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**POSTER ABSTRACT****Social Prescribing and Integrated Care: An Evaluability Assessment**18<sup>th</sup> International Conference on Integrated Care, Utrecht, 23-25 May 2018

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**Background:** In the United Kingdom UK there is a desperate need to fund the National Health Service NHS to better reflect the populace at a local level. In response, the NHS Five Year Forward View [1] was published and noted that a “one size fits all” model of care was no longer practical. As part of delivering this remit, new models of care have been designed to deliver more integrated care and create partnerships at the community level.[1] One such model is the Encompass multispecialty community provider MCP; one of 14 ‘vanguards’ established across the UK in response to improving the integration of health and social care [2] whilst also looking towards non-clinical resolutions. This necessity to pursue a more inclusive and sustainable approach to health has allowed concepts such as social prescribing to rise to prominence.

**Method:** An evaluability assessment EA was undertaken to determine if there was enough evidence to carry out a full evaluation of the social prescribing service Red Zebra in relation to the MCP remit. The EA included collaboration with end users, elaboration, testing and refinement of an agreed programme theory, understanding the programme reality, identification and review of existing data sources and making assessments against key criteria.[3], [4]

**The key criteria considered were:**

Quality of project purpose

Quality of expected outputs

Availability of baseline and monitoring data

Feasibility of attribution

**Data Collection:** In-person interviews were undertaken with social prescribing managers, case officers and commissioners engaged with the Encompass MCP process. To address the key criteria the research team also collated and analysed information related to Red Zebra’s history, aims, objectives, staff job descriptions, copies of client feedback forms and the social prescribing platform they utilise to undertake their work known as Connect Well CW. The CW database documents online referrals and whether the activity provider has responded to the referral. Self-referrals are recorded independently by the organization. Additionally, as this

system is not compliant with NHS information governance NHS patient numbers are not recorded and therefore cannot be linked with other patient activity.

**Conclusion:** Data showed, service users being predominantly older people with long-term conditions requiring support for social isolation.

At the time of this assessment, impact of the service was not possible to evaluate as there was not a formal assessment of either patient reported outcomes or change in health service use. While satisfaction with onward referral providers is assessed via feedback forms, these do not include questions on users' experience of Red Zebra. Whilst promising, the outcome data collected by Red Zebra at this juncture needed to have included a formal assessment of client perceived benefits and anticipated outcomes of the service itself to be considered for a full evaluation.

**References:**

- 1- Available from: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
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