Sheffield Hallam University | Centre for Regional Economic and Social Research

An Evaluation of the Rotherham Social Prescribing Service during the COVID-19 pandemic

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Knowledge Applied

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1 Introduction

This is latest report from a long-term **Evaluation of the Rotherham Social Prescribing Service (RSPS)** being undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. This report focuses on the work of the **RSPS during the first nine months of the COVID-19 pandemic** (March-December 2020) to develop an understanding of how it responded and adapted during a period of unprecedented crisis, what can be learned from this period, and how we might use this learning to enhance the evidence base about the 'added value' of social prescribing is to the health and care system, to individuals, and to communities.

1.1. Background to the study

The study covered both the **'Long-Term Conditions'** component of the RSPS - which is embedded in GP-led Integrated Case Management; and the **community mental health service** component - which is delivered in partnership with Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH). Both components are commissioned by NHS Rotherham Clinical Commissioning Group (CCG) and delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations (VCOs). The service aims to increase the capacity of GPs to meet the non-clinical needs of patients with complex long-term conditions (LTCs) who are the most intensive users of health and care resources; and to enable Community Mental Health Teams (CMHTs) to help users of secondary mental health services build and direct their own packages of support.

At its core, RSPS is a voluntary and community sector (VCS) liaison service for the whole borough which:

- Enables patients and their carers to access support from local VCS organisations.
- Contributes a VCS perspective to the assessment of needs and care planning for patients across the health and social care system.
- Facilitates the development of new community-based services to fill gaps in provision, and funds additional capacity within existing VCS to meet the increase in demand created by RSPS.

The Long-Term Conditions component was first commissioned as a two-year Pilot in 2012. In 2014-15 it was re-commissioned for a further year as part of Rotherham's multi-agency proposal to the Better Care Fund, with an additional three years of service provision commissioned in April 2015 and then again in April 2018. The Mental Health component was initially commissioned as a 12-month pilot in 2015 but was soon extended to March 2018. Both components of RSPS are currently fully funded by the CCG up to March 2022.

The annual funding agreement covers the core cost of delivering RSPS alongside a 'micro-commissioning' budget to procure a 'menu' of VCS activities that have been specifically developed to meet the needs of Service users. A core team consisting of a Service Manager and seven Voluntary and Community Sector Advisors (VCSAs) is employed by VAR. The Project Manager oversees the day-to-day running of the Service, including management of service commissioning and acting as a liaison between VCS providers and wider NHS structures. The VCSA role provides the link between the Service and the relevant health professionals. They receive referrals from GP practices and CMHTs of eligible patients and carers and make an assessment of their support needs before referring them on to appropriate VCS services (commissioned and non-commissioned).

The study also provided the first opportunity to explore linkages between the locally commissioned elements of RSPS mentioned above and the newly employed social prescribing Link Workers funded through NHS England via Primary Care Networks (PCNs). In 2019 VAR recruited five Link Workers on behalf of Rotherham PCNs and now provides a management and co-ordination function to ensure that their work is aligned, and where appropriate integrated, with the broader delivery of RSPS.

1.2. Study design and methodology

The study was designed to answer the following broad questions about how the RSPS responded to the COVID-19 pandemic:

- What types of support did RSPS provide, for whom, and how was this different from before the pandemic?
- How did RSPS collaborate with other types of support and other support providers during the pandemic?
- What outcomes were associated with the work of RSPS during the pandemic for individuals, communities, and the health and care system?
- What effect has the pandemic had on the service and its funded providers, and what is the broader learning for the future?

A mix of quantitative and qualitative data was collected and analysed for the study:

- **Quantitative data:** monitoring data for 2,734 patients referred to RSPS in the six months prior to (n=1,607) and following (n=1,127) the pandemic.
- **Qualitative data:** qualitative interviews with 15 individuals involved with the RSPS during the pandemic from a range of perspectives:
  - 5 RSPS staff members, including the service manager and 4 VCSAs.
  - 2 primary care staff (1 GP and 1 Long Term Conditions nurse).
  - 5 RSPS providers.
  - 3 RSPS patients (recruited via 1 RSPS providers).

Given that the research was undertaken whilst social distancing and restrictions on face-to-face contact were in place all data was collected remotely through a combination of video and telephone calls according to each participant's stated preference. Reflecting the impact of the pandemic on working practices and personal circumstance, a combination of opportunistic and purposive sampling was undertaken to ensure broad coverage of different stakeholder perspectives.

1.3. Structure of the report

The remainder of this report is structured as follows:

- Chapter 2 draws on RSPS monitoring data to present a descriptive summary of who was supported by RSPS during the COVID-19 pandemic and how they benefited.
- Chapter 3 draws on the qualitative data to explore how RSPS responded and adapted during the COVID-19 pandemic and draw out key learning.
- Chapter 4 is the conclusion and combines the quantitative and qualitative data alongside insights from the wider literature to discuss how RSPS added value to the NHS and local communities during the COVID-19 pandemic.

2 Who was supported by RSPS during the COVID-19 pandemic and how did people benefit?

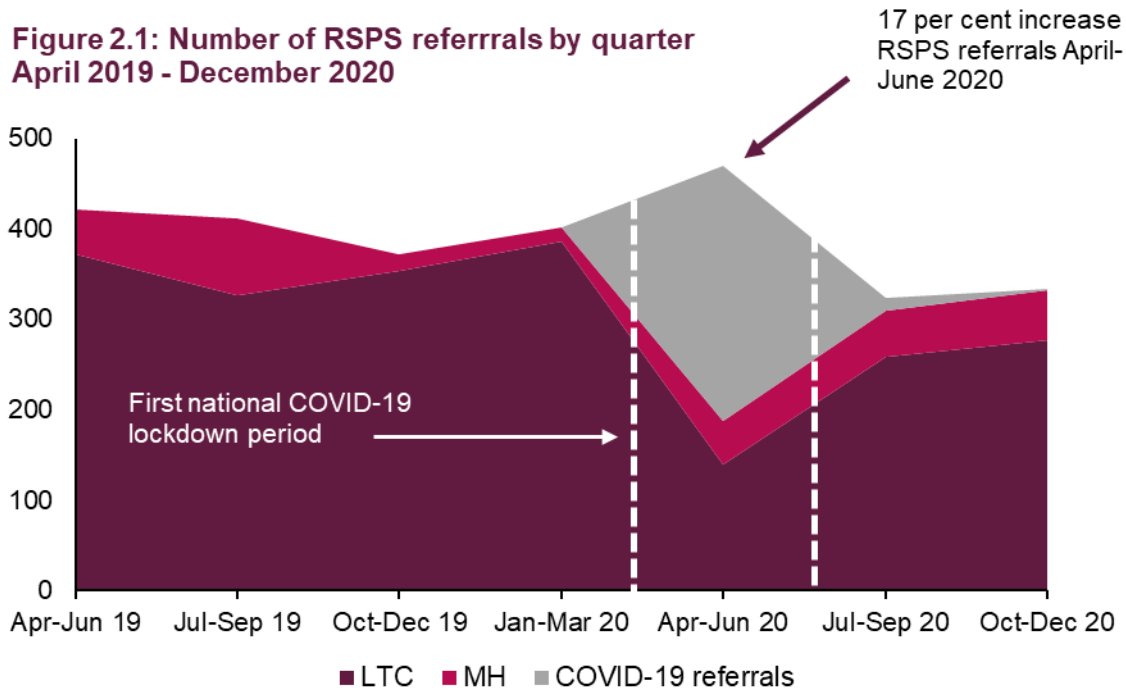
This chapter provides a statistical overview of the work of the RSPS during the COVID-19 pandemic based on monitoring data that is routinely collected by VCSAs. It provides an overview of referral patterns and covers the characteristics of patients referred to RSPS (age, gender and ethnicity), the activities that they were referred to, and the wellbeing outcomes that have been recorded. For each measure the first six months of the pandemic (April-September 2020) are compared with the six-month period that preceded it (September 2019-January 2020)[1] to explore any differences with the service under 'normal' conditions.

2.1. Referral patterns

Figure 2.1 provides an overview of the number of referrals to the RSPS by quarter from April 2019 to December 2020 broken down by the Long-Term Conditions (LTC) and Mental Health (MH) components of the service and including the COVID-19 specific referrals that were received. It shows that **although there was large drop off in LTC and MH referrals during the first national COVID-19 lockdown period these were replaced in greater number by COVID-19 specific referrals** (the RSPS COVID-19 referral process is discussed in more detail in chapter 3). Overall, there was a 17 per cent increase in referrals to RSPS during the first lockdown compared to the previous quarter, with the largest increase – 78 per cent – occurring between March and April 2020 at the very beginning of the pandemic.

[1] Although the start of lockdown and social distancing and shielding guidelines on 23rd March 2020 is generally considered to be the start of the crisis our analysis of the pandemic starts in April 2020 to simplify the way the data is analysed and reported.

Figure 2.1: Number of RSPS referrrals by quarter April 2019 - December 2020



Base: 2,734 referrals to RSPS April 2019-December 2020

2.2. Patient characteristics

Gender

Table 2.1 provides an overview of the gender of RSPS participants prior to and during the COVID-19 pandemic. It shows that that was no change, with **women consistently more likely to be referred to RSPS than men.**

Table 2.1: Gender of RSPS participants prior to and during the COVID-19 pandemic

	Pre-COVID-19 (Apr 2019-Mar 2020)	During COVID-19 (Apr 2020-Jan 2021)	Variation
Male	62%	62%	No change
Female	38%	38%	No change

Base: 3,009 referrals to RSPS

Age

Table 2.2 provides an overview of the age of RSPS participants prior to and during the COVID-19 pandemic.

Table 2.2: Age of RSPS participants prior to and during the COVID-19 pandemic



	Pre-COVID-19 (Apr 2019-Mar 2020)	During COVID-19 (Apr 2020-Jan 2021)	Variation
Below 35	5%	5%	0% pts
35-50	6%	10%	+3% pts
50-59	9%	14%	+5% pts
60-69	11%	13%	+3% pts
70-79	24%	22%	-2% pts
80-89	33%	26%	-6% pts

Base: 2,989 referrals to RSPS

Table 2.2 shows that the **RSPS generally supports an older age cohort** – around half are aged 70 or over – but that during the pandemic there was a slight change, with **a shift to supporting a more people from younger age groups**. Prior to the pandemic 20 per cent of RSPS participants were aged under 60 but this increased by nine percentage points to 29 per cent during the pandemic. This may reflect the fact that **during the and other health professionals become more aware of or were able to identify more people in need of social support** who may have previously been hidden from view. This has undoubtedly been enabled in part by the fact that RSPS has proactively opened-up referral routes to include more primary care practitioners and Link Workers.

2.3. Referral activities

Overall, **RSPS made 1,297 referrals to funded providers in the local voluntary and community sector during the first nine months of the pandemic** (between April and December 2020). This is despite many providers having to adapt their ways of working during this period to meet COVID 19 guidelines. Figure 2.2 provides an overview of the 10 most common services referred to during this period, combining data for the Long-Term Conditions and Mental Health components of the service with COVID 19 specific referrals. This shows that **the most common type of referral activity was enabling**, followed by information and advice, counselling, advocacy and

care respite. This is broadly aligned with RSPS referral patterns prior to the COVID 19 pandemic discussed in previous evaluation reports.[2]

Figure 2.2. Overview of RSPS funded services referred to during the COVID 19 pandemic (April-December 2020)

Table 2.3 presents this data broken down according to referral type. The total number of referrals and the rank for each referral type is presented. All there is some variation the **overall picture is relatively consistent** and aligned with the overall picture presented in figure 2.2 with activities such as enabling, information and advice and carer respite in particularly high demand. When reviewing the data for COVID-19 specific referrals it is important to consider that **this was additional activity undertaken by RSPS providers** and there were a higher number of COVID-19 patients referred to wider services than expected.

Furthermore, these referrals are in addition to more basic support provided to COVID-19 specific referrals such as medicine collections, shopping and other provisions for basic and essential needs. The service itself noted an increase in referrals to counselling and complementary therapies services during the pandemic and they expect to see need for low level counselling to increase yet further due to the lasting effects of the pandemic on mental health.

[2] For the most recent analysis see Dayson, C. and Damm, C. (2020) *Evaluation of the Rotherham Social Prescribing Service for Long Term Conditions*. Sheffield: CRSER, Sheffield Hallam University.

Table 2.3. RSPS funded services referred to during the COVID 19 pandemic by referral type (April-December 2020)

	Referrals to RSPS Funded Providers					
	LTC		*MH*		*COVID 19*	
	No	*Rank*	*No*	*Rank*	*No*	*Rank*
Enabling	103	2	121	1	52	1
Information and Advice	182	1	30	6	29	2
Counselling	54	5	77	2	9	7
Advocacy	77	4	49	4	12	5
Carer Respite	86	3	4	9	17	3
Complementary Therapy	30	7	54	3	11	6
Personal/Skills Development	24	8	41	5	17	4
Befriending	33	6	11	8	8	8
Community Activity - Leisure / Social	5	10	20	7	3	9
Community Activities Coordinator	15	9	4	10	0	10

2.4. Wellbeing outcomes

This section presents analysis of well-being outcome data collected by RSPS from patients prior to and during the COVID-19 pandemic. A wellbeing outcome tool is used by RSPS to identify progress against eight separate outcome measures linked to well-being and positive functioning. The tool is completed by VCSAs with patients when they are first referred to RSPS (baseline) with progress measured after approximately 4-6 months (follow-up). It has eight measures associated with different aspects of wellbeing and self-management:[3]

- **Feeling positive:** hope, learning to cope and feeling calm.
- **Lifestyle:** sleeping habits, smoking, diet and exercise.
- **Looking after yourself:** shopping, going out, transport and personal care.
- **Managing symptoms:** energy levels, pain, information and medication.
- **Work, volunteering and other activities:** new roles, volunteering and social groups.

[3] For each measure a five point scale was used: 1 = Not thinking about it/not doing anything; 2 = Finding out/thinking about; 3 = Making changes/doing something; 4 = Getting there/could do more; 5 = As good as it can be.

- **Money:** debt advice, benefits and managing money.
- **Where you live:** heating, local facilities, stairs and fire safety.
- **Family and friends:** isolation, carer support.

Table 2.4 shows that overall, in the period prior to the pandemic (April 2019 – March 2020) 79 per cent of RSPS patients experienced an improvement on at least one outcome measure (77 per cent of LTC; 86 per cent of MH). By comparison, during the pandemic (April 2020 – January 2021), 74 per cent of patients experienced an improvement on at least one measure (72 per cent of LTC; 92 per cent of MH), an overall reduction of five percentage points (although note that for MH patients there was an increase of 6 percentage points).

Although there was a **small reduction in the proportion experiencing an improvement during the pandemic**, these needs to be understood in the context of the economic and social crisis brought about by the pandemic. According to the Office for National Statistics all measures of personal well-being significantly worsened in Quarter 2 (Apr to June) 2020 compared with the same quarter in 2019 and a similar picture emerged when comparing Quarter 3 (July to Sept) 2020 with the same quarter in the previous year[4]. Against that backdrop, the fact that more than seven out of ten patients reported an increase in some aspect of their wellbeing should be seen **as a positive indication of the benefits associated with a social prescribing referral during the pandemic**.

Table 2.4: RSPS participants wellbeing outcomes prior to and during the COVID-19 pandemic - percentage of patients with an improvement on at least one outcome measure

	Pre-COVID-19 (Apr 2019-Mar 2020)	During COVID-19 (Apr 2020-Jan 2021)	Variation
LTC	77%	72%	-5% pts
MH	86%	92%	+6% pts
All	79%	74%	-5% pts

Base: 1,401 referrals to RSPS

These data can be explored further by focussing on measure specific data for patients with a low score (of 2 or less) when they first engaged with the RSPS. Tables 2.5a-b show the percentage of these low scoring patients on each outcome measure who experienced an improvement following their referral for each RSPS component (LTC and MH). **For each outcome measure at least some low scoring patients recorded improvements, but the proportions were lower than prior to the**

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalwellbeingintheukquarterly/april2011toseptember2020

pandemic, reflecting the wider economic and social context discussed previously. The data also shows that pandemic appears to have affected some outcomes more than others, with **outcomes that were directly linked to COVID-19 restrictions such as 'family and friends', 'lifestyle', and 'work and volunteering' most severely affected**. Several outcomes, including 'managing symptoms', 'money' and 'where you live', with a less direct link to the COVID-19 restrictions, were less severely affected.

Table 2.5a: RSPS LTC participants wellbeing outcomes prior to and during the COVID-19 pandemic - percentage of 'low scoring' (>=2) patients with an improvement



	Pre-COVID-19 (Apr 2019-Mar 2020)	During COVID-19 (Apr 2020-Jan 2021)	Variation
Family and friends	44%	26%	-18% pts
Feeling positive	63%	49%	-14% pts
Lifestyle	40%	19%	-21% pts
Looking after yourself	42%	26%	-16% pts
Managing symptoms	43%	37%	-6% pts
Money	66%	66%	0% pts
Where you live	52%	52%	0% pts
Work, volunteering and other activities	50%	32%	-18% pts

Base: 1,401 referrals to RSPS

Table 2.5b: RSPS MH participants wellbeing outcomes prior to and during the COVID-19 pandemic - percentage of 'low scoring' (>=2) patients with an improvement

	Pre-COVID-19 (Apr 2019-Mar 2020)	During COVID-19 (Apr 2020-Jan 2021)	Variation
Family and friends	54%	18%	-36% pts
Feeling positive	65%	61%	-4% pts
Lifestyle	45%	26%	-19% pts
Looking after yourself	52%	67%	+15% pts
Managing symptoms	60%	71%	+11% pts
Money	45%	63%	+18% pts
Where you live	39%	33%	-6% pts
Work, volunteering and other activities	83%	71%	-12% pts

Base: 1,401 referrals to RSPS

3

How RSPS responded and adapted during the COVID-19 pandemic

The Government's decision, on 23rd March 2020, to put the whole country into lockdown and ask people identified as clinically vulnerable to 'shield' themselves from non-essential contact can be described as a shock to which the whole of society, public services and the economy was subjected. It has been argued that pandemic is analogous with a humanitarian [5] crisis and we know from research into other humanitarian and environmental crises, such as earthquakes and droughts, that how 'resilient' a service or system is to the shocks brought on by the crisis determines the effectiveness of the subsequent response and recovery. Two components of resilience are particularly important for services such as RSPS:

- **Absorptive capacity:** the ability to 'soak-up' and 'take stock of' the initial 'shock brought on by a crisis and continue 'as normal'.
- **Adaptive capacity:** the ability to learn and combine experience and knowledge to incrementally adjust responses so that they can continue operating.

In light of these factors this chapter explores how the RSPS responded during the COVID-19 pandemic focussing on the extent to which it was able to absorb and adapted to circumstances and patient needs as the crisis unfolded.

3.1. Absorbing and adapting at the service level

A number of changes were enacted by the RSPS at the beginning of the pandemic in response to lockdown restrictions and shielding requirements. These involved providing a much broader service to all those who were referred and extending the service to beyond those with long term conditions, who were case managed, or engaged with mental health services. The service was able to do this by working closely with PCN Link Workers, GP's and other organisations to ensure all those who had been referred and needed help would be supported.

> *"We just wanted to be useful to GPs because at the beginning of the pandemic they stopped doing the integrated case management work we are involved in to*

[5] See for example: Dayson, C et al (2021). *The Value of Small in a Big Crisis: The Distinctive Value, Contribution and Experiences of Smaller Charities in England and Wales During the COVID-19 pandemic*. London: Lloyds Bank Foundation for England and Wales.

focus on COVID, hence we saw a significant fall in referrals almost overnight. We received 18 referrals of long-term condition patients in April – normally it is around 130 per month. We decided to be proactive and as useful to primary care staff as we could so we joined forces with our Link Workers to take referrals outside our normal targeted pathways to help as many people as we could who were adversely affected by the pandemic."

During the pandemic, a number of changes were agreed with the CCG about how the RSPS operated. For example, patients referred to RSPS through the long-term conditions (primary care) pathway whose primary reason for referral was mental health were allocated to the mental health pathway to compensate for the significant reduction in referrals the service was receiving from Community Mental Health Teams.

"Some of the reduction in long-term conditions patients can be explained by some patients being allocated to the mental health pathway instead'. So, the referrals of patients with mental health issues are now coming in from both primary and secondary mental health services. Statistically speaking, this meant we had a reduction in long-term conditions patients, although the number of additional COVID referrals from outside our core schemes more than made up for this in terms of our workload".

From June the RSPS reverted back to as close to a 'normal' service as possible whilst continuing to be flexible to the circumstances brought about by the pandemic. Commissioned RSPS Providers were also asked to take on additional tasks if they could help and they responded by delivering services outside their contract remit.

"By early July we had reverted back to normal. Between April and June, we had opened up our onward VCS referral pathways to the Link Worker team – more to enable Link Workers to find alternative sources of support for people including direct referrals to RSPS commissioned providers. Many of these referrals were for practical help many people needed during the pandemic such as collecting prescriptions, food shopping and food parcel collection and dog walking. Of course, other support options were used by the RSPS team and Link Workers to refer people to including the council-led Rotherham Heroes service, the national NHS Volunteer Responder scheme and wider community support available from community organisations in Rotherham."

There were strong links forged across Rotherham services and this included new services such as Rotherham Heroes and NHS responder services. Although these links were not considered formal, they contributed to a COVID referral pathway and ensured support was directed where needed.

"RSPS worked collaboratively across the town – more by information sharing with key staff in the local authority, NHS and voluntary sector – to create referral pathways and to keep everyone up-to-date with service developments which were in a state of continual flux throughout the pandemic. Information coming into VAR from public sector partners and wider voluntary and community sector groups were then cascaded to RSPS and Link Worker staff to keep multiple support options available to service users. In communities, some community centres formed their own local support networks. We found careful co-ordination of services and information was required in those early months in particular to help people who basically got locked down and in a lot of cases didn't have any support."

These links were also forged at a strategic level with meetings during the lockdown to ensure support continued to be delivered.

"Our senior management team were attending COVID update meetings and in regular contact with the council and health leaders, ensuring collaboration took place at strategic level. Information was then fed down to operations such as RSPS and the Link Worker services, which in turn worked collaboratively with partners in the local authority, health services and the wider voluntary and community sector. This collaboration helped provide Rotherham people with more seamless services during the pandemic"

At an operational level, there were close links established with Rotherham Council to ensure information was distributed throughout the service.

"We received regular updates from a lead council worker as to what services were out there under Rotherham Heroes and which services could be referred to. Link workers and the RSPS Advisors could refer to Rotherham Heroes or to the NHS Volunteer Responder scheme which was managed by the Royal Voluntary Service prioritising the medical support side, taking people to and returning them from hospital."

GP Practices valued the proactive and flexible approach taken by the RSPS during the pandemic. There was an increase in patients calling the surgery with **isolation and mental health issues,** and RSPS provided a vital referral option for these cases

"I had people on the telephone telling me they were isolated, struggling with finances or they were struggling to get food I could then put in a COVID referral, someone form the service would contact them and as if by magic they would help them and sort them out. So, it's been absolutely fantastic."

3.2. Absorbing and adapting at the level of the VCSA and Link Worker

In terms of RSPS Advisors, they were inevitably unable to undertake their usual face-to-face visits with patients. Initial contact with patients after referral was made in the main by telephone. The service manager reported that Advisors had been able to undertake the assessment process but that it had been taking longer and, in some cases required a follow up call for clarification; patients needed more chat-based time; and required other support from social services for example. Ordinarily, Advisors would have been able to observe the home environment and perhaps pick up on the support that is needed, but this was difficult via phone.

Advisors explained that **phone contact could be advantageous** as it sometimes helped to **engage those who might not have been comfortable with a face-to-face meeting.** Support being offered remotely was welcomed by those who struggled with social interaction.

"We do get people engaging who wouldn't ordinarily engage if we were going to visit the home …people who struggle with social interaction, people who don't like to go out, who don't like to interact with people, those people are more engaging when the support is over the phone, so I think that's a positive of doing a telephone assessment."

On a **less positive note,** whereas home visits give the opportunity for the advisors to observe the home environment and perhaps pick up hidden issues, phone interviews do not afford this capability. Advisors commented that they had to **rely on patient responses** to undertake the assessment and this may not result in all issues being discussed or acted upon.

"Because you were in the patients home you got an idea of how they were managing, whereas having to do it on the telephone you don't pick up on those

visual cues and you are having to really listen and understand what the patient is telling you but not verbally telling you so those unspoken cues…sometimes they are guarded and won't give out information that you would pick up during the home visit."

"Doing assessments over the phone is sometimes quite intense, you don't have the visual cues … you feel something might be missed because you're not doing the risk assessment visually and I think that can give you so much about somebody's living conditions, picking up non-verbal communication whether they are anxious. So, I think it's always difficult going into that assessment over the phone because people are wary about sharing the information over the phone, you can put them at ease better if you are face to face."

Advisors also commented on the **length of time** it was taking to undertake the assessments by phone – some can be up to two hours calls or needing to make several calls to complete the assessment. Isolated patients would want to talk at length and advisors felt compelled to listen fully to make sure they did not miss anything and, in most cases, offer reassurance. Advisors remarked that this could be very tiring as well as time consuming.

"I am having a lot more contact with patients than I would normally because I'm working at home and not doing visits, I can actually do that. It wouldn't be sustainable if I was out doing visits but at the moment, I'm able to do that. I feel that if half an hour of my time an reassure somebody and make them feel less anxious its time well spent."

The increase in referrals and intensification of workloads during the lockdown necessitated a much more collaborative way of working between the RSPS Advisors and the PCN Link Workers. Although this relationship had always been integrated and collaborative, referrals during lockdown had become more generic and did not just include those with long term or mental health conditions. These referrals muddied the waters, and it was sometimes unclear who needed to be specifically supported by who. To ensure all referrals were picked up, both advisors and link workers worked very closely to ensure all those who needed help were supported.

As referral numbers decreased, RSPS attempted to take a proactive approach and tried to raise the profile of the service in the area and highlight capacity. Another part of this preventative approach included RSPS reaching out to GP Practices to request a list of all patients GPs felt could benefit from a health and wellbeing call as an additional measure to prevent worsening mental and physical health. Unfortunately, only two GP Practices were proactive in responding to this option. The Service Manager reflected that in some cases this was due to confusion and a concern around data protection. Nevertheless, *"'one GP Practice requested RSPS generate a list of their patients held on our data system (via previous referrals to RSPS) to do check-in calls. We selected people referred to our service by the Practice in the previous two years and set about contacting them all. Any medical support issues picked up were fed back to GPs. During the pandemic, we continued to be proactive in supporting our GPs, community nursing teams and social care services and to work in partnership as much as possible to keep people well."*

There was, and remains confusion, about the role of Link workers and Advisors within GP surgeries. This is perhaps due to a lack of understanding about the different roles: VCSAs take referrals for case managed long term condition patients and the Link Workers take the remaining referrals. During the lockdown this distinction was perhaps blurred to some degree due to the increase in referrals, the COVID-19 referral pathway and the willingness of both Link workers and Advisors to work together to ensure everyone received support.

"So we were just wanting to show willing to the practices and working partnerships as much as possible across link worker and social prescribing services."

Working together during the pandemic was certainly undertaken and information was shared, and resources were pooled. As mentioned previously, a COVID-19 pathway was created for all referrals whereby referrals could be received by either the Link worker or the Advisor.

"Certainly, through the pandemic we joined up, we buddied up and we expanded our joint provision to GP Practices to enable them to refer anyone in need of non-medical support. The RSPS team and the Link Workers became as one. We adapted our core referral pathways to include anyone in need – case managed or not. We decided to create a new pathway for wider referrals we termed 'COVID-19' referrals. This gave GP Practice staff wider options when patients were presenting with a range of non-medical issues and we found many people needed navigating to support services to help them to meet their basic needs such as collecting and delivering prescriptions, collecting an delivering shopping, collecting food parcels as well as dog walking. The majority of this joined-up work took place in the three months from April to June."

Advisors commented that they felt their role had evolved into dealing with much more **crisis management** such as help with food and prescriptions, something that was not common prior to covid 19. Crisis management continued to some degree after the lockdown, with advisors explaining that **mental health support and respite was still needed.**

"The referrals I got were at crisis point, whereas if they have been referred to us under normal circumstances, they might not have got to crisis point before we put the interventions in."

"We often get that they [patients] are reaching out for support and they need it today, we are getting carers who just can't do it anymore I need some help and those kinds of referrals are coming to us."

Visits to surgeries and case management meetings ceased during the lockdown.

"It can be quite intense because particularly during the lockdown periods I think people have been couped up in their own home not seeing many people…. once they do start talking its very much a bit of an offloading session quite a lot of the time and that is really with mental health referrals and mental health patients and also people with LTC's because they might not be seeing anyone… [this] Makes our job more stressful."

Moving forward it will be essential that surgeries are made aware of the distinction between Link workers and Advisors and the different cohorts they work with. Advisors themselves reflected that there is still a bit of confusion between the roles, and this can sometimes lead to duplication. At a management level, there is a good relationship between the RSPS service manager and the manager of the link workers.

Finally, it is worth noting that home working can have challenges for Advisors and Link Workers. One of the biggest challenges was to ensure staff wellbeing was being supported by checking in with staff particularly as they were working at home.

"One of the big pressures on managers is supporting your staff to keep them well and productive. It was important for me to regularly check in with them and to reassure them they are working well when working from home as they themselves

may have felt isolated. Keeping staff morale up and being sensitive to everyone's mental health was and remains vital."

Advisors created WhatsApp group used to keep in touch, provide support and ask each other for advice.

"We are closer as a team and that's been really good for us because we know that if we have had a bad phone call, we can always talk to somebody. I think its brought the team closer together."

There were some advantages to homeworking, however. Advisors also commented that they are perhaps **better able to manage their time** as there is physically less travel involved and fewer distractions, but this didn't prevent them from maintaining remote contact both with each other and patients. This, however, is not all positive and advisors were acutely aware of the challenges working from home in isolation.

3.3. Absorbing and adapting at the provider level

Providers also rose to the challenge of the lockdown and changed the way their service was delivered. In most case home visits were not undertaken and face-to-face provision was paused which meant most services were delivered digitally or by phone, rather than physical settings. Each provider was flexible and tried to provide a service that best suited the patient. Some patients required more time from support services. Providers suggested that digital delivery enabled organisations to reach more people and also those who might not ordinarily attend group sessions or don't like to be with many people.

"I feel as our service we have been able to offer more and we will do moving forward, it's not just me ringing round people when we first get the referral, explaining about the group and then the group once a week I feel like we are offering a lot more support, there is that kind of connection with the online group. When we get back to the in-person group, we will be offering a lot more…. I've been able to reach a lot more people than we was before some people can't physically get in for the in person group, some people are really nervous about coming in... from the Facebook group people can access it and get different techniques and support." (RSPS Provider 1)

Many providers set up Facebook groups and Zoom groups which had no limits on numbers.

"It's brought out different ways of working I wouldn't have even thought of. Facebook pages worked really well and it's something I'm going to continue even when we do get back to face to face. We have got a waiting list now…if people want to wait that's fine if people just want Facebook that's fine." (RSPS Provider 2)

However, younger people were more likely than older age groups to engage with group activities online.

There was lots of evidence of providers being innovative, changing their approach and 'thinking outside of the box'. Examples included providing a live feed of sessions, proactive phone calls, revisiting those who had been referred the RSPS in the past, paper activity packs, and food parcels. One RSPS provider made the decision to substantially change its focus from digital learning and skills and became a food bank. When and where possible, providers sought to restart group sessions once lockdown rules were relaxed. This was particularly important for activities which took place outside. Moving forward, a number of providers were keen to build on the lessons

learned during the pandemic and develop a more blended model of delivery to reach a wider and more diverse range of patients.

Providers reported that referrals worked well after some initial confusion around the RSPS advisor and Link worker roles. However, they said that this didn't really matter due to the level of need generated by the pandemic and referrals are now working as they should with roles clarified and understood better. Providers reports that VAR had been incredibly supportive of what they were trying to do during the pandemic. They valued the one-to-one sessions with VAR and commented how helpful the network meetings had been prior to the pandemic in helping them know what support was in the area.

As referrals declined it was important to ensure RSPS commissioned services could utilise their capacity a) to maintain their contracted hours and b) provide vital services, providers were asked to help in any way they could *"we felt well we need to help as best we can and our providers, you know if they can be ready to help as well, if they've got the capability to do some of this stuff then yes let's bring them into the fold"*.

Service provision therefore continued and remained flexible throughout the first lockdown. As well as normal service delivery, other services ranged from dog walking, collecting prescriptions through to shopping and food parcels to ensure those needing help were supported. Normal services changed from face-to-face meetings to a more digital means of support. A range of delivery mechanisms such as, phone contact, for those that were digitally included, zoom and other services were used to maintain contact. Other activities were continued through, online sessions, live streaming, private Facebook groups/ pages and WhatsApp groups.

4

Conclusion: how RSPS added value to the NHS and local communities during the COVID-19 pandemic

This report has explored in detail **how the RSPS and its constituent components responded to the COVID-19 pandemic**, drawing on a combination of quantitative data and qualitative insights. Overall, the findings demonstrate the important role the RSPS played **supporting local primary care and other services support vulnerable local people** during a period of crisis:

- RSPS **continued to receive referrals from health services and make onward referrals to voluntary and community organisations throughout the pandemic**. Overall, the total number referrals increased by 17 per cent at the height of the pandemic.
- RSPS as a service, its advisors and link workers, have **demonstrated incredible adaptability and flexibility throughout the crisis**. Although pandemic restrictions have limited the possibility for the sort of face-to-face contact on which the service is founded, **new ways of working have been developed** to ensure people can access the support they need.
- Adaptability and flexibility during the pandemic were also evident at the RSPS provider level. **Commissioned providers found new ways to support patients that overcame lockdown and shielding restrictions** and were responsive to new and emerging needs and circumstances. Some of the learning from this period will be carried forward following the pandemic to enhance the way RSPS activities and opportunities are provided.

Prior to the pandemic, the focus of the RSPS evaluation and the rationale for investment in social prescribing has been about outcomes[6] for patients, communities and health services. However, these findings demonstrate how **social prescribing can be also a source of 'resilience' during times of crisis such as a pandemic**. Resilience is important because it relates to the ability of an entity, individuals, community, or system to return to normal condition or functioning after the occurrence of an event – such as a pandemic - that disturbs its state. It has been described as *"the intrinsic ability of a system to adjust its functioning before, during, or after changes*

[6] The National Social Prescribing Outcomes Framework describes three broad types of outcome - change for individuals, change for communities, and change for the health and care system – and previous RSPS evaluation reports have focussed on these three areas.

and disturbances, so that it can sustain required operations under both expected and unexpected conditions"[7]

RSPS was a source of resilience to two main ways. **First, it enhanced the resilience of the health and care system**, by responding in real-time to the needs and circumstances of professionals and services. RSPS adapted quickly to identify how best to support GP practices by creating flexible service pathways and taking on a higher number of referrals than planned. This undoubtedly released capacity in GP practices to attend to the more acute medical needs of patients at the height of the pandemic safe in the knowledge that patients who were lonely, isolated and unable to access food and medicines were being supported by RSPS. **Second, it enhanced individual and community resilience** during a crisis through the provision of a range of practical, social and emotional help, advice and support. Although the pandemic is known to have had a major detrimental effect on wellbeing across the country many RSPS patients still reported wellbeing improvements during this period due to the support that was provided.

Moving forward it would make sense to embed this broader understanding of the benefits of RSPS – and social prescribing more generally – in how social prescribing services are commissioned. Although outcomes for patients, communities and the health and care system will remain central to the aims and purpose of RSPS, **its ability to enhance resilience for key stakeholders within the health and care system should not be underestimated** once the pandemic has subsided.

[7] Hollnagel, E (2012) *Proactive approaches to safety management*. The Health Foundation thought paper.