Unlocking Social Prescribing
The Rotherham Experience

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Your life, Your health

Why are we doing it?- The NHS perspective

- Huge efficiency challenge - £70m 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**

Our Solution
Social Prescribing Case Managed by GP's

investor in excellence

Your life, Your health

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

Why are we doing it? The VCS Perspective

- Approx. 1400 diverse VCS organisations in Rotherham. Over 55% are involved in health welfare and social care – supporting a diverse and wide ranging client group.
- They provide flexible, locally appropriate services that help individuals with various aspects of their self-management, improve their health& wellbeing and contribute to their care and support planning .
- The sector has potential to provide alternative, flexible, innovative, cost effective models to engagement and service delivery with communities, individuals, patients/ carers.
- We wanted to capitalise on this to support VCS own delivery & sustainability, recognise their role/ contribution in service transformation, provide significant additional value and most important 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
- Linking a Voluntary Sector Advisor to each practice to support the GP and Primary Care team 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.

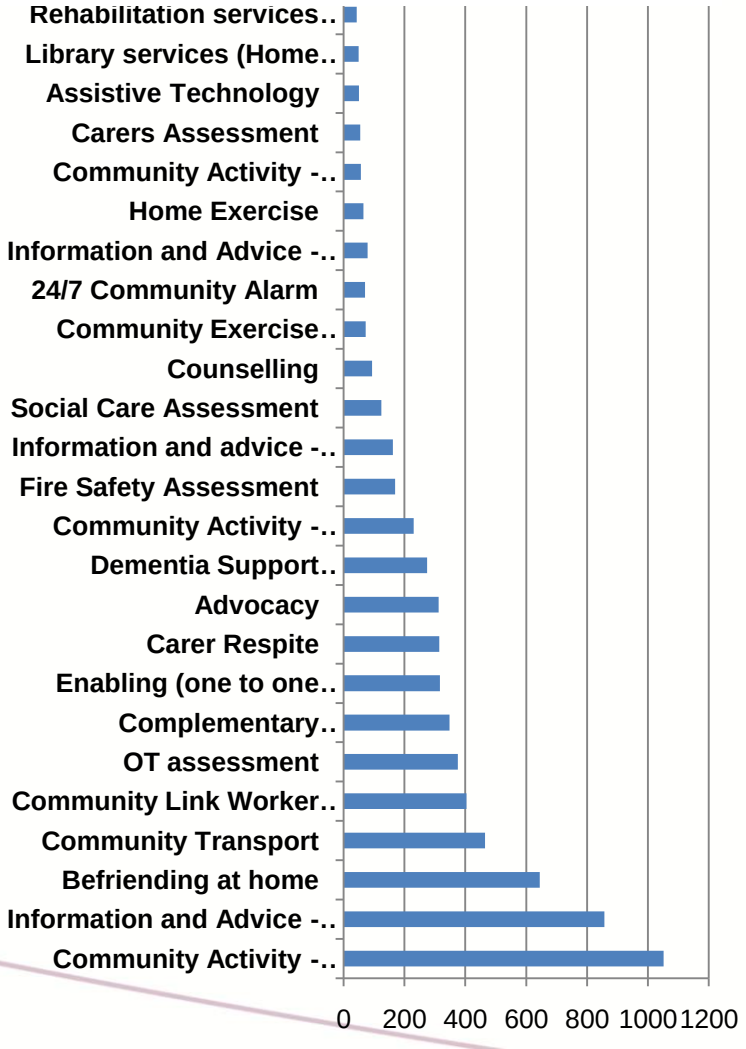
PRESCRIPTION

Exercise / healthy lifestyles
Self-management programmes
Social and leisure
Arts and crafts
Befriending/mentoring
Confidence building
Learning/training
Money – benefits, debt, fuel poverty
Housing/adaptations
Carers support
Dementia support
Transport/mobility
Advocacy

Process Measures

Social Prescribing - referrals to services

- 4414 referrals into SPS GP Scheme (approx. 120 per month)
- 172 referrals to SPS Mental Health scheme (approx. 20 per month)
- 8095 referrals out to VCS services
  (6457 to commissioned services
  1638 non commissioned services)
- 1922 referrals out to non-VCS
- 51% aged 80+ LTC SPS
- 16% aged under 65 LTC SPS
- 95% aged under 65 MH SPS
- 5% BME LTC SPS
- SPS GP funding approx. £560k, MH approx. £190k approx. 2/3 funding directly supports VCS activity



What Impact is it having -Independent Evaluation by CRESR, Sheffield Hallam

- **Quantitative** analysis explored change over time
- Change in the number of hospital episodes
    - Comparing period 12 months before/after SPS patient referral
    - Covers 939 patient who substantively engaged with SPS up March 2014
- Change in well-being outcome measures
    - Comparing baseline and follow-up scores for SPS 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

Hospital Episodes - change over 12 months

- Non-elective Inpatient Admissions:
  - Finished Consultant Episodes (FCEs): **7 % reduction**
  - Inpatient Spells: **11 % reduction**
  - Bed Days: no statistically significant change
- A&E Attendance:
  - All patients: **17 % reduction**
- This data is for **all patients** and doesn't tell the whole story: more detailed analysis shows marked differences between **different types of patients,** in particular:
  - By age
  - By level of engagement with SPS

Hospital Episodes - analysis by age

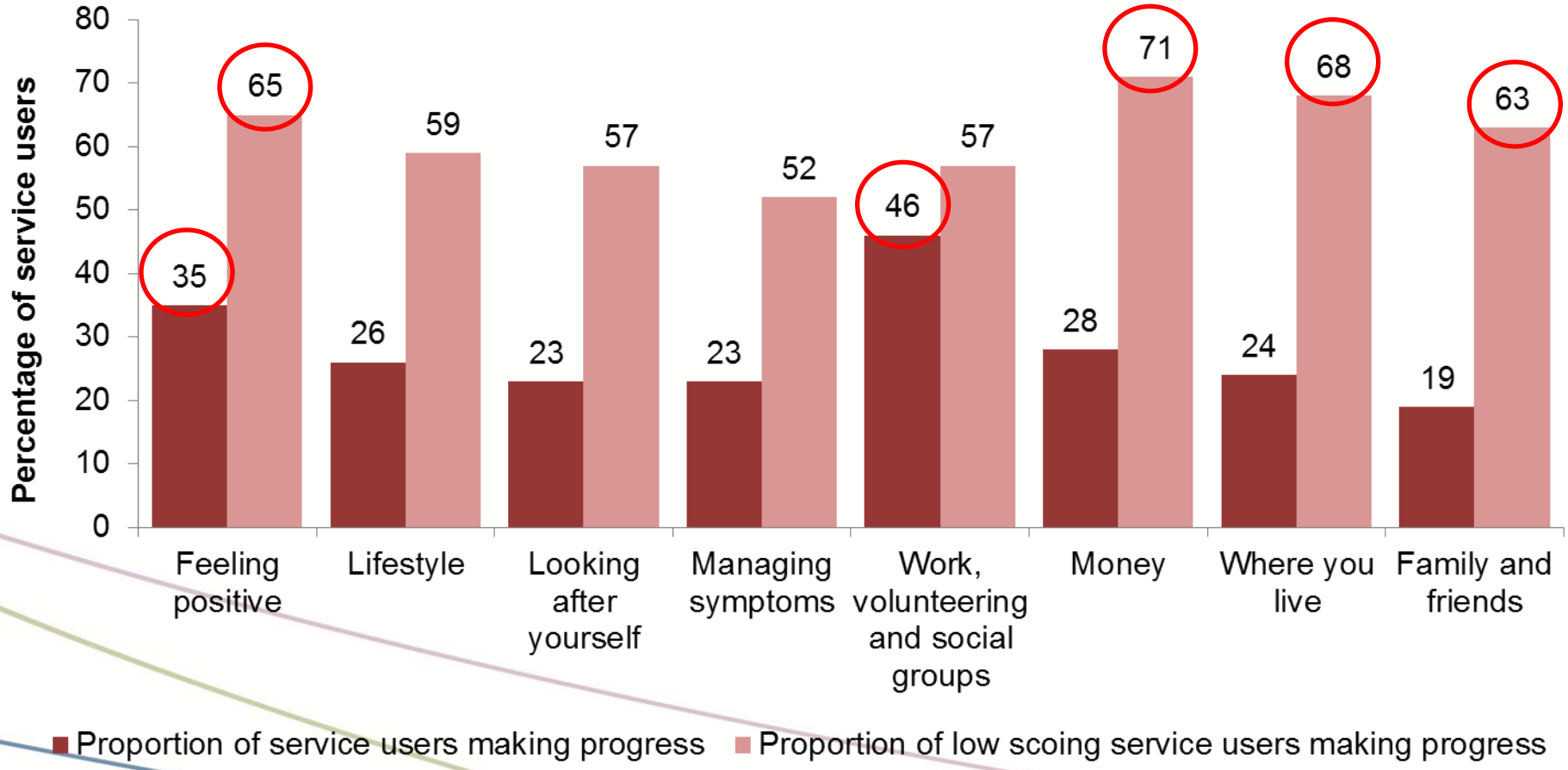
- When patients over 80 are excluded from the analysis reductions are greater (513 patients remaining)
- Non-elective Inpatient Admissions:
  - Finished Consultant Episodes (FCEs): **19 %reduction**
  - Inpatient Spells: **20 % reduction**
  - Bed Days: no statistically significant change
- A&E Attendance:
  - All patients**: 23 % reduction**
- Highlights importance of ensuring SPS is appropriate for patients who are referred
- Impact of SPS on older (80+) patients needs to be understood through other measures

Hospital Episodes - analysis by engagement levels

- When patients continue to access VCS services after initial service has ended much larger reductions are evident
- Non-elective Inpatient Admissions:
  - Finished Consultant Episodes (FCEs): **53 % reduction**
  - Inpatient Spells: **51 % reduction**
  - Bed Days: **43 % reduction**
- A&E Attendance:
  - All patients: **35 % reduction**
- Highlights the importance of sustained engagement with VCS services

Well-being and wider social impact

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



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.

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 be unaware of or unable to access these services

Key Learning Points

- **Relationships – with CCG/ GP's and VCS**
  - Key Contacts
  - Champions & Challenge
  - Timing /Leap of Faith
- **Resources/ Investment**
  - Money
  - Skills
  - VCS Capacity
- **Research**
  - KPI's quantative as well as qualitative evidence
  - Independent evaluation
  - Growing evidence base

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.

The Future

- The service is no longer a pilot and is recurrently funded through the Rotherham Better Care Fund.
- The CCG have commissioned an expansion into helping those patients that are stable long term psychiatric patients to re-enable them to leave mental health services
- We are also looking to expand the model working with the Acute Hospital, Children and Adult Services and other agencies
- Interest in SPS has grown significantly not just locally but nationally from NHS/ CCG's/ LA's / DoH – Number of schemes are increasing/ evidence base is growing and a National Network has now been established to bring learning together

Case Studies

- See attached sheet
- Link to DVD