

Key Findings from the Evaluation of the Rotherham Mental Health Social Prescribing Pilot

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Introduction

This report provides the key findings of an independent evaluation of the Rotherham Social Prescribing Mental Health Pilot. The Evaluation was commissioned with the following aims:

- to understand the impact of the Pilot on the well-being of service users
- to identify wider outcomes and social benefits associated with the Pilot
- to understand the impact of the Pilot on discharge from secondary mental health services
- to explore the potential economic benefits of the Pilot
- to capture stakeholder perspectives on the effectiveness the Service and identify key learning to inform future delivery and commissioning.

An Overview the Pilot

The Rotherham Social Prescribing Mental Health Pilot was developed to help people with mental health conditions overcome the barriers which prevent discharge from secondary mental health care services. It initially ran from April 2015 to March 2016 but has since been extended to March 2017. The service helps service users build and direct their own packages of support, tailored to their specific needs, by encouraging them to access personalised services in the community provided by established local voluntary and community

organisations, and to develop their own peer-led activities.

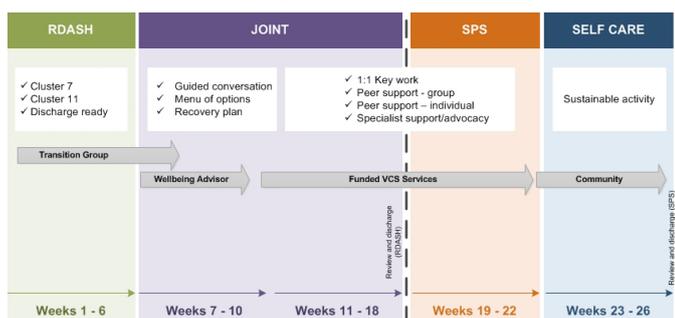
The Pilot was funded by NHS Rotherham Clinical Commissioning Group (CCG) and delivered in partnership between Rotherham, Doncaster and South Humber Foundation Trust (RDASH) and a consortium of 17 local voluntary sector organisations led by Voluntary Action Rotherham. It builds on and is integrated with the successful Rotherham Social Prescribing Service for people with long term health conditions which has been operating since 2012.

The pilot was established with three key aims:

- 1 Creating opportunities for mental health service users to sustain their health and well-being outside secondary mental health services.
- 2 Creating more capacity within secondary mental health services.
- 3 Creating efficiencies within mental health services.

It provides six month pathway to support a smooth transition from mental health services to social prescribing activities and sustainable discharge. The pathway also supports primary care practitioners, social prescribing staff and voluntary organisations to respond appropriately to signs of relapse and re-access to secondary mental health services should a service user's health deteriorate during the project. It was developed as a guideline and is applied flexibly so that individuals' engagement with and experience of social prescribing can tailored to their personal circumstances.

Figure 1: The Rotherham Social Prescribing Mental Health Pilot pathway



16 different types of voluntary and community sector services were developed and received funding through the pilot. A combination of individual and group based services was provided in the areas of befriending, community engagement, community hubs, education and training, and therapeutic services.

By the end of March 2016 **156 mental health service users had been referred to the pilot**, of whom 141 (90 per cent) had engaged in an initial meeting between representatives of the service and RDASH, and **136 (87 per cent) had taken-up a service** on an individual or group basis. This suggests that during the first year of the pilot a large majority of the service users identified by RDASH for social prescribing have been appropriate and well prepared for the transition from 'traditional' services.

Policy Context

There are a number of national and local contextual and strategic policy drivers that provided a rationale for the pilot:

- **Nationally**, the NHS has prioritised improvement in the outcomes, physical health and experience of care of people with mental health problems, and a reduction in avoidable harm and stigma.¹ Linked to this, the 'Five Year Forward View for Mental Health'² recommended a series of priority actions for the NHS by 2020-21 which included expanding proven community-based services for people of all ages with severe mental health problems and a commitment to promoting good mental health and preventing poor mental health.
- **Locally**, the RDASH transformation plan³ recognises that services currently channel users through particular cluster based pathways and are not often tailored to the needs and circumstances of the person seeking help.

As a result patients are staying in service for long periods of time and have become dependent, lead to log jammed services. In response RDASH have identified the need for an ambitious step-change in service provision in which patients are encouraged and supported to live more independent lives and receive care that is tailored to their individual circumstances.

The Rotherham Social Prescribing Mental Health Pilot is therefore timely and strategically important. It provides an example of a locally developed patient-centred approach to mental health services based on the principles of prevention, recovery and well-being. If it is successful it will provide a model for further involvement and integration of the voluntary and community sector in mental health services in a way that facilitates sustainable discharge.

Key Findings

The key findings from evaluation are overwhelmingly positive. They are summarised below.

1 The pilot has engaged with more than 130 users of secondary mental health services in Rotherham

These service users have been supported through the pilot to build and direct their own packages of support, tailored to their specific needs. They have accessed bespoke services in the community provided by established local voluntary and community organisations and many have gone on to be involved in or develop their own peer-led activities.

2 The pilot has made a significant and positive impact on the well-being of mental health service users

More than 90 per cent of service users made progress against at least one well-being outcome measure and more than 60 per cent made progress against four or more measures. Service users who provided an initially low score against each outcome measure made the greatest amount of progress and the areas where progress was most marked were:

- work, volunteering and social groups
- feeling positive
- lifestyle
- managing symptoms.

¹ HM Government (2011). No health without mental health: A cross-government mental health outcomes strategy for people of all ages.

² Ibid

³ RDASH (2016). Recommendations for Transforming Rotherham Adult (18+) Mental Health Services.

These findings were reinforced by qualitative case studies which found that social prescribing provided service users with something to look forward to that prevented isolation, increased confidence and improved happiness in a way that developed and utilised skills in new and interesting areas.

3 A range of wider benefits also emerged from the pilot

These included:

- gaining employment
- taking part in training
- volunteering
- taking-up physical activity
- sustained involvement in voluntary sector activity once engagement with social prescribing was complete.

The qualitative research highlighted the importance of the peer support model and the opportunities service users had to progress from social prescribing activities to wider volunteering and social participation.

4 The role of VAR is vital to the development, operation and sustainability of social prescribing

Similar to the Evaluation of the Rotherham Social Prescribing Service for People with Long Term Health Conditions⁴, this evaluation has highlighted the vital role that VAR has played in the development, delivery and sustainability of the pilot. As the local voluntary sector infrastructure organisation VAR can act as a local accountable body with no conflict of interest. VAR's knowledge and understanding of local voluntary sector, and the fact that it does not deliver front line deliverer of services, means that it can commission social prescribing services in the best interests of service users, both individually and collectively. In addition, VAR is ideally placed to support the sustainability of social prescribing activity through its wider services that can support new groups to implement appropriate structures, policies and procedures; and access funding and develop business models that are appropriate to their activities.

5 The initial evidence about discharge from mental health services is positive

More than half of service users eligible for a discharge review have been discharged from

secondary mental health services. A test of the efficacy of the Pilot will be the extent to which these discharges are sustained, and for how long. If discharge can be sustained for at least a year, longer if possible, there is potential for the Pilot to provide a positive fiscal and economic return on investment. If the intermediate benefits for patients not discharged from services but for whom dependency is reduced are taken into account this return will be greater still. However, the qualitative research highlighted the importance of not focussing too much on discharge, and applying a more nuanced understanding of discharge that considered reductions in reliance on and need for mental health services, particularly when full discharge is not possible.

6 The pilot has already created significant social value and a positive social return on investment

It is estimated that the well-being benefits experienced by service users equate to social value of up to £432,000: a social return on investment of £2.19 for every £1 invested in the pilot.

7 The social prescribing pilot is closely aligned with the aim and vision of mental health policy, nationally and locally

Nationally, the Five Year Forward View for Mental Health advocates the type of community based integrated and preventative services that the social prescribing pilot provides. Locally, the pilot is closely aligned with the priorities of the RDASH transformation plan, particularly in the way that it provides an alternative to secondary mental health services and facilitates discharge to more appropriate and sustainable forms of support. In addition, the pilot has supported a broader series of local strategic benefits by achieving outcomes in priority areas such as physical health and employment.

Given these important local strategic benefits from the Rotherham Social Prescribing Mental Health Pilot, the commitment from RDASH and the CCG to explore potential for wider roll out of social prescribing within secondary and primary mental health care services is an important development that should enable the benefits identified to be realised more broadly than the current model.

⁴ Available at: http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-annual-eval-report-2016_7.pdf

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