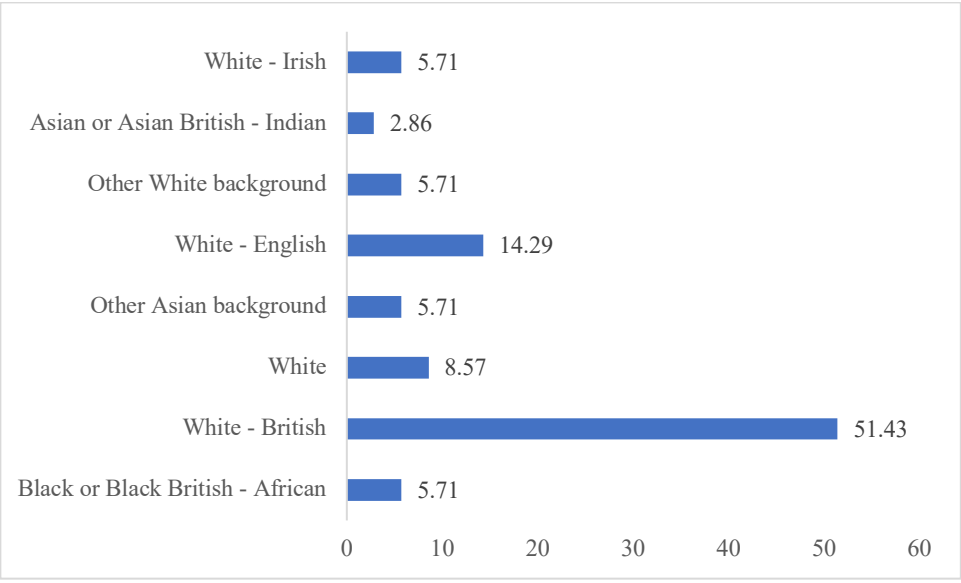

Figure A1.2. Ethnicity of Participants (%)

Row Labels	Asian or Asian British	Black or Black British	Chinese or other ethnic group	Mixed	White - British	White - Irish	White - Other background	Grand Total
Aylesbury Vale	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Bedford	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Corby	2.4%	1.2%	0.0%	1.2%	92.9%	1.2%	1.2%	100.0%
Daventry	1.0%	0.5%	0.0%	0.5%	94.8%	0.0%	3.1%	100.0%
East Northamptonshire	0.7%	1.5%	0.0%	0.7%	93.4%	0.7%	2.9%	100.0%
Harborough	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Kettering	1.4%	0.7%	0.7%	1.4%	91.1%	1.4%	3.4%	100.0%
Northampton	4.7%	4.7%	0.3%	1.9%	83.4%	1.7%	3.3%	100.0%
Rugby	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
South Northamptonshire	0.0%	1.7%	1.7%	0.0%	89.8%	1.7%	5.1%	100.0%

Stafford	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Wellingborough	4.7%	7.0%	0.6%	1.2%	82.0%	1.7%	2.9%	100.0%
Grand Total	**2.8%**	**3.0%**	**0.3%**	**1.2%**	**88.2%**	**1.3%**	**3.1%**	**100.0%**

Table D1.2a. Ethnicity of Participants by Area (%)

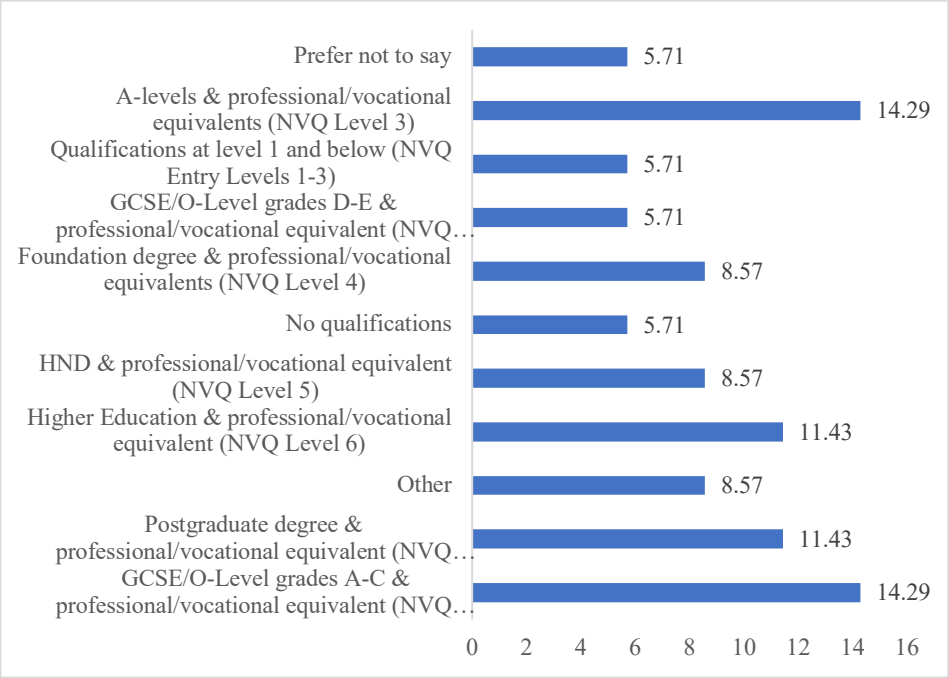

Figure A1.3. Educational level of participants (%)

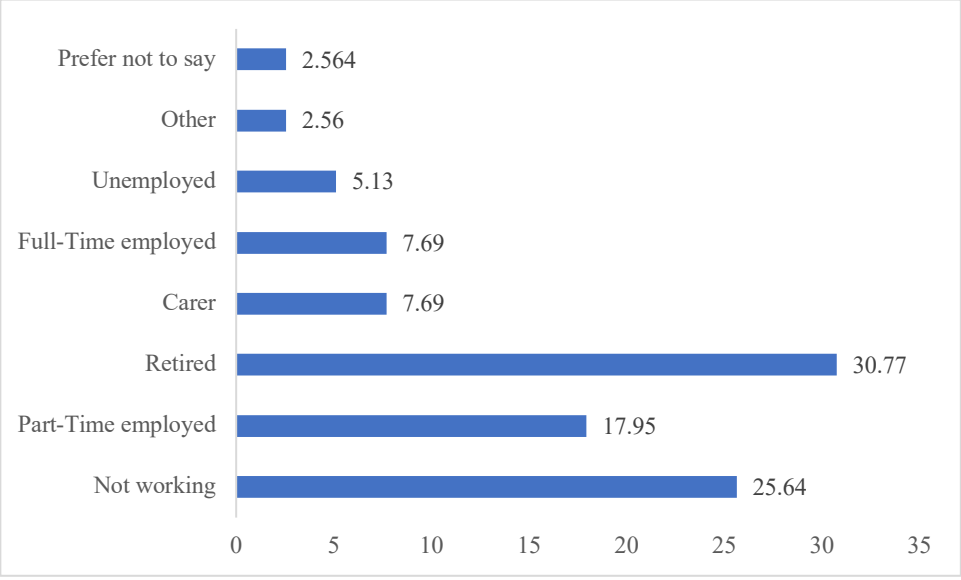

Figure A1.4. Employment status of participants

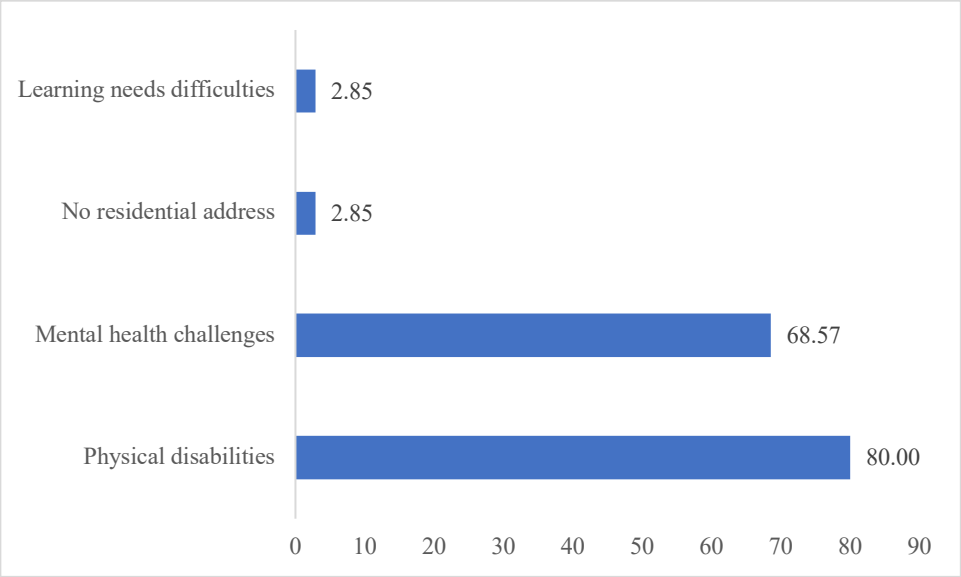

Figure A1.5. Declared health categories (%)

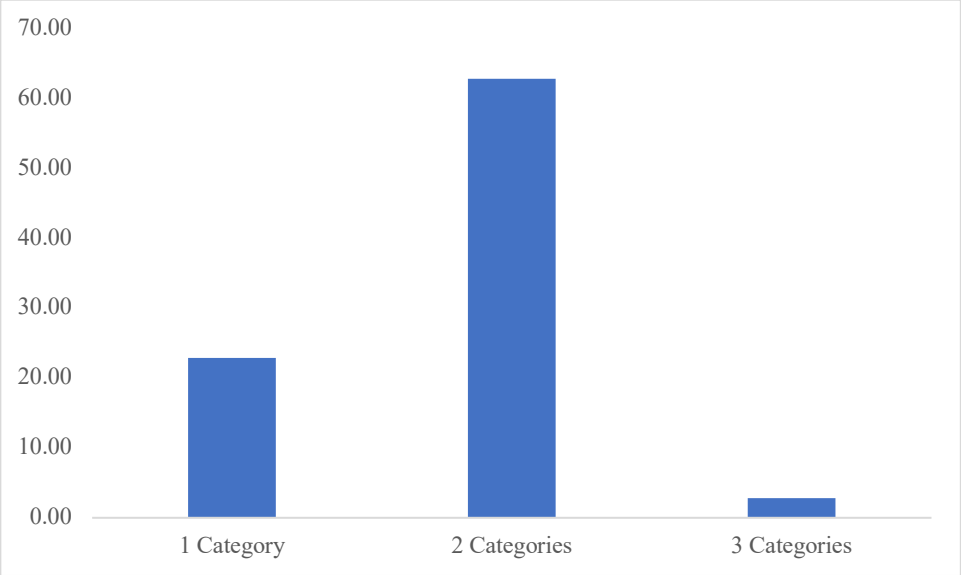

Figure A1.6. Number of categories declared by participants (%)

Section 2: Life Environment and Employment

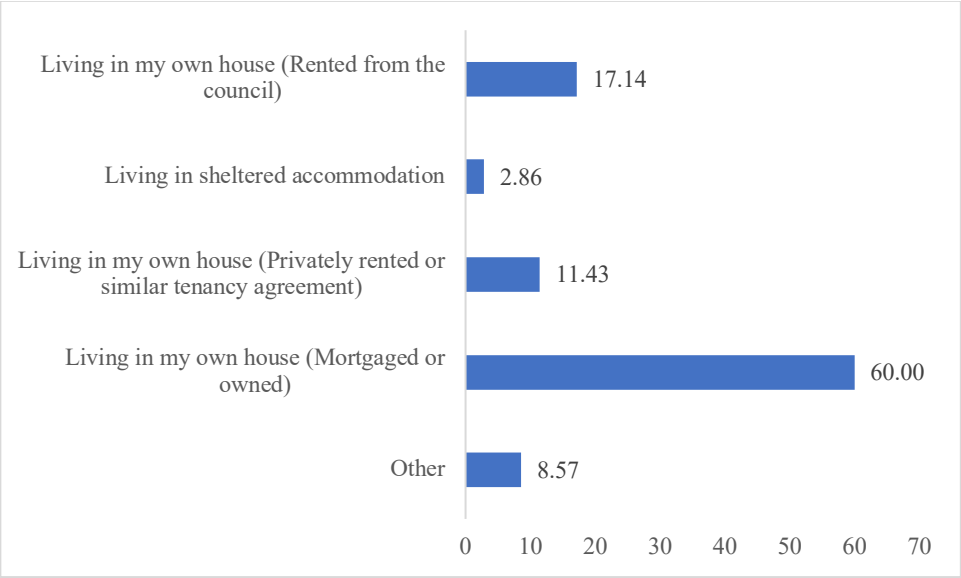

Figure A2.1. Current living arrangement (%)

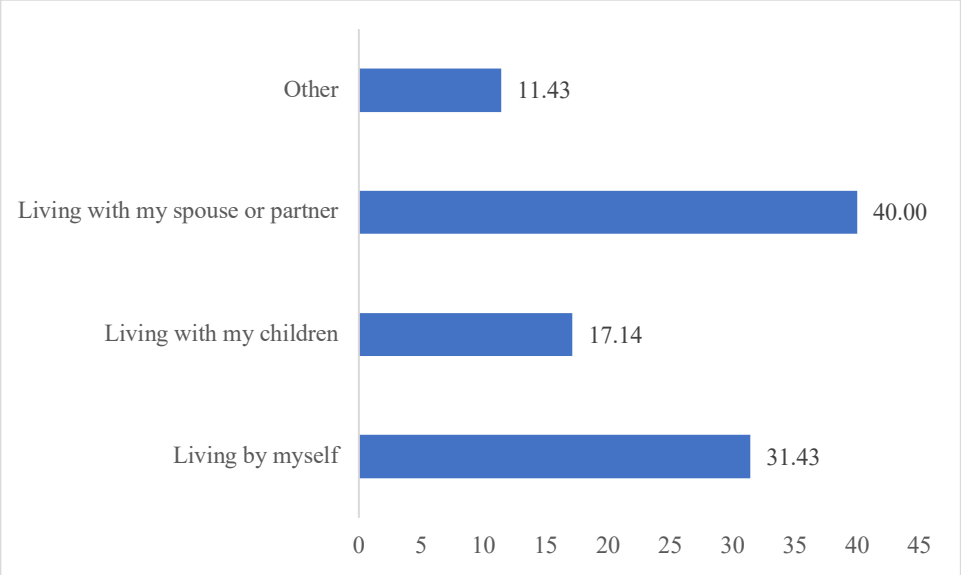

Figure A2.2. "Who currently lives with you?" (%)

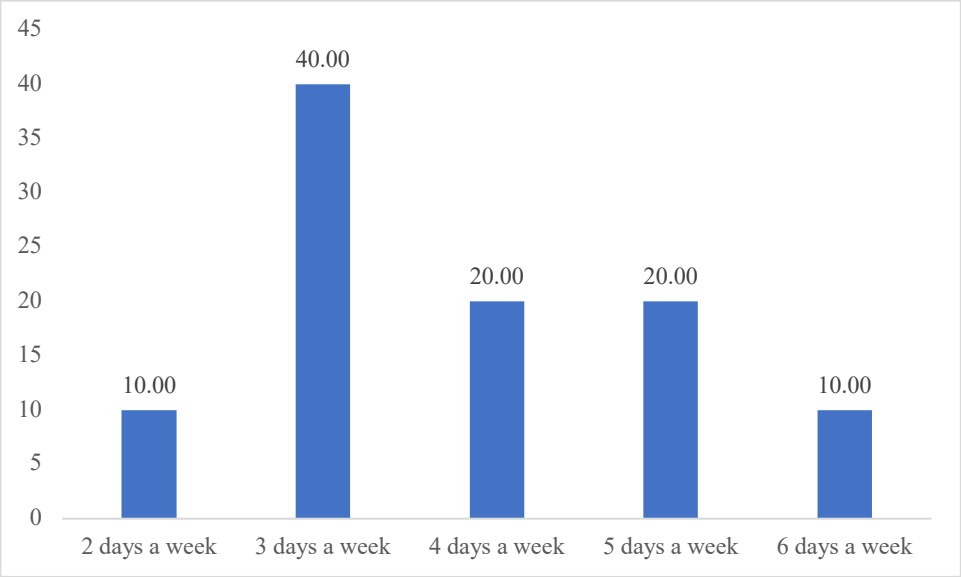

Figure A2.3. Days worked per week (%)

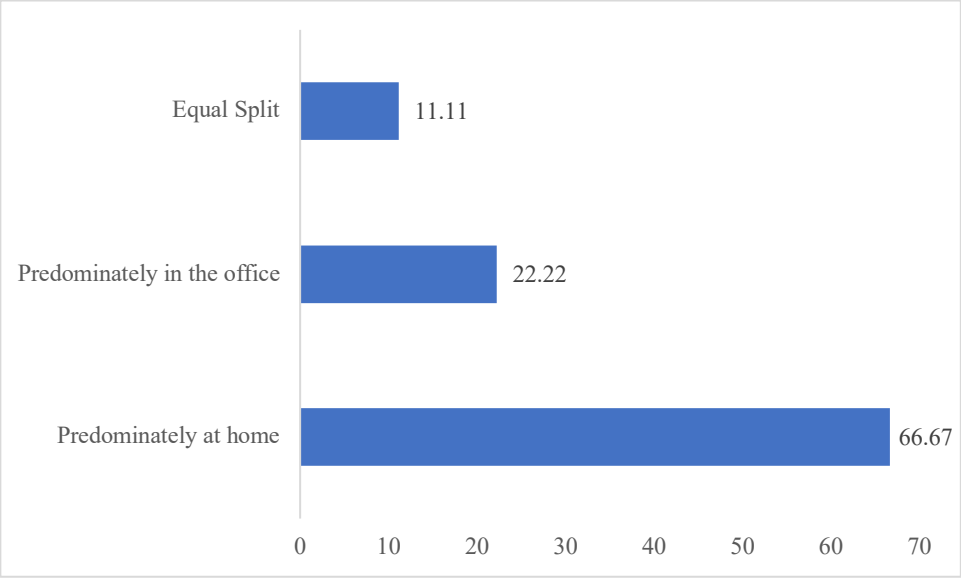

Figure A2.4. Work location (%)

Section 3: Health Related

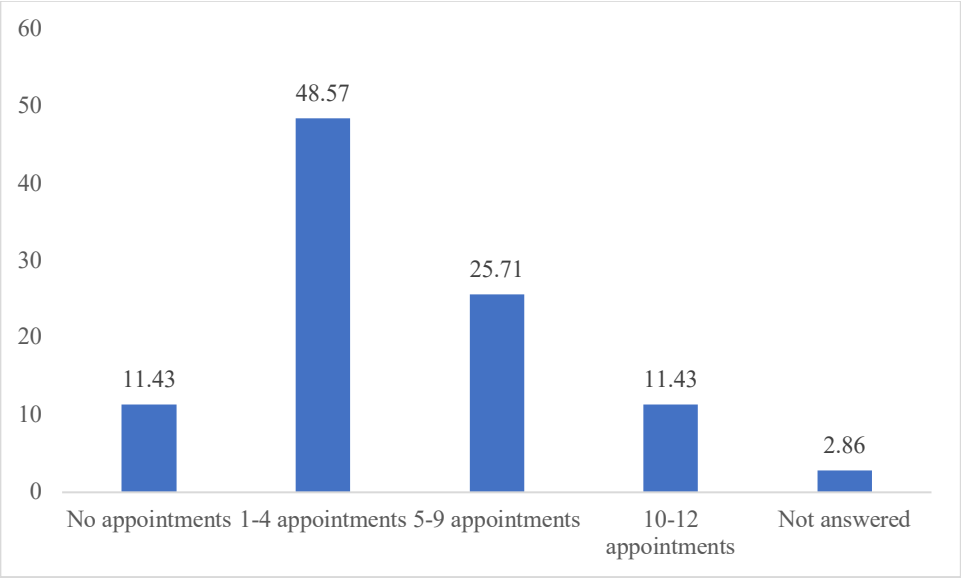

Figure A3.1. GP or Doctor appointments in last 6 months (%)

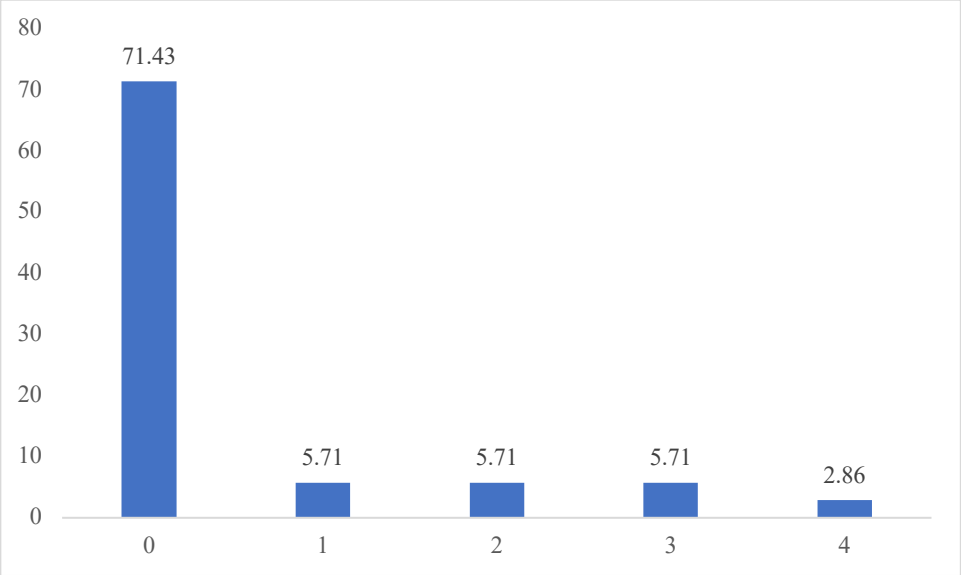

Figure A3.2. Hospital admissions in last 6 months (%)

Section 4: Clinic and Social Prescribing Engagement

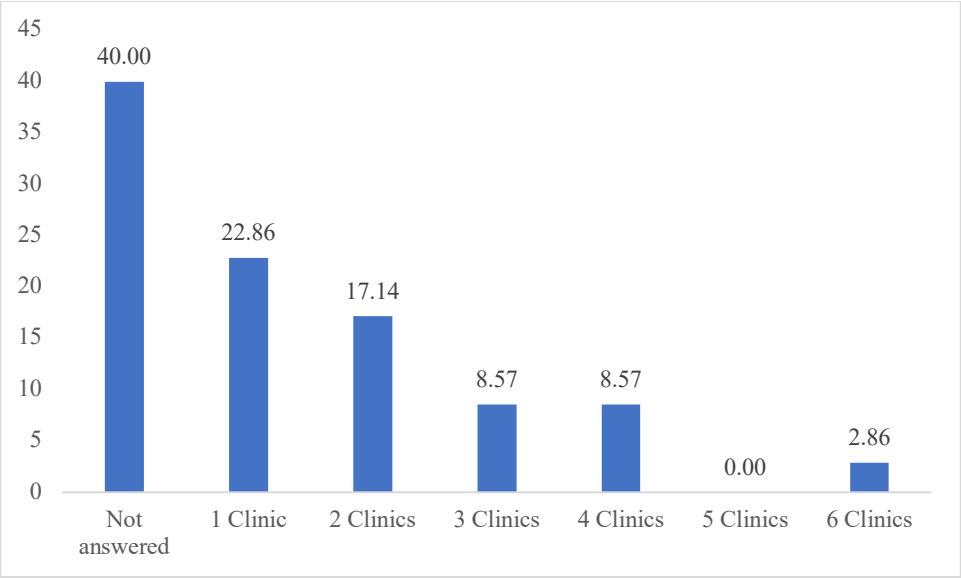

Figure A4.1. Number of medical clinics attended (%)

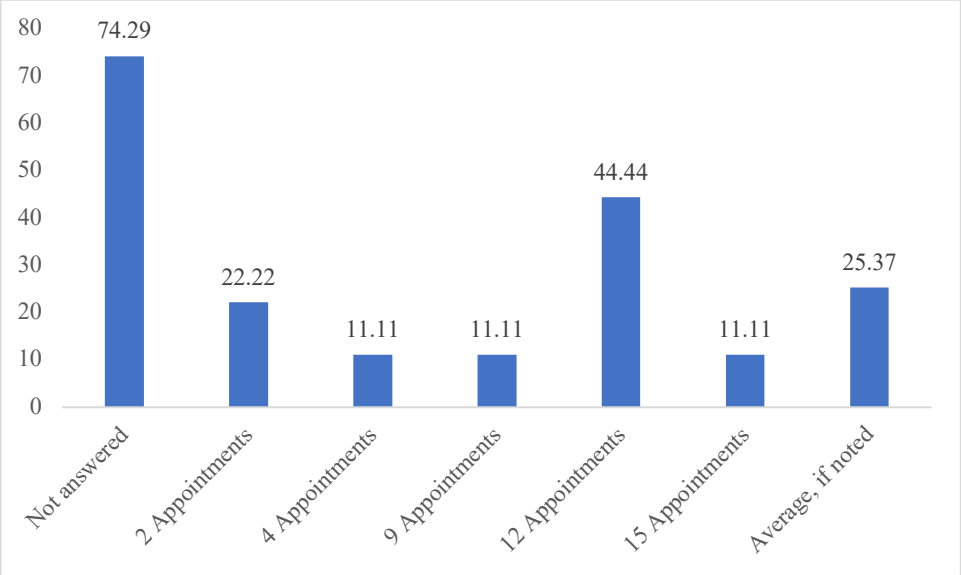

Figure A4.2. Number of appointments made at medical clinics (%)

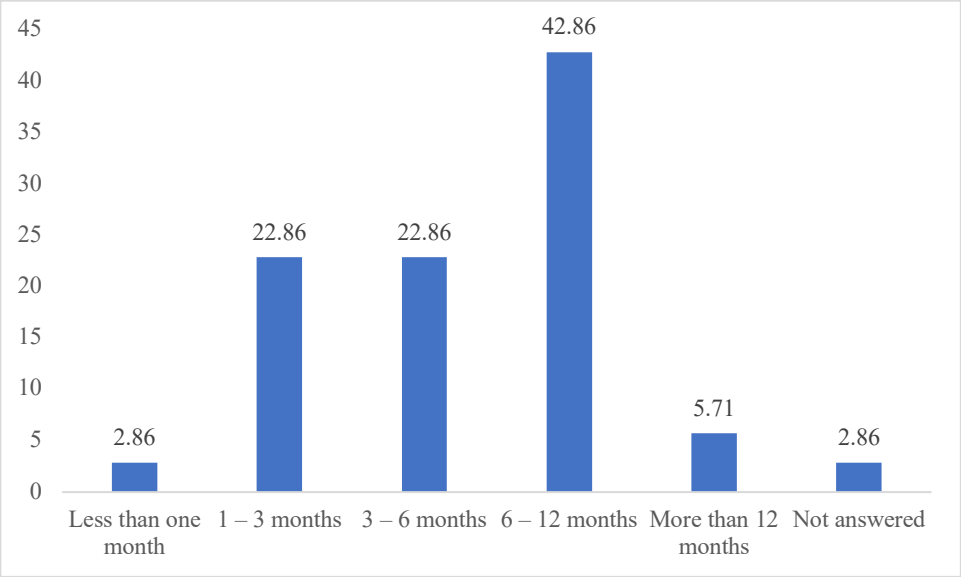

Figure A4.3. Length of Spring Northamptonshire Engagement (%)

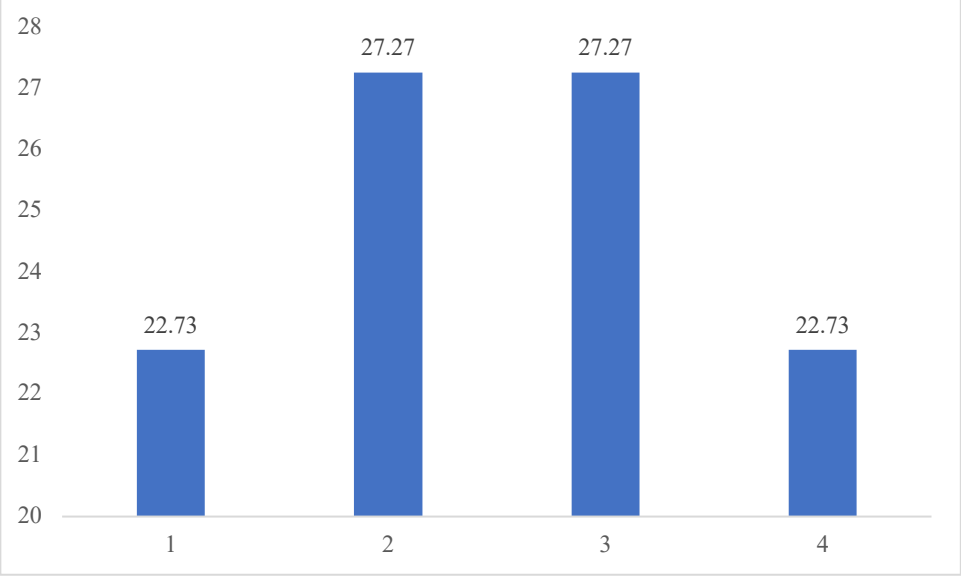

Figure A4.4. Number of organisations involved with (%)

Section 5: Personal Health

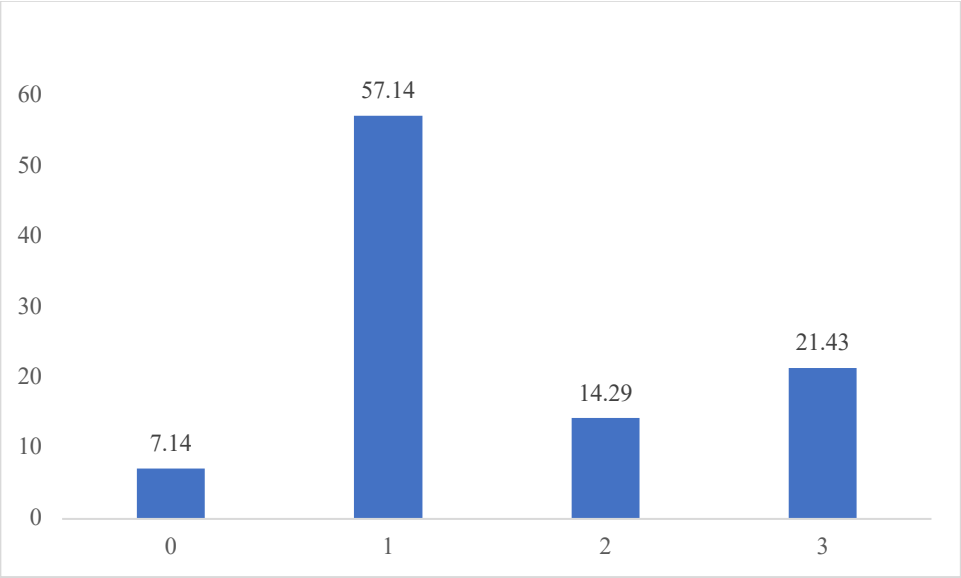

Figure A5.1. Number of active engagements by participant (%)

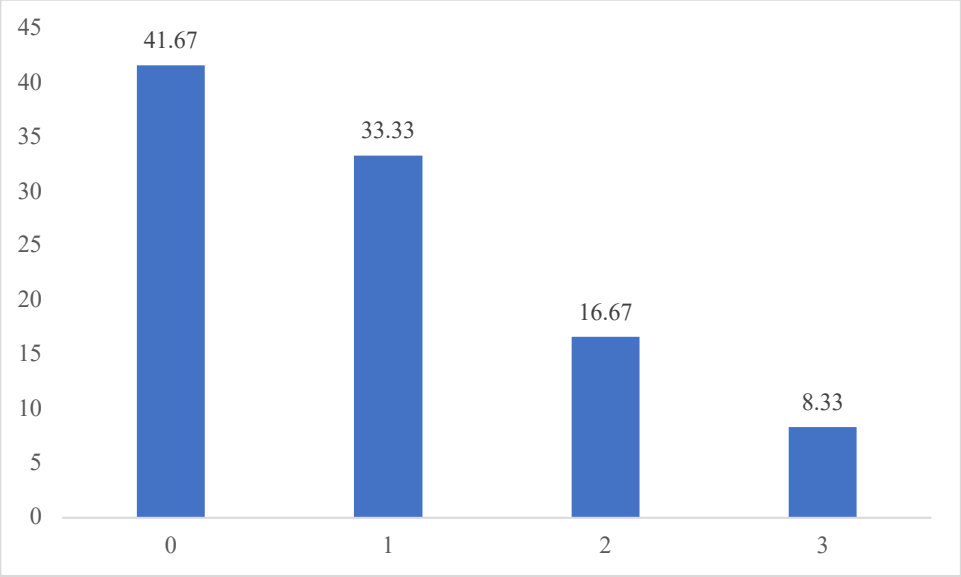

Figure A5.2. Number of closed engagements by participant (%)

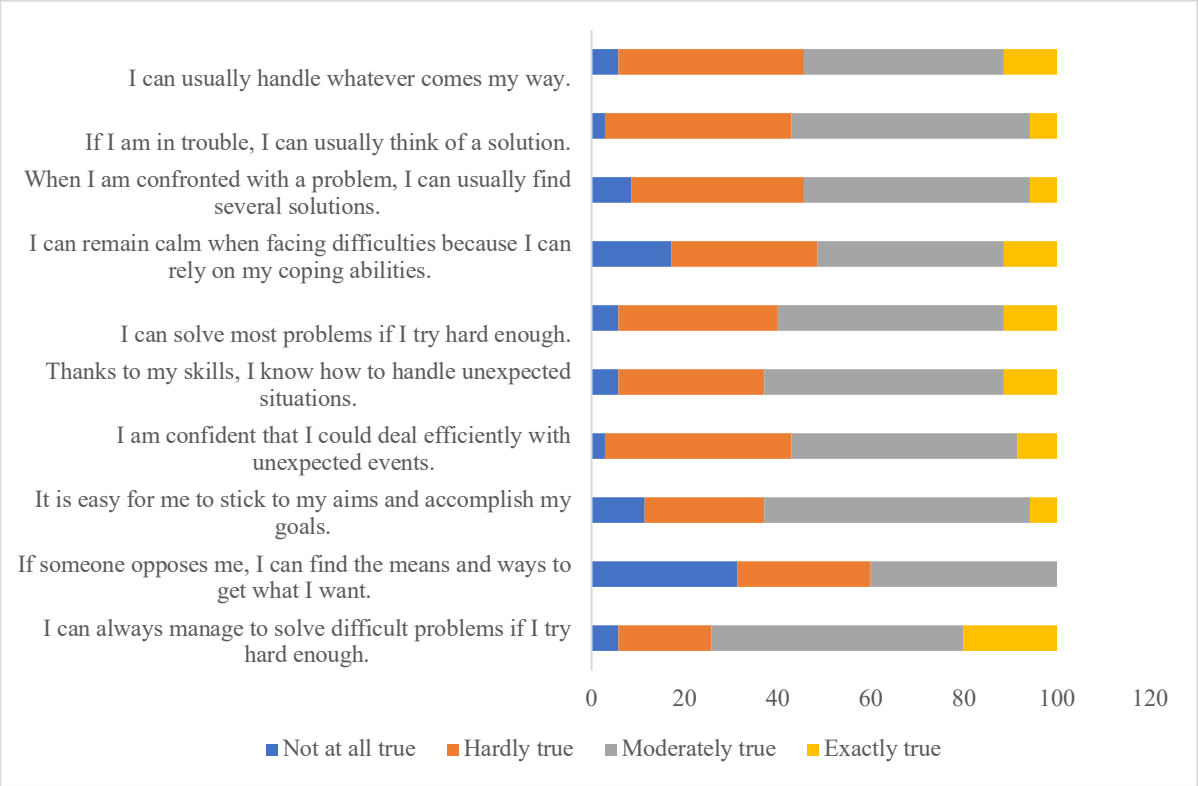

Figure A5.3. Results by Wellbeing statement (%)

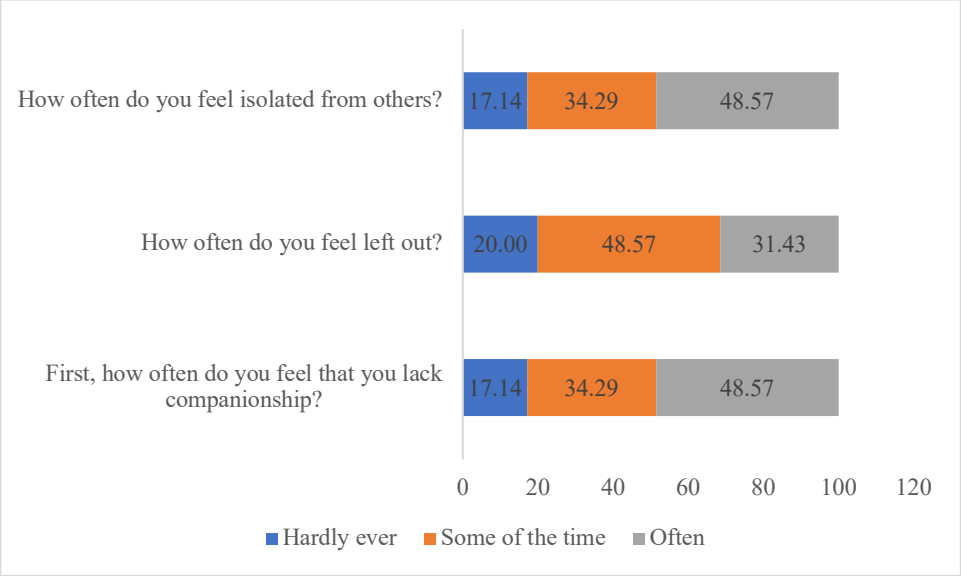

Figure A5.4. Results by Social Isolation statement (%)

Figure A5.5. Results to health thermometer (%)

Section 6: Spring Northamptonshire

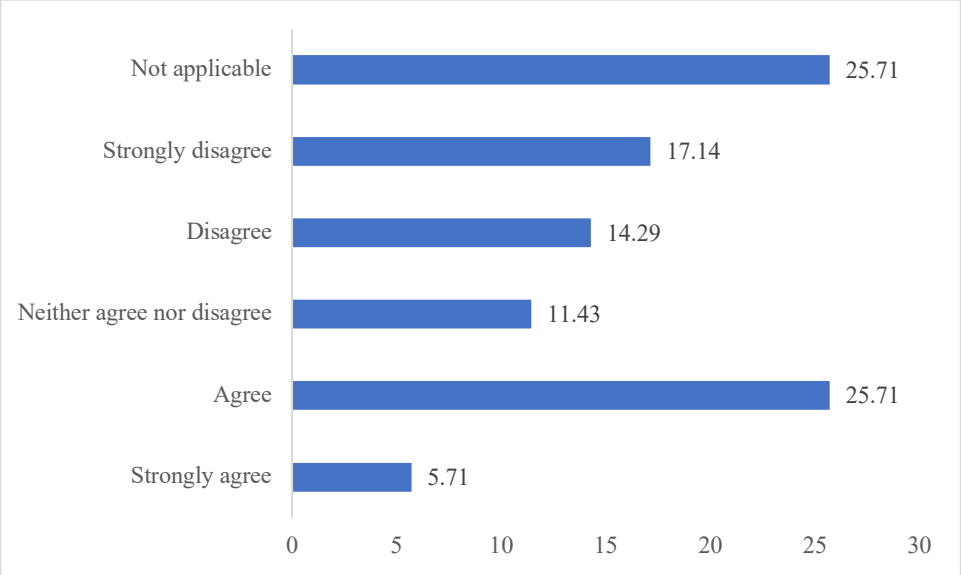

Figure A6.1. Results to "The decision for me to partake in social prescribing was made between me and my doctor". (%)

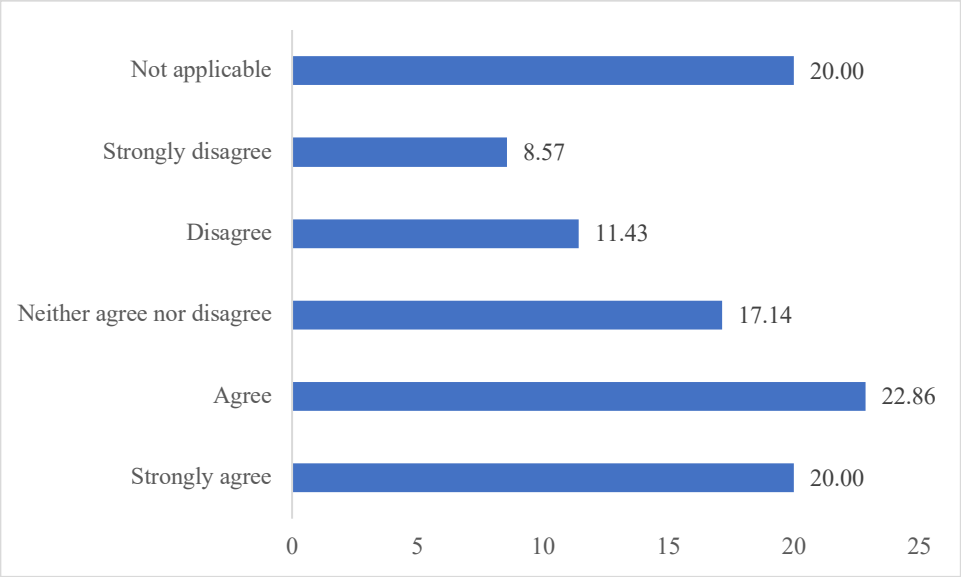

Figure A6.2. Results to "I believe that my doctor and social prescribing team are working together to ensure I get the bests outcome." (%)

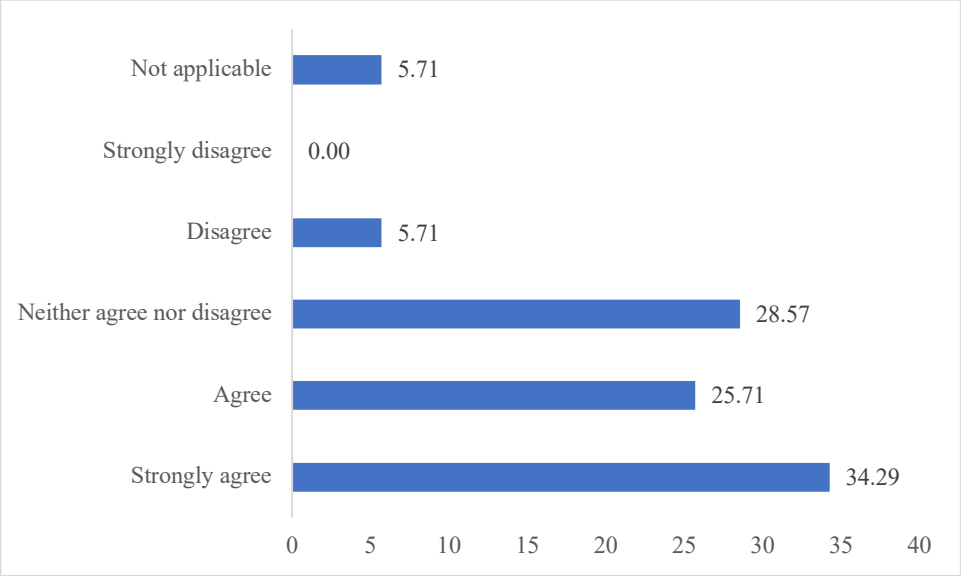

Figure A6.3. Results to "The programmes that were offered were personalised to my needs". (%)

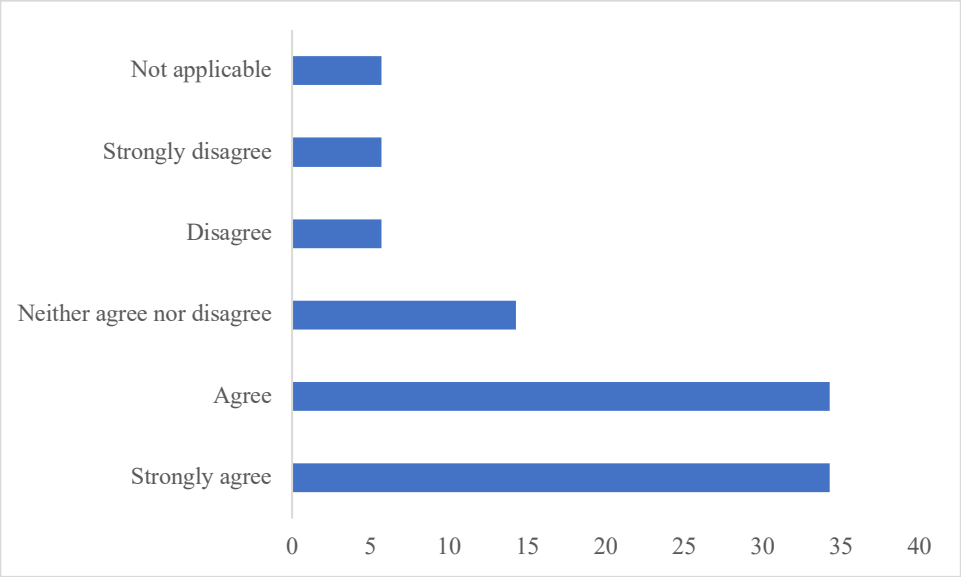

Figure A6.4. Results to "The organisations have been easy to contact and communicate with." (%)

Appendix B: Spring Client Case-studies (n=8)

The following case studies were developed for each of the eight Spring clients who were interviewed, highlighting both their experience of their Spring journey (i.e., barriers, enablers, personalisation, what works well, what could be improved) and its impact (i.e., personal wellbeing, behaviour change, self-efficacy). The number of interviews undertaken with clients varied, from a single one-off interview to four, depending on either the stage of their journey with Spring or their disengagement from the evaluation and/or Spring.

Spring Client 1 – Case Study

Introduction

At the time of the first interview, Client 1 had been involved with Spring for approximately 6 months (starting with Spring in April/May 2023). We completed 3 interviews with this client as illustrated in table 1, following him through to November 2023 before he left his Spring intervention due to a house move in December 2023. The client was referred onto Spring by a friend who was already engaging with Spring social prescription. In terms of their long-term health conditions, the client had fibromyalgia, arthritis, ADHD, autism and mental health issues. At the time of the first interview, the client was unemployed and on benefits. The client was 57 years of age when first recruited to participate in this evaluation.

Interview 1	Completed 04/10/23
Interview 2	Completed 20/10/23
Interview 3 (On the ground interview)	Completed 15/11/23

Table B1 – Interviews completed

Impact of Spring (Client perspective)

Throughout the interviews with Client 1, it was clear that his engagement with Spring had been a positive experience. At his final interview, shortly before he finished with Spring and relocated,

the longstanding impact of Client 1's involvement was evident when he mentioned that his priority once relocating would be to get in touch with a social prescriber;

> "But my first thing once we do move is to find a GP, a doctor, and I will then ask straight away, I want to see social prescriber." *Interview 3, page 9*

Personal Wellbeing

Prior to being referred to Spring, Client 1 discussed how he had moved to the local area to sort a house out in order to sell it before relocating – meaning that his intention was a temporary engagement with Spring. Whilst he suffered with various aspects of his health, a primary motivation for getting involved in Spring was to break up the monotony of his day whilst unemployed;

> "It's a long day when you don't work. I'm awake at silly-o'clock in the morning. I leave here (home) about six. I walk the dog, coffee and leave here about 6am, pick [name] up, go swimming, get home about 10am and then it's a long day." *Interview 1, page 4*

When reflecting on his experiences of his Spring journey, the client expressed that he enjoyed the activities that he had engaged in, the ability to meet new people, and had noticed that he had become a calmer person as a result of Spring;

> "I'm still enjoying it (Spring activities) as much as I was - getting out, meeting different people; you talk to different people each week." *Interview 3, page 1*

> "So, I certainly think the things that they do is helping me switch off a bit, helping me calm a bit." *Interview 3, page 6*

Behaviour change

The most pronounced change in behaviour that the client noticed was that Spring had successfully broken up the monotony of their day by getting them out of the house, through activities such as dog walks, gardening and Walk on the Wild Side, and meeting new people;

> "With the walks and different things, it breaks it up a bit. You are seeing other people, it's just good." *Interview 2, page 4*

Self-efficacy

The impact of Spring on the clients' self-efficacy was not mentioned.

Barriers

One of the main barriers that this client experienced concerned their physical capability to go on the walks, as sometimes they found they were unable to do it;

> "Two weeks ago, on the Wednesday walk, I just couldn't do it. I got there and I just couldn't do it, I just sat and had a coffee with another chap who couldn't do it." *Interview 2, page 2*

Furthermore, as all of the activities that this client engaged in were outdoors based, the weather would dictate engagement as poor weather conditions would result in activities no longer running; "The dog walk today was cancelled because of the weather" *Interview 3, page 1.*

Enablers

Enablers to the clients' engagement with Spring were not mentioned.

Personalisation

Despite feeling physically unable to engage in activities sometimes, the client mentioned how Spring overcame this barrier by providing him with a mobility scooter when he next felt unable to go on the walk;

> "Then Wednesday just gone, because I couldn't walk it they hired me a scooter to go round." *Interview 2, page 2*

The client also spoke about how he had been provided with a phone from his SPLW when his broke, which was necessary for him to be able to manage his condition/s;

> "My body and my mind wasn't working and my phone broke down. I can't be without a phone because if I fall over I need my phone. And I couldn't work out in my own to go and buy one, just go and buy one, sort it out. But I couldn't get that in my head somehow. And [SPLW] gave me a phone she'd bought for somebody else that didn't need it…I never thought anybody would help me in the way they did." *Interview 1, page 5*

The personalised nature of the support that Spring offered was also said to be long lasting, as the client mentioned that he would be allowed to take part in activities alongside Spring, even after he had left the service, so long as participation was not funded for Spring clients. He was informed that;

> "If you come here and have coffee and garden with us (Spring activity) we are not going to say you can't come and we are not going to say you can't come on the dog walk." *Interview 1, page 4*

What works well

In each interview, Client 1 praised the SPLW's as people who were well suited to their roles as they were kind-hearted, often going above and beyond to be able to support people;

> "It's not a job to them, not a job because they genuinely want to - and can - help. They are not just doing a job." *Interview 1, page 5*

> "...they are just genuinely nice people, really nice. You don't meet nice people now." *Interview 1, page 3*

What could be improved

Client 1 also mentioned in each interview that Spring could work on improving their visibility within the community, as he felt that not enough people knew about the service who could benefit from it;

> "I don't think enough people know this exists and how it works… but people just don't know this is out there. And there are lots of people on their own that sit in their house all day long..." *Interview 2, page 6*

The client also felt as if more activities could be offered through the service;

> "I wish there was more, I wish they did more activities." *Interview 2, page 4*

Client 1 – On the Ground Interview (Walk on the Wild Side)

Walk on the Wild Side is a group-based activity, comprising of a walk where attendees are also informed about various wildlife in the area by the activity lead (delivered by a representative of the Wildlife Trust). Often there will be activities after the walk, all different but centred around nature. The week that we visited to conduct the 'on the ground' interview with Client 1, the post walk activity had been willow weaving. Client 1 expressed that he enjoyed the walks that he participated in as a part of this group. Although he wished it had been for longer on the day of interview, he enjoyed the walks regardless of their length;

> "If it had been longer today I would have carried on and enjoyed it. If it had been shorter I still would have enjoyed it. It's nice." *Interview 3, page 4*

As a result of this positive impact, although the Walk on the Wild Side was soon coming to an end, the client mentioned that he and other attendees intended to still meet up to go on a walk together;

> "Outside of Spring we are all going to meet again...just to do a walk." *Interview 3, page 2*

Figure B1 – Attendees at Walk on the Wild Side

Spring Client 2 – Case Study

Introduction

At the time of interview, Client 2 had been involved with Spring for approximately 4 months (starting with Spring in July 2023). We completed 3 interviews with this client as illustrated in table 2, following her through to March 2024 whilst she was still involved with Spring. The client became involved with Spring following a referral from a wellbeing worker at their doctor's surgery.

In terms of their long-term health conditions, the client had issues regarding pain and mental health. At the time of interview, the client was 41 years of age and living with her partner and two children.

Interview 1	Completed 10/10/23
Interview 2	Completed 31/10/23
Interview 3 (Mapping Interview)	Completed 13/03/24

Table B2 – Interviews completed

Impact of Spring (Client perspective)

Throughout the interviews with Client 2, it was clear that her engagement with Spring had been a positive experience. At her final interview, the longstanding impact of Client 2's involvement was evident when she mentioned that she is now starting to take control over her own health by independently seeking out ways to benefit it;

> "I'm starting to look at what I can identify for myself, so that to me is progress." *Interview 2, pp. 4-5*

Personal Wellbeing

Prior to being referred to Spring, Client 2 discussed how she had suffered with her mental and physical health. Therefore, a primary motivation for getting involved in Spring was because she felt that Spring would know where to direct her to get help for these problems that had mounted up over time;

> "I think it's because, as I understand it, they (Spring) are - I might be using the terminology wrong, but [inaudible] of where next to go. And I think that's the daunting thing, when you've been functioning in society - you work, you manage your home and so on and then all of a sudden things creep up on you that have worsened, i.e., anxiety, i.e., how pain is making you suffer more or you feel suffering more and you don't do the things you want or used to do or you lose that identity somewhere along the way." *Interview 1, page 5*

When reflecting on her experience of her Spring journey, Client 2 expressed that her involvement has helped improve her mental health, as well as provided her with a sense of comfort in terms of who to go to for support that is non-judgemental;

> "...definitely has improved the way I see things or overcome some feelings or some - how do I put it? - anxieties I've had." *Interview 1, page 11*

> "But by having a Spring worker it takes away that anxiety of who and when am I going to talk to somebody? Or without being judged." *Interview 2, page 8*

Behaviour change

One of the changes that Client 2 noticed with regards to their behaviour was that Spring enabled her to take some time out just for her, and to try out new things and meet new people through the activities and groups that she was linked with;

> "...I'm in a social environment that is just for me. What I mean by that is most of the social things I do involves around what we do with our children in their social groups and our church." *Interview 1, page 9*

> "Yes, what I was going to say was the change has been for me, I've done something sociable amongst a group of people that I don't know, we [inaudible] to do things, experiencing new things together that I probably wouldn't have taken the time out to do for myself..." *Interview 1, page 10*

Through engaging with the Spring interventions, Client 2 also achieved greater clarity and focus on the things that needed to change in her life. As she reflects below, engaging with Spring had resulted in clearer thought processes and opportunities for her to personally reflect upon aspects of her life she had not considered previously;

> "I recognise that my weight is playing a part on my health and if I lose weight my ailments will improve. And then talking to somebody you then realise you live with pain but are you managing that well enough? Do you see what I mean? It's just having a person with, I guess, some sort of realisation. When you are living with something you are living sometimes in fight or flight of just living each day and getting through without stopping and observing

> the other factors that might be impairing my weight loss, might be impairing my improvement in mental health etc." *Interview 1, page 4*

> "It just allows me to focus where I'm struggling to focus. Have an idea of what I want to work on and what I think is more pressing or needs more work on to help me get on in a positive way." *Mapping interview, page 11*

Client 2 even highlighted how she felt her involvement in Spring had benefitted her relationships with others, explaining that she was able to support her partner better who was also engaged with Spring;

> "The other thing is my partner has taken this journey, but his journey is obviously very different to mine. But together we were able to work with each other to improve the way we are and the things that are different for me, that I struggle with that are different for him. So, we are able to support each other better." *Mapping interview, page 16*

Self-efficacy

Initially, engaging in Spring helped Client 2 carve out time for herself via its groups and activities. In our interviews with Client 2, she discussed that recognising the importance of this time for herself had led to her making choices to make time for herself without experiencing guilt;

> "...without any element of guilt or the fact that most of my time is taken up being a family of four, being actively with my children and maintaining a home or maintaining my health for my health impaired, my ability to just get on. Otherwise, I'll stay in a vicious cycle so it's recognising that I can take time out and concentrate on what's required." *Interview 1, page 10*

Barriers

Client 2 did not experience explicit barriers in their engagement with Spring. They did, however, find the initial step of asking for help from an organisation they had never heard of before quite daunting, especially without awareness of what the service involved;

> "So, from my experience, to go to somebody was a big step to ask for help, but to also not know what that looked like. And I hadn't heard of them beforehand, I actually didn't know

> they had access to things that I just - I didn't or wouldn't know where to start to look for half that stuff." *Interview 1, page 8*

Enablers

Client 2 discussed the service she received from Spring in terms of personalisation. Therefore, the main enabler for her continued engagement was that of the SPLW, their understanding of her needs and linking her to appropriate and relevant activities and groups. The next section expands on this further.

Personalisation

Client 2 spoke about the level of personalisation she had experienced within Spring, as she would be offered support by her SPLW based on them having a full understanding of her as an individual, her needs and what was most important to address;

> "Yes, but the person you are talking to at Spring, they understand where you want to be or how you feel or what's holding you back or what's pressing right now. And they are able to say, 'Have you considered this; have you considered that?" *Interview 2, page 4*

More specifically, Client 2 felt that Spring enabled her to get involved in activities and groups that complemented and addressed these needs;

> "I said I really do need to focus on my health, I need to lose weight, so on, and she said about this Fitness Without Boundaries." *Mapping interview, page 15*

Client 2 envisaged that each of these activities and groups were provided to her so that she may learn the skills necessary skills to prevent her reverting back to the state of physical and mental health that she was in prior to her Spring journey;

> "Yes, because I'm going to move on. If I'm right, I'll be put into something else and move onto another leg of my journey. And each of those elements encompass the whole of what will give me the skills to move on in a way that hopefully I will not fall back to where I am now." *Interview 1, page 11*

The support that Client 2 received was personalised to the extent whereby aspects of her life that she did not think she needed help with were highlighted to her by her SPLW, again allowing for her to open new ways of thinking about herself and her needs;

> "They (SPLW) might say, 'How are you feeling in this area? How are you in this area? How are you in this area?' They may not be things you [inaudible] think of..." *Interview 1, page 5*

What works well

Client 2 felt that Spring SPLW's were proactive and knowledgeable in their style of support, directing her to activities and groups she would have otherwise been unaware of;

> "I'm sure it's probably out there but in the realms of searching on social media or on local websites and that, I wouldn't know how to access those. It's just nice to feel that somebody can look at your situation and say, 'We'll look at this; we'll look at that' and know where to go." *Interview 1, page 8*

> "I don't know how I would have heard of half of the stuff that I've been fortunate to attend." *Mapping interview, page 12*

Client 2 liked how the activities and groups were delivered and facilitated. She also found that the people in charge of the groups and activities and the other attendees were all 'lovely', making her experience of attending positive and encouraging;

> "I liked what I attended, I liked the way it was hosted, I liked the people so I'm going to continue on with their individual wellbeing groups that I can join and meet other people." *Interview 2, pp. 2-3*

> "And then when you meet the people, they are lovely, really lovely. It's nice when they say it's like it is and it is. And you go there, and you are greeted by really nice people. And in this journey, it's been really warming, just really nice, caring, empathetic, understanding people" *Mapping interview, page 17*

What could be improved

Client 2 did not mention much in the way of improvement but a lack of societal awareness regarding Spring seemed to be one area that could be addressed, so that others could benefit from the service;

> "I look at some people who I know that are struggling in very many ways and they've not heard of it, or they haven't got the confidence to make the first step." *Interview 1, page 12*

Client 2 – Spring Mapping

What follows is a map of the client's journey, which was created by the client:

Timeline of journey with Spring

PROJECT DETAILS

DATE	MILESTONE
11 Jul	Initial Introduction to Spring with [redacted]
27 Jul	First session/telephone call
7 Sep	First session with Livingwell Charity - [redacted]
8 Sep	Phonecall with Spring
14 Sep	Livingwell Charity - Carousel Course
15 Sep	Together Charity - [redacted] (first home visit)
21 Sep	Livingwell Charity - Carousel Course
22 Sep	Together Charity - [redacted]
28 Sep	Livingwell Charity - Carousel Course
12 Oct	Livingwell Charity - Carousel Course
13 Oct	Together Charity - [redacted]
18 Oct	Spring phonecall with [redacted]
19 Oct	Livingwell Charity - Carousel Course - last session
5 Nov	Phonecall with Spring
15 Dec	Together Charity - [redacted]
5 Jan	Together Charity - [redacted]
8 Jan	Fitness without Boundaries - first session
12 Jan	Together Charity - [redacted]
15 Jan	Fitness without Boundaries
19 Jan	Together Charity - [redacted]
23 Jan	Spring phonecall with [redacted]
2 Feb	Together Charity - [redacted]
9 Feb	Together Charity - [redacted]
15 Feb	Together Charity - [redacted]
28 Feb	Together Charity - [redacted]
29 Feb	Fitness without Boundaries
4 Mar	Enfold Charity - [redacted] Intial phonecall
4 Mar	Fitness without Boundaries

Figure B2 – Spring Map

Spring Client 3 – Case Study

Introduction

At the time of the first interview, Client 3 had been involved with Spring for approximately 10 months (starting with Spring in January 2023). We completed 4 interviews with this client as illustrated in table 3, following her through to February 2024 after she had finished her journey with Spring. The client self-referred onto Spring after finding out about it from someone they knew on a mental health walking group. In terms of their long-term health conditions, the client had a diagnosis of severe clinical depression, Emotionally Unstable Personality Disorder and suffered from back pain. Over the duration of our interviews, the client was unemployed and on benefits. The client's age was not captured.

Interview 1	Completed 13/10/23
Interview 2	Completed 03/11/23
Interview 3	Completed 15/12/23
Interview 4 (Mapping interview)	Completed 05/02/24

Table B3 – Interviews completed

Impact of Spring (Client perspective)

Throughout the interviews with Client 3, it was clear that her engagement with Spring had been a positive experience. At her final interview, the longstanding impact of Client 3's involvement was evident when she mentioned that she feels as if she is now ready to take on anything that life throws at her and independently access support when she needs it;

> "Spring has given me the confidence to be able to make those decisions myself. I just take on anything that life throws me really, I just feel stronger as a person, stronger in my mental health recovery." *Mapping interview, page 21*

Personal Wellbeing

Prior to being referred to Spring, Client 3 discussed how she had suffered with mental health problems due to a traumatic event experienced when she was younger. Therefore, a primary motivation for getting involved in Spring was to improve her mental health and wellbeing with the long term goal of eventually get back into work;

> "So, yes, it was really about keeping me busy, keeping me engaged and having the positivity in my life." – *Interview 1, page 8*

> "I'd been toying with the idea of getting back into some kind of work. So, I think you can self-refer so I just googled it, got the telephone number or filled in a self-referral form, I forget now, and that's how I came across Spring." *Interview 1, page 6*

When reflecting on her experience of her Spring journey, Client 3 expressed that she had enjoyed the activities that she had engaged in, the ability to meet new people, to contribute to the community, and had noticed that her mental health and confidence had improved as a result. This renewed 'sense of purpose' was a key outcome from her experiences of engaging with Spring;

> "The craft group was brilliant; it was at a level that I could achieve results. It wasn't too technical because I'm not naturally an arty-crafty person but I do enjoy it." *Interview 3, page 3*

> "...getting to talk to different people and getting to know different people is all building on your confidence and our self-esteem. Having chats, just having a conversation with someone can be so uplifting because previously, before Spring, during the pandemic and when my mental health was really bad, I probably wouldn't speak to anybody apart from my partner at the time…I could go for two or three days without speaking to anybody." *Interview 2, page 8*

> "Yes, it just makes you feel better that you are helping out in society again rather than being stuck in my flat, not doing anything, not going anywhere. That's no good for anybody, whether you've got mental health problems or whether you haven't." *Interview 1, pp. 13-14*

> "But yes, my mental health has improved no end. I'm so much happier in myself, I feel I've got a sense of purpose in my life now." *Interview 1, page 14*

> "I think to summarise, it's boosted my confidence, it's boosted by self-esteem" *Mapping Interview, page 18*

Behaviour change

One of the key changes in behaviour that the client noticed since getting involved with Spring was that it had helped her to recognise the importance of keeping busy and physically active. The client made the link between attending groups which increased her physical activity and noticeable improvements in her mental health. As a result, she had made a conscious effort to be more physically active in her everyday life;

> "That has helped me no end because I've realised how important physical activity is, as well as stimulating your mind as well. So, that has changed in my life, I'm a lot more active now, thanks to Spring for their intervention, than I was pre-engagement with them." *Interview 1, page 13*

As a direct consequence of increasing her physical activity, the client mentioned that she was making steps to stop smoking too;

> "I've made a decision, and I've acted upon it, to give up smoking; I've got an appointment booked in for 8th January for that. And I think being active down at the Green Patch and the walk that we do down there and wildlife walks that I've taken part in, I think just wanting to be smoke free really, that's helped by being active with Spring even though they are not directly responsible for that decision." *Interview 3, pp. 12-13*

Self-efficacy

A notable shift was also seen in Client 3's belief in her own abilities to make changes in her life. She felt that Spring had equipped her with tools to manage her own mental health and wellbeing moving forward;

> "I've learned some tools that I can take forward now, which I've just mentioned, to help with my wellbeing, to keep me on track and to keep up." *Interview 2, page 7*

Barriers

One of the main barriers that this client experienced was around conflicting commitments, explaining that some of the activities and groups offered were at times and dates that she could not attend;

> "Again, there were quite a few things that (SPLW) had mentioned to me that I could have got involved with that just didn't happen due to my own commitments. So, much more that I could have done if I hadn't got other arrangements." *Mapping Interview, page 13*

Furthermore, at points throughout her Spring journey, Client 3 was unable to attend activities and groups due to not being financially or physically capable, because of a spending addiction and a surgical procedure;

> "I ended up with no money, I ended up overdrawn at the bank and I haven't been in that situation for years. So, that really knocked me for six, I felt a bit depressed, I was upset, so I couldn't make the walk for two weeks." *Interview 2, page 1*

> "I was recovering from an operation in November, so I missed the Green Patch for five weeks." *Mapping Interview, page 15*

Other barriers to Client 3's engagement were activity dependent. These included the withdrawal of funding and other attendees dominating the group which made it difficult to contribute;

> "In August, when I got back from my holiday Space to Talk had finished then. We were told it was due to lack of funding so that finished." *Mapping Interview, page 12*

> "It just felt as if the group had become about one person because that person, to warrant another phrase, could talk the hind legs of a donkey. So, I felt a little bit left out and not able to have a chat and talk about the things that were affecting me." *Mapping Interview, pp. 9-10*

Enablers

Although some barriers were experienced during her Spring journey, Client 3 also spoke about a number of things that enabled her engagement. For example, her low mental health was a motivator for her involvement with Spring;

> "They (Spring) explained everything that they do. I wasn't in a particularly good place at the time, so I was happy to engage with them" *Mapping Interview, page 1*

As well as her mental health, Client 3 also joined Spring because the activities and groups suggested to her sounded enjoyable and that they would help keep her active;

> "So, yes, it was just really everything that Spring offered was going to be a positive in my life and would keep my interest, keep me active and keep me engaged." *Interview 1, pp. 7-8*

Client 3 also felt as if the people within the activities and groups encouraged her engagement with Spring as attendees shared similar interests to herself and were in a comparable situation, making socialising easier, and activity leads made her feel comfortable quickly;

> "... I do get anxious when I first start a group of an activity but that passes when you've got that mutual interest. And everybody's in the same boat because not everybody knows everybody to start off with." *Interview 1, page 8*

> "And it doesn't take long to feel settled in the groups either. They've all been led by really friendly, outgoing people. They make you feel welcome, and they make you feel like you belong." *Interview 1, page 8*

Personalisation

Client 3 spoke about the level of personalisation that she had experienced in her engagement with Spring, as she would be offered activities and groups that would complement aspects of her life that she wanted to do or felt she needed;

> "I'm sure if I said that I wanted to go into space they (SPLW) would probably suggest going to Leicester Space Centre. Although physically I couldn't go into space, that would be the

> next best thing. They are very, very knowledgeable and they've got their finger on the pulse." *Interview 1, page 15*

> "Then there was also a referral made by (SPLW) to Northamptonshire Chronic Pain Service because I struggle with chronic back pain." *Mapping Interview, page 3*

Furthermore, Client 3 also explained how her link worker had offered to attend activities/groups with her when she said that she felt nervous about attending. She felt that this contributed even further to the overall support she experienced with Spring;

> "I said that I wasn't really confident enough to go on my own at that point and my link worker said, 'If you want to go I'd come with you', which I thought was really nice and really supportive." *Mapping Interview, page 2*

What works well

In addition to the positive aspects of her experience outlined in the previous sections, Client 3 consistently praised the SPLW's as people who were both friendly and good at their jobs, as they put in every effort to provide appropriate support;

> "Everybody that I've met from Spring, they go above and beyond their roles really in the support capacity that they offer you." *Interview 1, page 12*

> "I just want to say that they are a great team, and they are really approachable people; they're enthusiastic in their support." *Interview 3, page 14*

What could be improved

In terms of what could be improved, Client 3 mentioned that Spring were unable to support her with some financial issues that she experienced during her journey which prevented her engagement in some activities and groups;

> "...unfortunately, because Spring are social prescribers, they don't get involved in finance issues." *Interview 2, page 1*

Whilst the Client found the overall personalised support a strength of the service, some activities and groups that she was referred to were considered to be poorly organised and did not provide the help that she expected;

> "That (walking) was something that I enjoyed but I found the walks then stopped and it was more of a chat, which it is good to get things off our mind but I wanted the exercise as well and it seemed like the other two or three members that used to come along weren't really interested in doing the walk, they were just interested in having a chat. So, that was the referral to Space to Talk." *Mapping Interview, pp. 2-3*

> "I did go to the afternoon coffee group but there was nobody there that I could speak to about my chorionic pain, and I was just given a craft kit that probably a five year old could do, which is probably my level of crafts [laughs], bearing in mind my skill level. There were only two of us and it wasn't very well organised, so I didn't go back to that." *Mapping Interview, page 4*

Client 3 – Spring Mapping

What follows is a map of the Client's journey, which was created by the client:

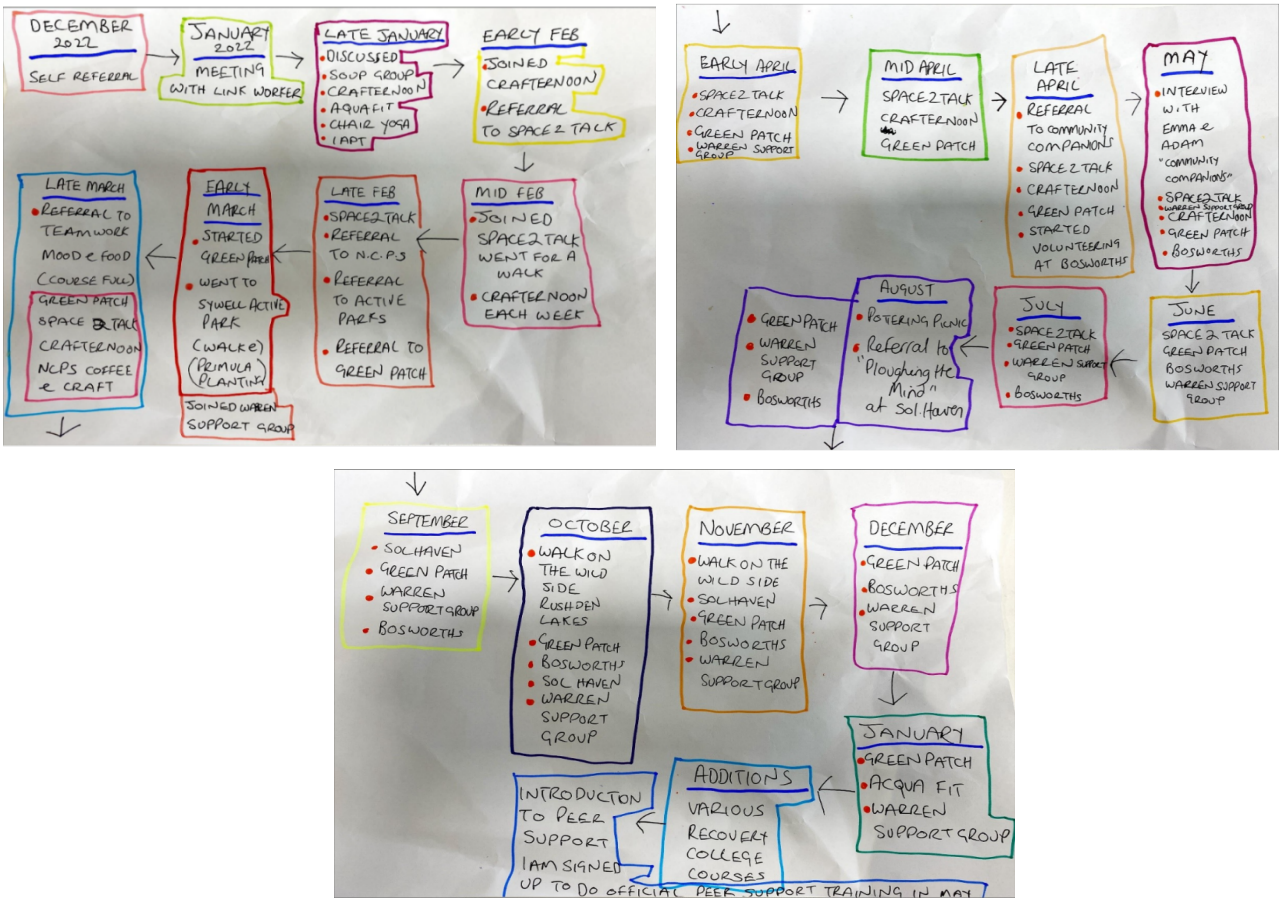

Figure B3 – Spring map

Spring Client 4 – Case Study

Introduction

At the time of the first interview, Client 4 had been involved with Spring for 10 months (starting with Spring January 2023). We completed 4 interviews with this client as illustrated in table 4, following her through to completion in January 2024. The client was referred to Spring via a letter from her GP surgery. Long-term conditions: spondylosis and diabetes. When first speaking to the client in October 2023, she was working part-time (22.5 hours a week) as a civil servant. At her final interview in January 2024, she had retired. The client was 64 years of age when first recruited to participate in this evaluation.

Interview 1	Completed 23/10/23
Interview 2	Completed 13/11/23
Interview 3 (On the ground interview)	Completed 04/12/23
Interview 4 (Mapping interview)	Completed 26/01/24

Table B4 – Interviews completed

Impact of Spring (Client perspective)

Throughout the Client 4 interviews, it was clear that her engagement with Spring had been, for the most part, a positive experience. Her 12-month journey with Spring had allowed her to re-evaluate her life, her future goals and helped her to plan and feel confident about her retirement. Prior to her Spring referral, Client 4 reflected;

> "...when I started thinking about retirement, my first thoughts were, 'Oh my God, I'm on my way to my grave', because it's downhill from there really. That was my first thought, it's just so negative about, 'What am I going to do when I retire? I've just worked, what am I going to do, I'm on the way to my death'. That is actually exactly what went through my mind. But now I just feel there's something out there for me, there are hobbies out there for me." *Interview 2, page 6*

Personal Wellbeing

Prior to being referred to Spring, Client 4 discussed various aspects of her health and wellbeing which had, in combination, resulted in 'having dilemmas in my life'. Issues with mental health and suffering with constant pain from her back had a significant impact on her overall quality of life. When she received the letter from the GP regarding Spring, her motivation to feel better and the hope that Spring may help her to feel better was enough for her to make the initial phone call;

> "I just felt really low and my mind was all messed up, really bad low mood. Obviously, I'm half Ukrainian so the Ukrainian situation didn't help. I couldn't sleep properly; I've not been able to sleep properly with all the pain that I'm in. It's just a vicious circle really and I just thought maybe I can get some other kind of help that would help me. That's what I was hoping." *Interview 1, page 4*

When reflecting on her experiences of her Spring journey, the client expressed that Spring was one of the best things that she has been involved with and looked back to how she felt before engaging with the Spring intervention;

> "I think Spring is a really good - one of the best things that's probably happened to me. Because where I was out of focus and I couldn't make my mind up about things, I was feeling really low, ever since Covid it really hit me and I was feeling low and just so out of focus really..." *Interview 2, page 4*

Behaviour change

This Client was referred to a Health and Wellbeing Coach, based in her GP surgery. She discussed the many benefits she gained from this referral. The Client spoke of two behaviour changes she made as a direct consequence of this intervention. The first was to enrol in a Pilates class (outside of the Spring activities). The second was to address her eating habits after losing her appetite, following a strict diabetic diet;

> "So, she (Health and Wellbeing Coach) talked me through things and told me to write down things I want to eat, list the food that I like and reintroduce it. So, that helped me, she helped me on my way to start doing a bit more activity because I hadn't even bothered with any of that..." *Interview 1, page 8*

Self-efficacy

One of the main outcomes of this Client's experiences was that 'it's made me open up my eyes as to the things that I can do'. As discussed previously, the Client was looking at retirement with trepidation after working for 48 years as a civil servant;

> "...it's (Spring) motivated me to not just think I'm going to be sitting there watching telly. No, I want to do something, this is my time now. I've given my life to work, now this is my time for enjoyment." *Interview 2, page 6*

At the start of her Spring journey, she had been dreading retirement. Now she was looking forward to it, knowing that she has the confidence in engaging in various activities, that she can engage in the world and enjoy her free time.

Barriers

One of the main barriers to engaging in the Spring activities for this Client were her work commitments;

> "There were quite a few things that they (Spring) offered that I couldn't do because I work part time, so I missed out on some of the things really, which is a shame." *Mapping interview, page 3*

Enablers

However, whilst this Client found that work acted as a barrier to her engagement, she did acknowledge that for others, who did not work, Spring offered an intervention which was ideal, especially for people who were isolated and/or lonely;

> "I would definitely recommend this (Spring). I definitely think with some of the courses, like the Northampton Pain Support Group, 16 weeks is far too long, but certainly for everything else. If you are a lonely person, an older person on your own and you can't get out and about, I think this is marvellous." *Interview 1, page 12*

For this Client, her motivations for engaging in Spring were her key enablers. Moving from full-time to part-time had freed up 2 days a week. Building her future into retirement was an important motivator;

> "I'd partially retired so I had Mondays and Tuesdays off anyway. I thought I'm getting near retirement age, if I do want to retire, I need to build a future. Working 48 years full time all your life - I never had children, so work has been my life." *Interview 2, page 5*

Funding was also an enabler for some courses this Client attended, making it accessible to her as a diabetic, 'part of it is being funded. I've had a few things funded for me for my things for diabetes.'

Personalisation

Some of the courses were not as enjoyable as others for this Client, such as the pain support group and the Kintsugi Hope group, although she joined this to support her friend. There did appear to be scope for Spring Clients to be more informed of the activities/courses they were being enrolled onto. This Client suggested that groups should be age appropriate giving the example of a younger woman who seemed not to fit within an older aged group that she had attended;

> "The one thing I would say though is I think it ought to be in different age groups. When I went to one of the courses there was this young girl, she was in so much pain, bless her, but she only went the first day. She probably looked at all us old fogies and thought, 'I'm not coming back here again." *Interview 1, page 11*

However, the Client observed that they (Spring Clients) were autonomous to a certain extent in the activities and courses they engaged with, '...it was a six week course (introduction), just to introduce Spring to us and for them to say, 'What do you want to attend? This is your chance to have a say'.

What works well

Client 4 felt that Spring was an intervention which allowed Clients to be autonomous, in that SPLWs were happy for them to have a say in what they were referred to. In this respect, link workers were seen as empowering the individuals to assess and identify their own needs;

> "It (Spring) just opens up a lot of doors and they (link workers) are quite happy for you to say to them, 'I think I need this; can you recommend something like this?' *Interview 1, page 10*

The nature of their referral being from their GP was also seen as something which worked well for them;

> "I was just sent a letter from my doctor's surgery giving me a brief outline on Spring." *Interview 1, page 2*

The Client also felt that the support from Spring being flexible and personalised worked well, as they were aware that different people would come to Spring with different needs;

> "They've (Spring SPLWs) gone out of their way to help you find the things that they think you need. Maybe other people needed the financial side of it; I didn't go down that one. It was all for me to do with my pain and I just felt I needed maybe some sort of counselling." *Interview 1, page 10*

Spring was also felt to specifically work well for those who were isolated;

> "It's definitely aimed for people that are probably lonelier than myself, I'm married so I've got a social life really." *Interview 2, page 4*

A final aspect of Spring that was felt to work well was that it resulted in the formation of friendships;

> **"**I made a really good friend on the Spring course. I'm not saying I got on with lots of other people. She's a bit younger than me but we just had a really good instant bond, like a sister from another mother [laughter]. We've made a good friendship, which helps her because she's very lonely. She's not married, she hasn't got many friends; she doesn't go out very much..." *Interview 2, page 4*

What could be improved

Client 4 felt as if the appropriateness and duration of some activities and groups could have been improved;

> **"**..too long and I got bored. And in the end, I didn't really find it very helpful because apart from the initial thing that they were talking about - polyvagal nerve...I just didn't understand all this polyvagal nerve. Really the course in itself, I think was really only six weeks to learn all this...I was expecting to go to Northampton Pain Clinic and thinking I was going to come out cured. That was just my thinking of it ..." *Mapping interview, page 5*

The awareness of Spring within the community was another thing that the Client felt could be worked on. There was an assumption made in the first introductory group that participants knew what they wanted and what they could access;

> **"**..because none of us knew anything about Spring, we didn't know what sort of things you could have or what you couldn't have. So, it needed the leaders to lead us down the road by giving us questions like, 'Would you like this? Would you like that?' because it's all new to us." *Interview 2, page 1*

> "I'm sure there are a lot more opportunities or other things to do, I just haven't heard of them all yet or it's not the right time because I'm working." *Interview 2, page 2*

Finally, a further improvement deemed necessary to address was greater accessibility for those that worked as she had been unable to engage in several activities due to work commitments;

> **"...**they opened up so many things that I wish I could have attended them all, like the nutrition classes, the cookery classes and in the yurts. It was just unfortunate I work so I wasn't available - they had the swimming, they had walking groups." *Interview 1, page 7*

On the Ground (Pink Rooster Collage Group)

Client 4 expressed the joy she gained from participating in this group (a collage and journalling activity). Whilst she felt that she did not consider herself to be very creative, and that she had not participated in any arts or crafts activities since her school years, she discovered that she enjoyed the process and appreciated the support she received from the instructor. As a result of the positive impact on her wellbeing, she wanted to continue with this creative pastime and even set herself a goal;

> "I went to a Christmas Craft Fair at Abington park and I thought, 'I've got a year to be creative; I might have a stall here next year myself if I can get creative enough." *Interview 3, page 7*

By engaging in the journalling and collage techniques, Client 4 found the activities therapeutic and helped her to plan for her future life. Not only was it a planning exercise but helped her to re-discover and make clearer her own identity and what was important to her.

Figure B4 – The Sunflower

> "But I think I took on too much and that sunflower represented part of my heritage, I'm half Ukrainian so with everything that's going on, this is what I did here. So, this is part of my life story here really." *Interview 3, page 2*

Figure B5 – Ukrainian dancers

"I've always had the Ukrainian heritage; I was brought up Ukrainian. And then you start living an English life and that falls by the wayside. And the Ukrainian clubs closed down and then there were no more." *Interview 3, page 4*

Figure B6 – Rock'n'roll

"I'm really into 1950s rock and roll. I met my husband 19 years ago at a rock and roll club. These are off napkins so I've cheated a bit here. And I just drew them. And that's off a tablecloth that I had so this is another big part of my life, the rock and roll." *Interview 3, page 5*

Figure B7 – Hopes and dreams

> "...hopes and dreams. Well, family as a big one for me; Graceland because I love Elvis Presley - Graceland, I've been there. And then I want to travel and then I want a dog. And your heart is more important, to be healthy. And obviously everybody wants money. And friends, obviously, friends are the most important thing. So, that's mine (hopes and dreams)..." *Interview 3, page 5*

Figure B8 – Dealing with past experiences

> "Yes, and I love Christmas. I had such a horrible childhood, especially at Christmastime. My birthday is on 23rd December so I never used to get presents, it was all on Christmas day. And I've always been excited about Christmas." *Interview 3, page 8*

Through the creative process offered through this group activity, client 4 was able to map what was important to her. This was something that she intended to continue with once the course had finished. Importantly, this is not an activity that she would have sought for herself prior to her engagement with Spring.

> "I just feel so much happier and contented really. It's a class I've always enjoyed doing. I'm so excited about it, I wouldn't make excuses not to come." *Interview 3, page 7*

Spring Mapping

What follows is a map of the Client's Spring journey. This was created by the Client, with emojis to represent her feelings about each of the activities.

DECEMBER 2022 - Letter from Doctors surgery suggesting Spring

JANUARY 2023

Spring Course begins 23/01/2023 until 27/02/2023 attending every week this month 😊

FEBRUARY

Pilates attended every week is ongoing but paid privately 😊

Spring Course Ends attended ☹

MARCH

Pilates every week 😊

Northampton pain support group every week - 16-week course 😊 started off ok slowly getting bored and not that helpful

APRIL

Pilates attended every week 😊

Attended Doctors Surgery First session with [name] Health and Well Being Coach 😊

Talking Therapies with [name] by telephone possible 8 weeks course 😊

Northampton pain support group attended every week 😊

Spring Telephone call with [SPLW name] 😊

MAY

Pilates attended every week 😊

Attended Doctors Surgery for [name] Health and Well Being Coach 😊

Talking Therapies by telephone with [name] 😊

Northampton Pain Clinic every week ☹ not learning anything new and getting bored

Spring Telephone call with [SPLW name] 😊

JUNE

Pilates attended every week 😊

Talking Therapies by telephone with [name] 😊

Spring telephone call with [SPLW name] 😊

Northampton Pain Clinic every week ☹

JULY

No Pilates as term time ☹

Talking Therapies with [name] last session on 11/07/2023 ☹ stated they think

further counselling would be beneficial.

Telephone call with [name] Health and Well Being Coach 😊

Northampton pain support group last

session 😊

Introduction to Otago through pain clinic on 10/07/2023 😊

Spring telephone call with [SPLW name] also email re another course Tai Chi 😊

AUGUST

No Pilates term time ☹

Spring telephone call with [SPLW name] but also received email 😊

Telephone Call with [name] Health and Wellbeing 😊

SEPTEMBER

Pilates started weekly attended 😊

Collage journal attended weekly with Pink Roosters course started 12 weeks 😊

Kintsugi Hope course started for 12 weeks (not too sure about this)

Spring Telephone call with [SPLE name] and also email

OCTOBER

Pilates attended 😊

Telephone call with [name] Health and wellbeing 😊

Collage Journal attended weekly 😊

Kintsugi Hope attended weekly ☹

NOVEMBER

Pilates attended 3 weeks as was away 😊

Telephone call [name] Health and wellbeing 😊

Spring call with [SPLW name] 😊 last one as she went off sick was going to refer me to

[name] for chronic pain online course

Collage journal attended missed one session as on holiday 😊

Kintsugi Hope attended every week ☹

DECEMBER

Pilates attended one week only as they were closing for Xmas ☹ but I did attend

one off session for relaxation on 27 December

Kintsugi Hope attended one week only as had Xmas events on with friends 😊

Spring had an email to state if I need anything to contact them.

JANUARY 2024

Pilates attended first week only 😊 missed the last two weeks due to some

hospital treatment.

Email received from [name] on 10/01/2024 for an Online Chronic Pain Course

starting on 27/02/2023 until 02/04/2024 😊

Spring Client 5 – Case Study

Introduction

Client 5 was interviewed once at the completion of his 12-month Spring intervention. The Client was 68 years of age at the time of the interview, married with 3 adult children. He worked part-time, Wednesdays and Saturdays as a counter assistant. The Client was referred to Spring via a letter from his GP surgery. Long term conditions: Diabetes and previous myocardial infarction. Date of interview: 23rd October 2023.

Impact of Spring (Client perspective)

This Client described how he felt nervous when first starting with Spring, not sure of what it might entail and how useful it would be. However, he spoke about his decision to join Spring and the main motivations to improve his health and increase his activities outside of work and home;

> "I think it was because I was getting to the stage where I was semi-retired, I hadn't got a lot going on as such. Me and my wife discussed it, and we thought it might be a good idea to meet up with other diabetics to see if I could pick their brains, basically, anything that might help myself keep healthier. That was the main motivation for it..." *Interview 1, page 5*

Personal Wellbeing

In the extract above, the Client talks about not having much to do in his free time. The Spring intervention offered him something to look forward to; "It's (Spring) there to give you something else to - not 'do' but something else to look forward to'. As he completed his 12-months with Spring, he formed a friendship group, and they aimed to meet up weekly after their 12-months with Spring had finished;

> "Yes, we all decided that once Spring finished that we wanted to do something, but we weren't quite sure what, so we all decided we'd have a coffee at the local Costa and try to meet up at least once a week." *Interview 1, page 3*

Behaviour Change

Spring helped this Client to break his free days up, to give him some more focus and to empower him to make healthy lifestyle choices. The referral to Spring came at the right time, helping the Client to focus on his health after his heart attack;

> "Yes, I was trying to think of ways of breaking it (monotony) up. It (Spring) also focusses the mind on what you are doing with your health, trying to sort it out, keep it going. When I had the heart attack, that was a total wake-up call and I had to get my mind round I've got to go out and exercise." *Interview 1, page 6*

> "I know I'm getting older now; I know I'm not as quick as I used to be so that's why I go to the gym. I wouldn't have even thought about it otherwise (before Spring). It wasn't so much that I'd put weight on, I'd put weight on anyway because obviously slowing down at work and not doing so much physical activity because once I started doing the two days, I didn't do any driving, so I wasn't jumping in and out of vans and running around, it was just sedentary." Interview 1, page 7

Self-efficacy

As a result of his acknowledgements above and his engagement with Spring, his beliefs changed about taking control of his own health and wellbeing. He also felt that he had more confidence to participate in activities he would not normally choose to take part in – even if he only tried it the once. This was a direct result of Spring and the friendship group that had formed because of attending the introductory Spring group;

> "Yes, the group we meet, they are fantastic. We did a Spring dance as well which was quite fun. We only went the once [laughing]." *Interview 1, pp. 8-9*

Barriers

A key barrier that this Client experienced was that their work commitments would often get in the way of their ability to engage in activities and groups;

> "We've been for walks around the park, which [SPLW] organised. There's another guy that does the fitness walk. I can't do them because I'm working on the two days they meet up;

> they meet up on a Wednesday and a Saturday and I can't do either. It does make life a bit difficult, but I can't go on their walks. They did a few walks round Salcey Forest, which I was told was very good..." *Interview 1, pp 3-4*

Enablers

An enabler to Client 5's engagement with Spring was that their SPLW would put them in touch with activities and groups that specifically met his needs;

> **"**Yes, they (link workers) do, they set out what your diets are, how much walking you can actually do and activities. She (link worker) actually sent me - not last time but the time before last - I said to her that I needed to lose some weight, so she recommended a wellness gym which is up near Weston Favell. I've done that this morning, I go once a week to the wellness gym and do an hour session up there"...*Interview 1, pp. 4-5*

Furthermore, another enabler to this Clients' engagement with Spring was that they were able to meet others who had similar health conditions to themselves at the activities and groups they attended. This commonality between participants was found to be beneficial in terms of sharing ideas about managing their condition;

> **"**...they (other Spring Clients) might know a tip that I don't know, for diet or for injecting yourself. They might know a tip that could save you a little time or save you hurting yourself or doing it in the wrong place..." *Interview 1, page 10*

Personalisation

In terms of personalisation, Client 5 felt that the activities and groups that they were referred onto met their needs and that groups and activities were friendly and non-judgemental;

> **"**I think it was six weekly meetings in a community centre. [SPLW] brought in people from the Diabetic Association to talk and we all discussed how we were dealing with it or trying to deal with it. It was a friendly meeting; it was well organised. You could say what you liked, there was no judgement on what you were saying. You were free to talk to each other, it was friendly." *Interview 1, page 3*

What works well

This Client felt that what worked well about Spring was the regular check ins from their SPLW:

> **"**she (link worker) keeps in touch quite often, phones us. I think I've had three or four phone calls from her and one meeting up. The last meeting up was the one up at [place] where we had a coffee and chat for the morning to finish off. It was good." *Interview 1, page 4*

The Client also found the activities and groups enjoyable and helpful in terms of learning about healthy habits;

> "We've also had a meeting up at Soul Haven, it's a farm up in Moulton. A lady runs it, and she does all the health foods and things like that. So, we had a meeting - it was in Moulton village, it was in a yurt and the lady does all sorts of healthy foods and recipes. That was one of the meetings which was really good. I tried the celery juice but couldn't get on with it, that was horrible..." (Interview 1, page 4).

What could be improved

One area of improvement for Spring was felt to be the amount of drop out that some activities and groups experienced after the first few initial sessions, observed by the Client after the initial meeting;

> **"**Once we got the initial - some just died after the first week, they just went and didn't come back at all, we didn't see them again." *Interview 1, page 3*

Spring Client 6 – Case Study

Introduction

At the time of the first interview, Client 6 had recently started his journey with Spring. We completed 3 interviews with this client as illustrated in table 5, following him through to February 2024 when he was no longer engaging with Spring. The Client referred to Spring following a recommendation from their therapist at Northamptonshire Talking Therapies. In terms of their

long-term health conditions, the Client had COPD, arthritis, asthma and Epstein-Barr. At the time of the first interview, the Client was 65, unemployed and living on inheritance money.

Interview 1	Completed 27/10/23
Interview 2	Completed 22/11/23
Interview 3	Completed 24/01/24

Table B5 – Interviews completed

Impact of Spring (Client perspective)

Throughout the interviews with Client 6, it was clear that he had been unable to fully engage with Spring due to a number of barriers including access to activity venues which were hindered further by physical restrictions. At his final interview, the impact of his inability to engage was most evident when he mentioned that he was no longer keeping in contact with his SPLW;

> "I'm still getting the odd text from them (SPLW) saying there's this event going on or that event going on. I must admit, I'm just ignoring them." *Interview 3, page 3*

Personal Wellbeing

As there was limited engagement with Spring from Client 6, the impact on his personal wellbeing was similarly limited. However, awareness of Spring and of the activities and groups that he could get involved in to improve his health benefitted his wellbeing;

> "The fact that I know where these two groups are, that helps. I know there are self-help groups out there for people." *Interview 1, page 11*

> "But yes, the fact that people are out there who are willing to help, that helps to start with." *Interview 1, page 11*

Behaviour change

Whilst the activities and groups that Client 6 were referred to did not result in behaviour change, as he did not attend them, the awareness of these activities and groups made him want to move closer to them so that attendance could be achieved;

> "But if I'm living closer - I'm making a plan for the future if I can try and find somewhere to live in [inaudible] or [town] or [town] it would be more ideal. I'd be able to get to things more easily." *Interview 2, page 10*

Self-efficacy

The impact of Spring on the clients' self-efficacy was not mentioned.

Barriers

Client 6 experienced a myriad of barriers which prevented his engagement with Spring. Firstly, he felt physically incapable of attending the activities he was referred onto because of his arthritis making it difficult to travel;

> "...with arthritis, not being able to walk very far, I'm finding it extremely difficult to be able to get to any of them at the moment. And with the weather closing in, in winter I certainly don't want to be going out too much because the damp weather really affects my legs quite badly." *Interview 1, page 3*

Client 6 also did not drive, which made it difficult to attend activities and groups as they would require access to and reliance on public transport. This was an issue that was made worse by his poor sleep pattern which made it challenging to get up in the morning, caused by his arthritis. A further barrier was the cost of travel to and from activity venues;

> "If I have got to get to a meeting in [town] or [town], which are two bus journeys away, I'm going to have to leave here at 9am and if I haven't woken up until 9am it's going to be very difficult. This is the problem, if they were later in the day then I might be able to motivate myself more to get to one." *Interview 2, pp. 5-6*

> "As I say, for most people 11 o'clock in the morning is fine but for somebody who's got to travel a long distance, from probably two or three buses, which is going to cost a lot of money because I've got another five months before I get my bus pass." *Interview 3, page 1*

Mental barriers were also experienced by Client 6, as they did not want to get on the buses due to Covid anxiety as well as them generally not feeling motivated enough to engage with Spring, but he also recognises that the barriers are a product of his own mind;

> "And also with other health conditions, it makes it difficult to get to the buses. It's a bit of reluctance on my part to get on buses as well, to be honest. It's not crowds it's just the confined space when there's a lot of flu and Covid." *Interview 3, page 2*

> "I'm putting barriers up to stop doing things; I'm putting these barriers up by saying, 'I can't do this; I can't do this because of that and that and that'. If I tried, perhaps I could do it. You know what I mean? You know where I'm coming from? These barriers have been put there in my mind by me." *Interview 2, page 7*

Enablers

Although there was limited engagement with Spring by Client 6, he was aware of his low mood and low physical health. This was his motivation them to refer Spring as he thought the activities and groups that Spring offered would be able to help him;

> "Because I know I'm not very fit and happy and I thought the heart attack called Pumped Up - and Breathing Space, I think, for the people with COPD and breathing problems - they seem to be the best two for me to go to." *Interview 1, pp. 3-4*

Client 6 was also motivated to get involved with Spring in order to meet others who were experiencing similar health issues to himself, as he knew that talking to others would help him to cope better;

> "And also, just talking to people with the same problems, I know that helps. AA got me sober and that was a self-help group, so I knew self-help groups work because there's empathy. You don't want just sympathy, you want empathy." *Interview 1, page 4*

Personalisation

Whilst engaging with Spring, Client 6 said that he was offered activities, groups and services that were appropriate and relevant in meeting his needs;

> "So, [SPLW] at Spring is getting me an appointment with Accommodation Concern because I am a bit worried about what's going to happen once I start getting my pension - where I'm going to be living, those sorts of concerns, quite a big concern really, where you are going to live." *Interview 1, page 6*

> "The sessions are fine, the sort of things they are running are ideal for people like me." *Interview 3, page 1*

What works well

Whilst the Client was not engaging well with the Spring activities and groups due to the previously mentioned barriers, he felt that Spring was a useful service to those that were more able to attend activities and groups.

What could be improved

The main way that Spring could be improved for this Client was in terms of their reach, as he wanted Spring to be able to offer activities and groups in multiple areas within the county so that they were easier to get to;

> "They need expanding more around the county. Instead of having one session in [town] or wherever, you could have a session in [town] and you could have a session in [town] or [town]." *Interview 3, pp. 1-2*

The Client appeared to have the motivation to attend activities, but the barrier of accessibility was too great for this Client to engage fully.

Spring Client 7 – Case Study

Introduction

At the time of the first interview, Client 7 had been involved with Spring for approximately 4 months (starting with Spring in August 2023). We completed 3 interviews with this Client as illustrated in table 6, following him through to March 2024 with approximately five months left of his journey with Spring. The client self-referred onto Spring after finding out about it from his partner who was also a Client of Spring. In terms of their long-term health conditions, the Client had mental health issues, high blood pressure and was waiting for two knee replacements. The Client was unemployed when first recruited for this evaluation.

Interview 1	Completed 14/11/23
Interview 2	Completed 09/02/24
Interview 3 (Mapping interview)	Completed 20/03/24

Table B6 – Interviews completed

Impact of Spring (Client perspective)

Throughout the interviews with Client 7, it was clear that his engagement with Spring had been a positive experience. At his final interview, the longstanding impact of Client 7's involvement was evident when he mentioned that he felt as if he now had the tools and the personal drive to enact change himself;

> "It's things that I don't have to worry about because they (Spring) given me the tools to enable me to do it myself - or certain aspects myself. Some people need more help, some people just need the tools to get on with it. And I'm that kind of person that I've gone through my roughest part and I'm picking myself up and I'm driving forward. I set myself goals and I'm a man on a mission." *Mapping Interview, page 17*

Personal Wellbeing

Prior to being referred to Spring, Client 7 discussed how he had suffered with mental health problems due to a traumatic life event. Therefore, a primary motivation for getting involved in Spring was to improve his mental health for both him and his family;

> "Basically, starting to rebuild myself from what had happened, I want to push forward and what I was finding was that I wasn't necessarily getting the help I needed fast enough so frustration was kicking in." *Interview 1, page 3*

> "Like they say, if you don't take care of yourself, how can you take care of anybody else? That's in my mindset, that I need to sort myself out so that I can carry on looking after my partner and my boys and keeping the house running and providing an income, so on and so forth." *Interview 1, page 5*

When reflecting on his experience of his Spring journey, Client 7 expressed that they had mentally benefitted from the constant support that his SPLW had provided to him;

> "...having somebody there that even if something was to happen now I know that if I was to speak to my person she will try her utmost to help me with that situation. That's positive and that helps me mentally, knowing that I have that backup if I need it." *Interview 1, page 14*

Client 7 also that the referrals helped him with his stress management, specifically when he took part in an Alpha-Stim trial;

> "But using it did help me, it helped me switch off from non-important stresses in my life. Minor little things that you shouldn't worry about, they didn't bother me." *Interview 1, page 7*

Behaviour change

One of the key changes in behaviour that this Client noticed since getting involved in Spring was that it improved his sleep. Sleep was something the Client had been struggling with but was provided with an MP3 file for sleep issues by his SPLW that he found to be helpful;

"...if I struggle with my sleep or relaxation, I put that (MP3 file) on and that will help me for as long as I need it, and that's brilliant." *Mapping Interview, page 3*

Self-efficacy

There was a great deal of change that Client 7 noticed with regards to his self-efficacy. Namely, that the support he had received had increased his ability to focus on the changes that he wanted to make and to act on those. The extract below refers to improvements he wanted to make to his home and garden;

"The changes I would have to say are I'm a lot more focussed. For instance, what I said about the house and the garden, being driven to get that done." *Interview 2, page 1*

Client 7 also felt more knowledgeable and capable to do things that he previously did not feel able to do, such as filling in a PIP (Personal Independent Payment) form which Spring had referred him onto Community Law for support with;

"The first time I did the PIP on my own, I missed half the stuff I should have done but because I didn't know - I'm not trained to understand that sort of stuff - and things that I live with every day, I didn't think I could put down. But she (Community Law employee) was like, 'Yes, you can use this; you can use that'. So, they educated me on what I can do and made me aware that depending on your level of disability, ill health and whatever, I can put in certain things that I didn't think I was able to. So, that was very good, very helpful they were. They spent a lot of time with me, very useful." *Mapping Interview, page 8*

Barriers

One of the main barriers that Client 7 experienced with regards to their engagement with Spring was a need to prioritise addressing their housing situation before trying activities and groups that their SPLW had referred them to;

"As I say, I'm not quite there yet because a lot of my time is still taken up in finishing the house and the garden and everything else that had been left for so long. Once all that's done, then I can focus my attention, if I feel ready, on things like this men's group and the fitness

> and all that. But I don't want to eat into my valuable time at this moment when I've got other pressing issues." *Mapping Interview, page 5*

This barrier extended to accessing the support offered by Spring to help with Client 7's housing situation, as they felt that they needed to get their home tidy and organised before getting in contact with the recommended support service;

> "In terms of the house, I haven't contacted the people Spring asked me to contact just yet because I felt when they come round to assess the situation - I think it was more to do with pride, with the fact that the place was - definitely pride came into it in terms of I didn't want people thinking you live in this environment. And I know it would potentially help any possible move but it's the fact that it's embarrassing to show people this is how you live. So, I felt that I needed to bring the place up to some kind of cleanliness, some kind of organisation…it would depress me knowing that I have to show somebody the state we are living in. So, basically, I felt I needed to get some sort of control back and then I can contact them, so I don't have to go through - they come round, they see - not a nice place to live." *Interview 2, page 5*

Client 7 also felt physically unable to engage in some of the referrals their SPLW mentioned to them, such as a gym as they had injured their knee at a previous gym and had also recently hurt their back;

> "I did start the gym, but I injured my knee and that took over a month to recover - and yesterday I tweaked my back. So, I'm still at that stage where I easily pick up injuries and they set me back." *Interview 2, page 6*

Enablers

Although some barriers were experienced during his Spring journey, Client 7 also spoke about a number of things that enabled his engagement. For example, Spring was specifically chosen because it seemed to be a knowledgeable service that acted quickly to support their Clients, which was something Client 7 felt in need of as he was not receiving this elsewhere;

> "I suppose it's the way they (Spring) can refer you to services. From my experience they tend to get a much faster response than any other method that I've found, so that was one

> motivating factor. But also, services that I wasn't even aware of, which you wouldn't necessarily find out unless you did a lot of research or a lot of asking around to find out what's available. So, their having the knowledge of what would be good for you to help you in your journey, to recovering and getting better, swung it for me." *Interview 1, page 4*

Not only was Spring a quick acting service, Client 7 mentioned that they also financially enabled his engagement with a counselling service that his SPLW had referred him onto;

> "The other good thing is she (SPLW) said Spring would pay for four of the sessions. it's a voluntary contribution of around £10 a time but she said Spring will pay for at least four of potentially six or more sessions, depending on how many they feel I need to help me with that. So, that was a nice surprise which we were very grateful for." *Mapping Interview, page 11*

Personalisation

Client 7 also spoke about the level of personalisation there was within Spring, as he would be offered activities, groups and services that would be relevant to address his needs;

> "The same day, an email in had I contacted the Housing Solutions Department. She'd (SPLW) given me the contact details because where we live, it's not fit for purpose really. It needs a lot of work - it needs all new windows, doors, kitchens, bathrooms, the list can go on. It's got mould issues, damp issues; it's got a ton of issues. So, in terms of overall family health, it's not good for the family health." (Mapping Interview, page 6)

> "We had a discussion and we were talking about childhood trauma. I don't know how we got onto the subject but we ended up on the subject. In the past other people have said to my partner, 'Based on what you are telling us about him, he's definitely got some form of childhood trauma and he needs to look into that and get some help with that because if that's the way he's reacting then it's obviously stored emotions from a long time ago'. So, I said this to [SPLW] and she said about counselling. She referred me and sent me an application form." *Mapping Interview, pp. 10-11*

Client 7 also knew that if anything else came up that he needed, Spring would be there to help which was support he felt he had not been receiving from his doctor and healthcare professionals;

> "There's stuff out there if I need it, which is really important because I'm not getting that complete support from the doctors and everything else, so the support from Spring - I know that if I needed something else and they can help me with it, they will do. And having that in my head is brilliant, it's like I've got a back -up to call on and that I haven't got the stress of trying to deal with the doctors, with their time shortages, of not being able to talk to them on a level that you can get progress." *Interview 2, page 11*

What works well

Client 7 viewed Spring as a valuable service, offering support which they felt the NHS were unable to provide due to the pressures they are currently experiencing;

> "What they (Spring) are doing, to me it's really helpful because, like I was saying with the doctors - I understand that they are under a lot of pressure so I can't really penalise the doctors for the way the NHS is. So, a service like Spring is really valuable because some of these things, I can't talk to the doctor about, as I said. Spring look at my situation and they look at what's available to try and help me out with instead of me struggling, trying to get the doctor to listen." *Interview 2, page 9*

This support was said to be comprehensive, in terms of it addressing all their needs and in making them aware of groups, activities and services that they would otherwise have not had the awareness of or confidence to access;

> "It just took the pressure off me having to try and source the help from elsewhere if I was ever going to do it if you get my drift. Because I may never have gone down some of these roads, whether it be through not having the confidence to go down these roads or just worried about what it might be." *Mapping Interview, page 2*

> "A lot of what they (Spring) covered, like the pain management and the relaxation, sleep, trying to get me out to mingle with people to improve my wellbeing, as far as I can see they covered everything I currently need." *Mapping Interview, page 16*

Client 7 also praised the SPLW's as people who were empathetic in their support;

> "I feel they are so welcoming in terms of they don't feel like, 'Oh, I don't want to speak to these people' They have genuine concerns and understanding of what you are going through and gone through and genuinely wanting to help you, which is nice to see in the world we live in." *Mapping Interview, page 15*

What could be improved

In terms of what could be improved, Client 7 suggested that Spring could work on improving their visibility within the community as well as expanding their services, as he felt as if not enough people knew about the service who could benefit from it;

> "My personal opinion is there should be more of this, it should be rolled out as a much bigger programme because it's what people need. People need this service, and they need it to grow bigger as well so they can offer more and more services which seriously will help the community… a service like Spring will help people in those other areas where the doctors are not quite able to help out because of time and shortages and everything else. Bring more of the Spring on, that's what I say!" *Interview 2, page 12*

Spring Mapping

What follows is a map of the Client's journey, which was created by the client:

PROJECT DETAILS	
DATE	MILESTONE
August	Initial Introduction to Spring with phonecall from [redacted]
August	Phonecall with [redacted] from Spring
September	[redacted] sent Non sleep deep relax mp3 this works really well.
September	[redacted] sent Fitness without Boundaries contact info, not ready for this yet.
September	[redacted] sent info for Alphastim device
September	[redacted] sent info for Cheers Mens Social Group, not ready for this yet.
September	[redacted] sent email summary of outstanding things, Alphastim arrived.
September	Phonecall with [redacted] from Spring
October	[redacted] whatsapp ref Alphastim use. Working well
October	[redacted] email Contact Housing Solutions Dept, not ready for this yet.
October	Phonecall with [redacted] from Spring
November	Return of Alphastim is due on this date.
November	[redacted] email referral Community law for PIP, went well really helpful.
November	[redacted] whatsapp Alphastim & fill end form & returned to Spring Office, worked well.
November	[redacted] emailed about taking part in research spring, agreed to take part.
November	[redacted] whatsapp message missed call rescheduled
December	[redacted] whatsapp ref Spring Festive Gathering
December	Attended Spring Festive Gathering chat to [redacted] went well and enjoyed.
January	[redacted] whatsapp about new online chronic pain course, not ready for this yet.
January	[redacted] whatsapp Mindfulness Sessions, not ready for this yet
February	Phonecall with [redacted] from Spring
March	Phonecall with [redacted] from Spring
March	[redacted] email application form for mannahouse counselling,food club contact detail

Figure B9 – Spring Map

Spring Client 8 – Case Study

Introduction

At the time of interview, Client 8 was a couple of months into her journey with Spring. We completed 1 interview with this Client. The Client was referred to Spring by her GP. In terms of their long-term health conditions, the client had hearing difficulties, asthma, fibromyalgia and mental health issues. At the time of interview, the client was 64, employed part-time and living with pets in a permanent social housing tenancy.

Personal Wellbeing

Client 8 described the positive impact that Spring was having on their personal wellbeing as it made them feel less isolated, more optimistic about the future and they generally felt happier;

> "I think it's made me feel a bit more positive, that I'm not on my own." *page 6*

> "It's made me feel a bit more positive about my future, being on my own." *page 11*

> "My mental health is good at the moment." *page 10*

Behaviour change

The impact of Spring on the Clients' behaviour was not mentioned.

Self-efficacy

In terms of self-efficacy, Client 8 explained that her involvement in Spring had helped her to learn how to cope with her chronic pain better;

> "So, they (Spring) are helping you understand why the anxiety is happening and when that happens it's having a knock-on effect on your pain. So, it's helping you think in a different way towards your pain, accepting it for what it is and moving forward with it instead of sitting there and feeling sorry for yourself that you've got this pain and it's not going away and, 'I can't do this, that and the other." *page 7*

Not only this, Client 8 also mentioned that her SPLW had given her the confidence to independently research into the different options available to her for her future;

> "Having conversations with [SPLW] has given me a bit of confidence that I can ask the question; I don't have to retire but I can ask the questions. So, I've already sent an email to my Housing officer and I've sent an email to the Job Centre, the work coach or whatever they have because I get a very small universal credit." *page 8*

Barriers

One of the main barriers that Client 8 experienced during her journey with Spring was work commitments getting in the way of her involvement in the activities and groups on offer. Indeed, this also prevented this Client from engaging in any further interviews with the research team;

> "The only thing is because I work they do a lot of things during the day which would be nice to engage with, like go for walks and things. But I can't do that because I work. So, you kind of miss out on a lot of things." *page 3*

Even when Client 8 had the availability to attend an activity, sometimes their engagement was impeded by their physical health conditions;

> "I went and tried the yoga but because I have issues with my lungs, I just can't do the deep breathing, so I think it's not really for me. Even though in my head I want to do it, it was making my asthma and my lung condition worse because I was trying to take too many deep breaths." *page 2*

Enablers

Enablers to the clients' engagement with Spring were not mentioned.

Personalisation

Whilst engaging with Spring, Client 8 said that her SPLW provided her with support and linked her with activities and services that complemented her needs and capabilities;

> "(SPLW) has been really hopeful about suggesting places where I might be able to go and talk to somebody on where do I stand if I was to take early retirement because I would only live on a small NHS pension. I think, 'How am I going to pay my rent? How am I going to do this?', do you know what I mean? So, she' s been really helpful in just saying, 'You can talk to here; you can go there; this is available to access." *page 8*

> "It's like the yoga class is for people with fibromyalgia and that was wonderful because you weren't going along thinking, 'Oh my God, I've got to try and keep up with normal 1, 2 and 3'. Not everybody can do it. So, there's no pressure in you to feel like you can't do it, you do what you can. And I think that was great because if you went to a normal yoga class you would come away so deflated because you wouldn't be able to do - sometimes you can't lift your arms up. And the lady who was running the yoga class through Spring, she actually had fibromyalgia as well. So, you kind of got a lot of understanding there and it makes it a bit more light-hearted, I think." *page 6*

What works well

Client 8 praised her SPLW for her style of support which was both consistent and non-judgemental;

> "She keeps in touch by WhatsApp, which is nice, and she's there if I want to ask anything. I don't, but if I did I know that she's there if I wanted to just send a text or something." *page 11*

> "So, (SPLW), she has this empathy and there's no judgemental, it's nice, 'If you can't do it, you can't to it; that's okay." *page 10*

Client 8 also thought the activities and groups worked well, as she liked that attendees were understanding, sharing similar conditions to herself which allows for stronger connections to be formed. As there is this commonality, the groups feel supportive and non-judgemental;

> "And it's just so nice that everybody is the same there, even the chronic pain course that I'm on, the lady who's the tutor, she's experienced and still experiences living with chronic pain. So, you are dealing with people who aren't talking at you, they are talking with you because they understand how you feel and they understand the knock-on effects that pain and things can have." *pp. 6-7*

> "And when I'm in the group you can see the connection with people. They are helping each other out and I think that is amazing. One lady, she's organising a craft group where everybody takes their little craft bits on and then they swap and do it in somebody else's houses. That's all come from these little groups that are being set up and they are starting to make their own little groups." *page 11*

Finally, Client 8 felt that Spring was a vital service due to her own experiences of accessing NHS and the lack of good quality, personalised care;

> "I just think it's a brilliant concept, I really do, for people with long term health conditions. It is a lifeline for them because you can go to your GP and it's a telephone call. A telephone call is no good to me. And your GPs these days are just so busy, they don't talk to you any more like they used to." *page 11*

What could be improved

The Client did not make any recommendations for improvement to Spring.

Appendix C: PCN Client Case-studies (n=5)

The following case studies were developed for each of the five PCN patients who were interviewed, highlighting both their experience of their PCN social prescription journey (i.e., barriers, enablers, personalisation, what works well, what could be improved) and its impact (i.e., personal wellbeing, self-efficacy, behaviour change). These were one-off interviews, solely representative of GPA linked surgeries and relationships with two SPLW's. Therefore, the views of these PCN patients are not representative of the North, East or West of the county. We also did not get the opportunity to conduct focus groups with SPLWs working within Northampton.

PCN Patient 1 Case Study

The interview with this beneficiary was conducted on 5th March 2024. At the time of the interview, the patient was a retired teacher and a full-time familial carer to her husband. She had been involved with the PCN Social Prescription services for 6 months and the service had come to an end 3 weeks prior to this interview. The patient had gone to her GP about a different matter, but after conversing with the GP, they had made the referral to the social prescription link worker (SPLW).

Impact of PCN Social Prescription (Patient perspective)

Personal Wellbeing

Feelings of accomplishment;

> **"**It was as though she (SPLW) gave me permission to take the reins of my life back to myself. And so, whatever I did manage to accomplish, I felt as though I had done it. That gives you a bit of a - it's a very positive feeling, to know that you've done something and it's not somebody doing it for you*." Interview 1, page 5*

Feeling positive;

> **"**I do feel positive about things now. I think when I have a bad day I don't let it engulf me and I know there's so much that I can do rather than let myself be governed by the situation." *Interview 1, page 12*

Self-efficacy

Finding herself;

> "You know how some people, they have a list of things and you get the feeling that they are going down a checklist? She (SPLW) didn't seem like that at all, she just seemed to want to understand the kind of person I was and what helpful suggestions she could make. She didn't pressure me but she made me - and I don't know how she did it - realise that I could reclaim myself. That was the first meeting I had with her." *Interview 1, page 4*

Facing the truth;

> "It was just a very natural conversation but she (SPLW) made me face things. I can give you an example. I resented what I couldn't do; I resented the fact that I couldn't do the things I used to do. Sometimes that's not very nice to see that in yourself, so because it's not a very nice thing to see in yourself I would have said, 'I don't resent it at all; I'm quite happy'. But actually, that wasn't true, so she actually made me face things that were not very nice to face and pinpoint the nature of that resentment and in my case, it was that I couldn't do things that had always meant a lot to me." *Interview 1, page 7.*

Behaviour change

Rebuilding friendships;

> "One of the things was I never left the house, and if I did there would be pressure to get back really quickly. So, all the friendship groups that I was in, I never saw them for maybe three years. So, she (SPLW) encouraged me to get in touch with just one person at a time and see how it went and see the difference." *Interview 1, page 5*

Hopeful not hopeless;

> "I find that the negativity and the hopelessness has completely gone. I get those days, obviously, and I get sad days but I know that the essence of who I am is not a bad day followed by another bad day followed by another one." *Interview 1, page 11*

Improved motivation;

> "...one thing is when I found that one thing was improving, it was very motivational to address other things as well. So, I would say motivation improved and with it the knowledge that things could change. You don't change things overnight but to know that that is a possibility." *Interview 1, page 13*

Patient experience

Barriers

Caring restraints;

> **"**She (SPLW) made various suggestions and I think I didn't follow them through. At the beginning I didn't seem to be able to do anything because I was in a bad place. But because she'd encouraged me to get back in touch with an old friend and that had gone quite well. I was still rather restrained because I couldn't leave home so to go out, I had to put so many things in place at home, so I didn't follow up on them." *Interview 1, page 8*

Enablers

Recommendation from and trust in GP;

> **"**So, when he (GP) recommended something I thought he knows what he's doing. I did feel as though I had got to rock bottom actually and couldn't function properly and I thought, 'let's see." *Interview 1, page 3*

Social Prescription Link Worker;

> **"**She (SPLW) tried very hard, she looked up lots of things and one thing that meant a lot was that she either looked up her notes on our previous meeting but I got the feeling she remembered. So, everything we talked about she remembered. So, if everybody on the social prescribing teams are like that, they do a great job." *Interview 1, page 8*

Personalisation

A carers group was not what she wanted;

> **"**But also, one of the things she suggested was a carers group. I didn't want to talk about it because that was my only conversation at home, it consumed me. I wanted to get away from the burden of my husband's illness and so to meet with a group of carers, I just felt I couldn't face that because I was digging myself more into talking about it and how difficult it was all the time." *Interview 1, page 8*

Individual needs;

> "I felt she (SPLW) realised that people don't fall into a mould, people are all different and what works really well for one person, something different will work really well for another person." *Interview 1, page 8*

What works well

Impacts further than the individual;

> **"...**we knew it was going to be the last meeting. As I left the house my husband said to me, 'Give this message to [SPLW name]'. The message was to tell her 'thank you very much' for all she has done to help him. Now, when I unpack that, I knew immediately that it was because I had changed so much." *Interview 1, page 10*

Many people could benefit;

> **"...**she (SPLW) was very challenging. And I think the combination was partly in the person of who she is, and if all her team, or all your team or all the social prescribing team are that kind of person, that caring, giving-out person, then I'm sure everybody would be so much better." *Interview 1, page 11*

Recommends the service;

> **"**One thing, if anybody else asked me do I think it's a good idea to go on such a pathway I would say absolutely, yes. It was like a turning point, it was a complete change round." *Interview 1, page 12*

What could be improved

This patient offered no recommendations for improvements to the social prescription service.

PCN Patient 2 Case Study

The interview with this beneficiary was conducted on 12th March 2024. At the time of the interview, the patient was 47 years of age, unemployed and actively applying for job vacancies. He had been diagnosed with bipolar disorder and borderline personality disorder. He had been referred to social prescription services via his mental health team at Northampton General Hospital and had been involved with his SPLW for 2 years and continues to engage with the service.

Impact of PCN Social Prescription (Patient perspective)

Personal Wellbeing

Forming new friendships;

> "...there's a couple of occasions, a few of us went across to [place name], just for a walk around for a couple of afternoons. I've got certain people there so getting to know other people as well." *Interview 1, page 4*

Knowing there was someone there for him;

> "I didn't expect anything to suddenly happen overnight or change in any way, but it was just nice to realise there are people out there who can help you and signpost you if things are going a bit wrong. Because they can give you hope that there is hope for the future and these things will pass." *Interview 1, page 6*

Decreased anxiety;

> "My anxiety problems now, they are a lot less frequent and a lot less severe than they were originally." *Interview 1, page 7*

Self-efficacy

Confidence in applying for jobs;

> "...it's (social prescription) helped the anxiety in a big way. It's also given me the confidence now to know that I can go out and if I need to apply for certain jobs, I can..." *Interview 1, page 9*

Changes in thought processes;

> "I was just thinking it's all fallen through I'm not going to bother anymore. But now I'm thinking, 'Okay, let's just carry on, don't give up." *Interview 1, page 9*

Behaviour change

Working on challenges;

> **"**Together we were discussing my challenges, what I go through on a daily basis and how interactions could help to overcome this. When I first started going to the group (social group) in person I had bad social anxiety; to go into a new situation, meeting new people, I was a nervous wreck." *Interview 1, page 6*

Identifying triggers;

> "...it's taught me how to recognise when things are going wrong and what I can do to put in place to stop it from progressing any further." *Interview 1, page 9*

Patient experience

Barriers

This patient did not mention any barriers to their engagement with PCN.

Enablers

Social group for beneficiaries;

> **"...**there's tea, coffee, biscuits put on for us. Generally, people can either sit and have a chat with each other or we can play pool, play dominoes, play cards, do this mini indoor golf thing... so if you've got any issues going on, you can discuss with [SPLW] and [SPLW] can signpost to relevant departments." *Interview 1, page 4*

Motivation to register with social prescription;

> "I wasn't interacting with people as much as I could have been doing. So, because I wasn't interacting with people, my mental health, it would take turns and I was going through episodes more and more frequently and end up doing things I shouldn't have been doing the first place." *Interview 1, page 5*

Personalisation

Getting to know each other;

> **"**I was speaking to [SPLW] over the phone for the first few weeks, just to get an idea, so [SPLW] could get to know me, I could get to know [SPLW], then we could discuss what I am trying to achieve and how I was doing it and what could be done to further help." *Interview 1, page 3*

What works well

Accessibility of SPLW;

> "...you can go to [SPLW], just in a quiet area and have a chat to say, 'This is happening, what can we suggest to stop it from progressing?" *Interview 1, page 7*

Social Prescription for as long as needed;

> "...as far as I'm aware it (social prescription) continues for as long as you need it to." *Interview 1, page 7*

What could be improved

This patient offered no recommendations for improvements to the social prescription service.

PCN Patient 3 Case Study

The interview with this beneficiary was conducted on 13th March 2023. The patient was 79 years of age, retired, living in a bungalow with her cat. Her route to social prescription was 'by accident' after trying talking therapies, which she found unhelpful. This resulted in her paying privately for counselling for approximately a year. Unable to recall exactly how she was referred to social prescribing initially, she explained that the first referral to a social prescription link worker was not successful, feeling that the link worker was patronising. Her second experience was more positive and came after receiving a letter from her GP surgery.

Impact of PCN Social Prescription (Patient perspective)

Personal Wellbeing

This patient did not mention how her journey with PCN social prescription impacted her personal wellbeing.

Self-efficacy

Finding her place;

> "although she (previous SPLW) personally didn't find the answers for me, she didn't find the places that suited me, she did help me to identify what I wanted to do and then I went ahead and did it anyway. I joined a rock choir in the end. She never offered me that and I didn't know about it from her, I saw it on Facebook and was immediately drawn to it." *Interview 1, page 4*

Behaviour change

This patient did not mention how her journey with PCN social prescription impacted her behaviour.

Patient experience

Barriers

Telephone communication;

> "Because the state I was in at the time, I might have been better seeing somebody face to face and just relaxing, getting to know them a little bit as well." *Interview 1, page 7*

Expectations of an unknown service;

> "It was hard to have expectations because I didn't know, and she (previous SPLW) didn't seem to be able to explain properly, exactly what she was supposed to be doing or what she was showing me." *Interview 1, page 8*

Group attendees were not her people;

> "And then this guy says, 'We don't want any of that curry muck', and that finished me completely. I don't want to be around people who are very British, very English and prejudiced into the bargain." *Interview 1, page 9*

Age based assumptions regarding activity/group referrals;

> "When someone's old and they are a bit depressed it's very easy to make assumptions, yes." *Interview 1, page 9*

Distance;

> "she (previous SPLW) told me about a band, they were supposed to be jazz players, because I wanted to sing and jazz is my thing. I rang the number that she gave me to talk to the guy, it turned out they are in Billing for a start, which is far too far away from me." *Interview 1, page 10*

Enablers

Financial support;

> "…they (PCN) paid for a term of my rock choir when I began, which was very kind of them." *Interview 1, page 14*

Personalisation

Sharing opinions;

> "He (SPLW) thinks I would have value in being able to feed back to organisations, like yourself I suppose, about things. I'd quite like to do that really, it can feel frustrating that you might think about things and have something to say. But half the time these questionnaires that people send, they are only doing it because the law says they have to." *Interview 1, page 13*

Helping others;

> "I am trying to get involved with the Volunteer Passport thing, which is proving a bit daunting because you have to upload stuff and fiddle around with - find all my old qualifications and that. I don't know, they want all that information which sometimes I just find exhausting trying to do. But (SPLW) helping with that." *Interview 1, page 19*

What works well

Current SPLW being proactive and helpful;

> "he's (SPLW) very thorough and very able and all the rest of it. And he is, he does seem to be. He phones when he says he will and he does the things he says he will and he's very helpful." *Interview 1, page 15*

Fills a care gap;

> "So, that is a great thing really because the doctors are not in a position to do it. The old-time thing where you went to the doctor and he talked to you for a couple of hours and then you felt better, that doesn't happen. You hardly ever see a doctor at all these days and you never see the same one twice if you did." *Interview 1, page 21*

What could be improved

Relationship with previous SPLW;

> "…there were a few things about her (previous SPLW) that I found difficult, one of which was that she was a little bit patronising. I personally hate all this thing where people call you dear and treat you like some little old lady…she was sort of over-enthusiastic with me on the phone." *Interview 1, page 3*

Previous SPLW unreliable;

> "She (previous SPLW) offered me a couple of places to go for a social life or something and I said I'd go. I thought we'd made an arrangement, when I got there, she wasn't there." *Interview 1, page 4*

Referrer to Social Prescription should provide more information;

> "Whoever it is that is going to send you to them, I think that they ought to explain to you a bit about what a social prescriber is and what they do and how it might help you." *Interview 1, page 21*

PCN Patient 4 Case Study

The interview with this beneficiary was conducted on 13th March 2023. The patient was 79 years of age, lived alone with her cat and has one daughter and one grandson. At the time of interview, the patient was near to finishing treatment for cancer and had some worries regarding the outcome. She had been receiving the social prescription services for over a year and was referred to her SPLW through her GP.

Impact of PCN Social Prescription (Patient perspective)

Personal Wellbeing

Feeling in control;

> "Of course, it's (social prescription) made all the difference to my wellbeing. It's feeling in control and okay, not feeling like you are being buried." *Interview 1, page 7*

Self-efficacy

This patient did not mention how their journey with PCN social prescription impacted their self-efficacy.

Behaviour change

This patient did not mention how their journey with PCN social prescription impacted their behaviour.

Patient experience

Barriers

This patient did not mention any barriers to their engagement with PCN social prescription.

Enablers

Flexible and Accessible;

> "It was a lot last year (social prescription services) when I first had my problems and then most of the things were sort of dealt with that I needed dealing with at the time. I was caught up in the system and the process of being healed, if you know what I mean - chemo and the radiation. So, I didn't need his (SPLW) help at the time because it was all clear. Then I've come back to needing help again, so I'm in touch with him again at the moment." *Interview 1, page 4*

Personalisation

Getting access to the right services;

> "He's wonderful, (SPLW), he's absolutely unbelievable, right on the ball. Gets me the right people, the right treatment; the right people to deal with whatever problems." *Interview 1, page 3*

You need someone to 'get' you;

> "When you are feeling really rubbish and things are not going too well and your treatment's overwhelming, you need someone to 'get' you, and he gets me." *Interview 1, page 7*

What works well

Flexible and Accessible;

> "I just text him (SPLW) that I need him to call me. He calls me and then deals with whatever." *Interview 1, page 4*

'It's (social prescription) a life saver';

> "I already feel halfway there to being helped when he (SPLW) picks up the phone because I know that things are going to move. It's a life saver." *Interview 1, page 9*

SPLW's good at their job;

> "He's (SPLW) very on the game. I'm a bit of an odd person, if you know what I mean, I'm a bit funny with it. I'm totally different to him but he knew exactly what to do with me. I ended up calling him Mr Bond, he was so good [laughter], James Bond. My texts were saying, 'Thank you Mr Bond." *Interview 1, page 6*

What could be improved

This patient offered no recommendations for improvements to the social prescription service.

PCN Patient 5 Case Study

The interview with this beneficiary was conducted on 15th March 2024. At the time of the interview, the patient was 46 years of age, employed part-time as a caretaker in a warehouse. He had been diagnosed with bipolar disorder and ADHD. He had only been prescribed medication in the last month and felt that he had 'fell through the cracks' for a long time before getting the medical help he needed. He couldn't recall exactly how he had been referred to the social prescription services but thought it might have been through mental health services.

Impact of PCN Social Prescription (Patient perspective)

Personal Wellbeing

Knowing someone cares;

> "(SPLW), he was one of the only people that really cared. He phoned up occasionally and said, 'Is there anything I can help you with?" *Interview 1, page 1*

Improved wellbeing;

> **"…**I've got my pills, I've got my PIP and I wouldn't have got it without any help from anybody." *Interview 1, page 7*

Self-efficacy

This patient did not mention how their journey with PCN social prescription impacted their self-efficacy.

Behaviour change

No longer getting upset**;**

> **"**It's because if you've been getting the help that you need, you don't get as upset. I was upset all the time and now I'm not. Things are a lot easier because people are helping me get it sorted." *Interview 1, page 7*

Patient experience

Barriers

Funding Social Prescription Services;

> **"…**just they (Social Prescription services) need all the help they can get because they are helping people like us. If they don't get the budget and that, we're just left in the gutter to fend for ourselves. And like I've just proved to you, it doesn't work. The system is not set up for us…" *Interview 1, page 10*

Enablers

Needed any help available;

> "I remember it was a case of, 'I need help, any help'. If this person's going to help in some way then go for it, I'm not getting any other help any other way." *Interview 1, page 2*

No-one else would listen;

> **“**Nobody was listening so for somebody to actually take an interest in what was going on and to say that they’ll help push me - I’m going to take that on aren’t I?” *Interview 1, page 3*

Personalisation

Chasing up referrals;

> “Well basically he’s (SPLW) helping chase up the ADHD team…But I need somebody to be a bit more for me or else I don’t get that help. So, him firing off an email on behalf of me helped” *Interview 1, page 3*

Flexible group attendance;

> **“**I went occasionally to this (social) group, I didn’t go each week and (SPLW) understood that, that different people are in different situations.” *Interview 1, page 4*

What works well

‘Everybody needs a pitbull’;

> “Everybody needs a pitbull because otherwise they don’t get listened to. (SPLW) was my pitbull for a while.” *Interview 1, page 5*

> “You can’t go through life on your own and expect to get anywhere, it doesn’t work like that. Especially when you’ve got problems like I have where if you struggle with trying to tell people what the problem is and they are not even listening in the first place, how are you supposed to get anywhere?” *Interview 1, page 8*

Help available;

> **“**The thing is with all these systems, whether it’s doctors, whether it’s ADHD or anything like that, it’s if you stop asking for help, they don’t help you. You have to keep asking - keep going, keep going, keep going” *Interview 1, page 5*

> "He's (SPLW) been a Godsend and he's got all these men's group and he helps everybody who goes to there, he's a Godsend. If he's helped me times it by 'a hundred', he's helped all these other people as well." *Interview 1, page 7*

What could be improved

This patient offered no recommendations for improvements to the social prescription service.