Sheffield Hallam University | Centre for Regional Economic and Social Research

The Rotherham Social Prescribing Service for People with Long-Term Health Conditions

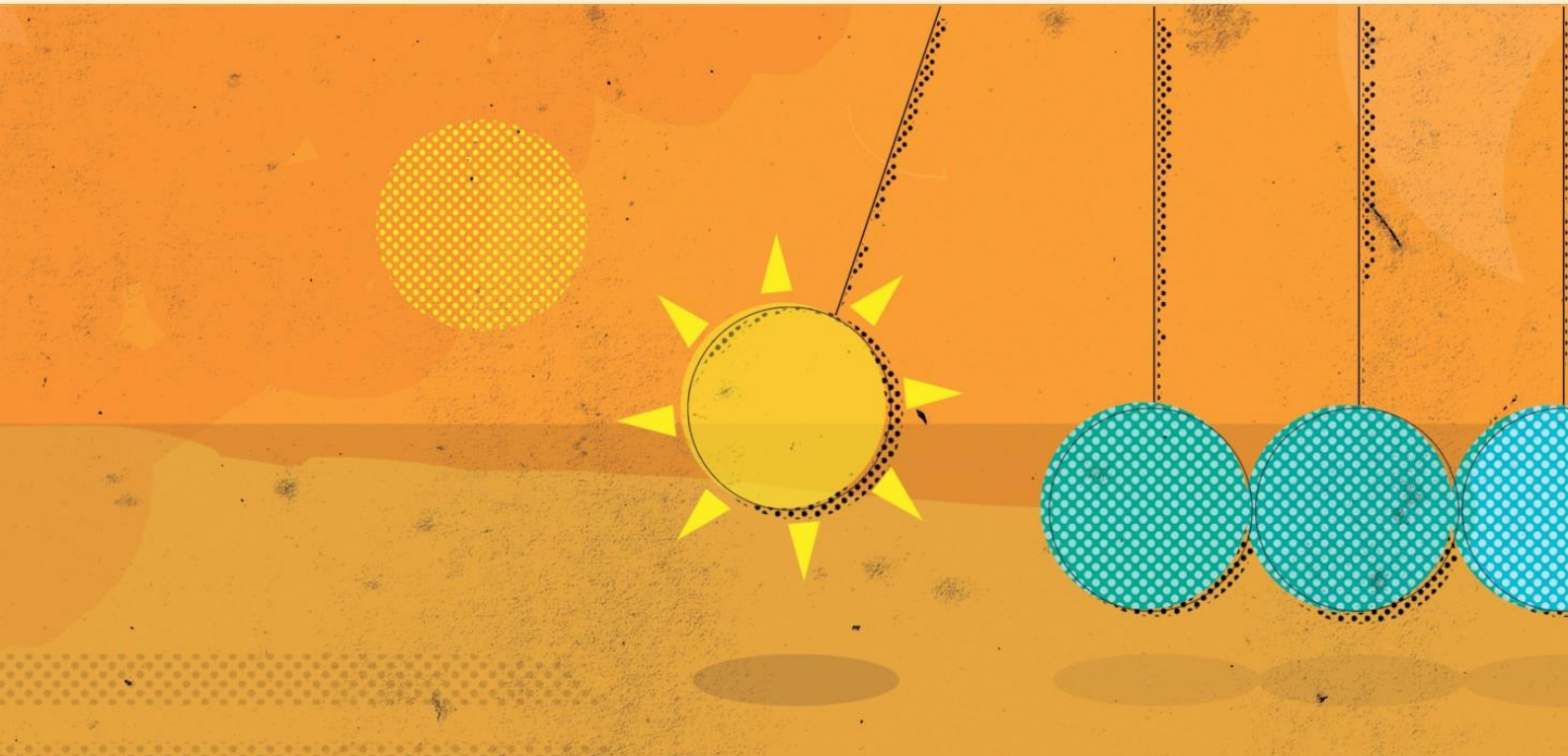
Summary Report

January 2016

Rotherham Social Prescribing Service
Health in your hands

VoluntaryAction Rotherham

NHS
Rotherham Clinical Commissioning Group



The Rotherham Social Prescribing Service for People with Long-Term Health Conditions

Summary Report

Author(s):

Chris Dayson

Nadia Bashir

Ellen Bennett

Elizabeth Sanderson

January 2016

Acknowledgements

The Evaluation of the Rotherham Social Prescribing Service is being undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University, on behalf of Voluntary Action Rotherham (VAR) and funded by NHS Rotherham Clinical Commissioning Group. The Evaluation Team would like to thank representatives of the public, voluntary and community sectors who gave up their time to contribute to the study. We are particularly grateful to Linda Jarrold and Barry Knowles at VAR for their on-going support for the evaluation, and to Alex Henderson-Dunk and colleagues at the South and West Yorkshire and Bassetlaw NHS Commissioning Support Unit for the provision of the NHS data referred to in this report.

Contact information

For CRESR		**For VAR**	
Name:	Chris Dayson Research Fellow	Name:	Linda Jarrold Adult Health and Social Care Development Officer (VCS)
Address:	Unit 10 Science Park City Campus Howard Street Sheffield S1 1WB	Address:	Voluntary Action Rotherham The Spectrum Coke Hill Rotherham S60 2HX
Tel:	0114 2253539	Tel:	01709 834449
Email:	c.dayson@shu.ac.uk	Email:	linda.jarrold@varotherham.org.uk

Introduction

Social prescribing is a catch-all term for non-medical services that aim to prevent worsening health for people with long-term health conditions. In recent years locality-based social prescribing services have increasingly been developed by health and social care commissioners to provide a mechanism for linking patients in primary care with sources of social, therapeutic and practical support in the voluntary and community sector. Social prescribing is being promoted by the Department of Health and NHS England as a vital component in the transformation and integration of health and social care.

In Rotherham the Social Prescribing Service is delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations (VCOs). It aims to increase the capacity of GPs to meet the non-clinical needs of patients with complex long-term conditions (LTCs).The Service was first commissioned as a two-year pilot Pilot in 2012. In 2014-15 it was re-commissioned for a further year with an additional 3 years of service provision contracted in April 2015 and funded through the Better Care Fund. At its core a team of Voluntary and Community Sector Advisors (VCSAs) provide a single gateway to voluntary and community support for GPs and Service users. They receive referrals from GPs of eligible patients and carers and assess their support needs before referring on to appropriate VCS services. The Service also administers a grant funding pot through which a 'menu' of VCS activities to meet the needs of Service users is commissioned. The service covers the whole of the borough of Rotherham and is one of the largest of its kind, as the majority of social prescribing activity in the UK has had a much smaller geographic focus and has not provided grant funding for additional services.

The annual evaluation report provides an updated assessment of the social and economic impact of the Rotherham Social Prescribing Service between September 2012 and March 2015. This report provides a summary of the findings from the full report

Impact on the demand for urgent hospital care

Using patient-level Hospital Episode Statistics (HES) the evaluation measured Social Prescribing Service users' demand for unplanned and urgent hospital care, comparing non-elective inpatient admissions and Accident and Emergency attendances for the 12 months prior to and following their referral to Social Prescribing. The analysis identified an overall trend that points to reductions in Service users' demand for urgent care interventions after they had been referred to Social Prescribing:

- non-elective inpatient episodes reduced by seven per cent
- non-elective inpatient spells reduced by 11 per cent
- Accident and Emergency attendances reduced by 17 per cent.

When Service users aged over 80 are excluded from the analysis the changes are more marked:

- non-elective inpatient episodes for Service users aged under 80 reduced by 19 per cent
- non-elective inpatient spells for Service users aged under 80 reduced by 20 per cent
- Accident and Emergency attendances for Service users aged under 80 reduced by 23 per cent.

Social impact

People with long-term conditions who were referred to the Social Prescribing Service experienced improvements in their well-being and made progress towards better self-management of their condition. Analysis of well-being outcome data showed that, after 3-4 months, 82 per cent of these Service users, regardless of age or gender, had experienced positive change in at least one outcome area. Importantly, when the results were broken down by category they showed that progress was made against each outcome measure and that a majority of low-scoring patients made progress.

These findings were reinforced by case study interviews with a number of Social Prescribing Service users and providers who identified a range of well-being outcomes as a result of being referred to the Social Prescribing Service.

> *"I had a lady that I was going to visit, and she went to a craft club…a community thing. She was a bit reticent, but she went. And she ended up…I know* ***she ran one of the classes, so she actually stepped up****."* (Social Prescribing Service provider)

> *"It's the* ***talking and the listening that you feel is of benefit****…because after you've seen them for a couple of weeks, they'll often say things and open up, not necessarily to get an answer, but just to air something."* (Social Prescribing volunteer)

> *"It keeps you going.* ***It gets you out of the house. A lot of us live on our own, so it gets us out.*** *Otherwise we'd be stuck at home."* (Social Prescribing Service User)

> "*Everybody else's life was steaming ahead…if they did bring euthanasia i,…some mornings I would probably have took a bit of, not persuading to go, but thinking I ought to do.* ***I didn't feel like dying, but I didn't feel like living either.*** *So [staff member] came along, and I couldn't open my heart to anyone, except I could open my heart to [S staff member] through responding to what she was telling me, and* ***making me a more positive person****. Because* ***she had this ability to make me feel as if I was worthwhile****." (Social Prescribing Service User)*

As these quotes illustrate, Social Prescribing is particularly effective at improving well-being and reducing social isolation and loneliness for people with long-term conditions, enabling them to become more independent and engaged in their community. Social Prescribing has also provided people with advice and support to access the welfare benefits that they are entitled to.

Economic and social benefits

The economic benefits to commissioners have been estimated based on the NHS costs avoided that are associated with reductions in the demand for urgent hospital care:

- the estimated total NHS costs avoided between 2012-15 were more than half a million pounds: an initial return on investment of 43 pence for each pound (£1) invested
- If the benefits identified are fully sustained over a longer period
  - the costs of delivering the service for a year would be recouped about two and a half years
  - the costs avoided after five years could be as high as £1.1 million: a return on investment of £1.98 for each pound (£1) invested

- if the benefits are sustained but drop-off at a rate of 20 per cent each year they could lead to total costs avoided of £0.68 million: a return on investment of £1.22 for each pound (£1) invested.
- if the benefits are sustained but drop-off at a rate of 33 per cent each year they could lead to total cost reductions of £0.46 million: a return on investment of £0.83 for each pound (£1) invested.

The value of Service user's well-being outcomes were estimated using financial proxies and techniques associated with social return on investment (SROI) analysis. The estimated value of these benefits was between £0.57 million and £0.62 million in the first year following engagement with Social Prescribing: greater than the costs of delivering the service.

Social Prescribing Service users who engage fully with VCS provision experience more change than others

There is growing evidence from the evaluation that Social Prescribing has a greater effect for people who are able to engage fully with the Service, in particular those who continue to engage with the VCS beyond their initial 'social prescription'. Service users who completed their initial referral activity or activities were more likely to see a reduction in their use of urgent and emergency care, more likely to experience improvements in their well-being, and represent a much larger per-Service user cost-benefit than those who did not engage as fully. Within this group the benefits were particularly pronounced for Service users who completed their referral activity and continued to engage with the voluntary and community sector once this initial activity was complete. This highlights the importance of ensuring that the types of people referred to Social Prescribing are those who are able to engage fully in order to experience the greatest benefit from the types of service available.

Key messages from the evaluation

There are a number of key messages from this evaluation that can inform and shape the future development of social prescribing activities in Rotherham and more widely.

1. The Rotherham Social Prescribing Service is one of the largest and highest profile examples of social prescribing in the UK

By committing more than £1.6 million to Social Prescribing between 2012 and 2015, NHS Rotherham CCG and its statutory partners have made a large and long-term financial and strategic commitment to Social Prescribing as a mainstream component of health provision in the borough. As such, it is one of the largest and highest profile examples of social prescribing in the UK and has received national recognition for the work being undertaken, and provides an aspirational model of service delivery for other parts of the country.

Central to the Rotherham Social Prescribing model is role of VAR - the local voluntary sector infrastructure body - as the single accountable contract holder independent from frontline service delivery, and the micro-commissioning of specific social prescribing activities from the local voluntary and community sector that enable service users to access support that is tailored to their needs.

2. In the past three years the Service has engaged with more than 2,000 local people with long-term health conditions

The Service has substantively engaged with more than 2,000 local people with long-term health conditions since 2012. Grant-funded social prescribing services have provided these Service users and their carers with an important first step to engaging with community-based services and wider statutory provision that they would not otherwise have been aware of or able to access.

3. There is growing evidence that Social Prescribing can have positive effect on the use of urgent and emergency health services

Overall, Social Prescribing users had fewer non-elective inpatient episodes and spells and fewer Accident and Emergency attendances in the 12 months following their engagement with the Service than in the 12 months prior to engagement. However, at this moment it is not possible to fully attribute these reductions to Social Prescribing interventions due to the absence of a suitable control or comparator group.

4. Social Prescribing impacts positively on people's well-being

There is overwhelming quantitative and qualitative evidence that people receive an immediate boost to their well-being following their engagement with Social Prescribing, and the qualitative longitudinal evidence suggests that these benefits are sustainable. Social Prescribing appears to be particularly effective at reducing social isolation and loneliness for people with long-term conditions, enabling them to become more independent and engaged in their community

5. There are number of cost-benefits to Social Prescribing, but the effect of these should be understood over a long-term timeframe

Overall, Social Prescribing Service users used fewer NHS urgent care resources in the 12 months following their engagement with the Service when compared to the previous 12 months. Across the first three years of the service this reduction equates to estimated NHS costs avoided of more than half a million pounds: an initial return on investment of 43 pence for each pound (£1) invested. However, these reductions would need to be sustained for at least two and a half years for the cost of delivering the Service to be recouped.

The social benefits to Service users accrue a faster rate. The estimated social value of the well-being benefits experienced by Service users was between £0.57 million and £0.62 million in the first year following engagement with Social Prescribing: greater than the costs of delivering the service.

6. There is growing evidence that Social Prescribing has a greater effect for people who are able to engage fully, and who continue to engage with the VCS beyond their initial 'social prescription'

The analysis undertaken for this report has consistently indicated that Service users whose engagement with Social Prescribing is most extensive are more likely to experience the benefits. Service users who completed their initial referral activity or activities are more likely to see a reduction in their use of urgent and emergency care, more likely to experience improvements in their well-being, and represent a much larger per-Service user cost-benefit than those who do not engage as fully. Within this group the benefits are particularly pronounced for Service users who completed their referral

activity and continued to engage with the voluntary and community sector once this initial activity was complete.

This highlights the importance of the Social Prescribing Service and key referral points, particularly Case Management Teams, working to ensure that the types of people referred to Social Prescribing are those who are able to experience the greatest benefit from the types of service available.

7. There are a number of wider benefits and outcomes for the local voluntary and community sector associated with the Rotherham Social Prescribing Service that mean it provides considerable added value

Previous evaluation reports have highlighted the benefits of Social Prescribing for the local voluntary and community sector: the additional grant funding has improved organisational sustainability and enabled additional income to be generated from external sources including grant funders and national statutory bodies. More generally, the success of the Social Prescribing Service has demonstrated the ability of relatively small voluntary and community organisations to make a positive contribution to local strategic health and well-being priorities and improved the credibility of the sector with statutory partners.

8. Next steps for evaluation

Ongoing evaluation will need to track Social Prescribing Service users for a longer period post-referral. Although Service users need to be tracked for a minimum of 12 months post-referral to identify the immediate benefits of Social Prescribing, there is merit in tracking Service users for a longer period (at least 2-3 years) to understand the extent to which benefits drop-off, are sustained, or are enhanced. In addition, the development of a control or comparison group would improve the statistical reliability of any data analysis and should be a priority for future evaluative work. The Evaluation Team is currently exploring how national Hospital Episodes Statistics can be obtained and used to provide a matched-comparator for further analysis. Other areas future evaluation might consider include the impact on GP time, use of social and residential care and the introduction of a standardised measure of health-related quality of life.