

Impact case study (REF3)

Institution: Sheffield Hallam University		
Unit of Assessment: UOA13 - Architecture, Planning and Built Environment		
Title of case study: NHS Investment in Social Prescribing: outcomes for individuals, communities, and the health and care system		
Period when the underpinning research was undertaken: May 2013 to December 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Chris Dayson	Associate Professor	2008-present
Nadia Bashir	Research Fellow	2007-present
Ellen Bennett	Lecturer/Research Fellow	2015-present
Chris Damm	Research Fellow	2016-present
Period when the claimed impact occurred: August 2013 onwards		
Is this case study continued from a case study submitted in 2014? No		

1. Summary of the impact

Since 2013 the Centre for Regional Economic and Social Research (CRESR) has undertaken a programme of **research demonstrating the effectiveness of social prescribing (SP)**. Benefits were identified for individuals, communities, and the health and care system. This led to a catalytic impact on: **1. Local NHS policy spending decisions:** CRESR research findings were pivotal to decisions made by healthcare commissioners to invest in local SP services benefitting those with long-term health conditions or requiring local mental health services – including more than GBP3,000,000 per year in Rotherham alone; **2. National NHS policy spending decisions:** NHS England used the evidence to justify investing GBP35,000,000 per year in SP through its Long Term Plan. This will enable 900,000 people per year to be referred to SP schemes leading to reductions in the cost-burden of chronic long-term health conditions on the NHS.

2. Underpinning research

Social prescribing (SP) is a community-based approach to health and care which aims to tackle health inequalities by addressing social determinants and broader wellbeing for marginalised, disadvantaged or vulnerable people. It provides a pathway for healthcare practitioners to refer patients to non-clinical, socially focused activities in local areas which are provided by voluntary organisations and community groups.

Since 2013, a team at CRESR led by Chris Dayson has undertaken an extensive **programme of research (combined value GBP561,150)** demonstrating the effectiveness of SP to first local and then national policy makers. These studies were used by healthcare commissioners to inform decisions about the resourcing and implementation of SP. They include: a long-term study into the Rotherham Social Prescribing Service (GBP118,130, 2013-2022); and an evaluation of a new SP service in Doncaster as part of the Better Care Fund (BCF) strategy (GBP252,000, 2014-2017). The BCF project is part of a government initiative which brings existing resources from the NHS and local authorities into a single pooled budget. The CRESR team is also part of a consortia of universities in receipt of a grant from the National Academy for Social Prescribing to create an 'academic collaborative' to further develop the SP evidence base (GBP175,269, 2020-2021).

CRESR's programme of research has provided robust evidence on the benefits of SP through three main **methodological innovations:**

- **Linking SP service-level patient monitoring data** to NHS Secondary Care Service User Statistics and Primary Care system data in order to identify patterns in SP patients' utilisation of health and care services prior to, and following, their SP referral. This was the first time this

type of approach has been used to evaluate voluntary and community sector healthcare interventions.

- **The first comparative study of SP** to explore the efficacy of two different approaches to SP service delivery (in Rotherham and Newcastle) undertaken in collaboration with the London School of Hygiene and Tropical Medicine, and Northumbria University.
- **The integration of economic analyses** which combine social value methodologies, such as a social return on investment (SROI), with health economics methodologies, such as Quality Adjusted Life Years, in order to measure value for money.

These methodological innovations demonstrated **key research insights** on the extent that SP contributed to positive outcomes for three main beneficiary groups identified by NHS England in its Common Outcomes Framework for SP- **individuals, communities, and the health and care system**:

- **Individuals (R1, R5, R6)**. Significant gains in beneficiaries' Quality Adjusted Life Years were achieved following a SP referral and patients with the lowest levels of personal wellbeing prior to referral benefited from the largest wellbeing gains after accessing a service.
- **Communities (R1, R2, R3, R5, R6)**. Additional funding was levered in from other sources due to SP (in Rotherham up to GBP200,000 per year) and additional volunteer time was deployed (in Rotherham more than GBP100,000 per year). SP also contributed to the development of *new models of service commissioning* better suited to small local voluntary and community sector providers.
- **Health and care system (R1, R3, R4, R5, R6)**. SP had positive outcomes in a range of health and care settings including:

Primary care: positive impacts on primary care by reducing the number of repeat GP appointments by between 6 and 28 per cent.

Secondary care: SP resulted in significant reductions in accident and emergency attendances and non-elective in-patient stays.

Mental health services: SP secured positive outcomes when extended to mental health services using a holistic model of mental wellbeing and recovery. Patients previously identified as 'stuck' in service were discharged (54%) following the completion of SP

Service commissioning: comparative research on different models of SP service delivery demonstrated that a learning-focussed approach to performance management and accountability, rather than a target-led approach, enhanced policy makers understanding of the benefits of SP.

The research findings demonstrated the **benefits of evaluating SP interventions from a social value perspective** rather than the single unitary health perspective which has typically previously been applied to these types of interventions (R1).

3. References to the research

Peer-reviewed journal articles:

- R1.** Dayson, C (2017). Evaluating social innovations and their contribution to social value: the benefits of a 'blended value' approach. *Policy and Politics*, 45(3), pp 395-411.
<https://doi.org/10.1332/030557316X14564838832035>
- R2.** Dayson, C (2017). Social prescribing 'plus': a new model of asset-based collaborative innovation? *People, Place and Policy*, 11(2), pp. 90-104.
<https://doi.org/10.3351/ppp.2017.4839587343>
- R3.** Dayson, C., Fraser, A., and Lowe, T. (2020). A comparative analysis of social impact bond and conventional financing approaches to healthcare commissioning in England: the case

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of social prescribing. *Journal of Comparative Policy Analysis*, 20(2), pp. 153-169.
<https://doi.org/10.1080/13876988.2019.1643614>

- R4. Dayson, C, Painter, J and Bennett, E (2020). Understanding emotional, psychological and social wellbeing outcomes of SP for patients of community mental health services: a qualitative analysis. *Journal of Public Mental Health*, 19(4), pp. 271-279.
<https://doi.org/10.1108/JPMH-10-2019-0088>

Policy evaluation reports subject to expert review and scrutiny:

- R5. Bashir, N. and Dayson, C. (2014). *The Social and Economic Impact of the Rotherham Social Prescribing Pilot: Main evaluation report*. Sheffield: Sheffield Hallam University.
<http://shura.shu.ac.uk/18961/>
- R6. Dayson, C., Bashir, N. and Pearson, S. (2013). *From Dependence to Independence: Emerging lessons from the Rotherham Social Prescribing Pilot*. Sheffield: Sheffield Hallam University.
<https://www4.shu.ac.uk/research/crest/sites/shu.ac.uk/files/rotherham-social-prescribing-final.pdf>

All articles were rigorously peer-reviewed prior to publication. The research reports are key points of reference and have been accessed extensively by policymakers and practitioners.

4. Details of the impact

Processes through which the research led to impact

The research team has brought findings to the attention of relevant policy makers locally and nationally through 22 policy and practice focussed outputs; keynote presentations at three national policy conferences; and more than 20 local and regional workshops, seminars and policy conferences. Between 2014 and 2019 more than 2,000 policy makers and practitioners attended these presentations.

The team has provided expert advice to policy makers and practitioners developing SP interventions. For example, in 2017-2018 Dayson advised NHS England on the development of the National Outcome Framework for SP, which aims to enhance and standardise evaluation practice locally and nationally.

CRESR's SP expertise has reached an international audience through Dayson's TEDx Talk in May 2017 (c.4,000 views), and his keynote address to the International Social Prescribing Conference at the University of Salford in July 2018. Policy makers and practitioners from the USA, Japan, Denmark and New Zealand have drawn on the research to develop plans to implement SP in their own countries.

Impact

The research has had a catalytic effect on the development and implementation of SP in the English NHS, leading to changes in both **local** and then **national** policy and resource allocations. These changes have benefitted both people with long-term health conditions and also voluntary organisations and community groups working in localities characterised by high levels of health inequalities. **There are two key areas of impact:**

1. Local NHS policy spending decisions

Our research programme on SP started at a local level: primarily in Rotherham, Doncaster and Bradford. The findings and evidence generated through this research have been pivotal to policy and resourcing decisions taken by local healthcare commissioners. This led to commissioners making long-term investments in SP in these local areas.

Rotherham is an example of a local area where, since 2014-2015, the research has been particularly influential. The former CEO of Voluntary Action Rotherham provided testimony (E2, December 2019) which exemplifies the impact of the research on local funding decisions:

*"The two evaluation reports produced about the pilot provided us with **vital evidence that helped convince our commissioners – NHS Rotherham Clinical Commissioning Group – to make a long term investment in the service** (at the end of our current contract the service will have been commissioned for 10 years). The CCG commented that*

of all the services they had commissioned through non-recurrent funding at that time our evaluation was by far the most convincing.”

*“By the end of 2019/2020, the investment by NHS Rotherham CCG in our Social Prescribing Service since 2014/2015 will have amounted to around **£2.5 million to support people with long-term health conditions and a further £0.8 million to support discharge from community mental health services.** As a result of this long-term funding commitment Voluntary Action Rotherham has been able to **support more than 5,000 people with long-term physical and mental health conditions** and provide more than **30 small community-based VSCEs** [voluntary, community and social enterprise organisations] with an **additional £1.6 million in grants** to support the local implementation of social prescribing and ensure the sustainability of these small providers.” **Former Chief Executive Officer, Voluntary Action Rotherham, testimonial (December 2019) (E2).***

This testimony is supported by a confidential note from NHS Rotherham Clinical Commissioning Group Operational Executive (E8, 02/11/15), which shows that the Rotherham SP service was rated highest due to the quality of CRESR’s evaluation evidence presented.

The impact of the research has gone beyond the local areas in which the studies were undertaken. Findings have been used by healthcare commissioners in public and VCSE organisations in other local areas **to make the case for the strategic prioritisation of SP and the allocation of resources** for its development and implementation. For example, in 2020 Dayson collaborated with the South Yorkshire and Bassetlaw NHS Integrated Care System to deploy the research evidence to help them **secure GBP500,000 in central government funding.** This funding established a national ‘test and learn’ site for the development of new approaches to ‘green’ social prescribing in local areas disproportionately affected by health inequalities and the effects of the COVID 19 pandemic.

Further evidence of the reach and impact of this research can be found in references to the research in high profile local publications advocating investment in social prescribing such as: the Mayor of London Consultation on the London Health Inequalities Strategy (E9, 2017, page 96); and the South Yorkshire and Bassetlaw Strategic Transformation Plan (E10, 2016, page 31).

2. National NHS policy spending decisions

NHS England has confirmed (E1) that our research into SP provided vital evidence which contributed to the decision to invest in a universal SP model as part of the ten year NHS Long Term Plan (published in 2019). **This led NHS England to invest GBP35,000,000 per year** in SP from 2019 onwards. This funding enables each Primary Care Network (covering a population of 30,000-50,000 people) to employ a SP link worker to work with referrals to develop tailored plans which connect individuals to local groups and support services. As a result an **additional 1,000 trained link workers** will be in place with the capacity to refer at least **900,000 people per year** to SP schemes in local communities across England.

The people benefitting from these newly funded SP services will include individuals with long-term health conditions; those who need support with their mental health; the lonely or isolated; and those with complex social needs. The national SP provision will enable them to access new forms of social and community activity in their locality in order to help improve their health and wellbeing, and also to reduce their need for unplanned care.

The following testimony from a representative of NHS England’s Personalised Care Group illustrates how NHS England utilised our research (E1):

*“... the research carried out by **Sheffield Hallam University** into social prescribing ... **has demonstrated that social prescribing can drive outcomes** against the three key areas identified in the common outcomes framework for social prescribing ... Core to this has been the ability to link and follow people’s use of urgent and emergency and secondary care services (Hospital Episodes Statistics), which many local evaluations to date have been unable to do at scale. As such, **the findings have formed a core part of the evidence base used to drive NHS England’s policy to embed a social prescribing link worker in every Primary Care Network,** as outlined in the Long-Term Plan and*

Universal Personalised Care.” NHS England Representative of Strategy and Innovation Directorate, testimonial (August 2019) (E1).

Further evidence of how our research has influenced this policy development is provided by references in the official NHS England guidance published alongside the NHS Long Term Plan (E3: ‘*Universal Personalised Care: Implementing the Comprehensive Model*’ 2019, p. 51; and E4: ‘*Social Prescribing and Community-Based Support: Summary Guide* 2019, p. 7).

This major national policy change was preceded by a series of other central government initiatives and strategies which were informed by our research and evidence base. These included the cross-Governmental Loneliness Strategy, and the Department of Health and Social Care Prevention Strategy both of which sought to bring SP into mainstream policy. Our research was pivotal in providing evidence which informed these policy developments (E5, 2018, p. 26; and E6, 2018, p. 26). Our research has been referenced in more than 20 public policy documents associated with these new policies. In addition, the Kings Fund has also drawn on our research to inform its own guidance around SP (E7). Over a period of 3-4 years, our research has therefore been crucial in building the evidence base and momentum that has enabled NHS England to make such a scale of investment and commitment to SP in its Long-Term Plan.

5. Sources to corroborate the impact

Testimonials:

- E1. *Representative of Personalised Care Group, Strategy and Innovation Directorate, NHS England (August 2019):* testimony that describes how NHS England used the research to inform the development of the NHS Long Term Plan.
- E2. *Former Chief Executive Officer, Voluntary Action Rotherham (December 2019):* testimony that describes the importance of CRESR evidence in influencing local commissioning decisions about social prescribing.

References in national policy documents:

- E3. *NHS England (2019) Universal Personalised Care: Implementing the Comprehensive Model* (page 51): cited as an example of local evaluation evidence on quality of life and wellbeing benefits of SP.
- E4. *NHS England (2019) Social Prescribing and Community-Based Support: Summary Guide* (page 7): evidence of health and wellbeing outcomes associated with SP.
- E5. Department of Health and Social Care (2018) *Prevention is better than cure: Our vision to help you live well for longer* (page 26): source material for a case study of Rotherham Social Prescribing Service.
- E6. *HM Government (2018) A connected society: A strategy for tackling loneliness – laying the foundations for change* (page 26): source material for a case study of Doncaster Social Prescribing Service.
- E7. *Kings Fund Social Prescribing Guidance (2017-2020):* cites key findings from the programme of research by CRESR as key evidence of benefits of SP and provides link to CRESR reports <https://www.kingsfund.org.uk/publications/social-prescribing>

References in local and regional policy documents:

- E8. *Confidential note from NHS Rotherham CCG Operational Executive (02/11/15) ‘Non-Recurrent Evaluation Event’:* demonstrates that Rotherham SP service was rated highest due to quality of evaluation evidence provided.
- E9. *Mayor of London (2017) Better Health For all Londoners: Consultation on the London health inequalities strategy* (page 96): cited as evidence for how SP can catalyse VCSE sector and support social integration.
- E10. *Health and care in South Yorkshire and Bassetlaw: Sustainability and Transformation Plan* (2016) (pp.31): cited as evidence of outcomes possible through investment in SP.