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Social Prescribing and the Value of Small Providers

Evidence from the Evaluation of the Rotherham Social Prescribing Service

November 2020

Rotherham Social Prescribing Service
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Contents

Executive Summary

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 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.

1 Introduction

This is latest report from a long-term **Evaluation of the Rotherham Social Prescribing Service (RSPS)** being undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.[1] This report focuses on **value, contribution and experiences of 'small providers' of social prescribing** across the borough. These providers are involved in both the 'Long-Term Conditions' component of the RSPS - which is embedded in GP-led Integrated Case Management; and the community mental health service component - which is delivered in partnership with Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH). Both components are commissioned by NHS Rotherham Clinical Commissioning Group (CCG) and delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations (VCOs). The service aims to increase the capacity of GPs to meet the non-clinical needs of patients with complex long-term conditions (LTCs) who are the most intensive users of health and care resources; and to enable Community Mental Health Teams (CMHTs) to help users of secondary mental health services build and direct their own packages of support.

At its core, RSPS is a voluntary and community sector (VCS) liaison service for the whole borough which:

- Enables **patients and their carers to access support from local VCS organisations**.
- Contributes **a VCS perspective to the assessment of needs and care planning for patients across** the health and social care system.
- Facilitates **the development of new community-based services to fill gaps in provision, and funds additional capacity within existing VCS** to meet the increase in demand created by RSPS.

The Long-Term Conditions component was first commissioned as a two-year Pilot in 2012. In 2014-15 it was re-commissioned for a further year as part of Rotherham's multi-agency proposal to the Better Care Fund, with an additional three years of service provision commissioned in April 2015 and then again in April 2018. The Mental Health component was initially commissioned as a 12-month pilot in 2015 but was soon extended to March 2018. Both components of RSPS are currently fully funded by the CCG up to March 2022.

[1] Previous Evaluation reports have discussed in more detail the development and implementation of the RSPS since its inception in 2013. A full list of these reports is provided in Appendix 1.

The annual funding agreement covers the core cost of delivering RSPS alongside **a 'micro-commissioning' budget to procure a 'menu' of VCS activities** that have been specifically developed to meet the needs of Service users. A core team consisting of a Service Manager and seven Voluntary and Community Sector Advisors (VCSAs) is employed by VAR. The Project Manager oversees the day-to-day running of the Service, including management of service commissioning and acting as a liaison between VCS providers and wider NHS structures. The VCSA role provides the link between the Service and the relevant health professionals. They receive referrals from GP practices and CMHTs of eligible patients and carers and make an assessment of their support needs before referring them on to appropriate VCS services (commissioned and non-commissioned).

The purpose of this report is to provide **analysis of the role, contribution and experiences of small often community-based providers of social prescribing** services and activities that support the delivery of the RSPS. The report draws on six case studies of small providers of RSPS services undertaken during 2019-20, along with more than 30 prior interviews with small providers and patients earlier undertaken in this evaluation (between 2013-18). The analysis involved the application of a framework for understanding the 'value' and 'distinctive contribution' of small' charities and social enterprises developed through research undertaken for the Lloyds Bank Foundation for England and Wales in 2018.[2]

[2] Dayson, C., Baker, L. and Rees, J. with Batty, E., Bennett, E., Damm, C., Coule, T., Patmore, B., Garforth, H., Hennessy, C., Turner, K., Jacklin-Jarvis, C. and Terry, V. (2018) *The value of small: In-depth research into the distinctive contribution, value and experiences of small and medium-sized charities in England and Wales.* Sheffield: CRESR, Sheffield Hallam University.

2

The ‘Value of Small’ providers: an overview

Small, local community-based providers are central to most social prescribing activity. When link workers (i.e. VCSAs) make referrals or signpost patients to services and activities more often than not they are provided by a small locally based voluntary organisation, community group or social enterprise. However, these small providers are arguably the most overlooked component of a social prescription or social prescribing referral pathway. **NHS England does not provide direct funding for small providers** even though they have invested around £35m per year in social prescribing across all 1,300 local Primary Care Networks in England from 2019 as part of the NHS Long Term Plan. Similarly, many NHS CCGs and Local Authorities do not provide funding for small providers as part of locally commissioned social prescribing schemes. There has also been very little formal research and evaluation into the role, contribution or experiences of small providers of social prescribing at a local or national level.

2.1. Why do small providers matter?

There is a long history of research that has provided evidence in favour of sustaining a vibrant and healthy population of small and local charities, community groups and social enterprises. This includes research undertaken in 2018 which identified three core elements to their work which may make them ‘distinctive’ when compared to other types of provider.

i. A distinctive service offer − what they do, and with/for whom

Small providers play a critical role in addressing social welfare issues in their local communities, both directly and by plugging gaps in public services. This includes being ‘first responders’ to needs at a 'hyper-local' level; creating spaces where vulnerable people can access services whilst feeling safe, respected and useful; and connecting people to wider opportunities and support.

ii. A distinctive approach − how they carry out their work

Important features about the way small providers work include their ability to develop person-centred and responsive approaches built on relationships of trust, and that create the conditions for long-term engagement; being an embedded, trusted and long-term presence within communities; ‘reaching early’ and ‘staying longer’ in their support for disadvantaged groups; having an open door approach that means people are not turned away; quick decision making based on flat and responsive organisational hierarchies; and utilising volunteers and other assets from the local community.

iii. A distinctive position − where they sit in the wider 'ecosystem' of providers

Addressing disadvantage requires a mix of provision at an area level. Small providers can occupy a distinctive position within this wider ecosystem due their local networks and relationships, which facilitate an extended reach within and between communities; their stabilising role at a local level, for which they are often described as the 'glue' that holds services and communities together; and their advocacy work for people in need of practical support through a crisis or to address specific and pressing issues.

The research concluded that the way small providers tend to exhibit these features in combination means they are able to **offer a distinctive set of services and activities in their communities that are additional to the provision of larger charities and public bodies**, and often add up to more than the sum of their parts.

2.2. What is the value of small providers?

The 'Value of Small' research also provided a framework through which to understand the full value – the 'social value' – of small providers. This covered three dimensions of social value that ought to be accounted for through commissioning processes.

a) Individual value − for people who engage with services

Support from small providers for people facing disadvantage invariably leads to 'soft' personal, social and emotional outcomes – such as wellbeing − as well as hard and more tangible outcomes − such as employment. The way this value is created stems from their distinctive service offer, approach and position, including as a result of person-centred and holistic support based on meeting needs; helping people to achieve 'small wins', such as building confidence and self-esteem; and committed staff and volunteers. These factors combine to create the conditions for long-term engagement which can lead to more tangible outcomes in the longer term.

b) Economic value − for the economy and for public services

Small providers also create value directly for the economy, for example by supporting people into employment; as well as value for public services, for example by helping to reduce the demand for, or cost of, acute services.

c) Added value − cross-cutting benefits for different stakeholders

Small providers create a range of added value that cuts across individual and economic value, in particular through volunteering, funding leverage, and their embeddedness in local organisational and social networks, which gives them an enhanced understanding of local needs and enables people to navigate services more effectively.

2.3. Understanding the value and distinctive contribute of small providers within social prescribing

This 'Value of Small' framework can be applied the work of small providers of social prescribing services and activities to help shine a light on:

- The types of services they provide and for whom.
- The ways in which the work.
- How they relate to other voluntary and public providers.
- The social value of their work.

The remainder of this report uses evidence collected during the RSPS Evaluation to explore these themes in more detail.

3 The distinctive role and contribution of small providers with the Rotherham Social Prescribing Service

More than 30 small, locally based voluntary organisations, community groups and social enterprises have been involved in the delivery of the RSPS since 2012. This includes a number of different types of small provider:

- Those rooted in geographical neighbourhoods.
- Those serving specific communities of interest, such as BAME communities, people with learning disabilities, and the digitally excluded.
- Those based in Rotherham.
- Those brought into Rotherham by RSPS from neighbouring areas to fill gaps in provision.
- Locally based providers who are part of national federations of charities.

These providers have supported more than 5,000 people and provided many more thousands of hours of support. Some of these providers have been specifically 'micro-commissioned' by VAR to provider tailored support and activities whilst others have engaged RSPS patents with their existing provision. The scope and nature of this work is summarised in table 3.1 and discussed in more detail in the following sections.

Table 3.1: Overview of the role and contribution of small providers within RSPS

Their service offer…	Their approach…	Their position…
• Community hubs broker access to community level opportunities • Direct provision of community level opportunities • Developing new opportunities • Developing self-sustaining activities	• Flexible • Person-centred • Developing trust and understanding with patients • Overcoming barriers to accessing opportunities • One-to-one support to access group-based community activities	• Closeness to communities • Understanding community needs • Awareness of and links to wider provision • Links to: – public services – wider RSPS provision – wider VCSE provision

3.1. Their service offer: what small providers do within the Rotherham Social Prescribing Service

Small providers are the end point in the social prescribing referral process: they receive referrals from VCSAs and then work with patients to ensure that they are able to access and benefit from activities at a community level. Previous RSPS evaluation reports have provided more detailed statistics about the types of services and activities provided through social prescribing. The most commonly accessed was information and advice about benefits entitlements, enabling support and befriending. Different types of community-based leisure, social and physical activities have also been identified as commonly used and important.

Looking across the 'menu' of support available through RSPS there are two broad types of small provider. First, there are those that serve as a **community hub within their locality and broker access for RSPS patients** to existing activities and opportunities in their area, providing additional support if needed. These providers tend to be based in Rotherham's outlying communities where people may face travel barriers to accessing support in the town centre or other parts of Rotherham. They are able to use the RSPS micro commissioning funding to establish new groups, such as yoga classes and craft activities.

> *"We've been able to sort of use that as a bit of a start up to help a group fund, like get established, to fund themselves and also raise awareness about the organisation and so on and so forth." (RSPS Community Hub Provider)*

Second, there are those that **provide or facilitate a service, activity or opportunity developed specifically for the RSPS**. Examples include befriending support, complementary therapies, and peer-support groups linked to a hobby or interest. These providers are also able to use RSPS micro-commissioning funding to establish new groups and activities, but they also use it to broaden the reach of existing opportunities, including where RSPS patients may need additional support to engage with their provision.

Many RSPS small providers focus on developing services and activities that can eventually become self-sustaining. This can involve introduce a charging structure to cover the cost of an activity or supporting patients to become volunteers who organise and lead sessions independently. This sustainability goal is important as it enables small providers to become more self-sufficient or use further RSPS funding to establish a wider range of additional opportunities for patients to access.

3.2. Their approach: how small providers carry out their work within the Rotherham Social Prescribing

Small providers within the RSPS focus on providing a **flexible and person-centred service** that is tailored to the individual needs of patients. This involved being able to adapt and react to needs of a patient or group or group of patients and delivering activities and setting goals at a pace that was appropriate to their specific needs.

> *"…it's delivering it in a way that is understandable for them at the pace for them". (RSPS Small Provider)*

A number of providers described how working with patients referred from RSPS involved 'thinking differently about how support was provided, and that small providers had a degree of flexibility to do this that was inherent due to their size. This sometimes involved making changes to the way services and activities were provided in response

to the needs of patients. This could mean, for example meeting patients in the car park before the start of activity, taking them on the bus, meeting them at the bus stop, or entering the room with them the first time they attended. Essentially doing whatever it takes to help patients overcome personal and practical barriers to accessing provision.

> *"We really felt strongly that you can do it a different way…having a mixed group making it a real world situation where people come in and interact with people who aren't in receipt of services and then you're more likely to come in and make a friend and widen your horizons rather than just meet other lonely isolated people…we've tried it both ways and we were able to show that it was going to be much more sustainable to have a mixed group…" (RSPS Small Provider)*

This approach enabled small providers to **develop trust and understanding with patients** that provided the platform for long term and sustainable engagement with their services and activities.

Linked to this flexibility and person-centredness, a number of small providers emphasised the importance of being able to visit and engage with people in their homes. This could involve meeting them in their home to establish their needs and personal circumstance and transporting patients to services. This was identified as a vital part of the service many small providers offered that set them apart from larger charities and many other public services. It was considered vital for removing barriers to access and helping patients get over concerns they may have about meeting others, particularly the first time they entered *"a room full of strangers."*

> *"…we try and signpost people on to other local events and local things to do, so we, when we go like with places like Winthrop Gardens which is a local community gardens we'll go there, we'll find out how to get there by bus we'll find out what else is going on, introduce them to the person running it lots of things like that to get people tuned into what else is going on." (RSPS Small Provider)*

3.3. Their position: where small providers sit within the Rotherham Social Prescribing Service and the wider health and social care system

Small providers within the RSPS typically sit at the heart of their community. This could be a **community of place** – such as a town, village or neighbourhood – or a **community of interest** – such as a people with specific needs, disabilities or personal characteristics (including protected characteristics). This position means that small providers *"know the area"* and what support, activities and opportunities are available locally to support patients and make referrals where appropriate. It also means they are able to identify gaps in provision and take steps to fill those gaps when necessary.

> *"…we know more people now and we've got a better relationship so it's, you know you know the individual you need to ring up and have a chat with, it makes it a lot easier and I think just you know things can get done much quicker." (RSPS Small Provider)*

RSPS was also identified as a key mechanism for facilitating enhanced connections and networking between small providers across Rotherham. Regular workshops for providers and other networking opportunities meant that small RSPS providers had developed a good understanding of the types of services, activities and opportunities available across Rotherham to which they could refer patients on to address additional needs where necessary.

> *"We have these networking events that the social prescribing team put on, I think they are quarterly, and they are so valuable about what other, just what other*

schemes are out there but also this networking time to sit round the tables and chat and you know share information." (RSPS Small Provider)

Overall, it was felt that RSPS played an important role raising awareness of small providers and the types of opportunities they provided, ensuring better integration of services across the borough. This awareness raising was multi-directional and mutually reinforcing: other small providers (within and beyond RSPS) were more aware of each other; the wider community was more aware of what small providers could offer; and public services were more aware of the offer and benefits of small providers for health and social care.

"Well it has brought us more business in and it's… as I say, it's made us more aware of what, you know, what is happening in the area and what we need to be doing." (RSPS Community Hub Provider)

4

The value of small providers within the Rotherham Social Prescribing Service

Previous evaluation reports have provided detailed analysis of the economic and social value of the RSPS, much of which wouldn't be possible without the involvement of small providers. For example, the most recent report on the Long-term Conditions (LTC) component of the RSPS[3] found that it helps create:

- **Individual value, through wellbeing:** when a patient actively engages with an RSPS referral there is a strong likelihood that they will experience several wellbeing benefits. Overall, 81 per cent of patients experienced positive change on at least one wellbeing measure.
- **Economic value, for the health economy:** although majority of RSPS patients were not 'intensive' or 'high cost' users of secondary care those patients identified as the most intensive users did, on average, record reductions.

Through the qualitative data collected for this evaluation report we have been able to provide additional detail on the value that is created by small providers within RSPS, including the process and mechanisms through which it is created.

4.1. Value for RSPS patients

For each of the small providers we engaged with for this report the focus was on creating value for the RSPS patients who engaged with their services, activities and opportunities. They were able to provide numerous examples of how the support they provided had led to positive social and emotional outcomes for RSPS patients. This includes outcomes such as improving patients' social connections (including new friendships), building their confidence and self-esteem and enabling them to be more independent, all of which help contribute to a greater sense of general wellbeing.

> *"(If) we're not meeting (for) a couple of weeks and they've organised their own trip to Scarborough or Skegness or somewhere, on the train completely self-organised and I just think that's wonderful it's just they trust each other enough to go for a day out." (RSPS Community Hub Provider)*

> *"…I think it speaks for itself when one of the ladies or gentlemen they come regularly now…and really enjoy it and they've made new friends and so that then*

[3] Dayson, C and Damm, C (2020) *Evaluation of the Rotherham Social Prescribing Service for Long Term Conditions: A review of data for 2016/17-2017/18*. Sheffield: CRESR, Sheffield Hallam University

leads to other things…one lady that goes out with another lady and…they've got to know each other and two of them, they've got something terrible in common in that both of their sons committed suicide, so they've chatted and chatted and chatted about that, you know." (RSPS Small Provider)

4

The following accounts provided by the RSPS patients we engaged with during the evaluation further bring these outcomes to life.

Example 1: Group-based nature activity

A group of patients from the mental health component of the RSPS accessed a local nature group together run by a small provider and met regularly in a local park. Their mental health issues had resulted in them becoming isolated or restricted in what they could manage day-to-day. All had had a visit or phone contact with a Social Prescribing advisor who had encouraged them to attend the group but did not really know what to expect from attending the group. All had managed to attend unaccompanied which for one participant was *"no mean feat".*

Attending the group had helped the participants to socialise with others and just chat, something that had been lacking in their life. The sessions were welcoming and relaxed and very different from some of the more structured sessions in other services they had accessed previously. It was important to them that that there was a *"lack of pressure"* and no judgements from anyone. Although sessions were organised by the small provider, participants could choose a series of activities to suit themselves. During the sessions there was also a short walk which enabled the participants to have some fresh air and chat as they exercised.

All participants felt less isolated even after two sessions. They enjoyed the interaction with others and felt more relaxed and calmer.

> *"So to come here and to be able to relax and be me is a relief" (Participant in group activity)*

One participant felt a huge sense of achievement that she had managed to attend unaccompanied and this had boosted her confidence. Moreover, being able to be outside with others in the fresh air added a different perspective to their lives.

> *"I'm just finding my way at the moment. It's just no threat but coming here you don't have to be scared." (Participant in group activity)*

A number of participants explained how it provided something to look forward to for them.

> *"I've enjoyed it…(I) look forward to it…talking to people and it's just nice." (Participant in group activity)*

> *"When I'm here I feel more positive – (I) look forward to coming" (Participant in group activity)*

One participant was looking forward to the future and was considering getting involved with another outdoor activity, while another participant was already volunteering.

Example 2: Befriending service

'Claire' had accessed several types of support in the past including group therapy and CBT. She said she is easily overwhelmed by a lot of people, finds crowds difficult, and struggles to go out, particularly alone. She is shy and finds it very hard to be assertive and say no.

Claire had attended some group-based nature activities recommended by the VCSA but found them too challenging and stressful. Through gentle encouragement from the small provider she agreed to visits to parks and lakes where it was more peaceful.

"[the VCSA] took my feelings into consideration and has done a lot."

Claire found this support to be much more beneficial and found she was able to discuss how she was feeling in a relaxed and supportive environment.

"Nice getting out and about, just, you know, being able to enjoy fresh air."

Claire valued the flexible and understanding nature of the worker from the small provider and being able to make her own decisions.

"It's sort of being able to take it at your own pace and decide together what you're doing, that's been rather helpful, rather than just having a set, 'no, this is what we're doing' Just to feel like, you know, you're being listened to, so that was I'd say, something unexpected that came out of it, but a very nice thing."

Claire now feels more confident and ambitious and ready to push herself. She manages to challenge herself and is sometimes able to go out for short walks on her own. Her ambition is to be able to visit the local library on her own. She had also managed to secure a job interview which she was looking forward to.

"I feel like I could challenge myself a little more."

"I don't have to go with any expectations or some sort of set structure, which I think has helped, and I found myself just, you know, coming in and feeling a bit more, a bit more, I'd say at ease, because sometimes I think being inside the house often can leave you feeling quite trapped and isolated. "

Example 3: Advocacy service

'Tom' (aged 87) and 'Hettie' (aged 84) have been living in their home for a long time. While attending a prescription review with their GP they were told about RSPS. Not really knowing anything about it they agreed for someone to come and see them to check how they were managing. They had very low expectations that they needed or would be entitled to any help. The couple were just about managing their finances but the toll of paying for taxis for hospital appointments was having a detrimental effect on their weekly budget and leading to anxiety and worry. The couple were also struggling with the stairs.

To alleviate their immediate worries the couple were helped by being taken to their hospital visits by a representative from a small provider, who stayed with them. They also received a health assessment and found they were entitled to benefits to help them. They were very grateful that someone was able to assist them to complete the forms and highlight other things they may be entitled to. They were also referred to have a stairlift fitted by the local authority which greatly assisted with their mobility. The extra phone calls from the small provider helped them to feel more confident and know that there would always be help and support if needed.

Tom and Hettie feel less anxious and feel they are better able to cope if they had an unforeseen emergency.

"You've got peace of mind more, more peace of mind."

Tom felt very strongly about remaining in their home and the installation of the stairlift has enabled them to do so. They also feel much safer and calmer and better able to get around their home. Tom commented that they were able to go out once in a while for lunch, something that they had been unable to do in a long time.

4.2. How RSPS creates value for individuals

These interviews with RSPS patients also enabled the evaluation to identify some of the key processes and mechanisms through which small providers 'create' value for RSPS patients, often in partnership with the RSPS team at VAR. In broad terms, this involves a number of stages:

- Meeting needs and providing opportunities to overcome barriers to participation.
- Achieving small, incremental 'wins', enabling personal progress over an extended period.
- Building trust, and a relationship based on really understanding each patient's needs.
- Supporting longer-term engagement, through support for self-funding, or to become a volunteer or peer-mentor within an existing activity.
- Providing opportunities for growth, by supporting activities to be self-sustaining and by supporting patients to develop and lead their own activities.
- Reintegrating people within social networks and economic activity.

Similar to the original 'Value of Small' study, the evaluation found that these factors combine to creating the conditions, or scaffolding, for more tangible and sustainable value to be experienced by RSPS patients in the longer term. This is exemplified by the following examples from small providers.

> *"The lady separated from her husband and was not on any benefits, the divorce wasn't sorted out or anything yet, and she just lost her confidence, lost a lot of weight in such a short time, had no heating at home, couldn't pay for that, no food. We intervened short term with food banks, we brought her into our centre where it was warm, you know, there was lots of groups going on, this lady was quite practical, you know, she could do a lot of things, and she volunteered to help out in these groups and the managers there offered her a job." (RSPS Small Provider)*

> *"I had a particular gentleman who had been a joiner for many years and then became an HGV driver. Unfortunately, he had a nasty accident in his wagon, so it damaged all his arm, shoulder and back, had to stop driving, and literally his life just got…he was so depressed and he was suicidal. So, when he was referred to us, they'd offered him the job in the office, but he didn't have the confidence. He just thought he was stupid. He was just a lorry driver…so we taught him how to use Excel, Word, PowerPoint, and just giving him the tools that he would need to be office-bound rather than out on the road. He's now back in work for a different company but doing a job in an office rather than driving. But he was literally suicidal." (RSPS Small Provider)*

4.3. Added value

The original 'Value of Small' study found that small providers create range of added value that cuts across individual and economic value. Some aspects of the added value of small RSPS providers have already been highlighted in this report. This includes, for example, the way they use volunteers from the local community and provide pathways through which RSPS patients are supported to become volunteers themselves, including by encouraging them to develop and lead their own independent and self-sustaining activities. This report has also highlighted how small RSPS providers are and embedded in their local community, including local organisational and social networks (within and beyond the RSPS). This embeddedness means small RSPS providers have enhanced understanding of local needs and are able to support

patients to navigate and access services more effectively through a process of cross referral and wider signposting.

A further aspect of the added value of small RSPS providers is their ability to work with patients to enhance their access to benefits entitlements. During 2018/19 one small RSPS provider providing advocacy support for people with disabilities supported 191 patients to access benefits entitlements worth £397,000, including a number of backdated lump sums. During the same year another small RSPS advocacy provider supported 123 patients to access benefits entitlements such as Personal Independence Payments (PIP) and Attendance Allowance worth £175,000.

This adds value in a number of ways:

- It enhances the household income of patients, enabling them to sustain a better quality of life and access additional personalised care and support.
- It can relieve the pressure on patient's carers, who are able to receive respite from their caring commitments.
- It brings additional income into the borough, much of which is spent within the local economy.

5 Conclusion

This report has **discussed the role and contribution of small, often community-based providers of social prescribing** services and activities that support the delivery of the RSPS. The analysis involved the application of a framework for understanding the 'value' and 'distinctive contribution' of small' charities and social enterprises. Through this framework the report has highlighted the following characteristics of small providers and the contribution they make to the RSPS.

Their service offer…

We identified 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***. We found that small providers made effective use of RSPS micro-commissioning funding to establish new groups and activities, and to broaden the reach of existing opportunities when RSPS patients may need additional support to engage with provision. We also found that many RSPS small providers had been able to develop some services so that they became self-sustaining. This sustainability goal is important as it enables small providers to become more self-sufficient and develop a wider range of opportunities for patients to access.

Their approach…

We found that small RSPS providers had an approach to their work 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 supporting patients to overcome barriers that had previously prevented them from accessing services and opportunities in their community.

Their position…

Each of the small providers that we engaged with through the evaluation was embedded in their community. This embeddedness, which is much harder to achieve for larger providers and public services, meant that small RSPS providers had a deep understanding of community needs. It also meant that they had good awareness of and links to wider provision within the RSPS, the wider voluntary and community sector, and local public services.

The report has also highlighted the ways in which **small RSPS providers created value through their work.** Most of this value is accrued by ***individuals*** – RSPS patients – and we identified numerous examples of how the support from small providers had led to positive social and emotional outcomes for RSPS patients. This includes outcomes such as improving patients' social connectedness, building their confidence and self-esteem and enabling them to be more independent, all of which helped contribute to a greater sense of general wellbeing.

The evaluation has also identified some of the **key processes and mechanisms** through which small providers 'create' value for RSPS patients, and the various stages involved. Small providers generally start by meeting patients' needs and providing opportunities to overcome barriers to participation so that they can achieve small, incremental 'wins' that enable progress over an extended period. This enables them to build trust, and support longer-term engagement, including progression to become a volunteer or peer-mentor within an existing activity where appropriate. By focussing on providing patients with opportunities for growth we found that small providers had been successful at enabling many of them to become reintegrated within their social networks and economic activity. Ultimately, we found that **these factors combine to creating the conditions, or scaffolding, for more tangible and sustainable value to be experienced by RSPS patients in the longer term**.

The findings also demonstrated **the range of added value that a small provider can bring to the RSPS**. This includes their use of volunteers from the local community, the pathways through which RSPS patients are supported to become volunteers themselves, and how small RSPS providers are and embedded in their local community, which means they are able to support patients navigate and access services more effectively. A further example of added value is how **small providers work with patients to enhance their access to benefits entitlements**. During 2018/19 two small RSPS providers supported more than 300 patients to access benefits entitlements worth more than half a million pounds (>£0.5m).

The challenges of being a small RSPS provider

Although this report has focussed on the positive role of small providers within the RSPS, it is important to highlight a number of challenges for small providers that we identified during the course of the evaluation. These fall into two categories, as discussed below.

The **first set of challenges was associated with the sustainability of the opportunities small providers offered** through the RSPS. Although small providers were able to access funding to support this work through the 'micro-commissioning' approach, this rarely covered the 'full-cost' of provision, and many were cross-subsidising services and activities through other funds.

> *"…it is overall financially unsustainable in the longer term, many organisations cannot subsidise services like this, they are a well-loved luxury for many charities to deliver. Yes, they provide good evidence of social commitment and local investment and complement core charitable aims but are not self-financing. This will cause a dilemma for many well-meaning charitable providers in the face of cuts and financial downturns, do you lose staff or loss-making services potentially? (RSPS Small Provider)*

There was some concern that, with NHS and social care budgets becoming ever more constrained, this sustainability was unlikely to improve in the coming years, and that some small providers may have to withdraw from RSPS due to lack of funds.

"…if the NHS strategy is to move more mental health and public health services in the broadest sense into community delivery it needs to be funded at a full cost recovery rate. In my opinion as someone who has worked in funding for 22 years the current model will not be sustainable as frontline delivery partners will reduce. I am aware of 2 that have not re-contracted with SPS because of the low contract value and their capacity to manage a proportionately high level of associated administration. Front end delivery values in contractual terms would need to be greatly increased." (RSPS Small Provider)

A number of small providers wondered if there was a more sophisticated way of resourcing their work, which combined funding from the NHS, social care and the patients themselves.

"For service users there needs to be a filtering of 'can pay will pay', 'can pay won't pay', 'would love to pay but can't pay' alongside personal care packages and plans developed by commissioners with health providers in some matrix that can save the NHS costs in bed blocking that make real financial savings…and pre-empt potential disappointments for patients / service users from the outset." (RSPS Small Provider)

"If (Local Authority) departments that fund personal care allowances for example around mental health, learning disabilities and long-term health conditions etc. could co-ordinate care support packages with SPS models which could provide a comprehensive outsourced support care plan per patient then this could create a longer term community based innovation model, provided that the burden of excessive administration and full cost recovery pay was awarded to small groups or consortia models that are willing to collaborate in service provision." (RSPS Small Provider)

However, it was argued that the current RSPS commissioning model wasn't able to explore these possibilities, as the focus was on delivery.

"Since services are largely commissioned as stand-alone time-bound contracts it doesn't provide sufficient flexibility to look at 'what if scenarios".

The pointed arguments being put forward here by small providers should not be construed as a direct criticism of RSPS, which is allocating funding as stipulated by the CCG to provide an operational service. Indeed, VAR, as the lead contractor for RSPS has consistently advocated for a flexible approach to funding small providers. For example, successfully arguing the case to fund Community Hubs through 'development grants' rather than per patient as with other RSPS contracts.

Rather, it belies a situation in which increasingly more is being expected of small providers by public sector commissioners across a number of service fields (health, mental health, social care etc), but without sufficient investment in their core costs and capacity which are essential to their ability to operate sustainably. This lack of investment means small providers are often having to subsidise their RSPS provision, and other commissioned services, through other income sources, and this is proving increasingly challenging in the current economic climate.

The **next set of challenges was associated with whether the true value of small providers within RSPS was fully understood** by commissioners (this also applied to health and social care services more generally).

"The question then is what the perceived value and impact of local community groups in neighbourhoods is and as a network since this is where the volunteering, goodwill and the 'extra mile' comes in on frontline delivery." (RSPS Small Provider)

There was concern that, without this understanding or recognition of the value of small providers they would be gradually 'crowded out' of RSPS by larger providers who may offer greater economies of scale but were less likely to embedded in local communities to the extent that small providers are.

> *"In reality, the voluntary and community sector will continue to shrink with regional members of national charities undertaking block SPS type delivery." (RSPS Small Provider)*

> *"I am concerned that such services will be absorbed by nationals, regionals and bigger players and delivered on a lowest cost base denominator which would undermine all of the social investment that VAR and the SPS team have committed in the programme and equally that of local community based deliverers." (RSPS Small Provider)*

In many ways, the **ability to connect patients with complex health conditions to small local providers**, and then on to a diverse range of community activities and opportunities, is the real value of social prescribing. But **there is a risk that without more sustainable models of investment in their capacity many small providers, and the value they create, could be lost**.

> *"…for smaller groups, the risks of SPS could be extinction without consolidation under neighbourhood or ward areas." (RSPS Small Provider)*

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 on the answer this question may hold the key to successful and sustainable social prescribing in the longer term.

The example of RSPS suggests that:

- Public sector commissioners can help by ensuring small providers are recompensed fairly for supporting strategic services and priorities such as social prescribing.
- Independent charitable funders may help by providing flexible grants in support of small providers' core missions and capacity.
- Local infrastructure organisations such as VAR can help by advocating on behalf of small providers and providing access to development support where it is needed.
- Small providers themselves also have a role to play, through their ingenuity and innovation, that makes sure that every pound (£1) they receive from different sources goes as far as possible in support of local needs.

This combination of factors, with a range **local partners working together equitably in the interests of individuals and communities** facing multiple forms of disadvantage, provide the ingredients for a successful and sustainable model of social prescribing that promotes positive health and wellbeing.

Appendix 1: Previous RSPS Evaluation Reports

A1

Dayson, C. and Bennett, E. (2017) *Evaluation of the Rotherham Mental Health Social Prescribing Service 2015/16-2016/17*. Sheffield: CRESR, Sheffield Hallam University.

Dayson, C. and Damm, C. (2017) *The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update*. Sheffield: CRESR, Sheffield Hallam University.

Dayson, C. and Moss, B. (2017) *The Rotherham Social Prescribing Service for People with Long-term Conditions: A GP Perspective*. Sheffield: CRESR, Sheffield Hallam University.

Dayson, C. and Bennett, E. (2016) *Evaluation of the Rotherham Mental Health Social Prescribing Pilot*. Sheffield: CRESR, Sheffield Hallam University.

Dayson, C., Bashir, N., Bennett, E. and Sanderson, E. (2016) *The Rotherham Social Prescribing Service for People with Long-Term Health Conditions: Annual Report*. Sheffield: CRESR, Sheffield Hallam University.

Bashir, N. and Dayson, C. (2014) *The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report*. Sheffield: CRESR, Sheffield Hallam University

Dayson, C., Bashir, N. and Pearson, S. (2013) *From dependence to independence: emerging lessons from the Rotherham Social Prescribing Pilot*. Sheffield: CRESR, Sheffield Hallam University