

Rotherham Social Prescribing – Our Story so far

**Ruth Nutbrown, Assistant Chief Officer, NHS Rotherham Clinical
Commissioning Group**

**Dr Richard Cullen, Lead Commissioning GP , NHS Rotherham
Clinical Commissioning Group**

Janet Wheatley , Chief Executive, Voluntary Action Rotherham

Why are we doing it?- Commissioning perspective

- Huge efficiency challenge - £75m over 4 years
- Increasing numbers with long term conditions
- Above average unplanned hospital admissions
- Recognition that patients need support with non-medical issues - creates a wider range of options for primary care and patient
- Shift of focus to prevention and early intervention - increases independence, resilience of individuals and communities
- Supports integration and personalisation
- Doing things differently – **‘more of the same’ is not an option**

The Leap of Faith.....

- Voluntary sector challenged to reduce admissions to hospital
- Open thinking by commissioners prepared to take a risk
- CCG / VAR had a track record of working together over numerous years
- VAR acts as a conduit to wider Voluntary and Community Sector
- VAR offered the CCG one contract/accountable body- VAR can manage multiple small scale contracts with diverse providers as part of SPS delivery
- Added value/ripple effect of investing in/ working with the VCS

What impact is it having -Commissioning perspective

- Inpatient admissions reduced by 21%
- A&E attendance reduced by as much as 20%
- Outpatient appointments reduced by as much as 21%
- ROI could reach £3.38 per pound. If the benefits being achieved by the end of the pilot are sustained over a five year period.

Why are we doing it – the GP Perspective

Your life, Your health

- The challenge for GPs.....
- How do we make you feel better?



Your life, Your health

“Life Makes you Feel Unwell”

Your life, Your health

Our Solution

Social Prescribing Case Managed by GP's



“Life gives you a label”

Your life, Your health

Why are we doing it? The VCS Perspective

- Estimated **1382** voluntary and community organisations in Rotherham
- There are **49,000** volunteers.
- The Sector works across all ages/ geographical communities/ communities of interest/ areas of work
 - **64%** improve peoples mental well being
 - **61%** address the needs of the most disadvantaged
 - **53%** increase peoples skills
 - **49%** help people feel they belong to the their neighbourhood
- Support VCS own delivery & sustainability, Use their contribution in service transformation, Provide significant additional value and Improve outcomes for Individuals/ Communities



Social Prescribing

Strengthening individuals, strengthening communities



Provides a framework for:

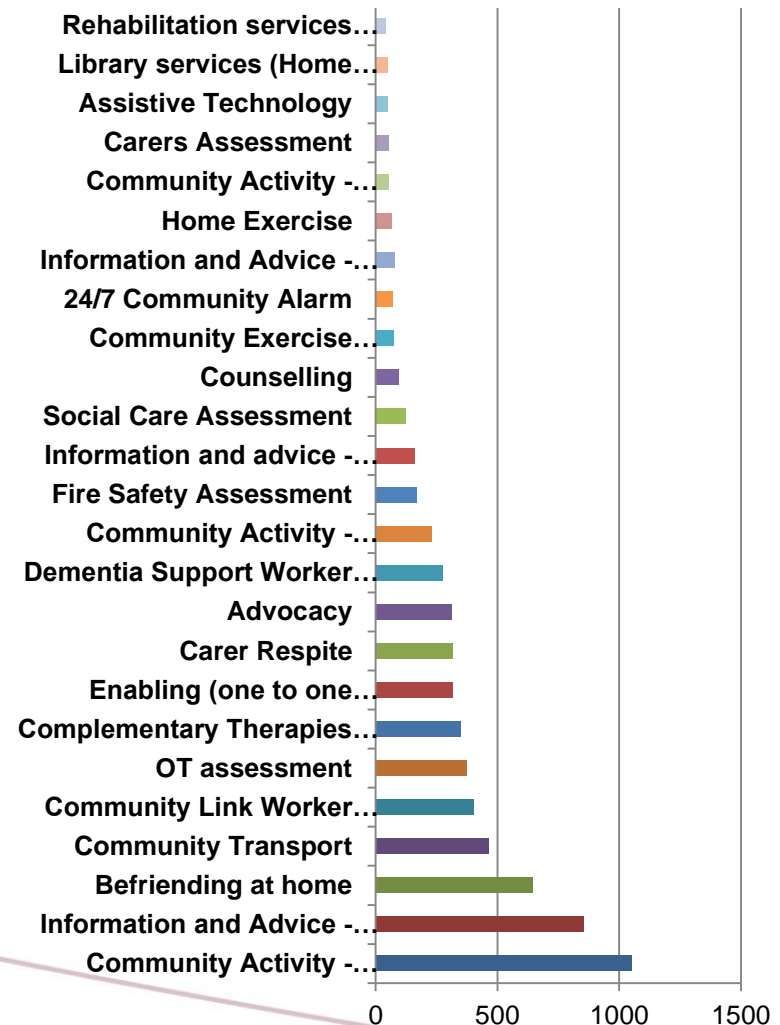
- Connecting people with long term conditions, referred through case management teams, to sources of support in their community
- Risk Stratification identifies top 3% of patients at risk of hospitalisation 3-5% identified using risk stratification and GP Clinical Judgement
- Patients referred to Multi Disciplinary Team of GP'S, Practice Nurses/ District Nurses/ Community Matrons/ Social Worker and VAR VCS SPS Advisor
- VAR manages the contract & employs SPS Advisor linked to each GP practice to support the MDT to find community activities that meet patient needs
- Rotherham SPS started April 2012 first referrals September 2012. 1st April 2015 extended to a pilot project working with RDASH mental health teams.





Key facts and figures

- 5000 referrals into SPS GP Scheme (approx. 115 per month)
- 250 referrals to SPS Mental Health scheme (approx. 15 per month)
- 51% aged 80+ LTC SPS
- 16% aged under 65 LTC SPS
- 95% aged under 65 MH SPS
- 5% BME LTC SPS
- Highest category of support
 - Befriending – 28% - 44% MHSPS
 - Carer Respite -13%
 - Advocacy & Support – 12%
 - Advice & Info/ Community Hubs
 - Dementia Services – 11%



What Impact has this had for the Voluntary and Community sector (VCS)



- Social Prescribing (SPS) is a route into the Voluntary and Community Sector - *for many it is an important first step to engaging VCS services and wider statutory provision*
- It is an excellent example of co-production – *SPS has been developed with VCs organisations, service users/ carers/ and health staff*
- SPS is an integral to supporting user of health services to be active not passive recipients in their own health and recovery- *it supports self care, increased independence*
- SPS has increased awareness of the VCS - *it has changed ways of working, build relationships with health, it is changing cultures and breaking down professional barriers*
- SPS supports VCS potential to provide innovative , flexible, trusted non clinical packages of support - *the VCS is a vital element in locally developed integrated approach to patient centred care, prevention, recovery and discharge. It changes a discussion from ‘what’s the matter with’ you to ‘what matters to you’*

What Impact has this had for the Voluntary and Community sector (VCS)



- VAR through SPS supports the VCS to deliver services through a mixed commissioning funding model – *it's a model of local micro commissioning that helps the sustainability of the sector.*
- SPS has to work with the groups as well as the patients – *this is the added value of the work VAR does*
- It has led to the development of new provision/ flexibility in existing provision - *it has brought in additional financial resources and led to new opportunities for the VCS*
- It has increased VCS collaboration, impacted on volunteering – *supported service users to become service volunteers*
- It has enabled VCS groups and their service users to have a greater voice in design and delivery of services – *it has demonstrated the impact on health and social care outcomes and spending*

It is a win/win!!

- ✓ The CCG benefits, as it addresses inappropriate admissions.
- ✓ The GP's benefit, as it gives them a third option other from referral to hospital or to prescribe medication.
- ✓ The Voluntary and community sector benefit, as it supports their sustainability.
- ✓ **And most importantly** - the Patient and Carers love it as it improves quality of life, reduces social isolation and moves the patient from dependence to independence.



Contact Details

- **Ruth Nutbrown – Assistant Chief Officer, NHS Rotherham Clinical Commissioning Group**
 - Ruth.Nutbrown@rotherhamccg.nhs.uk
- **Dr Richard Cullen - Lead Commissioning GP , NHS Rotherham Clinical Commissioning Group**
 - richard.cullen@rotherhamccg.nhs.uk
- **Janet Wheatley- Chief Executive, Voluntary Action Rotherham (VAR)**
 - janet.wheatley@varotherham.org.uk

Case Studies

- [Link to DVD](#)

