

**Chief Officer: Sandra Ross**

**Health and Social Care Partnership: Aberdeen City**

**HSCScotland five essential elements** (*please tick relevant priority*):

Transforming the approach to improving health, wellbeing and independence	✓
Building stronger community care systems and primary care services	✓
Establishing a new focus on mental health	✓
Securing a sustainable acute hospital service and specialist care service	
Strengthening future partnerships to ensure a modern sustainable workforce	✓

**Title: Effectiveness and impact of a social prescribing service**

**Situation:**

Increasing financial and epidemiological challenges means there is a need to shift the focus from managing disease to a preventative approach. The development of a links approach (commonly defined as ‘social prescribing’) takes a step towards holistic self-management by introducing a complimentary non-medical skill set into general practice and may aid the sustainability of Primary Care.

**What action did the integration authority take:**

The first year saw 1864 referrals, predominantly from GPs (82.4%). The most common referral reasons were **mental health** (24.8%), social isolation (17%) and benefits (8.8%).

Patients’ mean quality of life ( $p=.009$ ), happiness ( $p=.02$ ) and loneliness ( $p=.001$ ) scores **all significantly improved** from baseline to six month follow-up. There was a trend towards a reduction in mean number of GP contacts (self-reported by patient) from baseline (mean=1.7, SD=1.1) at follow-up (mean=1.2, SD=0.9),  $p=.1$ .

LP interviews and questionnaire responses (N=9) identified high job satisfaction (average score 83%) and strong communication within the LP team (average score 96%). Positive team dynamic was facilitated by the intensive induction period, project enthusiasm and caring personalities, whilst maintained through extensive communication channels.

General Practice staff knowledge of LP role and perceived value of a links approach both increased from baseline to six months (19% and 13% respectively).

Influence of leadership

From the outset, it was championed from the Chief Officer that this service would be delivered in collaboration with a third sector provider as equal partners, recognising that our ‘Partnership’ stems beyond just health and social care services, and acknowledging the valuable role that Partners in the third sector play in the delivery and initiatives to improve wellbeing in the population.

With a collaborative leadership culture being adopted within the Partnership, the project team were empowered to embody a co-production approach and trusted to take ownership over the development, implementation, evaluation and scale-up of the service.

**Impact:**

- *Impact on people:* The statistically significant improvements in health and wellbeing of individuals referred into the service indicates an improvement in self-management and resilience within this group.
- *Impact on primary care:* the service is contributing to the sustainability of primary care, with a trend towards reducing GP workload and broadening the skill set within the primary care team, helping ensure people see the right person at the right place and right time.
- *Embedding the links approach beyond Primary Care:* sharing successes of the programme across systems by encouraging existing services (e.g. housing teams) to consider how to adopt the “links approach” within their service design.
- *Supporting growth across the system:* collaborating with existing services (e.g. housing) to consider how to adopt the ‘links approach’ within their service delivery and working in partnership with the third sector using the data to ensure evidence-based funding applications that meet locally-identified needs.

**Core components of your example which should be applicable across Scotland:**

Replication in a different environment

The project is currently being extended to other areas, for example by embedding a LP into the Kittybrewster custody suite, helping to address growing challenges with substance misuse and mental health.

Replication in a different geographical area

A recent systematic review<sup>1</sup> notes an absence of effect in social prescribing interventions, however the Aberdeen Links Service is able to demonstrate an effective implementation of social prescribing. Having been comprehensively evaluated, it is likely that the key principles from implementation within this context are transferrable to other areas, particularly given that a social prescribing approach was not developed locally.