



Social Prescribing and the Value of Small Providers

Evidence from the Evaluation of the Rotherham Social Prescribing Service: Summary

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November 2020

This report discusses the role and contribution of small providers of social prescribing services and activities that support the delivery of the Rotherham Social Prescribing Service (RSPS). The main findings are as follows.

The distinctive role and contribution of small providers

The following characteristics of small providers are crucial to the contribution they make to the RSPS.

a) Their service offer...

There are two broad types of RSPS small provider: those that act as **community hubs** and broker access to a wide range of opportunities in their localities; and those that are **direct providers of community level opportunities**. Small providers made effective use of RSPS micro-commissioning funding to establish new groups and activities and broaden the reach of existing opportunities when patients may need additional support to engage with provision. Many RSPS small providers had been able to develop some services so that they became self-sustaining. This sustainability enables small providers to become more self-sufficient and establish a wider range of opportunities for patients to access.

b) Their approach...

Small RSPS providers had an approach to their working that was **flexible and person centred**, with

services and support **tailored to patients individual needs** where possible. This enabled small providers to develop relationships with patients based on **trust and understanding**, with many providers seeking to do whatever was needed so that patients could overcome barriers that had previously prevented them from accessing services and opportunities in their community.

c) Their position...

Small providers are often embedded in their community. This embeddedness meant that small RSPS providers had a deep understanding of community needs and good awareness of and links to wider provision within the RSPS, the wider voluntary and community sector, and local public services.

Social value

There are a number of ways in which **small RSPS providers create value through their work**. Most of this value is accrued by **individuals** – RSPS patients – who experience positive social and emotional outcomes such as improved social connectedness, renewed confidence and self-esteem, and greater independence, all of which help contribute to an improved sense of general wellbeing.

Some of the **key processes and mechanisms** through which small providers 'create' value for RSPS patients have been revealed. Small providers generally start by meeting patients' needs and providing opportunities to overcome barriers so that they can achieve small, incremental 'wins' that

enable progress over an extended period. This builds trust and supports longer-term engagement. By providing patients with opportunities for growth small providers had been successful at enabling people to become reintegrated within their social networks and economic activity. Ultimately, these factors combine to create the conditions, or scaffolding, for more tangible and sustainable value to be experienced by RSPS patients in the longer term.

Challenges for small providers

A number of challenges for small providers have been identified.

1. Sustainability

Although small providers were able to access funding to support RSPS referrals through the 'micro-commissioning' approach, this rarely covered the 'full-cost' of provision. As a result, many were cross-subsidising services and activities through other funds but had concerns about their sustainability in the longer term. Increasingly more is being expected of small providers by public sector commissioners in health and social care, but without sufficient investment in their ability to operate sustainably, and cross-subsidy is proving increasingly challenging in the current economic climate.

2. Recognising the full value of small providers

Small providers questioned whether their true value was fully understood by commissioners of health and social care services. There was concern that, without this recognition small providers may be gradually 'crowded out' by larger providers who may offer greater economies of scale but were less likely to be embedded in, and properly understand, local communities.

Arguably, the real value of social prescribing is way it connects patients with complex health conditions to small local providers, and then on to a diverse range of community activities and opportunities. But there is a risk that without more sustainable models of investment many small providers, and the value they create, could be lost.

This raises a fundamental question about **whose responsibility it is to ensure the ongoing existence of a healthy and thriving ecosystem of small providers in a locality and how this can be achieved in practice?** Finding common agreement to on the answer to this question may hold the key to successful and sustainable social prescribing in the longer term. The evaluation of the RSPS suggests that key stakeholders in social prescribing – the NHS, other funders, local infrastructure, and small providers themselves – each has a role to play in this regard. Ultimately, the ingredients for a successful and sustainable model of social prescribing lie in a range local partners working together equitably in the interests of individuals and communities facing multiple forms of disadvantage.

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