NHS
South East
Commissioning Support Unit

Rotherham CCG – Social Prescribing Pilot

Background

Faced with an increasing number of patients with long-term conditions and above average unplanned hospital admissions Rotherham CCG invested £1.1million in a pilot to provide 'additional investment in the community'. This enabled 31 different social prescribing services to be established involving 24 voluntary community services (VCS). The pilot was delivered through Voluntary Action Rotherham (VAR).

How it worked

29 out of 36 Rotherham GPs referred patients eligible for social prescribing to one of 5 Voluntary Community Sector Advisors. These advisors assessed support needs using a specially designed well-being measurement tool before discussing with each patient voluntary and community options for improving health and well-being.

Some statistics

During the pilot 1607 patients were referred to the service which:

- 1,118 were referred to a funded VCS provision (primarily information and advice, community activity, physical activity, befriending and enabling) 53% of these patients were referred to more than one service (2584 referrals in total).
- 489 were referred to non-funded VCS provision and statutory services

The patient group had the following characteristics – 75% over the age of 70, 61% were female and 91% were from white ethnic background.

Social Prescribing Pilot (2012-2014)

Over two years 1607 people were prescribed access to a range of services including leisure, social, befriending, respite, complementary therapies etc.

The pilot has been evaluated by Sheffield Hallam University and received the *Excellence in Individual Participation Commissioner* award at NHS England's *Excellence in Participation Awards 2014*. This project has been re-commissioned and forms part of Rotherham's proposal for 'Better Care Funding'.

The outcomes of this project included:

- Reduced A&E attendance, hospital admissions and outpatient appointments.
- Individuals being more active, feeling less isolated and generally progressing
- Cost reductions of £552,000 for £1,1m investment. Assuming project benefits last a minimum of 5 years the savings from one year operation rise to 1.9

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Economic Costs

Project Spending	Year 1 (000)s	Year 2 (000)s	Total (000)s	Not included in these figures is the cost of initial research and development of a complex client management system and volunteers
Direct Grants to Providers	302	205	507	
Additional Support Grants (floating fund for spot purchase of non-grant funded services)	11	93	104	
VAR costs (salaries/overheads etc.)	216	273	489	
Total	529	571	1,100	

Economic Benefits

Three main areas of savings were measured financially

- **Hospital admissions** (inpatient days) – 21% decrease in number of admissions in the 12 months following referral.
- **Accident and Emergency attendances** – 20% reduction in number
- **Outpatient appointments** – 21% reduction

	Costs (000)s	**Benefits (000)s**		**5 year Benefits (000)s**	**5 year Benefits 20% drop off***
Year 1	529	423			
Year 2	571	129			
Total	1,100	552		1,900	1,187
ROI		*50p* *Within pilot*		*£3.38* *Based on Year 2 activity*	*£2.08* *Based on Year 2 activity*

- When calculating future value of benefits an adjustment should be considered for the rate of which the impact of the initial value of the investment reduces or drops off.

Estimated total cost reductions (NHS) of £552k were achieved by the end of the pilot = to 50p for every pound invested (Compared to £1.1m pilot investment)

The cost of delivering the service for one year achieves payback after 18-24 months and each full year of operation would generate five year cost reductions (for commissioners) of £1.9m (based on full year annual cost of £570k) This equal to £3.38 of benefits for every £ invested. If adjusted for 20% benefit drop off rate over 5 years the return falls to £2.08.

From a commissioner perspective based on economic costs and benefits there is a clear case for Social Prescribing in Rotherham. There were however a number of social benefits that make this pilot even more attractive.

Lessons

- The 'action learning' approach allowed flexibility to respond to emerging needs and experience
- Effective communication is key – between all stakeholder groups and within VCS providers
- The level of understanding by VAR of the VCS across Rotherham coupled with it not being a front line provider ideally placed it to coordinate the pilot and commission local VCS services
- The pilot stimulated additional capacity in existing services and the creation of new services
- In addition to the CCG other public stakeholders benefitted from added value from the pilot (even though they had not funded it)
- While outcomes and impact were evident during the pilot the full value will not be seen for several years

- It would be difficult to sustain the current model without core funding of some sort and service withdrawal would have a negative impact on patients

Discussion

If you were preparing a business case for social prescribing along the lines of the Rotherham pilot:

- Could/should economic costs and benefits be identified for other public agencies? If so which might be affected?
- Which social costs and benefits would you consider including in your case?
- How might you derive a value for social costs and benefits?
- Which lessons from the Rotherham pilot do you think might apply to other prevention projects?

Sources:

From dependence to independence: emerging lessons from the Rotherham Social Prescribing Pilot, December 2013

The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report, September 2014