Lessons learned on the sustainability of social prescribing interventions: a Delphi analysis conducted in the C.O.P.E. European Project

Ilaria Simonelli,[1] Emanuele Torri,[2] Sara Paternoster,[3] Sabrina Herzog,[4] Maria. J. Marques,[5] Sónia Dias,[5] Regina Alves,[6] Carina Dantas,[7] Marcello Bertotti[8]

[1]Programme Officer at Directorate of Integrated Care, Healthcare Trust of the Autonomous Province of Trento, Italy; [2]Director, Clinical Governance Department, Healthcare Trust of the Autonomous Province of Trento, Italy; [3]Psychiatrist at the Directorate of Integrated Care, Healthcare Trust of the Autonomous Province of Trento, Italy; [4]Healthcare Trust of the Autonomous Province of Trento, Italy; [5]NOVA National School of Public Health, Public Health Research Centre, CHRC, REAL, NOVA University Lisbon, Portugal; [6]Research Centre on Child Studies (CIEC), Institute of Education of University of Minho, Braga, Portugal; [7]Chief Executive Officer, SHINE 2Europe Lda., Coimbra, Portugal; [8]Institute for Connected Communities, University of East London, UK

ABSTRACT

Social prescribing (SP) has emerged as a transformative approach, aiming to address non-clinical determinants of health by linking persons to community resources and activities. This approach acknowledges that social factors, such as loneliness, social isolation, and lack of community engagement, significantly impact physical and mental health. The European Project C.O.P.E. has efficiently implemented SP strategies in Europe reaching a total of 410 young people in Italy and 576 in Portugal, involving 21 Link workers in Portugal and 56 in Italy, building more than 80 Agreements at territorial level. The results reported by the C.O.P.E. project requested a deeper reflection on sustainability of networks and collaborations put in place in order to allow the project to continue and to provide a solution to expectations of young people. A scoping review, a SWOT Analysis and a Delphi study have been planned in order to understand specific aspects related to sustainability.

Correspondence: Ilaria Simonelli, Directorate of Integrated Care, Healthcare Trust of the Autonomous Province of Trento, Via Alcide Degasperi 79, 38123 Trento, Italy.
E- mail: ilaria.simonelli@apss.tn.it

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Introduction

Social prescribing (SP) has emerged as a transformative approach, aiming to address non-clinical determinants of health by linking persons to community resources and activities. This approach acknowledges that social factors, such as loneliness, social isolation, and lack of community engagement, significantly impact physical and mental health. SP programs typically involve healthcare professionals referring patients to non-medical services, such as community groups, volunteering, arts activities, and physical exercise programs, which are designed to enhance health and well-being.[1]

The concept of SP is grounded in the recognition that health and well-being are influenced by a complex interplay of biological, psychological, and social factors. Traditional medical models, focused primarily on biological aspects, often overlook the significant impact of these social determinants. As a result, SP has been increasingly adopted in countries like the UK, where it forms part of the broader strategy to create more holistic and patient-centered healthcare systems.[2]

Recent research has highlighted the potential benefits of SP, particularly in addressing mental health issues among various population groups. Adolescents and young adults are particularly vulnerable to mental health issues such as depression, anxiety, and stress, which can be exacerbated by social isolation and lack of supportive networks.[3,4]

The unique challenges faced by young people necessitate

targeted interventions that go beyond conventional clinical treatments. SP offers a promising avenue by providing access to community resources that foster resilience, social support, and a sense of belonging. Studies indicate that young people who participate in SP activities report improvements in mood, reduced feelings of isolation, and enhanced overall well-being.[5] For instance, engagement in arts and cultural activities has been shown to significantly boost self-esteem and reduce symptoms of anxiety and depression among adolescents.[6] Moreover, the preventive potential of SP in addressing mental health issues in young people is noteworthy. By connecting young individuals to supportive community networks early on, SP can mitigate the development of more severe mental health problems and reduce the long-term burden on healthcare systems. Programs that include physical activities, such as sports and outdoor adventures, not only promote physical health but also contribute to mental resilience and stress reduction.[7]

Despite the promising evidence, the implementation of SP faces several challenges. Ensuring accessibility, maintaining engagement, and tailoring interventions to meet the diverse needs of young people are critical factors for success. Additionally, further research is required to better understand the long-term impacts of SP on young people's mental health and to identify best practices for program design and delivery.[8]

Young people neither in employment nor in education and training situation (NEET) are a group in particular risk. If we look at the broader EU context, in 2019, 16.4 % of the 20-34 year-olds in the EU in 2019 were NEET. The proportion of young people neither in employment nor in education and training in 2019 ranged from 7.3 % in Sweden to 27.8 % in Italy 4,5. Particularly high prevalence of young people in a NEET situation can be seen in the Mediterranean and Eastern Europe countries. Officially, the EU Youth Strategy was adopted in 2018 and sets out a framework for cooperation with Member States on their youth policies for the period 2019–2027. The strategy focuses on three core areas of action, centred around the terms "engage, connect, empower". Integrating young people in a NEET situation in society is an essential step in order to achieve the goals of the 2030 Agenda for Sustainable Development which emphasizes that, as the potential of these youngsters is very high, European countries should focus on this aspect more and more.[9]

The European Project C.O.P.E. has efficiently implemented SP strategies in Europe reaching a total of 410 young people in Italy and 576 in Portugal, involving 21 Link workers in Portugal and 56 in Italy, building more than 80 Agreements at territorial level.

Specifically, the project identified individuals in a NEET (not in Education, Employment and Training) situation as the target group for implementing a holistic approach to provide solutions in the most vulnerable situations. The project, that concluded its activities in June 2024, took into consideration the complex background of young NEET situation in Europe.

The results reported by the C.O.P.E. project requested a deeper reflection on sustainability of networks and collaborations put in place in order to allow the project to continue and to provide a solution to expectations of young people. A scoping review, a SWOT Analysis and a Delphi study have been planned in order to:

1. Understand the key strategies for sustainability
2. Understand how the C.O.P.E. consortium could act to ensure the continuity of the project
3. Understand if experts and stakeholders who participated in the project could agree upon EU Guidelines on SP sustainability.

Methodology

Study design

A scoping review and a modified Delphi method study were conducted to single out resources, frameworks and strategies for sustainability. The Delphi study has been planned to evaluate the strategies recommended by members with extensive experience on SP and to find consensus in building European Guidelines on Sustainability of social prescribing solutions. Together with the Scoping review, a SWOT analysis has been carried out in order to plan the Delphi contents. A list of statements, deriving from the review and from the SWOT analysis has been defined by the C.O.P.E. scientific coordination team and a group of experts has been asked to establish its level of agreement.

Scoping review

The scoping review has been conducted *via* PubMed (key words: social prescribing; sustainability) and through a review of key documents at EU level *via* Google (key words: sustainability; measurement; funding; NEET).

Data extraction and study selection in the scoping review

The areas defined by the scoping review have been used to plan a SWOT analysis useful to understand the key actions that could be implemented in Europe to ensure sustainability of SP interventions. The indications that emerged from the SWOT, where stakeholders of the EU project C.O.P.E. have been interviewed in 5 meetings planned between September and October 2023, have been used to define a Delphi protocol to establish, in collaboration with C.O.P.E. and SP experts, EU guidelines on SP interventions sustainability in Europe. Results of the SWOT have been organised in an Excel file and summarised by the researchers' team to avoid repetitions in the answers provided by participants.

The Delphi consensus process

The C.O.P.E. project Consortium has identified the possibility to launch a simplified Delphi analysis to find consensus among experts on guidelines for the sustainability of SP interventions in Europe. The Delphi method is a forecasting process framework based on the results of several rounds of questionnaires sent to a panel of experts. A brief review of the literature has been carried out before starting the Delphi in order to understand how many people involve and how many stages to plan (*Supplementary material A*). C.O.P.E. Delphi has been programmed to be an online survey involving experts from Academia, Healthcare sector, Third sector. Due to the tight schedule of the project in its final stages, the phases of the Delphi have been planned to be carried out exclusively online (*via* Google form). After this initial study phase, a total of 14 Experts has participated in a simplified Delphi. The Delphi study has been authorised by the University of East London Ethical Committee.

Results

Scoping review

The PRISMA flow diagram in Figure 1 illustrates the article selection process for the scoping review. A total of 224 records has been found. Among these, 103 were included as open access, recent, in English and addressed to young people. Eight sources in total have been kept after the evaluation of appropriateness in terms of setting (community and primary care) and topic.

The key themes found by the review concern:

1. Determinants of Health: existing evidence indicates that SP interventions can reduce the effects of social determinants of health[10] and avoid the medicalization of social issues. By connecting individuals with local support groups, SP has been proven effective in reducing social isolation as individuals build new relationships and a social network of support within their communities.
2. Co-design: the evidence within a systematic review published in 2021 confirms that a co-production and co-design would be an effective approach to engage stakeholders in the development and implementation of a SP intervention within a community setting. The evidence also implies that SP initiatives can be enhanced by drawing on stakeholder knowledge to design a service that improves health and well-being outcomes for community members.[11] Generic interventions will not lead to positive outcomes in every situation and engaging community members in the development of well-being interventions through co-production and co-design makes explicit the main priorities for well-being improvement, resulting in a practical and effective intervention.[12] The evidence indicates that co-production and co-design can also empower communities[13] and enable them to have a sense of ownership of an intervention consequently encouraging their participation in the delivered service;
3. Communication: evidence also demonstrates that the degree of communication between stakeholders contributed immensely to the long-term sustainability of the co-produced and co-designed SP intervention. Communication was essential to ensure that a relationship was built and maintained between the co-producers. The evidence indicates that it also ensured that each stakeholder felt involved in each stage of the development and subsequent delivery of the intervention. Perhaps the most effective medium of communication emphasized in the evidence was a feedback system. The evidence illustrates that it provided a regular reminder of the existence and benefits of the SP intervention to health professionals consequently encouraging referrals.[14] In addition to communication, the evidence also suggests that shared resources or systems between the different sectors (*e.g.*, integrated IT system and a single point of contact for referrals) brought convenience and consistency.[15]
4. Community: a review published in 2021[16] recommends that social prescribing programme designers carefully document, in the design phase, exactly which outcomes are targeted, how those outcomes will be measured, and how the outcomes as concepts are theoretically linked to the measures chosen. Studies of the Social Cure social prescribing programme offer an excellent example of this specification. The authors utilize well-justified and validated measures to assess and test the links that exist between an individual's sense of loneliness and belonging and its impact on healthcare usage.[17] To our knowledge, these are the only examples in the current literature that draw empirical links between 'group membership', 'community belonging', 'social support', 'loneliness', and related health care usage. The review highlights an urgent need to develop and establish guidelines to assess the impact of social prescribing at the community level, because it is precisely at the community level that preventive and public health innovations are most needed.
5. Impact on Well-being: a qualitative meta-synthesis of the literature published in 2022[18] aimed at establishing the impact of SP interventions on loneliness. Previous evidence from a systematic review describing the effectiveness and acceptability of SP interventions reported increases in self-esteem and self-confidence as key outcomes of SP.[19] A population-based observational study found that social anxiety directly predicted loneliness, suggesting that high levels of social anxiety might lead to the avoidance of social contact that could otherwise reduce loneliness.[20] Pulling these findings together, a mechanistic pathway might be hypothesized that by increasing people's confidence in social situations and allowing them to practice social skills in safe and welcoming environments, SP might reduce social anxiety, meaning people may be less avoidant of social situations and less isolated, which could lead to reduced loneliness. However, this would require testing in a rigorous mechanistic study. A systematic review[21] findings show that individuals and organizations view social prescribing initiatives as useful and necessary to tackle loneliness. However, given the wide variation in social prescribing interventions and how/whether their impact is investigated, it is difficult to draw definite conclusions regarding the effectiveness of these initiatives on individuals, communities, and health/care systems in general. There is lack of consensus on what the impact of a person-centred approach such as social prescribing should be. Social prescribing is presented as a person-centred, holistic, integrated approach to addressing individual needs, meaning impact on the whole person,

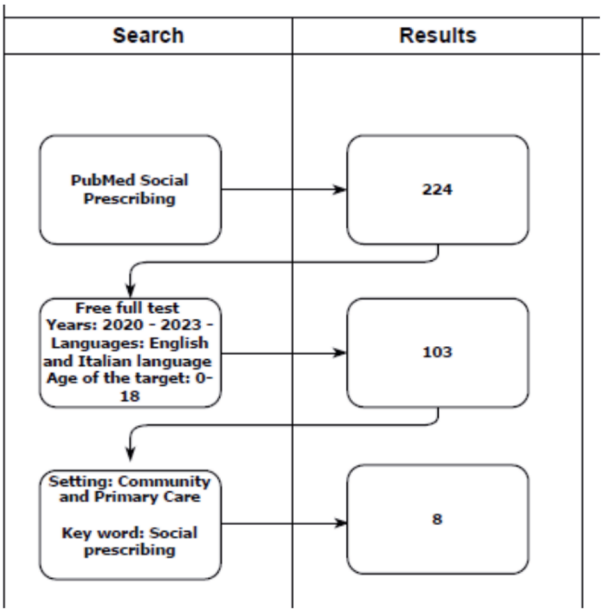

Figure 1. Scoping review results.

including social service usage, should be studied. A review published in 2022[22] aimed to establish the effectiveness and active ingredients of UK-based social prescribing interventions targeting mental health and well-being outcomes. In its conclusions it was reported that the predominance of before-and-after studies and associated methodological concerns, suboptimal development processes, and limited evidence of treatment fidelity assessments, prevents any robust conclusions on the effectiveness of social prescribing for mental health-related outcomes. Development of future social prescribing interventions would benefit from comprehensive development processes with reference to appropriate frameworks, theories or models (alongside detailed reporting of social prescribing referral pathways), including long term outcome assessment and adherence to principles of person-centred care.

6. Impact on the organisation of services: a systematic review published in 2022[23] reported how the evidence suggests the positive effects of SP on a variety of relevant endpoints. Due to prevalent quality deficits in the available studies, scope for conclusions concerning clinical relevance and sustainability is limited. In this context, evidence quality rather than quantity is the problem. SP seems to be a promising integrated care approach for psychosocial problems in the primary care setting. For the UK, NHS policymakers have decided to gradually roll out SP services nationwide, which has the potential to broaden the evidence base. Evaluating the effectiveness of complex interventions is a major challenge and requires considerable effort and resources. Recent efforts to address these issues by special techniques, *e.g.* difference-in-differences analyses using secondary data, are commendable. However, randomized controlled trials with long-term follow-up and efforts to minimize attrition would be the most desirable and valuable approach. In this context, the use of adaptive designs and pragmatic trials might facilitate conducting successful RCTs in the complex field of SP. Additional possible approaches for enhancing feasibility of randomized designs could be *e.g.* randomization and evaluation of communities and/or practice sites instead of individual patients, or trials including waiting list or stepped wedge designs.
7. Cost-effectiveness: a systematic review published in 2022[24] shows that there was no evidence for effectiveness in improving social support, physical function and activities, or primary healthcare utilisation, though there was a suggestion from two studies that interventions led to improved self-rated health and two others reported higher patient ratings for quality care. The review has not identified any evidence on the cost-effectiveness of social prescribing link workers. There is some evidence of cost savings based on reduced hospitalisations, but this was a US-based study of an intense structured 6-month intervention and may not translate to other healthcare systems.[25] Only one UK-based study reported costs, showing a reduction in referral costs, but no cost–benefit analysis or cost–utility analysis was undertaken.[26] The economic evaluation of social prescribing link workers in the literature is weak.
8. SP Model: a report published in 2022[27] identified key enablers of and barriers to evaluation of the link worker model of SP, which need to be addressed at both policy and practice levels. The success of SP relies on several key enablers. Firstly, an interested and active workforce of link workers is essential. Additionally, the system is gradually becoming more mature, making it potentially more evaluable. Robust data systems and a strong desire and need by link workers and those providing SP funding to understand the services and their impact also play critical roles. Conversely, several barriers hinder the effectiveness of SP. There are heterogeneous service provision models, large differences in available referral services, and varied engagement with the Primary Care Network. The financial and organizational instability of some referral services, along with inconsistent data collection and reporting by social prescribers, pose significant challenges. Commissioners often do not require standardized assessment tools, and there is no consensus on key outcomes to be measured. Harmonization of data collection and the use of common validated well-being measures are needed. Mature data are currently unavailable, and there must be agreement on how and when to follow up referrals. Previous evaluations focusing on individual conditions or small subgroups are insufficient for a national evaluation of the link worker model's overall value.

With regard to sources presented above and in accordance with its outputs a SWOT analysis has been planned and conducted. Specifically, the SWOT focus has been put on concrete actions useful to define which actions should be undertaken to guarantee the continuation (sustainability) of the C.O.P.E. project results. The SWOT was conducted taking into account that the key themes that have been found through the review.

SWOT

The SWOT analysis main results are consistent with the key themes of the Scoping review. The SWOT registered important feedback in terms of strengths, weaknesses, opportunities and threats regarding SP interventions sustainability in the nearest future (Table 1). The analysis showed a good level of consistency between the feedback of experts and the literature review key themes which have been presented above. Table 1summarises the main results of the SWOT.

Delphi process

The Delphi study has been firstly prepared through a dedicated Literature review in order to check if other similar studies had been carried out on the same topic, the number of recommended rounds and of participants. The engine for the search was PubMed (key word search: Delphi on social prescribing). A filter was applied on the 50 references found to include only recent publications (1 year old). Six sources were found and only 3 were consistent with the topic on SP (Figure 2).

Seven results have also been found in quality assessed sources through the Health Evidence search engine (McMasters University) using the keyword 'Delphi Social Prescribing'. Only one source has been included as recent and in free full access (Figure 3).

The review gave an important feedback in terms of number of rounds and of participants (15-30 people for a homogeneous population, that is experts coming from the same discipline, and 5-10 people for a heterogeneous population, people with expertise on a particular topic but coming from different social/professional stratifications). These indications have been re evaluated with respect to the specific C.O.P.E. project deadlines and experts' availabilities in the final stage of the project. That is the reason why the present Delphi can be considered a simplified version of multi round Delphi studies. The Delphi was completed in May 2024 with 14 experts contributing. In Table 2 are reported the results for each proposed statement. Even if

Table 1. SWOT results.

SWOT dimensions	SWOT results	Review key elements consistent with the SWOT
Strengths	Territorial work, with its own and specific methodologies and stakeholders, is considered a strength factor as it enhances communities assets and the process of acquisition of knowledge on the determinants of health. One of the strength factors is also the involvement of young people in the co-design of solutions, by guiding LWs in the elaboration of personalised plans. The involvement of young people allows working from a creative point of view and to personalise interventions and support trust building mechanisms. These mechanisms need a high level of motivation of managers and decision makers for building networks able to co-design solutions and act on determinants of health.	Determinants of HealthCo-design Communication Community Impact on well beingImpact on the organisation of services Cost effectiveness SP model
Weaknesses	There are still biases in mapping and keeping the fundamental nodes of intervention connected and there is low integration between different levels of the intervention (*e.g.* education, work, healthcare...). Data collection, monitoring and evaluations must be strengthened while engagement remains difficult if it is searched and planned with traditional solutions. Intervention systems, whether they are healthcare or social, must update the ability to intercept needs and not just wait for the need to be expressed.	
Opportunities	There is a concrete opportunity in creating a network of contacts useful for developing one person's talent and for supporting the search for solutions. Memorandums of understanding or similar agreements between key territorial/national stakeholders are very important to continue to support the project and implement it, together with a clear endorsement of public bodies and with the monitoring of performance data. Champions or Testimonials can make evident how solutions may have a positive impact and are useful to extend the solutions to other people or target groups as well.	
Threats	There is still lack of knowledge with respect to useful projects to be developed for people in temporary NEET conditions. Existing protocols sometimes can become obstacles to flexibility of interventions. There are risks related to unfulfilled expectations of Neets and Link workers towards the implementation of the project networks and results. In terms of threats, GP networks do not always have adequate knowledge of the person and are instead fundamental in the referral mechanisms to services or Link workers. Their interventions must become more structured for facilitating the Link workers' action. The SP model at of intervention risks to face very complex bureaucratic processes for its activation and t herefore it is more and more important to activate facilitation skills and mechanisms.	

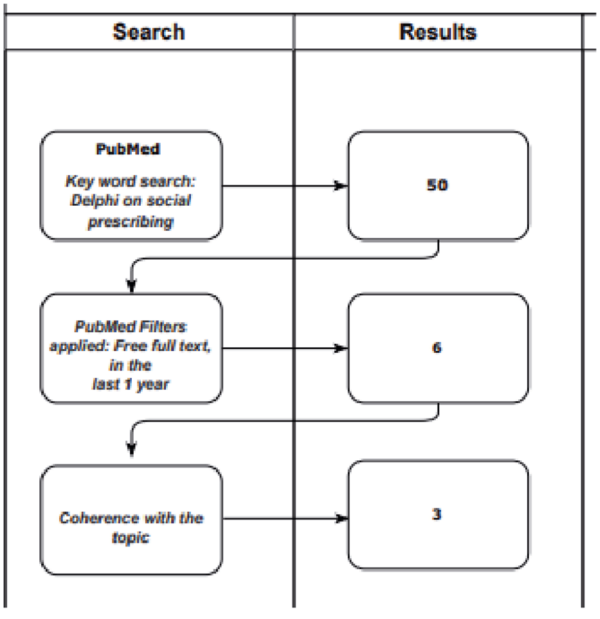

Figure 2. Delphi review (PubMed).

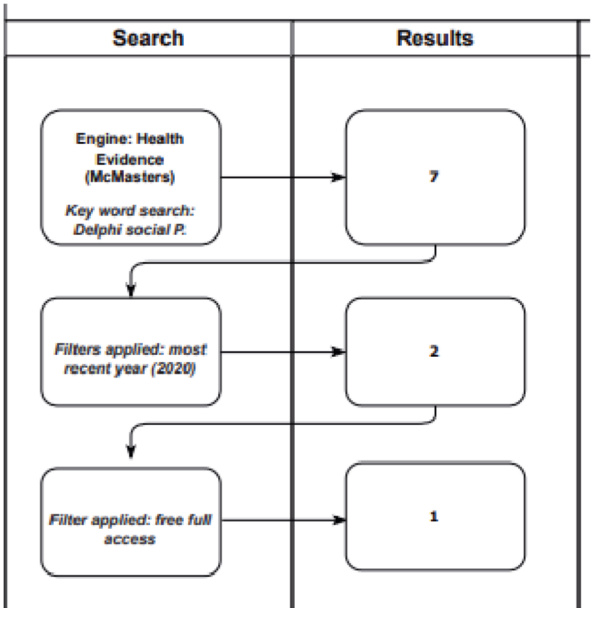

Figure 3. Delphi review health evidence.

Table 2. Delphi results.

Statements	Totally disagree n (%)	Disagree n (%)	Uncertain n (%)	Totally agree n (%)
1. An integrated social and health team/equipe based in the primary care of the national health service guarantees the continuity of social prescribing solutions	1 (7.1)	1 (7.1)	4 (28.6)	8 (57.1)
2. Financing lines supported by the Public (*e.g.* NHS) and by the Private Sector are a guarantee of solutions related to social prescribing	0 (0.0)	1 (7.1)	5 (35.7)	8 (57.1)
3. The training of link workers and their ability to build trust with users improves the likelihood that users will attend activities beneficial to their wellbeing	0 (0.0)	0 (0.0)	2 (14.3)	12 (85.7)
4. The formal inclusion of the SP methodology in Third Sector Institutions and Bodies is fundamental to guarantee continuity of interventions to protect the fragile population (*e.g.* formal implementation by Institutions or Healthcare Units/Trusts)	0 (0.0)	0 (0.0)	4 (28.6)	10 (71.4)
5. The profession of Link worker requires formal recognition and adequate training	0 (0.0)	0 (0.0)	2 (14.3)	12 (85.7)
6. Staff working in the health sector, particularly primary care, must build integrated networks with social professionals and share databases, systems for referral and working methodologies	0 (0.0)	0 (0.0)	1 (7.1)	12 (92.9)
7. Actions involving key actors for referral, for example GPs, must be strengthened	0 (0.0)	0 (0.0)	0 (0.0)	14 (100.0)
8. We need databases database of activities and services available in the local area that can be used by a network of LWs	0 (0.0)	0 (0.0)	3 (21.4)	11 (78.6)
9. It is necessary to have a mapping of the assets of the people, the territory and the places of aggregation of the users receiving SP interventions	0 (0.0)	1 (7.1)	3 (21.4)	10 (71.4)
10. Measuring the impact of SP interventions, together with approaches inspired by health determinants, make SP more consistent with the logic of service planning and results evaluation	0 (0.0)	1 (7.1)	3 (21.4)	10 (71.4)
11. Sufficient funding for third sector to create appropriate capacity is absolutely central to the delivery of SP	0 (0.0)	0 (0.0)	1 (7.1)	12 (92.9)
12. The development of a personalised approach that engages the individual to identify his/her needs and aspirations is key to SP	0 (0.0)	0 (0.0)	0 (0.0)	14 (100.0)
Total	1 (0.6)	4 (2.4)	28 (16.7)	135 (80.4)

there is an overall level of agreement (around 80.4%), there are still single areas of disagreement on each reply. Specifically, there is only two aspects that reached total agreement between participants and that is statement number 7: Actions involving key actors for referral, for example GPs, must be strengthened; and statement number 12. The development of a personalised approach that engages the individual to identify his/her needs and aspirations is key to SP. Nevertheless, even if there are still disagreement areas, the results indicate that all the proposed statements can be considered appropriate. In fact, total disagreement and Disagreement have presented a very low score.

Discussion

The scoping review and the first Delphi round showed some key elements that should be taken into account in implementing SP interventions, especially if related to young people in a NEET situation. As reported above, the review showed the importance of several key elements, such as the Determinants of Health, Co-design, Communication, Community, Impact on well being, Impact on the organisation of services, Cost effectiveness, Social Prescribing Model. In reading the results of the scoping review, it should be taken into account that only one search engine has been used with no qualitative assessment of sources, due to the limited timeframe to run the review.

Co-production and co-design are becoming key tools and strategies to plan and evaluate services and solutions at community level, also in promoting people's health. Co-production and co-design are collaborative approaches that involve stakeholders (*e.g.*, patients, healthcare providers,[28] community organizations) in the planning, design, and implementation of services. These methods ensure that the interventions are tailored to the needs and preferences of the community, enhancing their effectiveness and sustainability. SP interventions aim to improve health and well-being by connecting individuals to non-clinical services and community resources. The success of these interventions relies on stakeholder engagement.[29] This collaborative approach can be particularly effective in SP, as it leverages the unique insights and experiences of community members.[30] Key principles include mutual respect, meant as the capacity of professionals and service users to recognize each other's expertise and contributions; shared decision-making, meant as the possibility for each stakeholder to have a say in decisions, ensuring that interventions are relevant and acceptable; capacity building, meant as the capacity of enhancing the skills and capabilities of all participants to contribute effectively. In practice, co-production can take various forms, such as community advisory boards, participatory workshops, and feedback mechanisms. For instance, involving community members in identifying local resources and determining referral processes can ensure that SP services are accessible and culturally appropriate.[31] Evidence from case studies highlights the positive impact of co-production and co-design on SP outcomes. For instance, co-produced mental health services have shown improved user satisfaction and engagement.[32] Similarly, co-design processes have led to the development of more accessible and user-friendly services.[33] Implementing co-production and co-design in SP faces several challenges:

- Resource constraints: time, funding, and personnel resources are often limited.
- Power dynamics: ensuring equitable participation can be difficult, especially when there are existing power imbalances.
- Sustaining engagement: maintaining long-term engagement from stakeholders requires continuous effort and motivation.

Potential solutions include leveraging technology, like online platforms, to facilitate wider and more flexible participation; Building Trust by establishing transparent processes and demonstrating the impact of stakeholder contributions to build trust and encourage ongoing involvement; Providing Support by offering training and resources to stakeholders to enhance their capacity to engage meaningfully.

The second element of discussion that it is useful to report here is the possibility, through SP solutions, to prevent inappropriate access to healthcare services. SP interventions can play a critical role in reducing inappropriate access to healthcare services by addressing the non-medical factors that often lead individuals to seek healthcare. These interventions connect patients to community resources and support services that can address social, emotional, and practical needs, thereby reducing unnecessary visits to healthcare providers and improving overall well-being. Here are several key ways in which SP can achieve this, supported by references from the literature:

a. SP can significantly reduce the number of GP consultations and emergency department visits, as patients are directed to more appropriate community-based services for non-medical needs;[34]
b. Social determinants of health, such as loneliness, financial instability, and housing issues, are significant contributors to healthcare utilization. Social prescribing can connect individuals with services that address these determinants, thereby reducing the burden on healthcare services.[35] Social prescribing can help addressing the underlying social issues that lead to frequent healthcare visits, such as isolation and poor living conditions, by linking patients with community resources and support groups;
c. Mental health issues often result in high healthcare service utilization. Social prescribing can provide alternative support mechanisms through community resources, thereby reducing the need for primary care or emergency services. For example, social prescribing can lead to improvements in mental health and well-being, thereby reducing the frequency of healthcare visits for mental health-related issues;[8]
d. By addressing lifestyle factors and promoting healthier behaviours, social prescribing can help manage chronic conditions more effectively, preventing exacerbations that often lead to hospital admissions. For example, social prescribing can contribute to better management of chronic diseases by promoting healthier lifestyles and reducing the need for acute care services;[36]
e. Studies have shown that social prescribing can be cost-effective by reducing the demand on healthcare services. This includes fewer GP appointments, reduced emergency department visits, and less reliance on secondary care;[37]
f. Social prescribing empowers patients by providing them with the tools and resources to manage their own health. This self-management can lead to a decrease in inappropriate healthcare usage. For example, social prescribing helps patients become more proactive in managing their health, reducing their dependency on primary and secondary healthcare services.[38]

When applied to young people in a NEET situation, the Social Prescribing approach becomes particularly important as it deals with specific needs that sometimes are not even expressed yet. The SWOT analysis and the Delphi reflected on the challenges for implementation and sustainability. The main challenges to SP according to literature are:

a. Identifying young people in a NEET situation and engaging them in social prescribing programs can be challenging due to their diversity;
b. Young people in a NEET situation have specific needs that require tailored interventions. A one-size-fits-all approach is unlikely to be effective;
c. Effective social prescribing for young people in a NEET situation requires the integration of various services, including health, education, and social services, which often operate in silos;
d. Securing consistent funding and resources is a major barrier to implementing social prescribing programs for young people in a NEET situation, which often rely on short-term grants;
e. Maintaining long-term funding is crucial for the sustainability of social prescribing programs. Short-term funding cycles can lead to the discontinuation of services;
f. Effective monitoring and evaluation mechanisms are essential to demonstrate the impact of social prescribing and secure ongoing funding, but they are often underdeveloped;
g. Sustainable social prescribing relies on strong community networks and capacity, which require time and investment to develop;
h. Sustaining social prescribing programs requires the commitment of all stakeholders, including local authorities, healthcare providers, and community organizations.

One discussion element that emerged from the Delphi as well is that it indicates that, also due to the differences between countries, it is not easy to find a complete agreement on the key strategies for ensuring that SP interventions are applied and supported in the long run. Even if consensus is pretty high among experts, there is still disagreement when it comes to financing solutions (Public? Private?) and to the equipe that should implement this kind of intervention (should the NHS lead the process?). The common positive factor seems to be the role of the GPs as privileged actor to collaborate with Link Workers. Nevertheless, even if disagreement or uncertainty areas are still present, we may affirm that experts have found a common understanding on a proposal for the definition of Guidelines for the sustainability of social prescribing interventions in Europe.

Conclusions

The research has presented some strenghts and limitations. First of all, the opportunity to propose a Delphi into a European Project framework has represented an unique opportunity to have access to experts, professionals and original results of a pathway that was innovative in terms of methodologies applied at EU level and of positive impact on people and on organizationas and communities. The Delphi could count on very well defined ideas and proposals and on a concrete basis for sustainability proposals and strategies.

In terms of limitations, the small number of experts available for responding to the Delphi survey, given the conclusion phase of the C.O.P.E. project, has reduced the number of inputs that could provide a larger consensus at EU level on the Guidelines for Sustainability of SP interventions. The possibility to conduct also a Systematic review with qualitative appraisal of the sources would have enriched the contribution of literature in terms of key elements providing support for the definition of the SWOT and Delphi analyses.

In conclusion, this research has illuminated three key concepts that align with our initial aims. First, co-production and co-design emerge as vital strategies for ensuring the sustainability of SP in-

terventions. By actively engaging stakeholders in both development and implementation, these approaches not only enhance the relevance and effectiveness of interventions but also empower communities by valuing their contributions. Second, SP effectively addresses inappropriate healthcare usage by linking individuals to community resources that meet their social, emotional, and practical needs. This connection not only reduces the demand for primary and emergency care but also promotes better management of chronic conditions and mental health support, ultimately leading to more efficient healthcare utilization. For young people in NEET situations, tailored interventions and robust monitoring frameworks are essential to overcoming challenges and maximizing positive outcomes. Lastly, while differences among experts exist, there is strong consensus on the necessity of establishing common EU guidelines for the sustainability of social prescribing interventions. The C.O.P.E. consortium is well-positioned to propose a unified framework that can guide future efforts at the EU level. The European Project C.O.P.E. built solutions, strategies, tools and alliances to implement SP solutions and to guarantee their sustainability in Europe for young people in a NEET situation but also for vulnerable groups. All these lessons learned during the project will create the milestone for SP to progress in Europe and improve the efficiency and efficacy of healthcare, social and community settings in promoting people's health.

Future perspectives

A second Delphi Round is currently being evaluated in order to reach a 100% consensus on all statements. Regarding the EU project, the contents of the C.O.P.E. project are being translated into local policies and further projects in order to respond to Young People's needs and expectations after its conclusion, which is due by the end of June 2024.

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