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The Rotherham Social Prescribing Service for People with Long-Term Health Conditions: Evaluation Findings (2012-15)

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Introduction

- Background
- Methodology
- The Rotherham Social Prescribing Model
- Key findings:
  - referrals in and out
  - changes in the use of urgent hospital care
  - economic cost-benefits
  - well-being and wider social impact
  - social cost-benefits
  - understanding change
- Conclusion

Background

Evaluating Social Prescribing in Rotherham

- Cycle of evaluation embedded in the Social Prescribing Service since its inception: informs commissioning and service delivery
- CRESR at Sheffield Hallam University commissioned to independently evaluate the service in 2013: worked closely with VAR/CCG since then
- Two evaluation reports published in 2014 discussed key learning and provided an initial assessment of outcomes and impact
- Annual presentations to CCG since 2013 have informed re-commissioning
- This presentation draws on data for the period 2012-15 to provide a more holistic analysis of impact
- A detailed evaluation report based on this data is due for publication shortly

Methodology

Data sources

- Mix of quantitative and qualitative data collected throughout the evaluation
- Quantitative
  - Hospital episode statistics: unplanned in-patient stays; A&E attendances
  - Service led well-being outcome tool: 8 measures with a 5 point scale
  - Survey of funded providers (2014)
- Qualitative
  - Interviews with staff, providers, commissioners, practitioners involved in the design and delivery of the pilot
  - 8 case studies of funded services, including interviews with patients and carers

Data analysis

- Quantitative analysis explored change over time and tested for statistically significant change
- Change in the number of unplanned hospital episodes for two cohorts:
  - comparing period 12 months before/after referral (939 patients)
- Change in well-being outcome measures:
  - comparing baseline and follow-up (3-4 months) scores (1,068 patients)
  - exploring change for 'low scoring' patients
- Qualitative analysis explored impact from different perspectives
  - focus on what impact looks like in reality and practice
  - lived experience and narratives of Social Prescribing

The Rotherham Social Prescribing Model

An overview of Social Prescribing in the UK

- Awareness of/interest in SP has grown significantly in the last few years
- SP services are locality based and locally specific, so no model the same, but some general principles apply:
  - Core statutory funding provided by LA or CCG to lead VCS organisation(s)
  - Services cover a specific locality: whole LA or CCG area; GP clusters; or single GP practices (neighbourhood/community level)
  - GP/primary care practitioner identifies patients with non-medical support needs and *refers-in* to a SP service
  - SP service advisor assesses patient needs and *refers-out* to VCS services
- But, SP is not homogenous...range of locality level variations:
  - Provision of pump-priming grants or spot purchase of services
  - Condition specific/activity: LTCs, mental health, dementia: arts, exercise
  - Level, length and type of funding: <£50k per year to £500k+; 1 year to 3 years+; traditional contracts, grants, Better Care Fund, SIBs

Key Features of Social Prescribing in Rotherham

- Significant long-term strategic investment in VCS from local statutory partners:
  - 3 year plus funding commitment
  - part of health and social care integration programme (Better Care Fund)
  - linked to Health and Well Being strategy
  - required an initial leap of faith
- Single contract to deliver the service - held by local VCS infrastructure organisation (VAR):
  - ensures contract management independent from front line delivery
  - means providers have access to additional capacity building support and partnership activities available through VAR
  - utilises VAR's reach into and understanding of VCS across the borough
  - VAR has long track record of facilitating partnership working between VCS and local statutory bodies

Key Features of Social Prescribing in Rotherham

- Broad but targeted coverage:
  - borough wide service
  - targets people with LTCs most at risk of unplanned/emergency admission
  - embedded in wider GP-led integrated case management
- Grant funding for additional service provision:
  - c.50 per cent of Social Prescribing contract value forms a pot of money for onward 'micro-commissioning' with VCS
  - 20+ micro-commissioned services provide a first-step for service users to access VCS; onward referral to wider VCS provision if/when appropriate
  - increases VCS capacity to meet demand for support from SPS service users; allows gaps in provision to be identified and filled
  - enables innovative approaches to be tested and learnt from
  - small and community level VCS providers can engage in service provision
  - examples of SP funding being used to lever additional funding for new projects/enhanced provision

Key Evaluation Findings

Referrals-in to Social Prescribing

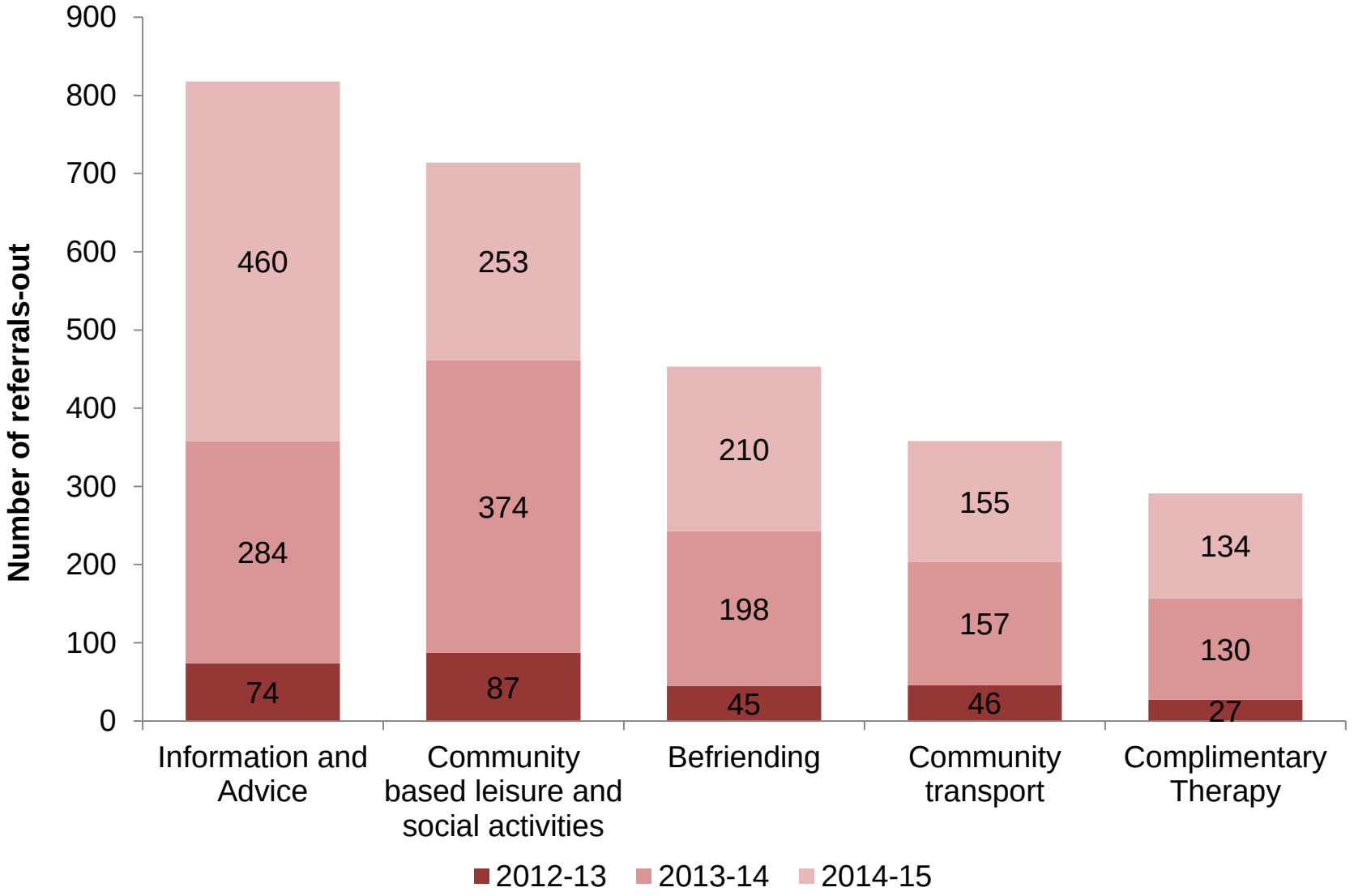
- 1,991 service users **actively engaged** between Sept 2012 and Mar 2015

	No. of Users Engaged by SPS			
	2012-13	*2013-14*	*2014-15*	*Total*
Age:				
Under 50	9	39	66	114
50-59	19	64	68	151
60-69	23	123	121	267
70-79	61	224	298	583
80-89	86	260	338	684
90 and over	16	61	97	174

Referrals-out of Social Prescribing

- 4,702 onward referrals of 722 service users to **funded services** between Sept 2012 and Mar 2015
- Most common referrals-out:
  - Information and advice
  - Community leisure and social activities
  - Befriending
- Referrals-out beyond the service:
  - 38 per cent of service users referred to **wider VCS provision**
  - 40 per cent of service users referred to **statutory provision**

Top 5 most common referrals-out



Changes in the use of urgent hospital care

- Overall trend is of statistically significant reductions in service user's use of urgent hospital care in the 12 months following referral

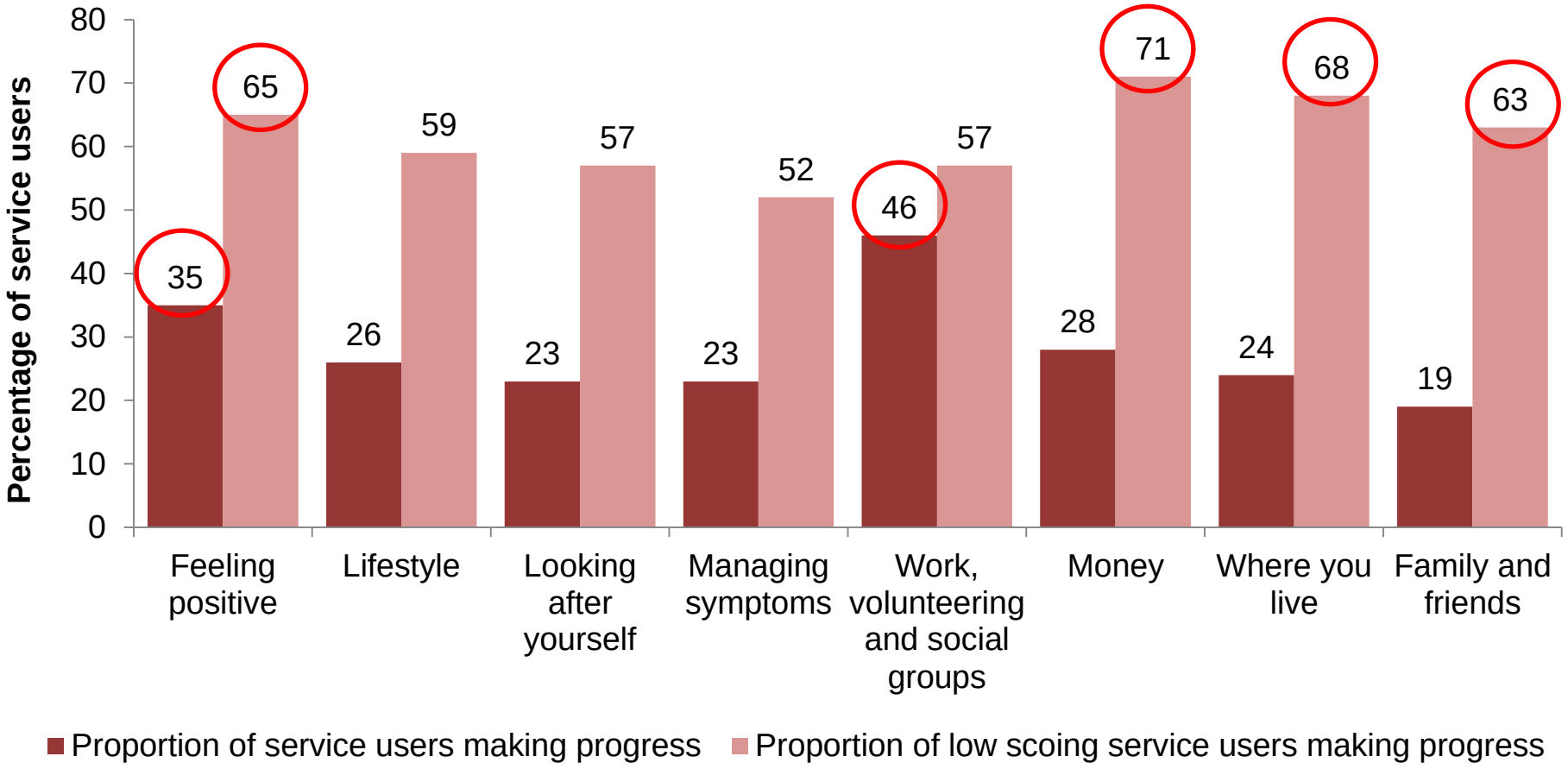
	Base	Average (mean) number of episodes			
		12m before	*12m after*	*Change*	*% change*
Non-elective inpatient episodes (FCEs)	939	1.25	1.16	-0.09	-7%
Non-elective inpatient spells	939	1.02	0.90	-0.11	-11%
Accident and Emergency attendances	939	1.29	1.06	-0.22	-17%

Economic cost-benefits

- Based on NHS costs avoided that associated with reductions in the demand for urgent hospital care:
  - estimated total NHS costs avoided between 2012-15 were more than half a million pounds: an initial ROI of 43 pence for each pound (£1) invested
- If benefits sustained over a longer period:
  - the costs of delivering the service for a year would be recouped after 2 ½ years
  - the costs avoided after five years could be as high as £1.1 million: ROI of £1.98 for each pound (£1) invested
  - if the benefits drop-off by 20 per cent each year they total costs avoided would be £0.68 million: ROI of £1.22 for each pound invested
  - if the benefits drop-off at by 33 per cent each year they could lead to total costs avoided would be £0.46 million: ROI of £0.83 for each pound (£1) invested.

Well-being and wider social impact

- Overall, 82 per cent of service users experienced **positive change** in at least one outcome area



Well-being and wider social impact

- Well-being impacts supported by qualitative evidence
- Key outcomes identified through case studies and interviews with service users:
  - improved social well-being and quality of life
  - emotional well-being and mental health
  - reduced social isolation and loneliness
  - increased independence
  - accesses to wider welfare benefits
- Longitudinal (follow-up) case study interviews show that in many cases these benefits are sustained

Social cost-benefits

- Based on well-being outcomes
- Estimated using financial proxies and techniques associated with social return on investment (SROI) analysis
- Estimated value of social benefits:
  - £0.57 million and £0.62 million in the first year following engagement with Social Prescribing
  - therefore greater than the costs of delivering the service (++SROI)

Understanding change

- Detailed analysis reveals significant variations in two key areas:
  - **Age:** service users **aged under 80** experienced larger average reductions in urgent care use than those over 80
  - **Level of engagement (1):** service users who **completed their grant-funded referral activity** within the VCS experienced a higher degree of positive change than those who did not
  - **Level of engagement (2):** service users who **completed their grant-funded referral activity and continued to engage in the VCS** once it had concluded exhibited the greatest amount of change
- Highlights the importance of targeting Social Prescribing at those most able to engage
- Sustained engagement with Social Prescribing and wider VCS is key for maximising benefits

Conclusion

Main evaluation messages

1. Rotherham is one of the largest and highest profile SP initiatives in the UK: some unique features set it apart from many areas
2. More than 2,000 local people with LTCs have engaged with the service since 2012
3. There is growing evidence that SP can have a positive effect on health, including use of urgent and emergency health services
4. The greatest impacts of SP appear to be on people's well-being
5. There appear to be a number of economic cost-benefits of SP, but these need to be understood over a longer-term time
6. SP works best when people fully engage and continue to engage with the VCS beyond the lifetime of the initial 'prescription'
7. SP provides a transferrable model of micro-commissioning with the VCS that could be applied to other areas of service delivery

Improving the evidence base

- Next steps for the Rotherham Evaluation:
  - analysing a longer time series: 2-3 years post-referral
  - exploring the possibilities of a national HES comparison group
  - understanding the impact on GPs
- More national evaluation and research also needed:
  - understanding the effectiveness of different SP models and approaches
  - exploring the implications of different approaches to and levels of funding
  - understanding for whom SP is most effective and in what circumstances
  - exploring the relationship between different types of SP interventions and different types of outcomes
  - bringing the evidence base closer to NICE standards
- Overall aim: generating evidence to support a wider role for VCS in health and social care integration and transformation

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