Building Capacity for the Evaluation of Social Prescribing

Summary Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An Roinn Sláinte
Department of Health

hi Healthy Ireland

Section 1: Introduction and Context

1.1 Introduction

In August 2019, S3 Solutions and Elemental were commissioned by Health and Wellbeing, Health Service Executive, the National Office of Suicide Prevention and the Department of Health to conduct an evaluability assessment of Social Prescribing in Ireland.

Evaluability assessment (EA) is a systematic approach to planning an evaluation of projects. It seeks to assess:

"the extent to which an activity or project can be evaluated in a reliable or credible fashion"[1]

An evaluability assessment is designed to enable informed and strategic decisions to be made about whether and how to evaluate a programme or policy in a reliable and credible way (Wholey 1979)[2]. An evaluability assessment is not an evaluation, however, it is likely to have consequences for how an evaluation is designed, the framework against which monitoring and evaluation is carried out and sometimes on the design of a project or intervention itself.

The evaluability assessment within this report is limited to twelve Social Prescribing projects in operation in Ireland identified by the HSE at the project commencement stage. This is a key input to the development of a monitoring and evaluation framework for Social Prescribing in Ireland.

1.2 Objectives

The objectives of this project were, to undertake an evaluability assessment of Social Prescribing projects in Ireland by:

1. Providing an overview and synthesis of current Social Prescribing services and programmes in Ireland in terms of the underlying theory of change and programme logic models.
2. Assessing the capacity of the current Social Prescribing system in Ireland to collect process, output and outcome data to support impact evaluation.
3. Developing a Minimum Data Outcomes Framework for Social Prescribing services in Ireland, using a consensus-based methodology, and providing recommendations on how to establish a system to collate and report on outcomes nationally.

1.3 Report Structure

We framed the report on the three dimensions of Evaluability Assessment (Davies, 2013)[3], including:

a. Evaluability in principle (i.e. clarity of the intervention and its theory of change)
b. Evaluability in practice (i.e. what data are available and what systems are in place to provide it)
c. Evaluability usefulness (i.e. what interest do stakeholders have in using evaluation findings for example, to enable strategic decision making).

Applying this structure, the report also includes:

- An examination of the Social Prescribing landscape in Ireland
- An Evaluation Index, developed by S3 Solutions and Elemental, to show the current range of evaluation practice in Ireland
- Knowledge and learning from other systems, models, policy and practice around Social Prescribing
- The Primary Care landscape and strategic context within which Social Prescribing operates in Ireland
- The consensus-based feedback on a Minimum Data Outcomes Framework for Social Prescribing in Ireland.

What is Social Prescribing?

For the purposes of this report, the definition employed by the All Island Social Prescribing Network was considered the most useful. This Network is a body established to share knowledge and best practice, to support Social Prescribing at local and national levels and inform good quality research and evaluation.

Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a Link Worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. It is an innovative and growing movement, with the potential to reduce the financial burden on the NHS and particularly on Primary Care[4].

1 OECD-DAC (2010) Glossary of key terms in evaluation and results-based management. Paris: OECD-DAC.
2 Wholey, J. S. (1979). Evaluation: Promise and performance. Washington, DC: The Urban Institute

3 Davies, R. (2013). Planning evaluability assessments. a synthesis of the literature with recommendations. DFID Working paper 40. Cambridge, UK: Department for International Development
4 https://www.socialprescribingnetwork.com/

1.4 Who Contributed?

4 planning and review meetings of the project steering group took place over the duration of the contract

280+

People engaged via survey, focus groups, conference session, workshops, and meetings we undertook as part of this commission

24

The number of people attending a co-design workshop on Minimum Data Outcomes Framework in March 2020

12 site visits to Social Prescribing Projects were carried out during which 29 people took part in semi-structured interviews between September and November 2019

Our team attended the All Ireland Social Prescribing Network Conference in December 2019 and a CHO1 workshop in October 2019 gaining insights to inform the report

8

Total number of semi-structured interviews with Social Prescribing stakeholders between December 2019 and February 2020

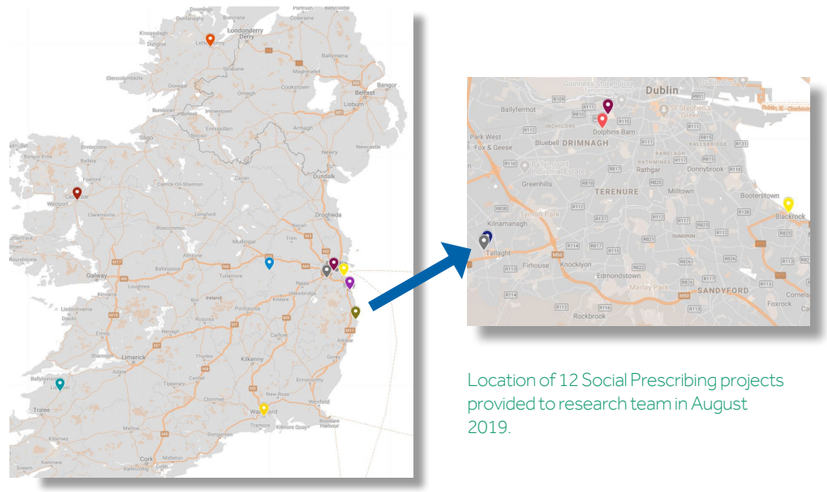
Section 2: Social Prescribing Landscape

Social Prescribing is growing in Ireland and during the course of this evaluability assessment, the number of Social Prescribing projects in Ireland increased. A €20m 'Sláintecare' Integration fund was launched by the Department of Health in March 2019[5] and in September 2019, 122 successful projects were announced, including the expansion of three existing Social Prescribing projects and the introduction of six new projects that either explicitly define themselves as Social Prescribing or involve community referral process through a designated worker and thus align to the principles of Social Prescribing

There are now in the region of 18-20 funded projects and the All-Island Social Prescribing Network continues to expand. At a recent conference (2019), delegates and speakers consistently referred to the Social Prescribing 'movement'. Based on the researcher's observation, the commitment to, and advocacy of Social Prescribing was profound.

Social Prescribing is closely aligned with the HSE's transformation of the health service model of care under Sláintecare, which aims to ensure an integrated model of care based on the principles of 'Right Care, Right Place, Right Time'. A core objective of Sláintecare is to shift the majority of care from the acute setting to the community - bringing 'care closer to home'. Community Healthcare Networks (CHNs) are recognised as the fundamental unit of organisation for the delivery of services based on an average population of 5,000.

The Sláintecare Integration Fund has already funded six Social Prescribing projects across the country, which recognises the contribution that Social Prescribing can offer to the reform of the healthcare system.



Location of 12 Social Prescribing projects provided to research team in August 2019.

5https://www.gov.ie/en/press-release/a98320-minister-for-health-announces-20-million-funding-for-122-Sláintecare/

Section 3: Evaluability in Principle

Evaluability in principle relates to the nature of an intervention design[6], and the extent to which it has a plausible, theoretically sound, theory of change. A key purpose of the consultations with projects was to articulate the underlying theory of change for Social Prescribing in Ireland. The logic model framework was used to guide these conversations.

The main participant groups accessing the projects in this assessment are those with mild or long-term mental health problems, depression, anxiety, vulnerable groups (e.g. single parents), people who are socially isolated, and those who frequently attend either primary or secondary health services.

All stakeholders interviewed referred to improvements in emotional health, wellbeing, and social connectedness as being the primary outcomes for individuals. These improvements are, it is hypothesised, the result of the interaction between the Link Worker and person as well as the community or health based service and the person.

The projects consistently referred to a belief that the improvements arising from a Social Prescribing project (such as reduced anxiety, reduced isolation and improvements in connections) results in a reduction in demand for primary and community care and thus offers resource savings and a contribution to the long-term sustainability of 'the system' (i.e. the healthcare system).

Those interviewed in this evaluability assessment believe that the Link Worker is the most important component in the causal chain – or the key mechanism for change. The skill set, capacity and competencies of the Link Worker are therefore crucial.

Where a positive outcome is achieved and can be evidenced, it will raise the questions: 'to what extent was the change caused by the intervention of the Link Worker, or by the community based service'? and does it actually matter? This is likely to be a challenge for any evaluation of Social Prescribing projects but could potentially be captured through qualitative evaluation methods.

The Evaluability Assessment concluded that the theory of change for Social Prescribing projects in Ireland is clear and logical, and the measurement of intended outcomes at an individual level are achievable using reliable and valid tools. A summary theory of change for Social Prescribing in Ireland (based on the projects interviewed) has been developed presented using the Logic Model.

6 Davies, R. (2013). Planning evaluability assessments. a synthesis of the literature with recommendations. DFID Working paper 40. Cambridge, UK: Department for International Development

Logic Model: Social Prescribing

INPUTS	ACTIVITIES	OUTPUTS	INTENDED OUTCOMES	INTENDED IMPACTS
		THE WORK		THE EFFECTS
The resources needed to deliver the project	The planned activities that can be accomplished with the available resources	If the planned activities are accomplished, the intended amount of product and/or service delivered to the benificiaries	If the planned activities are accomplished, to the extent that is intended, then the beneficiaries will benefit in certain ways	If the benefits to benificiaries are achieved, then certain changes in organisations, communities or systems might be expected to occur
Investment in a Social Prescribing Link Worker Developing links with C&V sector, Primary Care teams and others to receive referrals Establishing referral destinations to appropriate, bona fide, locally based services	Receive referrals for participants in need of support Facilitate in-depth initial assessments with therapeutic component, motivational interviewing, goal setting Signpost to appropriate services, provide support to access or organise and deliver services directly, provide ongoing support	Circa 60-90 participants per annum access therapeutic and holistic 1-1 support Circa 60-90 people per annum access appropriate non clinical interventions C&V and others are providing services to people that need them	Participants will • Reduce anxiety and stress • Improve mental and emotional wellbeing • Be more socially connected • Have increased confidence • Volunteer • Improve physical health and wellbeing • Have greater control over their health	Reduced pressure and demand on primary care waiting lists Contribution to resource savings and thus long term sustainability of health system More non clinical care delivered directly in communities through local organisations

Section 4: Evaluability in Practice

Evaluability in practice considers the availability of relevant data and the systems needed to make that data available. Evaluability depends on access to data and the practicality and cost of collecting it. To capture the breadth of current evaluation approaches in Ireland, S3 Solutions and Elemental devised an 'Evaluation Index' (EI). The EI was designed to help frame the summary of the conversations on how projects are currently measuring the outcomes and impacts of Social Prescribing. It is not intended as a method for completing evaluations nor is it a hierarchical progression pathway of evaluation. By framing 'where we are now' in relation to evaluation practice, the EI assists in the identification of areas for development. The EI shows five approaches to evaluation currently used. These range from gathering standard quantitative data combined with anecdotal participant case studies at 'Approach one' through to Randomised Control Trials at 'Approach five'.

Evaluation Features	Approach 1	Approach 2	Approach 3	Approach 4	Approach 5
Collects quantitative data including participant numbers, demographic profiles, activity levels, referral sources	✓	✓	✓	✓	✓
Gathers qualitative data anecdotally, usually as case studies to be included in internal report documents	✓	✓	✓	✓	✓
Gathers data on medical conditions of referrals	–	✓	✓	✓	✓
Uses internally developed surveys to gather perceived wellbeing data	✗	✓	✗	✗	✗
Uses validated tools to gather pre and post data on participant wellbeing outcomes	✗	✗	✓	✓	✓
Data and outcomes evaluated independently and externally	✗	–	–	✓	✓
Collects and shares clinical data with PCTs on waiting lists, clinical outcomes, attendances	✗	✗	✗	✓	✓
Compares data with national data sets or randomized control group, findings externally verified	✗	✗	✗	✗	✓

– Denotes 'Sometimes'

Across the projects, there is significantly more evidence of data collection at the individual level than at a system level (i.e. healthcare system or community and voluntary sector). However, such evidence is mostly focused on anecdotal and qualitative information.

Currently, three projects are identified as adopting 'Approach four' (only one of these is in a community based setting), three projects at 'Approach three' and the remainder (six projects) between 'Approaches one and two'.

The purpose and use for evaluation differ per stakeholder. For projects, ensuring that outcomes are being achieved for participants, service improvement and funding security are of primary concern, in which case EI Approaches 2-3 may be sufficient. For funders and PCTs, value for money and resource savings may be a priority and therefore Approaches 3-4 may be essential.

The EI was shared with Social Prescribing stakeholders.***Stakeholders indicated that 'Approach 3' should represent a preferred approach (including independent evaluation) with Approach 4' representing the ideal or aspirational approach to evaluation.*** However, there are a range of factors that have implications for evaluation in practice:

- **Uncertainty remains around what to measure, how to measure it and which tools should be used.**
- There are challenges around the **capacity and resources of organisations** to measure outcomes and impacts.
- The **importance of shared resources and shared learning** for evaluation was identified as crucial.
- There are **different Social Prescribing delivery models and projects are at different stages/ levels of operating**.
- The **level of buy-in from Primary Care Teams differs** from project to project and is largely determined by personal relationships. This has an impact on access to 'system level' data.
- The use of other external data (i.e. national datasets and RCTs) to build the case would be useful, but projects need support to do this.
- There are issues relating to **multi annual funding cycles and under resourced projects**. In addition, there appears to be limited onus on projects to provide impact data currently to funders.
- Projects need **clear direction from commissioners and Primary Care Teams** on what is useful for them and what helps them to recommission & fund.

Section 5: Evaluability Usefulness

The third aspect of evaluability is the potential usefulness of evaluation[7] of Social Prescribing in Ireland.

There is significant interest in the evaluation of Social Prescribing projects, primarily from the organisations that are delivering Social Prescribing projects and from the All-Island Social Prescribing Network, but also from the HSE, Department of Health and many Primary Care professionals.

There is an opportunity to harness this interest to generate a momentum around evaluation and secure greater participation from relevant stakeholders. There are a wide range of organisations and sectors with a stake in Social Prescribing and its evolution and development will require collective action and partnership working. This is not limited to the organisations delivering projects or those involved in direct health care provision. There is merit in a cross sector, cross departmental approach to explore how Social Prescribing can evolve with evaluation and evidence at its core.

- **Everyone involved in the process associated with this project is supportive of the need for a Minimum Data Outcomes Framework** and is committed to building more evidence for Social Prescribing. To this end it is essential to work towards embedding (outcome) data collection into service delivery.
- **There appears to be 'buy in' from both commissioners and practitioners** for guidance around the evaluation of Social Prescribing in a **more accessible, clear and structured way.**

A Joint Action Programme has been formed between the Dept. of Health, Sláintecare Office and the HSE which will set out actions required to develop capacity across acute and community care services, whilst in parallel reducing bed demand by utilising existing capacity more effectively, improving access to a range of services and improving the health of the population through preventative population measures. Pillar 1 of this programme relates to Healthy Living and Social Prescribing is included as a potential programme to be delivered under this workstream. This work will involve developing a framework for the sustainable integration of Social Prescribing across the HSE. It also paves the way for the learning and recommendations from this report to inform its development.

7 Davies, R. (2013). Planning evaluability assessments. a synthesis of the literature with recommendations. DFID Working paper 40. Cambridge, UK: Department for International Development

Evaluability Assessment

An evaluability assessment was an appropriate approach by the HSE.

Social Prescribing can be evaluated, and outcome data collection can be embedded in service delivery.

For many projects, there is insufficient valid and reliable data collection or resources, to merit their own evaluations. There are however, a number of enabling factors that the HSE and other partners can support to get to this point. A programme of support for projects to ensure the implementation of quality evaluation practice, aligned to the clarified expectations of funders would increase the potential for reliable evaluation. It is anticipated that this would lead to the effective evaluation of individual projects, as well as in the longer term, the potential for a national evaluation of Social Prescribing projects in Ireland.

Section 6: Minimum Data Outcomes Framework

One of the objectives of this report was to develop a Minimum Data Outcomes Framework for Social Prescribing in Ireland, using a consensus-based methodology, and provide recommendations on how to establish a system to collate and report on outcomes nationally. In order to develop the framework, the researchers firstly established a long list of 27 outcomes that are currently being reported by projects in Ireland. The outcomes are categorised into:

- Participant Outcomes (The patient, the citizen, the resident)
- System Outcomes (The health and social care system)
- Organisation Outcomes (Those organisations delivering Social Prescribing and also receiving referrals).

A co-design workshop was organised and facilitated by the researchers on 6th March 2020. The workshop was attended by 24 individuals representing Social Prescribing projects, community and voluntary organisations and funders/statutory organisations across Ireland.

The co-design workshop identified that personal wellbeing and social connectedness/social wellbeing were the two critical outcomes that must be measured within a Social Prescribing project. Both outcomes relate to the participant. The Minimum Data Outcomes Framework provides:

- Two critical outcomes that are central to Social Prescribing and should be measured, as well as four validated measurement tools
- A list of participant, system and organisational outcomes that should or could be measured within Social Prescribing projects
- Consideration as to how the contribution of Link Workers could be measured within evaluation of Social Prescribing projects
- A five step process that sets out how a Minimum Data Outcomes Framework could be applied, assisting evaluation design.

The Minimum Data Outcomes Framework offers a foundation in terms of a common approach to outcomes which promotes consistency and coherence for practitioners and funders alike and can be refined as investment and delivery of Social Prescribing continues to develop in Ireland. It provides a solid starting point for the evaluation of Social Prescribing projects and should evolve alongside the evolution of funding, projects and other research.

Section 7: Recommendations

The following 5 recommendations are set out to enable the growth of good quality evaluation of Social Prescribing. The majority of recommendations fall within the remit of the HSE as project promoters – however it is envisaged that a collaborative approach involving all relevant stakeholders will be required.

Recommendation 1

Ireland's General Practice is under pressure. The Primary Care system is busy, overstretched and not always responsive to change. Ireland boasts, however, a network of champion GPs and via Sláintecare is entering a period of change, including the introduction of new data systems and new ways of distributing and allocating resources.

To progress the Minimum Data Outcomes Framework, it should be tested further with relevant stakeholders. This research process has included significant engagement from the C&V sector and feedback from Primary Care professionals but the outbreak of COVID-19 restricted PCT participation in the final stages and thus the development of the framework would benefit from further engagement and consensus from the Primary Care community.

It is recommended that the HSE, supported by champion GPs, facilitate a number of engagement events with a network of GPs and Primary Care professionals. The focus of this engagement should be centred on a number of key questions:

a. If projects implement the Minimum Data Outcomes Framework and can demonstrate positive outcomes in wellbeing and social connectedness using validated tools – to what extent will this strengthen your view on Social Prescribing and likelihood of participating in Social Prescribing projects?

b. Approach 4 of the EI requires access to data relating to waiting lists, GP attendance etc. What can projects, via independent evaluations practically do to access this data to support evaluation efforts?

c. What additional information, beyond that included in the Minimum Data Outcomes Framework would encourage greater PCT involvement in Social Prescribing projects?

Recommendation 2

The HSE (Health and Wellbeing & NOSP), The Department of Health (Sláintecare) and Healthy Ireland are currently the main funders of Social Prescribing projects in Ireland.

Given the apparent impact on areas beyond health, it is recommended that the HSE, as commissioners of this report, utilise the findings to stimulate engagement with other government departments, funders, commissioners and statutory bodies including but not limited to housing, employment and skills and welfare. The focus of this engagement should be centred on a number of key questions:

a. To what extent does the proposed Minimum Data Outcomes Framework, if implemented appropriately by projects, satisfy funders and commissioners of the merits of Social Prescribing?

b. What additional information, beyond that included in the Minimum Data Outcomes Framework would encourage a more sustainable funding approach in Social Prescribing projects?

A roundtable discussion about how best departments can work together to contribute to enhanced evaluation efforts may enable a more streamlined delivery of other recommendations.

Recommendation 3

This report has highlighted that whilst evaluation of Social Prescribing projects is possible, for many projects, there is insufficient valid and reliable data collection, not to mention resources, to merit commissioning their own evaluations. I**t is recommended that the HSE and other partners (listed above) consider implementing a 12 month programme of support to Social Prescribing projects to implement evaluation.** This may include:

- Securing permission to utilise validated tools by contacting authors where necessary on behalf of Social Prescribing projects.
- Providing practical support to implement the Minimum Data Outcomes Framework including support to access and utilise the recommended tools and resources. This could include the development and dissemination of the Minimum Data Outcomes Framework as a toolkit/resource and online or workshop based support for projects.
- Providing resources to assist with data collection, data storage and data analysis. This can include financial resources to enable projects to source support (i.e. part time administration shared across a number of projects), or the provision of personnel directly by the HSE to provide support.
- Taking the lead on coordinating training on the appropriate use of validated tools in a conversational way as part of the initial assessments with participants. The development of a shared learning network of Link Workers, which is already in place who meet regularly to share practice and resources provides a useful forum to communicate with and assess training needs of Link Workers.
- Supporting projects to communicate findings through the development of an online library/ repository of information that can be used to highlight examples and templates of current quality evaluations as exemplars of good practice and guides for new projects.
- Investing in or supporting the implementation of a shared digital system for data collection that will enhance the consistency and congruence of how information is collated and reported.

Recommendation 4

The HSE is currently working on a framework for the development and sustainable integration of Social Prescribing in the HSE in consultation with key partners including the All-Island Social Prescribing Network, HSE cross sectoral partners, DOH and the C&V sector. I**t is recommended that this framework includes specific measurable objectives for mainstreaming with appropriate timescales and actions.** Furthermore, the All-Island Social Prescribing Network should consider how the Minimum Data Outcomes Framework and proposed evaluation approaches can advance these goals and consider how it can support the implementation of enhanced evaluation approaches across its network of members.

Recommendation 5

Once tested further as per recommendation 1 and 2, **it is recommended that the Minimum Data Outcomes Framework be enhanced by converting the content into a practical workbook and toolkit which can be distributed and disseminated to projects.** This could be combined with the implementation of recommendation 3 as part of the body of support for projects.

Acknowledgements

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SOLUTIONS

ELEMENTAL
The social prescribing people