investor in excellence

VoluntaryAction Rotherham

NHS
Rotherham
Clinical Commissioning Group

Rotherham Social Prescribing

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Rotherham Social Prescribing

- ***'I've got six things wrong with me, I'm on 10 different drugs, I've been in and out of hospital for years, but the biggest problem I suffer from is 'four-walls-itis'***

- ***'It has helped and assisted in re-integrating me back into society after I was brutally attacked and left with life changing injuries. Social Prescribing filled the gap left in my life not filled by the NHS or RDASH'***

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Rotherham Social Prescribing

- **Sits alongside clinical interventions** - helps people live their lives in a way that feels like living rather than coping and surviving. It provides an integrated response to patient care
- **Where the NHS 'meets' the community and its assets** - shifting the focus from conditions or ages to localities and communities
- **'What matters to me'** as well as **'What is a matter with me'**

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Rotherham Social Prescribing

- **Involved a leap of faith to working differently** - there had to be another dimension to meeting patient needs
- **Co-produced** - between Rotherham CCG, VCS and service users
- **Builds on/ enhances local relationships, respect and trust** - between public sector and voluntary and community sector partners
- **Flexible to meet changing needs** - embedded within CCG and STP
- **Supports and resources VCS** - works with groups and patients
- **Independent evaluation base-** evaluated from onset

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The 'Rotherham Model'

- **Voluntary Action Rotherham (VAR)** on behalf of Rotherham CCG delivers 2 Social Prescribing (SPS) programmes. VAR manages the programme and micro commissions activity from the VCS - contracts/ spot purchases/ grants

- **LTC SPS** works with all GP practices as part of integrated case management approach. Referral pathway identifies patients referred to a VCS advisor aligned to each GP practice. **Started 2012**. **5835 referrals**

- **Mental Health SPS** works with 2 cluster groups of patients referred by RDASH to a VCS advisor. **Operating since 2014. 328 referrals**

- Patients/ service users build and direct their own packages of support, tailored to their specific needs by encouraging them to access services provided by the VCS

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Rotherham SPS Research

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- **We have a rich and systematic evidence base to support our work** - both schemes have been independently, academically evaluated from the start
- **The evaluations track two main elements**
  - **Improvement in wellbeing and quality of life**
  - **Impact on services either in reduction in demand or potential for discharge/ step down**
- **Plus patients/ users stories through case studies**

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Research Findings

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- **Health and wellbeing** - consistently large improvements in wellbeing for all patients/ service users referred. **Over 80%** improvements for LTC patients and **over 90%** for MH service users

- **Reduction in demand for services** - for the LTC service consistent reductions in use of services **6 -11%** reduction in non elective inpatient stays and **13 -17%** reduction in use of A&E services - more detailed analysis shows higher reductions in certain types of patients. For the MHS - **over 50%** discharge from services for those eligible for discharge review

- **Financial Savings** - the above evidence translates into definitive cost avoidance savings for the NHS

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Additional Research Findings
Impact on Primary Care

Latest evaluation looks at impact from a GP perspective

- Face to face appointments reduced **28%**/ telephone consultations reduced **14%** (tracked in 1 GP Practice)
- Opportunity for holistic response to patient care. A person centred service especially for those with complex needs – 'heart sink' patients.
- Helps patients manage symptoms. Some impact on medication usage
- Rotherham SPS also supports carers – helps with family and care breakdown

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Additional Research Findings Impact - Vol/ Com Sector

- **SPS is a route into delivering a community asset based approach to health** - connects, through a single gateway, voluntary and small community groups into wider healthcare delivery. It taps into the potential out there in communities and within individuals
- **It supports the VCS to deliver options and solutions to people's needs**. Rotherham's model provides funding to front line VCS organisations .It's a resourced intervention rather than just signposting to already overstretched VCS services.
- **We work with VCS groups alongside SPS users -**help secure additional funding, volunteers, diversify income , new activities, increase citizen engagement/ independence/ resilience. It helps rather than hinders VCS sustainability

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Essential Lessons Learned

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- **Be clear about the outcomes/ target population & clarity on the model** - is it SPS 'lite' or intensive/ signposting or prescription
- **Keep the model and referral mechanisms simple** - single gateway
- **Keep it local** - knowledge and expertise out there from local VCS. The perils and benefits of scaling up
- **Role of link workers/advisors** - linked to practices/ localities part of MDT team - build the relationships and combine expertise
- **Importance of patient/ user to be in charge/ have responsibility for their care** - don't overcomplicate some of the solutions

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Essential Lessons learned

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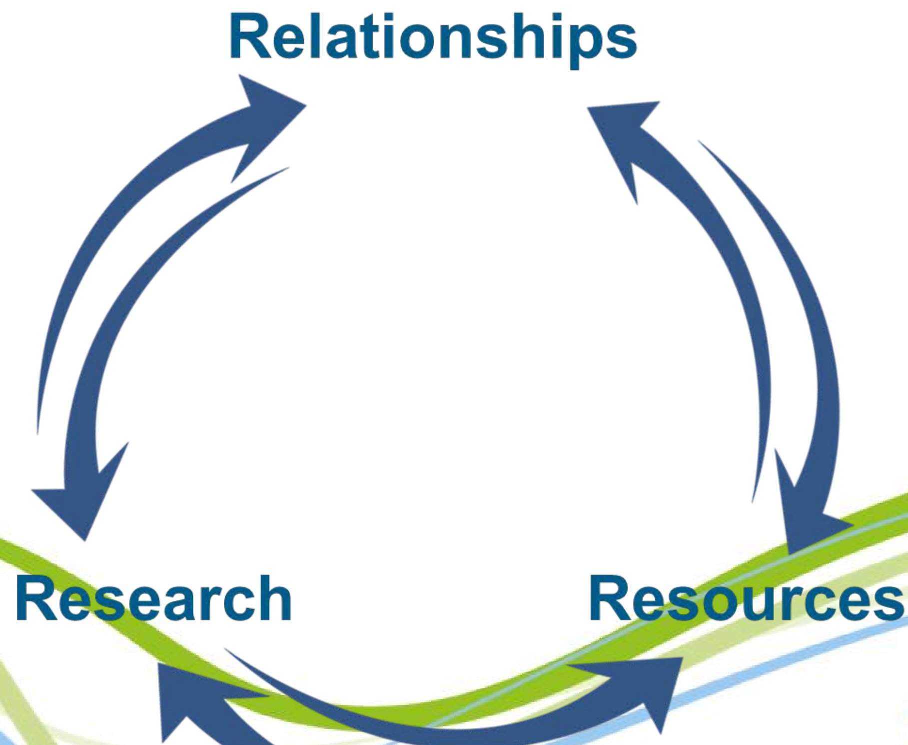
- **Resource the sector to deliver the solutions** - this will enable them to come up with further sustainable options
- **Evidence base** - what target needs are and what works
- **3 R's**



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It's a Win/ Win/ Win

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- ✓ The **CCG/ Health Providers** benefit, as it addresses inappropriate admissions, step down/ discharge of services
- ✓ The **GP's/ Primary Care** benefit, as it gives them a third option other than referral to hospital or to prescribed medication
- ✓ The **Voluntary and Community Sector** benefit, as it supports their sustainability
- ✓ **Most importantly** - the **Patient/ User/ Carers** love it as it improves quality of life, reduces social isolation and moves the people from dependence to independence

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It’s a Win/ Win/ Win

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- ***My health, depression and wellbeing were very low, I had multiple problems to deal with on my own - a husband quadriplegic in a care home with frequent hospital admissions, a trapped nerve affecting my mobility and a seemingly insolvable problem with his new power chair. I felt completely isolated until my GP referred me to your service. At last I felt someone really cared and putting me in touch with other agencies produced life changing results very quickly. An absolutely brilliant service***
- ***We feel that as GP’s it has helped our workload and patients have had much better outcomes, especially the ones who seem to go round the ‘revolving door’- we have been able to stop quite a lot of those ‘cause they weren't really medical problems and since we've started using Social Prescribing we've almost put an end to that as well***

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