Sheffield Hallam University | Centre for Regional Economic and Social Research

The social and economic impact of the Rotherham Social Prescribing Pilot

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Presentation to Social Prescribing Event

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Introduction

- Background to Social Prescribing in Rotherham:
  - Largest (?) investment in social prescribing in the UK: national profile
  - Focus: people with LTCs (top 5% on risk register) - reducing their use of unplanned hospital care
  - Delivered by VAR on behalf of CCG: long history of effective partnership between health and VCS
  - Started in 2012 - multi-year funding agreement now in place through Better Care Fund (2016 and beyond)
  - Expanded from 2015: mental health and dementia carers
  - Commitment to longitudinal mixed-methods evaluation
  - Wide range of interventions **funded**

Introduction

- Today's presentation on evaluation findings from the pilot phase of the service:
  - Methodology
  - Impact on the demand for hospital care
  - Impact on patient well-being
  - Putting a value on the impacts
  - Conclusion

Methodology

Data sources

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

Data analysis

- Quantitative analysis explored change over time
  - Change in the number of hospital episodes for two cohorts
    - Comparing period 12 months before/after referral (108 patients)
    - Comparing period 6 months before/after referral (451 patients)
  - Change in well-being outcome measures
    - Comparing baseline and follow-up (3-4 months) scores (280 patients)
    - Focus on 'low-scoring' patients to identify most positive change
- Qualitative analysis explored impact from different perspectives
  - Focus on what impact looks like in reality and practice
  - Lived experience and narratives of Social Prescribing

Impact on the demand for hospital care

Inpatient admissions

	All patients referred to Social Prescribing			Patients referred to a grant funded VCS provider		
	Before	After	Change	Before	After	Change
12 month cohort	1.46	1.17	-0.30	1.45	1.10	-0.36
6 month cohort	0.59	0.51	-0.08	0.58	0.44	-0.13

- 12 month cohort
  - All patients: 21 per cent reduction
  - Patients referred to funded VCS provision: 25 per cent reduction
- 6 month cohort:
  - All patients: 14 per cent reduction
  - Patients referred to funded VCS provision: 22 per cent reduction

A&E attendances

	All patients referred to Social Prescribing			Patients referred to a grant funded VCS provider		
	Before	After	Change	Before	After	Change
12 month cohort	1.94	1.56	-0.39	2.19	1.67	-0.52
6 month cohort	0.76	0.67	-0.09	0.75	0.63	-0.12

- 12 month cohort
  - All patients: 20 per cent reduction
  - Patients referred to funded VCS provision: 24 per cent reduction
- 6 month cohort:
  - All patients: 12 per cent reduction
  - Patients referred to funded VCS provision: 16 per cent reduction

Outpatient appointments

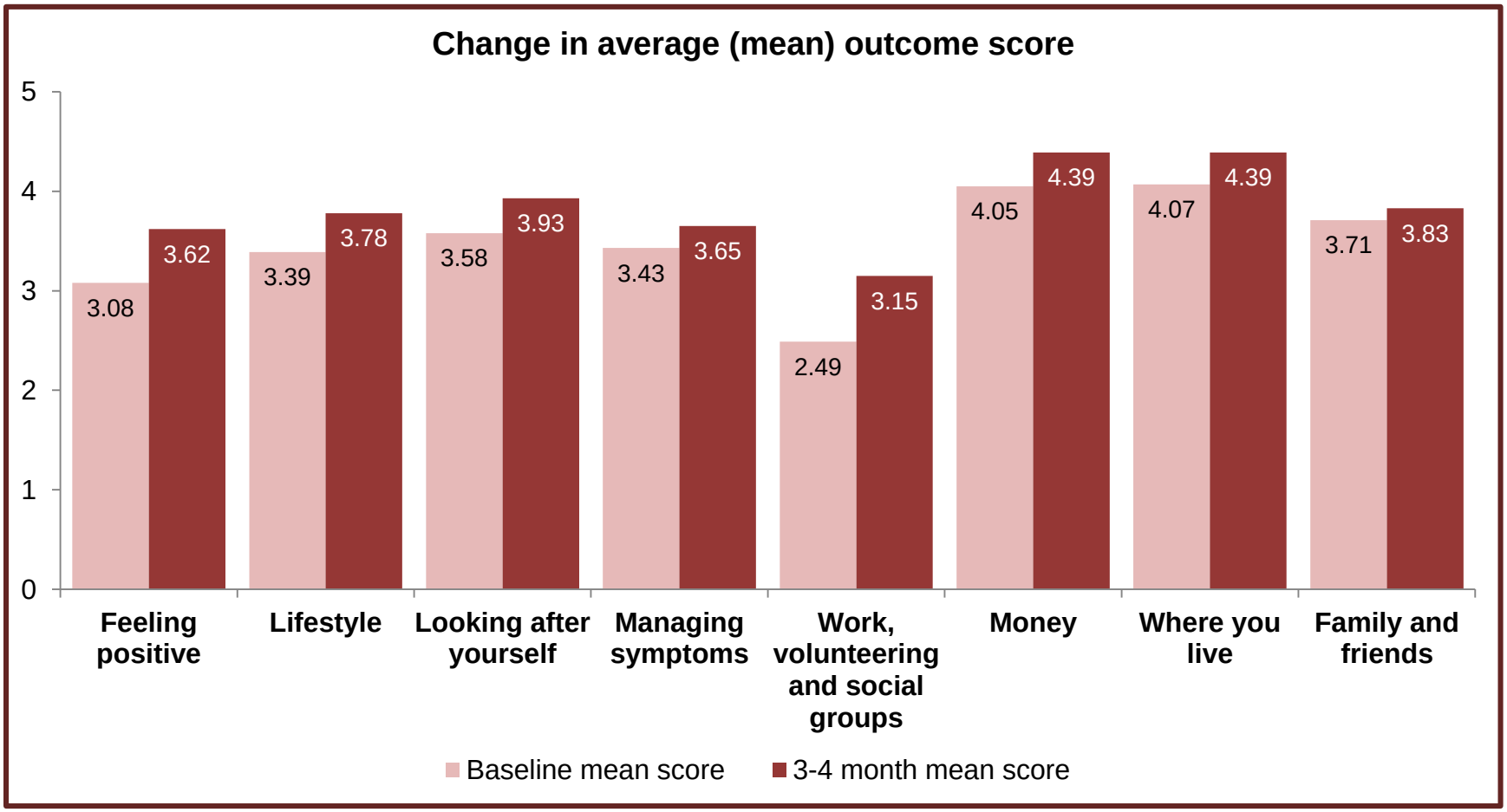
	All patients referred to Social Prescribing			Patients referred to a grant funded VCS provider		
	Before	After	Change	Before	After	Change
12 month cohort	1.70	1.30	-0.36	1.90	1.36	-0.55
6 month cohort	0.74	0.63	-0.11	0.72	0.69	-0.03

- 12 month cohort
  - All patients: 21 per cent reduction
  - Patients referred to funded VCS provision: 29 per cent reduction
- 6 month cohort:
  - All patients: 15 per cent reduction
  - Patients referred to funded VCS provision: 4 per cent reduction

Impact on patient well-being

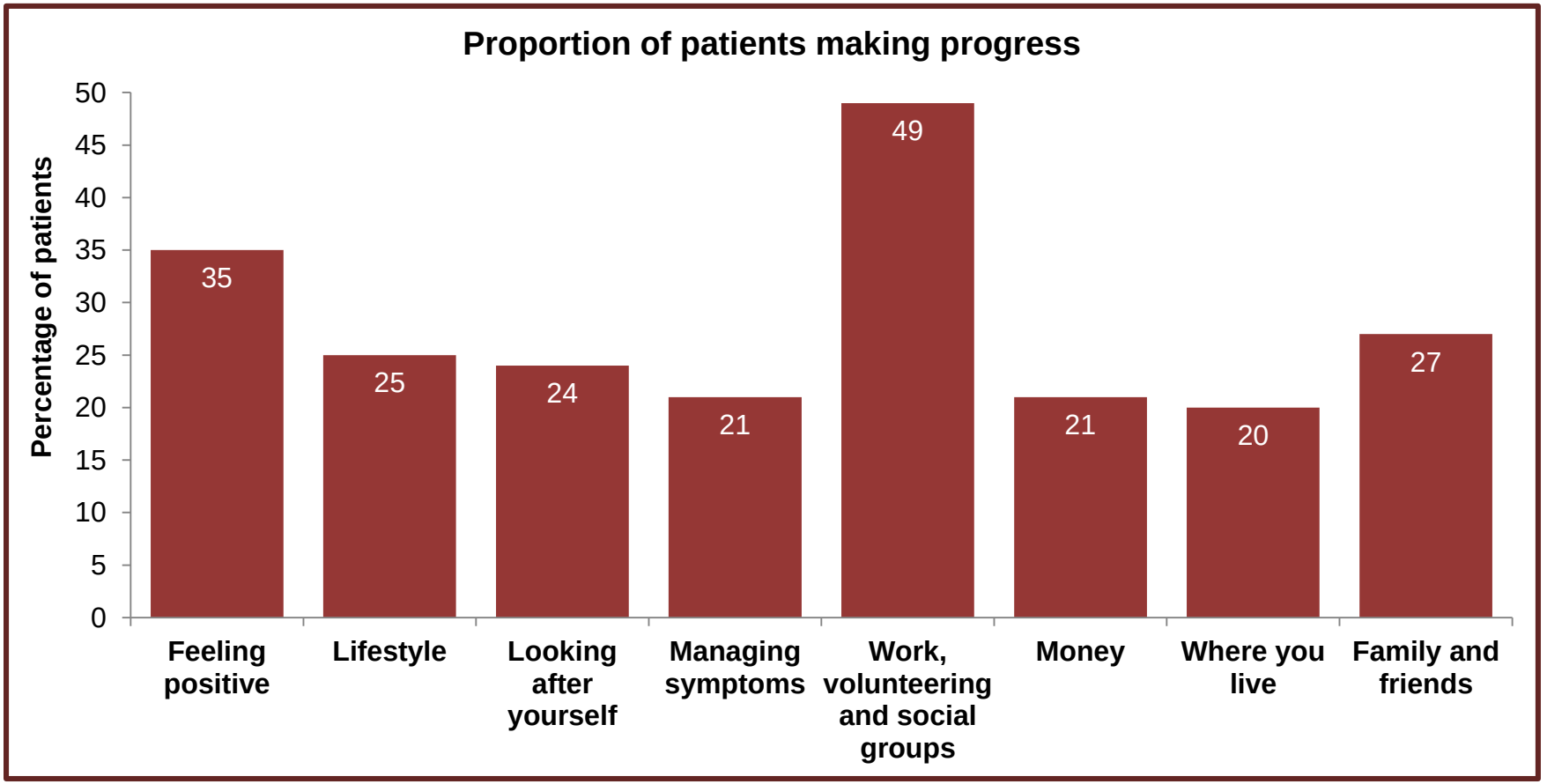
Outcome tool data

- Average score improved for each outcome area



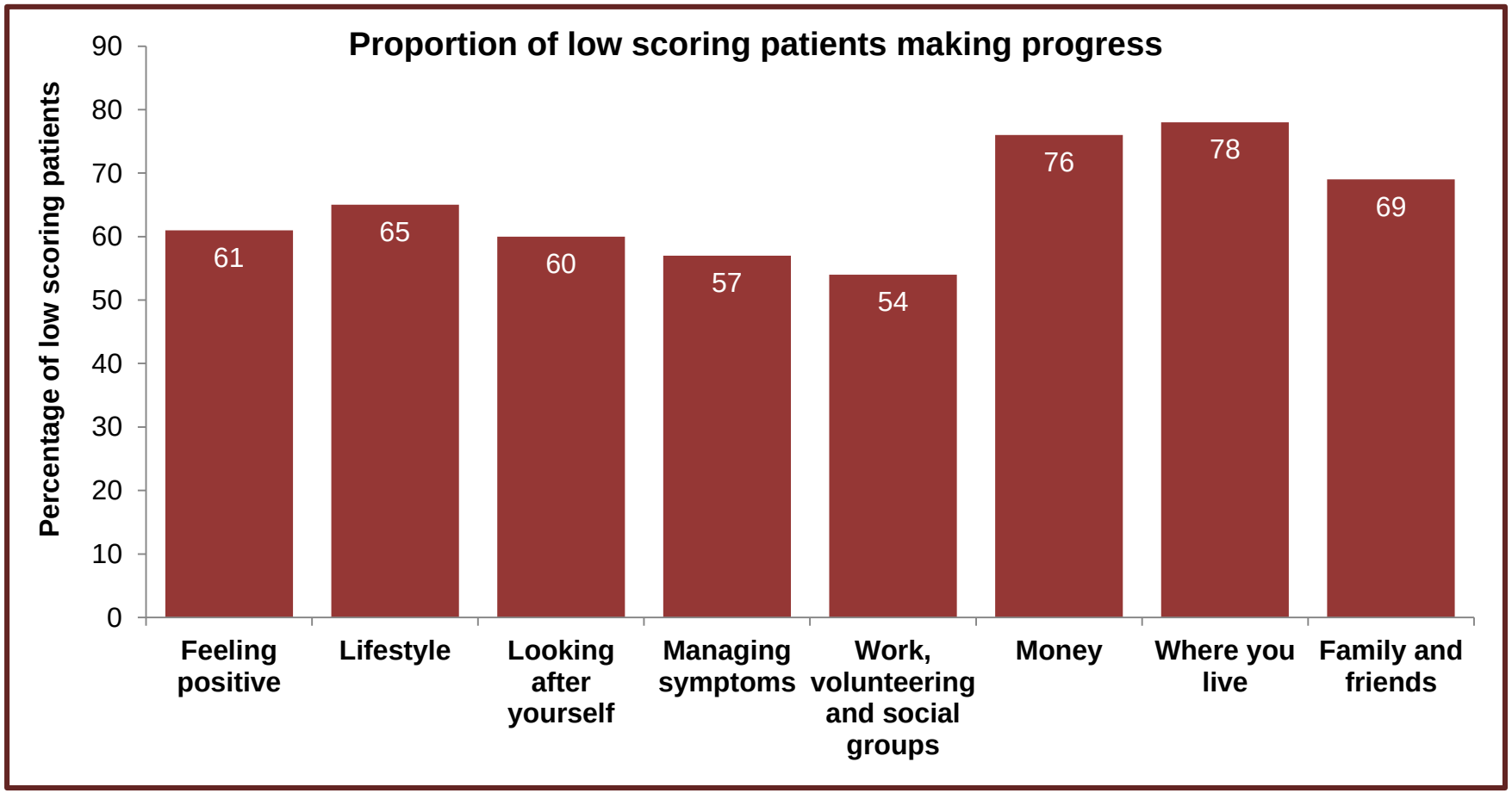
Outcome tool data

- 83 per cent of patients made progress in at least one outcome area



Outcome tool data

- Greater progress amongst initially low scoring patients



Case studies

- Some broad outcome themes emerged
- **Improved well-being**: in particular mental well-being, anxiety and depression, personal confidence and self-efficacy.

  "If it wasn't for the group, I might not be here now because I'd been that down and depressed….just getting out of the house has helped me with the fear, anxiety…talking to people lifts your mood and forget about problems at home."

- **Reduced social isolation and loneliness:** linking people with limited mobility and social contact with the wider community.

  "It's someone coming to talk to me and with me and they acknowledge me…because you can sit and stare at space and people take no notice whatsoever…I feel like I belong to a society."

- **Increased independence:** linked to improvements in physical health. Includes undertaking in independent social and community action.

  "I was on my own, I was totally on my own…Each day I'm getting better and better…before I could hardly walk…I'm feeling very positive, each day I get up and I just can't believe how much I've come on."

Putting a value on the impacts

Economic value

- Annual **cost reductions** for commissioners (the CCG) can be estimated based on reductions in the use of hospital care
- Based on a throughput of 1,180 patients per year (year 2):
  - Potential cost reductions of **£415,000** in the first year post-referral when the service is running at full capacity
  - If these benefits are fully sustained, the **costs of delivering the service for a year** would be recouped after 18 to 24 months
- Greater cost reductions for patients referred to funded VCS services:
  - Funded services: reduction of £378 per patient in year 1 post-referral
  - Wider VCS services: reduction of £265 per patient in year 1 post referral

Economic value

- Longer term cost reductions can be projected based on different scenarios
- Reductions could be much higher than annual estimates:
  - If the **full benefits last for five years** they could lead to total cost reductions of £1.9 million: a return on investment of £3.38 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 cost reductions of £1.2 million: a return on investment of £2.08 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 £807,000: a return on investment of £1.41 for each pound (£1) invested

Social value: well-being

- Experimental methodology
- Applies a quality of life financial proxy to well-being outcome data
- Improvements in well-being create...
  - Estimated social value of between **£819,000** and **£920,000** by the end of the pilot
  - Potential social value of between **£660,000** and **£742,000** in the first year post-referral when the service is running at full capacity
- Improvements in well-being lead to **positive social return on investment** during the first year following referral to Social Prescribing

Social value: volunteering

- Important to recognise contribution volunteers make to Social Prescribing
- Providers asked to tell us the numbers of volunteers and total hours provided through an online survey
- 81 volunteers provided an average of 3½ hours each per week
- The estimated value of volunteering (to the pilot):
  - **£81,000** based on the national minimum wage
  - **£148,000** based on the national median wage
  - an additional £0.16 - £0.26 (16 - 26 pence) for each pound (£1) invested in the pilot by the CCG

Social value: additional income and funding

- Online survey collected data from providers about:
  - Additional welfare benefits claimed by patients/carers
  - Additional funding secured by provider organisations
- The value of additional welfare benefits claimed was £350,000, including DP, HB, PIP, ESA
- The value of additional funding accessed by VCS providers was £210,000:
  - Includes grants of £180,000 from the Big Lottery Fund, £10,000 from NHS England and £10,000 from Awards for All
  - 11 service providers reported that patients had accessed additional services worth at least £10,000 though self-funding or Direct Payments or Personal Budgets

Conclusion

Outcomes for patients and carers

- Quantitative and qualitative evidence points to a range of improvements for patients and carers:
  - improved mental health
  - greater independence
  - reduced isolation and loneliness
  - increased physical activity
  - welfare benefits
- Social Prescribing represents an important first step to engaging with community based services and wider statutory provision
- Without Social Prescribing many patients and carers would not be aware of or able to access these services

Outcomes for the public sector

- Pilot delivered in the context of austerity measures, rises in long term health conditions and the unplanned use of hospital care, and an ageing population
- Social Prescribing was targeted at those most at risk of requiring unplanned hospital care
- Reducing attendances and admissions is an important measure of success
- There are positive signs, with reductions of up to a fifth after 12 months
- Translates into cost reductions for commissioners
- Also broader outcomes such as satisfaction with care and patient experience, and the potential for social and residential care reductions

Outcomes for the VCS

- Social Prescribing has been a catalyst for innovation in community level service provision
- New, small, user-led organisations accessing NHS funding for the first time
- Funding has improved the sustainability of many provider organisations
- Greater ability to attract funds from elsewhere
- Pilot has showcased the potential of VCS providers, particularly small and community level, to contribute to local strategic health priorities

Implications and lessons

- There have been many, but two standout
- Demonstrating social value through commissioning:
  - Highlights the range of social value created through VCS commissioning
  - Economic value: reductions in use of public sector resources
  - Non-economic value: improvements in the health and well-being of local people; more engaged communities; more sustainable and vibrant VCS
- The role of local infrastructure in 'micro-commissioning'
  - VAR role central to the pilot
  - Providers, commissioners and practitioners overwhelmingly positive
  - Knowledge and understanding to unlock the potential of local VCS
  - A model for future 'micro-commissioning' of community level services?

Evaluation next steps

- Next report due Autumn 2015
- Larger cohort of patients tracked
- Exploring options for a comparison group (national data)
- Sub-group analysis
- Case studies: longitudinal follow-up
- Evaluating mental health and dementia services
- Additional comparative research being undertaken on SIBs
- Plans to evaluate in 2016/17 as well

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