



Evaluation of the Thriving Communities Fund

Executive Summary

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Foreword

Arts Council England

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

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

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

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

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

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

Darren Henley, Chief Executive Arts Council England

National Academy for Social Prescribing

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

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

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

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

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

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

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

Executive summary

Introduction

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

Social prescribing in England

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

Reach of the Fund

Target communities

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

People supported

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

Referral network

Establishing a robust referral network that facilitates easy referral from, and to, local agencies is one of the key elements of good social prescribing. Referrals came from multiple sources. 85% of referrals were recorded as referrals from the wider health system, community hubs, voluntary organisations among others. The remaining 15% were referred directly by link workers. This demonstrates how a wider ecosystem of social prescribing supports NHS priorities.

Reason for referral and take-up rates

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

Working with link workers

Projects have reached out to networks of link workers to better connect them to activities. **On average each project worked with 13 link workers**, with several projects engaging a much higher number.

A key theme reported by projects was the capacity pressures facing link workers, which often restricted their ability to engage with activity providers, which in turn led to lower volumes of referrals. Across the programme this has resulted in a greater proportion of activities focused on the community support aspect of the NASP ecosystem rather than via link workers.

Range and profile of activities

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

Impact of COVID-19

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

Performance of the Fund

Impact on participant's health and wellbeing

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

Partnership development

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

Match funding and in-kind support

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

Strengthening the local social prescribing offer

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

Volunteer roles and recruitment

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

Using local assets

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

Workforce development and quality assurance

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

Alleviating pressure on primary and secondary care

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

Legacy and sustainability

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

Recommendations

1. Co-design and co-production guidance should be produced for organisations working within social prescribing systems. This will ensure that the local offer is shaped by the needs of local communities.
2. Examples of effective practice in engaging and supporting communities using online activities should be collated. This should cover guidance and ideas for overcoming digital access issues.
3. Opportunities for greater coordination of local social prescribing offers should be progressed to avoid duplication of effort and help communities navigate activities to support their health and wellbeing.
4. The feasibility of establishing an accreditation or quality mark should be explored to enable link workers and communities to identify and refer into quality assured activities.
5. Social prescribing systems should consider broader infrastructure factors when developing their social prescribing approach such as transport links and community assets. This is particularly important in left behind neighbourhoods with a local infrastructure deficit and where volunteering levels are low.
6. Feedback from partners suggests an absence of wider coordination around local evaluation design. Guidance should be produced to aid organisations in measuring outcomes and impacts for patients, participants, communities and the health and care system.
7. Social prescribing systems and activities should be encouraged to capture consistent profile data to enable aggregation at an ICS and national level. This will aid assessment of which communities are supported through social prescribing and which are under-represented.
8. National partners should consider providing guidance on CRM platforms and design considerations for local social prescribing systems where this is yet to be put in place.
9. While NHS England is working with partners to create a Social Prescribing Maturity Framework and workforce plan, consideration should be given to creating a broader plan to ensure sustainable community provision by activity providers.
10. Volunteers play an important role in social prescribing systems. Social prescribing infrastructure should explore opportunities to improve the coordination and management of volunteers. This could include sharing of volunteer resource and skills to support activity providers and the participants they are engaging.
11. The programme has reinforced the value of facilitating networking between VCSE organisations coordinating and delivering activities as part of their local social prescribing offer. Continued networking opportunities should be hosted to enable learning and the sharing of practice.

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