The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update

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Introduction

Social Prescribing aims to prevent worsening health and improve well-being for people with long-term health conditions. It works by enabling GPs to link patients with sources of social, therapeutic and practical support mainly provided by voluntary and community organisations in their local area. There is significant policy support for Social Prescribing from the Department of Health and NHS England who have both promoted referral to the voluntary and community sector as a way of making health and social care more sustainable.

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). The Service was first commissioned as a two-year pilot in 2012 and is now funded until March 2018 through the Better Care Fund. It has two core features:

- A team of Advisors provide a **single gateway to voluntary and community sector 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.
- A **grant funding programme** through which **a 'menu' of VCS activities** to meet the needs of Service users is micro-commissioned.

Between September 2012 and March 2016 the Rotherham Social Prescribing Service supported **more than 3,000 local people with long-term health conditions and their carers**, the majority of whom did not have access to opportunities to engage and become active in their local community. They have benefited from a range of services and activities including befriending, arts and crafts groups, exercise classes, complementary therapy and counselling. The service covers the whole of the borough of Rotherham and is one of the largest of its kind in the UK. It is embedded in a wider programme of Integrated Case Management commissioned by the CCG.

This report provides an updated assessment of the social and economic impact of the Rotherham Social Prescribing Service between September

CASE STUDY: LOUISE

Background

Louise suffers from degenerative spinal disease and is in pain a lot of the time. She hoped support through Social Prescribing would help her get fitter and lose weight. Louise said she would like to go swimming but did not feel she would be able to go on her own. She suffered with anxiety and low confidence and was not going out much, relying more and more on family to do shopping so that she didn't have to go out.

Support

Louise was referred by the VAR Advisor to a Community Hub Support Worker at Kiveton Park and Wales Community Development Trust who supported her to attend a local craft group. Louise was also referred to Learning Community who visited her at home for a number of weeks and supported her to create a Facebook page through which to promote the craft items she makes.

Outcomes

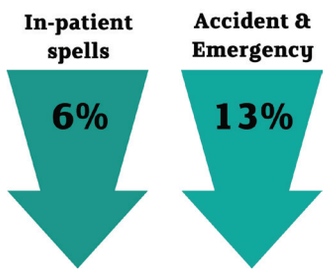
Three months on from her referral to Social Prescribing, Louise now attends the community craft group independently and the group is self-sustaining, paid for by those who attend. She is now far more confident and less afraid to try new things than she was before. Louise said that she would never have gone to a community group if it had not been for the initial one-to-one support provided through Social Prescribing. She is now teaching younger members of the craft group to crochet and recently ran a stall at a craft fair to sell some of her creations and raise the profile of the craft group.

2012 and March 2016.[1] In parallel, the Evaluation has produced a thematic report that explores the impact of the Service from the perspective of GPs.

Impact on health services

One of the primary goals of the Social Prescribing Service is to reduce the number of costly secondary care interventions amongst a group of patients with long-term health conditions identified as most likely to access secondary care in the near future.[2] To assess progress against this the evaluation uses patient-level Hospital Episode Statistics (HES) to monitor service users' access to secondary care, comparing non-elective inpatient admissions and Accident and Emergency attendances for the 12 months prior to and following their referral to Social Prescribing.

Our analysis has consistently identified **reductions in service users' use of secondary care** after they had been referred to Social Prescribing: for people who engaged with the service in 2012/13 and 2013/14 non-elective inpatient spells reduced by 11 per cent and Accident and Emergency attendances reduced by 17 per cent.[3] [4] This trend continued for the people referred to the service in 2014/15, albeit at a slightly reduce rate, with non-elective inpatient spells falling by six per cent and Accident and Emergency attendances falling by 13 per cent.



There are a number of important factors associated with these reductions in secondary use:

Age: older people (aged 80 and over) saw an overall increase in the number of non-elective inpatient spells and Accident and Emergency attendances.

Secondary care use: people who had been the highest users of secondary care (three or more instances in the last 12 months) saw the largest reductions. For this group non-elective inpatient spells reduced by 46 per cent and Accident and Emergency attendances reduced by 42 per cent.

Well-being: people whose well-being improved saw an overall reduction in the number of non-elective inpatient spells and Accident and Emergency attendances. In contrast, for people whose well-being got worse these incidences increased.

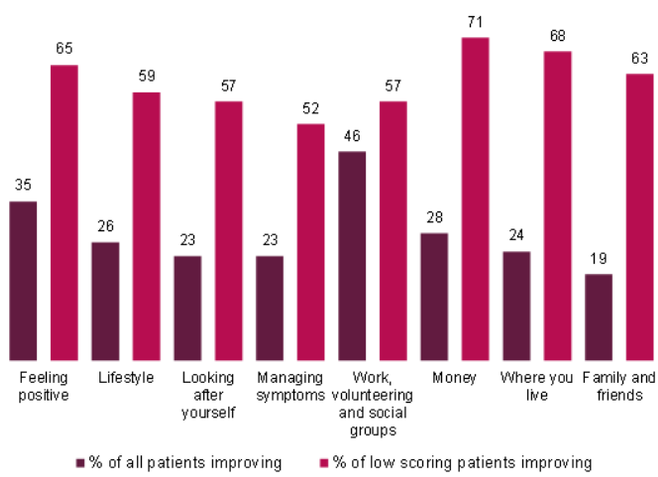
Impact on service user well-being

Another important goal of the Social Prescribing Service is to improve the well-being of people with long-term health conditions who engage with the service. Throughout the evaluation we have consistently identified **large improvements in the well-being of service users** following their engagement with the service. Between September 2012 and 2014, 82 per cent of service users experienced positive change in at least one outcome area, improvements were recorded for each measure and initially low-scoring patients made most progress. Progress has consistently been most pronounced in the following outcomes:

- Work, volunteering and social groups
- Money
- Feeling positive

This trend continued in 2014/15, an increase in the average score for each outcome and a reduction in the number of low scoring outcomes across the board.

Figure 1 | Overview of outcome change (2014/15)



[1] All new analysis in this report is based on data from patients who first engaged with the service between April 2014 and July 2015.

[2] Patients are identified using a 'risk stratification' tool.

[3] Dayson, C., Bashir, N., Bennett, E. and Sanderson, E. (2016) *The Rotherham Social Prescribing Service for People with Long-Term Health Conditions: Annual Report*. Sheffield: CRESR, Sheffield Hallam University.

[4] Bashir, N. and Dayson, C. (2014) *The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report*. Sheffield: CRESR, Sheffield Hallam University.

CASE STUDY: GORDON

Background

Gordon has severe mobility problems and was referred to the Social Prescribing Service as he and his wife are dependent on carers supporting him with tasks like getting in and out of the bath. Gordon had limited social contact outside of the home which created strain between him and his wife. Gordon has a keen interest in practical activities but felt cut off from the wider community and unable to pursue these.

Support

Following his referral to Social Prescribing, Gordon was supported through an enabler to attend the 'men in sheds' activity group run by Casting Innovations. Once his funded support ended Gordon continued to be involved in the ' group as a volunteer. In addition, Social Prescribing was able to refer Gordon's wife to a complimentary therapy community group for respite from her caring role.

Outcomes

Gordon continues to regularly attend the 'men in sheds' group as a volunteer, where his role includes welcoming new people to the group, supporting them to engage, supporting the team to deliver sessions and often staying on after the sessions to help tidy away. He has found a real purpose in volunteering at the group and his wife is happy that Gordon can go out and socialise each week, providing her with much-needed regular respite.

These improvements in well-being demonstrate the social value of the Social Prescribing Service. This can be assigned a monetary value using the techniques associated with social return on investment (SROI). It is estimated that between 2012-2015, the social value of the well-being benefits experienced by Social Prescribing Service users in the first year following their engagement with the service amounted around £2 million: a return on investment of £1.11 for each pound (£1) invested in the service rather than the costs avoided by the NHS.

Impact on the local voluntary and community sector

A recurring theme throughout the evaluation has been the wider benefits of the Social Prescribing Service for the voluntary and community sector across Rotherham. These benefits include:

- **Investment**: since 2012 the CCG has invested £2.2 million in the service, £1.2 million of which has been for grants to provide frontline services. This is at a time when funding for the local voluntary and community sector from other public sector bodies had reduced significantly and has enabled significant leveraging of funding from other sources, including the Big Lottery Fund.
- **Developing and promoting social action and volunteering**: a number of Social Prescribing Service users have used it as a springboard for sustained involvement in community activity. This includes people who have gone on to start their own voluntary groups and become volunteers for the services that supported them. VAR plays a crucial role here, providing advice and guidance about setting-up new groups, support to access funding, and promoting volunteering opportunities.
- **Raising the profile of the sector**: the success of the Social Prescribing Service has demonstrated how local voluntary and community organisations - including very small community and neighbourhood groups - can contribute to local strategic health and social care priorities.
- **A new model of commissioning**: the Social Prescribing Service has developed and embedded an innovative 'micro-commissioning' model through which VAR makes grants of various sizes to local voluntary and community organisations to fund additional frontline services into which the Service refers. This funding has built the capacity of these organisations to support the Social Prescribing Service and fostered an approach where communities are better able to support self-care.
- **Good practice in Asset and Place Based approaches**: The Rotherham Social Prescribing 'model' is an example of good practice in involving people, communities and voluntary organisations in the design and delivery of health and social care services.

Costs avoided by the NHS

The evaluation has consistently demonstrated that Social Prescribing Service users use 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 four years of the service this reduction equates to **estimated NHS costs avoided of £647,000: an initial return on investment of 35 pence for each pound (£1) invested**. If these reductions were sustained for three years following engagement with Social Prescribing the cost of delivering the Service would be recouped.

Estimated NHS costs avoided **= £647,000**

4 years

Contact

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CASE STUDY: SARAH

Background

Sarah has multiple health problems and is in receipt of disability benefits. As a result, she was socially isolated but was eager to find out about possible social activities when she was referred to Social Prescribing.

Support

Sarah was supported to attend a local community hub where she began accessing a community exercise group. Her confidence built and she also began participating in a local art and craft group. Sarah really enjoyed the art and craft group and when her funded time came to an end she decided to set-up her own group. She was supported by Voluntary Action Rotherham to set up a constitution with some other group members and to apply for grant funding to get the group off the ground.

Outcomes

Sarah's community arts and craft group is now well established and has accessed Awards for All funding, a small community grant to support running costs and deliver the group in a community café. Running the group has given Sarah a renewed sense of purpose which has impacted positively on her health and wellbeing.

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