Commissioning Partnership Board Report

Decision Maker: JLT / Commissioning Partnership Board

Date of Decision: 31st October 2019

Subject: Thriving Communities & Health Improvement Evaluation

Senior Responsible Officer: Rebekah Sutcliffe, Strategic Director of Communities & Reform

Report Author: Rachel Dyson, Thriving Communities Hub lead

Summary:

The purpose of the paper is to set out an approach to the evaluation of the Social Prescribing Innovation Partnership. This represents an immediate and pressing priority with regards establishing an approach to evaluation. However, the questions raised by this model are equally applicable across all activity which seeks to deliver the Thriving Communities and Health Improvement ambition through community led early intervention and prevention approaches. Currently the service sits outside of any single discrete area of commissioning or service transformation, and has the potential to have wide reaching fiscal, economic and social benefits through effective early intervention and prevention. It is vital therefore that at the outset of the innovation partnership there is an agreed shared and legitimate view of what success would mean for the social prescribing model, with an agreed approach to evidencing this which would be sufficient for partners to make future investment decisions on a collaborative basis.

What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):	There are a number of options as to how the Social Prescribing evaluation could be delivered, with budget already allocated within Thriving Communities Transformation Funding, up to the value of £100k, as part of the business case: A. To commission the whole evaluation in two parts; 1 - the quantitative and social return on investment elements 2 - the qualitative elements B. To commission the qualitative and social return on investment elements of evaluation (in two parts as above), and use existing in-house resource to deliver the quantitative elements C. To appoint to a post within the Thriving Communities team to deliver the whole evaluation
Recommendation(s):	A. To commission the whole evaluation in two parts; 1 - the quantitative and social return on investment elements 2 - the qualitative elements.
Implications:	
*What are the **financial** implications?*	The costs of the preferred option (option A) have not been quantified but are not expected to exceed the budgetary provision of £100k. Funding of £100k is available within the Thriving Communities Transformation Programme, which is funded by the Transformation Funding. (Jenny Howarth Senior Accountant/Nicola Harrop Finance Manager)
What are the ***procurement*** implications?	In the event the budget is approved, engagement of the procurement team at the earliest opportunity is required to ensure the services required can be procured in line with Council CPRs and any applicable external legislation. (Dan Cheetham, Procurement)
*What are the **legal** implications?*	The Council will have to follow the Council's Contract Procedure Rules to procure a single

	evaluation partner and the route to market will depend upon the value of the contract. (Elizabeth Cunningham Doyle)
*What are the **Human Resources** implications?*	None
***Equality and Diversity Impact Assessment** attached or not required because (please give reason)*	No vulnerable group is impacted by the content of this report.
*What are the **property** implications?*	None
Risks:	There is a risk that without an agreed approach to evaluation there will not be a sufficient evidence base to support a sustainable approach to investment in Social Prescribing.

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution/CCG's Standing Orders?	Yes
Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the S.75 budget?	Yes
Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG?	No

There are no background papers for this report

Report Author Sign-off:	
	Rachel Dyson
Date:	18/10/2019

Please list any appendices: -

Appendix number or letter	**Description**
1.	Thriving Communities Logic Model (Extract from Oldham Cares Logic Model.
2.	GM Transformation Fund Thriving Communities Business Case Target Indicators (extract from Business Case)

Background:

1. Thriving Communities and Health Improvement Programme

The Thriving Communities Programme was established as part of the Oldham Cares transformation programme with the intention of creating the conditions for sustainable prevention, social action and change which are pre-requisites of achieving the overarching outcomes of the wider programme. It has recently been agreed to merge the Thriving Communities and Health Improvement programmes within Oldham Cares with intention of creating a unified and stronger voice to prevention and wellbeing, underpinned by a robust approach to delivery which will improve outcomes and as a result reduce pressure on the health, care and wider system.

The Thriving Communities and Health Improvement Programme includes a number of elements which support the delivery of these goals. The Social Prescribing Innovation Partnership, as well as the supporting investment into the VCFSE sector from Fast Grants and Social Action Fund, and the implementation of asset-based workforce development approaches, are at the core of delivering the Social Action and Infrastructure element. Insight from the Thriving Communities Index is key in directing focus; however, it is essential that the learning from the other elements also begins to provide insight as the programme moves into delivery. The logic model underpinning this is shown at Appendix 1.

The Social Prescribing Innovation Partnership represents an immediate and pressing priority with regards establishing an approach to evaluation and therefore is the focus of this paper. However, the questions raised by this model are equally applicable across all Oldham Cares activity which seeks to deliver the Thriving Communities and Health Improvement ambition through community led early intervention and prevention approaches. Currently the service sits outside of any single discrete area of commissioning or service transformation, and has the potential to have wide reaching fiscal, economic and social benefits through effective early intervention and prevention. It is vital therefore that at the outset of the innovation partnership there is an agreed shared and legitimate view of what success would mean for the social prescribing model, with an agreed approach to evidencing this which would be sufficient for partners to make future investment decisions on a collaborative basis.

2. The Social Prescribing (SP) Model

A social prescribing network has been commissioned for Oldham by Oldham Cares and funded via GM Transformation Funding, through an innovation partnership. The innovation partner was awarded in March 2019, and is a partnership led by Action Together and comprised of TOG Mind, Positive Steps and Age UK and Altogether Better. The innovation partnership will run for a period of three years (with a 1+1+1 extension period on the contract) with a view to long term sustainability within the system in line with the principles of the Innovation Partnership model.

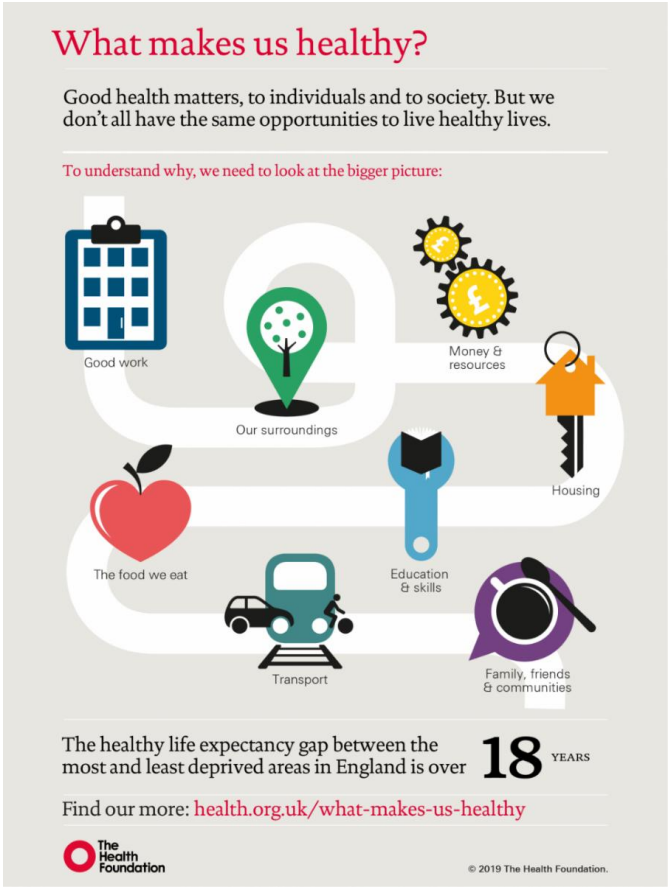
The commissioning of this model reflected the recognition amongst partners locally that there was not currently a means for care professionals, and primary care in particular, to effectively link patients to activity and support in their communities which could potentially benefit their health and wellbeing. It also recognises the increasing demand on health and care services from people whose needs will not be wholly met through a medical

prescription, or traditional care pathway, and the need to intervene earlier and provide support which responds to the wider social determinants of health and wellbeing through a person-centred approach rooted in communities (Fig. 1).

The Social Prescribing Innovation Partnership approach is aligned to the strategic vision set out in the Oldham Plan and will form part of the refreshed Health & Social Care Locality Plan. Oldham's ambition for Thriving Communities is that local people and communities are healthy, happy and able to make positive choices as well as offering and accessing support when needed.

The Marmot Review emphasises that the extent of people's participation in their communities, and the added control over their lives that this brings, has the potential to contribute to their psychosocial well-being and, as a result, to other wider population health outcomes. Given its person-centred approach the social prescribing model will respond to a wide variety of needs, based on what matters to the individual, and with a wide variety of community-based activities and solutions. It is the intention that by investing in the wellbeing of our residents, through investing in our communities, we will have a much wider reaching impact not only directly reducing demand on health and care services, but also across the wider public service system.

Fig. 1 Health Foundation Infographic: What makes us healthy?



NHS England sets out six key principles for the National Social Prescribing Network that are needed for a successful model (Fig. 3.):

1. Long term funding commitments
2. Collaborative working

3. Buy-in of referrers
4. Effective and sustained communication
5. Skilled link workers
6. Person-centred service

NHS England have recently made funding available to primary care networks to put in place Social Prescribing link workers as part of the Directed Enhanced Services specification.

This is echoed by research undertaken in Greater Manchester (GM) by Salford University in partnership with Salford CVS looking at Social Prescribing models across GM[1]. The research emphasises the need for a holistic system approach – '*services were found to be more successful the more holistic the provision, the more face-to-face contact provided for the time needed by the individual, and the stronger the relationships between the health worker, the link worker, the VCSE sector and the individual.'.* The research suggests that a longer-term, collaborative funding approach, is a critical enabler of this to ensure all aspects of the model are properly resourced including a sustainable ecosystem of local VCFSE provision and secure staffing.

Fig. 3: **Key elements of effective social prescribing** NHS England

Proposals:

3. Social Prescribing Evaluation (including community development aspects of Social Action Fund and Fast Grants)

The social prescribing innovation partnership is funded for three years through the GM Transformation Fund via Oldham Cares Thriving Communities funding.

It is worth noting that other Thriving Communities funded activity, via Fast Grants and the Social Action Fund, is intended to support the delivery of social prescribing through

[1] https://www.gmcvo.org.uk/news/review-social-prescribing-greater-manchester-vcse-sector-led-report

creating capacity within the local VCFSE ecosystem of provision. It is proposed that these be included within the scope of the evaluation given the community development and investment in VCFSE capacity is integral to the social prescribing model.
It is also anticipated that the model will adapt and evolve as new models of care are developed and implemented within the clusters, for example Health Champions and Wellbeing teams.

One of the objectives for social prescribing as set out in the business case is to demonstrate the deliverability and success of the service against agreed outcomes during the three-year delivery period. However, recognising the complexity of the system in which the social prescribing model is operating it is also important that we create the conditions for the Innovation Partnership model itself to generate real learning, beyond outcome targets, about the role of commissioning in shaping the system to make the most impact.

Currently the service sits outside of any single discrete area of commissioning or service transformation, and has the potential to have wide reaching fiscal, economic and social benefits through effective early intervention and prevention. It is vital therefore that at the outset of the innovation partnership there is an agreed shared and legitimate view of what success would mean for the social prescribing model, with an agreed approach to evidencing this which would be sufficient for partners to make future investment decisions on a collaborative basis. There is a risk that without this the model will not be sustainable beyond the lifetime of transformation funding, although Social Prescribing is an element of the NHS long-term plan. Any evaluation needs to be proportionate to the investment in the model and the community development aspects which underpin it and be realistic with regards to data that can be captured via a preventative model.

In addition, the evaluation intends to feed into broader outcomes frameworks for Oldham Cares. Although there remains some ambiguity on the approach across existing outcome frameworks (GM Investment, GM Scorecard, Cordis Bright Evaluation, Business Case framework and Locality Plan). It is anticipated that rationalisation will be done by business intelligence leads on these frameworks and clarity given on what data is required, and any duplication or potential conflict analysed.

The evaluation of Social Prescribing presents the same challenge to other areas beginning to implement similar models, including across GM, as a result the approach and the evidence base is still emerging. There is a recognition that understanding the impact of Social Prescribing is complex, and likely to require a combination of tools and methodologies. In the preparation of this paper consideration has been given to existing evaluations of Social Prescribing, as well as the tools and data sources already in existence which might be utilised to demonstrate impact and value.

A framework for the evaluation for the Social Prescribing Innovation Partnership is proposed below, based on a logic model identifying the intended impact and outcomes (Fig. 4 & 5). The approach intends to respond to the GM Transformation Fund Business Case Target Indicators (Appendix 2) and Oldham Cares Investment Proposal template focus on capturing short-term demand reduction (through reduced GP appointments, A&E attendances and non-elective bed days) and consequent cost savings to the health economy as well as capturing the broader, longitudinal, social and economic impact at individual, system and place level. An evaluation focussed only on short-term demand on health services has the potential to underestimate the benefits of the approach across the wider system, such as benefits related to self-care and independence for those with long-term conditions, or other services people call on when experiencing social isolation and

loneliness such as Policing or Housing. Equally given the preventative nature of the offer many people for whom there are benefits are not yet high demand users of services and there remains a challenge in evidencing costs avoided, particularly over the longer-term.

Therefore, the evaluation aims to explore the following four key questions:

1. What is the impact for the people referred into social prescribing?
2. What is the impact on the public service system?
3. What is the impact on the local VCFSE sector?
4. How effectively has the model been implemented?

A range of methodologies are proposed which aim to capture impact across the intended outcomes of social prescribing. For each element there will need to co-design at a more detailed level prior to implementation. The proposed methodologies broadly fall into four main areas:

1. Quantitative measures of individual wellbeing
2. Quantitative measures of impact on health service demand
3. Social Return on Investment (SROI) Modelling
4. Qualitative engagement with key stakeholders, including people referred into SP and the VCFSE organisations who form part of the SP model

Fig. 4 – Social Prescribing Logic Model

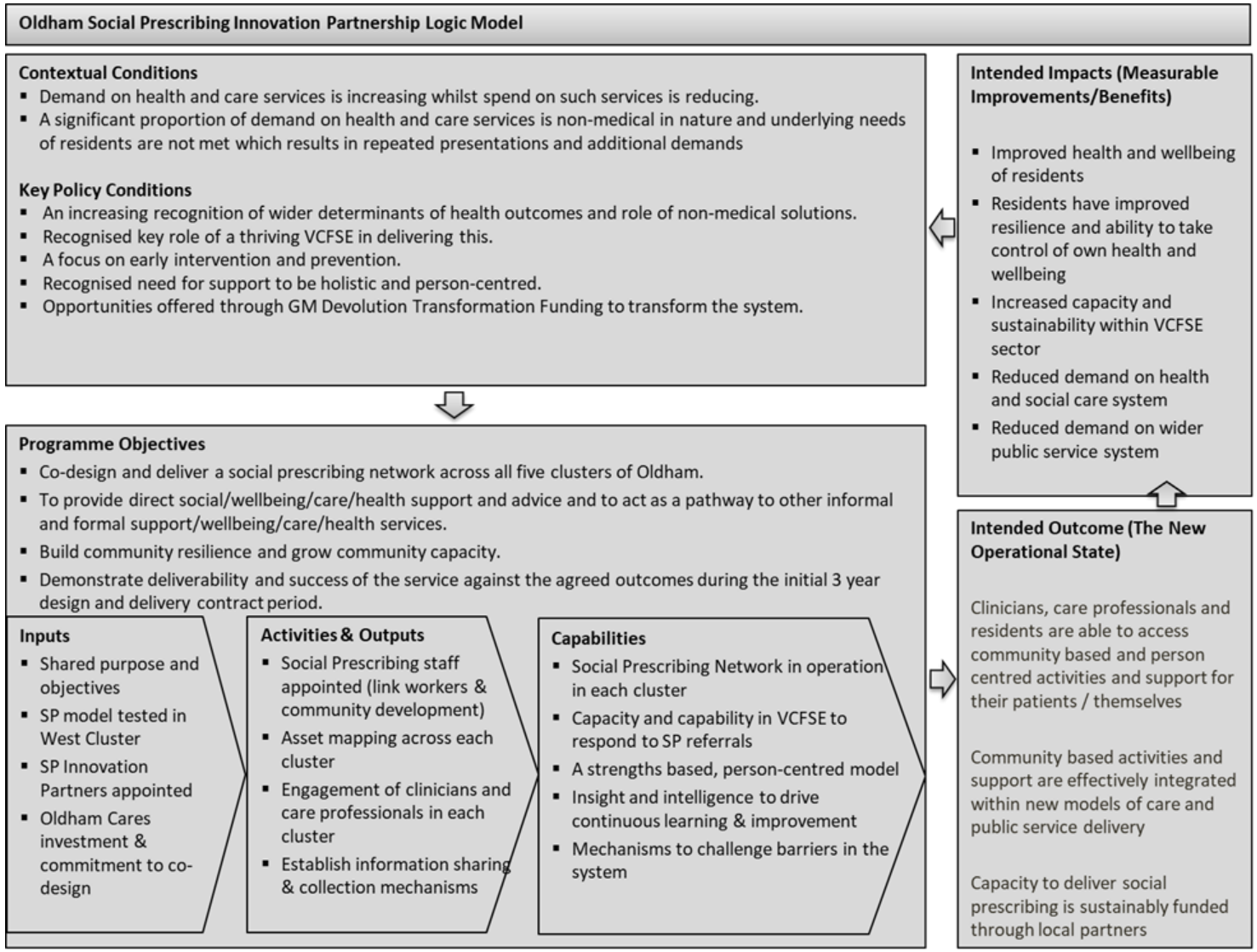


Fig. 5 – Proposed Social Prescribing evaluation framework (including Social Action Fund & Fast Grants)

Evaluation Question	Intended Impact / Outcome	Proposed Methodology	Resources Required
1. What is the impact on people referred into SP or participants in community activities?	Improved individual wellbeing Improved resilience & ability to take control of own health and wellbeing Community based activities & support are effectively integrated into new models of care Reduced demand on wider public service system	ONS4 &/ SWEMWBS **Wellbeing scale** - track change over time **Qualitative engagement with residents** e.g. case studies, interviews Focus: - impact on health & wellbeing - impact on broader outcomes e.g. housing, employment, debt - experience of service / activities	Analysis of SP and SAF quarterly monitoring data Qualitative research and analysis – capacity to design and undertake interviews, analyse data and compile case studies
2. What is the impact on the public service system?	Reduced demand on health & care system Reduced demand on wider public service system	**Quantitative analysis of key health service data** (GP attendances, A&E attendance, non-elective bed days) – track change over time **Social Return on Investment model** – to be explored and appropriate tool determined	Access to patient level data for people referred to SP and capacity to analyse. [Data not currently available – alternatives: self-reported, 'mini-audit' with small cross-section of GP Practices] Quantitative analysis of population level data for comparison purposes. Capacity to identify options and recommend appropriate tool. Capacity to populate tool and analyse outputs.
3. What is the impact on the local VCFSE sector?	Increased capacity and sustainability within VCFSE sector Community based activities & support are effectively integrated into new models of care	**Qualitative engagement with VCFSE organisations/groups** working within SP model e.g. interviews, case studies Focus: - impact on organisations - inward investment - volunteer capacity & skills development - sustainability	Qualitative research and analysis – capacity to design and undertake interviews, analyse data and compile case studies Analysis of SP Asset Mapping
4. How effectively has the model been implemented?	Clinicians, care professionals and residents are able to access community based and person centred activities & support for their patients / themselves Community based activities & support are effectively integrated into new models of care	**Qualitative engagement with key system stakeholders** e.g. commissioners, staff, GPs, VCFSE sector Focus: - innovation partnership as a tool for commissioning - critical enablers e.g. partnership, workforce, - embedding in local context	Qualitative research and analysis – capacity to design and undertake interviews, analyse data and compile case studies

4. Wider Evaluation Approach

Social Prescribing represents an immediate and pressing priority with regards setting out a shared and legitimate view of success, however the questions raised by this model are equally applicable across all Oldham Cares activity which seeks to deliver the Thriving Communities and Health Improvement ambition through community led early intervention and prevention approaches. It is an opportunity to signal within the system, and open up a new conversation with VCFSE partners, with regards the outcomes we want to achieve and what standards of evidence are needed to make investment decisions.

There is a need to develop a shared understanding across the system of what success would look like for these approaches, and what evidence is needed to demonstrate impact. An opportunity has arisen for the Institute for Voluntary Action Research (IVAR) to facilitate a workshop to support Oldham with one of its key challenges, it is proposed we focus on developing this shared understanding.

If we are consistently asking the same questions of new approaches to community led early intervention and prevention we will begin to develop consistency around the evaluation tools which support this. The process of developing the proposed approach to evaluation of Social Prescribing highlighted a number of areas where consistent approaches, or core principles could be adopted. These are recommended below:

- A wellbeing measure, or menu of measures, are adopted as best practice across Oldham to build a shared evidence base around the impact of interventions on personal wellbeing.
- Adopt an agreed approach to capturing return on investment for community led preventative approaches which is meaningful across partners.
- Explore how this return on investment approach could be built into or aligned with long-term financial planning and commissioning processes, in order to effectively support decisions to invest in preventative approaches.
- The impact on the local VCFSE sector is considered central within all evaluation of community led early intervention and prevention approaches.
- Learning from the implementation of transformational approaches, and the system wide impact of this, is factored into any evaluation.
- Consistently consider this system learning as evidence to inform future commissioning and investment decisions.

In order to embed an approach to evaluation and build a consistent evidence base for community led early intervention and prevention approaches over time, we need to build on existing skills and ensure there is capacity and capability to undertake evaluation as a core function within the local partnership. There is also a need to unlock constraints with regards having the means in place both technically, and in terms of information governance, to access appropriate data in order to track impact over time.

An evaluation partner (Cordis Bright) has been appointed by the GM Health & Social Care Partnership to evaluate the impact of the Transformation Fund. A key product of this will be the development of a logic model and high-level outcomes framework for each locality. They will also have a focus on particular elements of local programmes, prioritisation of programmes for evaluation is currently underway, but it may present an opportunity to transfer learning. The evaluation of Social Prescribing proposed above could also provide

an opportunity to learn as a system, through the development and testing of tools and approaches, as well as building capability within our organisations.

5. Future Investment Models

It is pertinent in considering how to build the evidence base for investment to also consider at this stage the potential future funding and commissioning models that might support this approach.

It is likely the benefits of the Thriving Communities approach will fall across commissioning areas and partners and are unlikely to be immediately cashable to directly support reinvestment. A joint or collaborative approach to commissioning may be required. There may be opportunities to link the Social Prescribing approach through the Primary Care Network Direct Enhanced Service that has been made available to support staffing costs around social prescribing, however it is important to recognise the wider capacity development in the VCFSE sector required to deliver social prescribing which also requires investment through this approach as well as requiring consideration within a broader sustainability strategy. The research undertaken by Salford University and Salford CVS emphasises the need for long-term funding and resource, to ensure that the model is embedded, and has secure staffing to enable the development of effective links and relationships both with referrers and with the VCFSE ecosystem.

Thriving Communities, and the Social Prescribing model, will not be unique in this respect as we move towards a focus on early intervention and prevention approaches across the system, and system wide transformation. It is important that we embed a common understanding of what good looks like which will enable shared decision making and investment, and shape future commissioning priorities.

Conclusions:

6. Delivery of Social Prescribing Evaluation

There are a number of options as to how this could be delivered, with budget already allocated within Thriving Communities Transformation Funding, up to the value of £100k, as part of the business case:

vTo commission the qualitative and social return on investment elements of evaluation (in two parts as above), and use existing in-house resource to deliver the quantitative elements

A. To commission the whole evaluation in two parts; 1 - the quantitative and social return on investment elements 2 - the qualitative elements

   Pros – will ensure evaluation partners have the expertise to deliver the different elements; independent and rigourous approach to evaluation
   Cons – it may result in a less holistic view through across the different elements of evaluation

B. To engage an evaluation partner to deliver the qualitative and social return on investment elements of the evaluation, and use existing in-house resource to deliver the quantitative elements

Pros – likely to be more cost effective; existing local knowledge and relationships with delivery partners; ability to identify an evaluation partner with expertise in qualitative research
Cons – risk lack of capacity within in-house services; risk lack of holistic learning

C. To appoint to a post within the Thriving Communities team to deliver the whole evaluation

Pros – dedicated resource which can adapt the approach as requirements of the programme change; opportunity to build evaluation capability within the organisation

Cons – lack of independence; demands on the post may be intermittent and required longer than funding would allow

All options would require significant input from local partners to ensure that the appropriate data could be shared and used for evaluation purposes, and to input as stakeholders to the evaluation itself.

Recommendation: Option A - To use the budget already allocated within the Thriving Communities and Health Improvement Programme to commission an evaluation partner to undertake the entirety of the evaluation, working alongside in-house resources as appropriate.

7. Wider Evaluation approach

Recommendation: Consideration is given to the proposals for a consistent approach to evaluation described above, and how capability and capacity to deliver this can be built into partner organisations.

- A wellbeing measure, or menu of measures, are adopted as best practice across Oldham to build a shared evidence base around the impact of interventions on personal wellbeing.
- Adopt an agreed approach to capturing return on investment for community led preventative approaches which is meaningful across partners.
- Explore how this return on investment approach could be built into or aligned with long-term financial planning and commissioning processes, in order to effectively support decisions to invest in preventative approaches.
- The impact on the local VCFSE sector is considered central within all evaluation of community led early intervention and prevention approaches.
- Learning from the implementation of transformational approaches, and the system wide impact of this, is factored into any evaluation.
- Consistently consider this system learning as evidence to inform future commissioning and investment decisions.

Appendix 1: Thriving Communities Logic Model (Extract from Oldham Cares Logic Model)

Inputs	Activities	Outputs	Outcomes	Impacts (Transformation Themes)
Thriving Communities	Insight – community asset mapping, Thriving Communities Index, You & Your Community Survey	Thriving Communities Index & Nebula You & Your Community Survey Asset map of community organisations	Commissioners and policy makers are using intelligence & insight to support decision making and commissioning decisions	Increasing health and wellbeing Reduced Social Isolation Improved resilience and ability to take control of health and wellbeing
	Leadership and workforce development – asset/strength-based training developed and commissioned	Health & care professionals, and community members + partner organisations trained in use of asset- based approaches.	Residents experience asset-based and person-centred conversations with health and care professionals	Increasing capacity and sustainability within Voluntary, Community, Faith and Social Enterprise Sector
	Social action and infrastructure – social prescribing network, Social Action Fund, Fast Grants	Social Prescribing Network with underpinning targets Five Social Action Fund projects delivered 300+ Fast Grants projects delivered	Improved social connectedness and participation Increased community capacity and community development Increasing health & wellbeing	Reduced demand on health and care services
	Thriving Communities Hub – develop a strategy for sustainable investment in VCFSE sector	Attract external funding to deliver health & wellbeing outcomes Agreed strategic approach to public sector grant funding New approaches to commissioning with VCFSE sector developed	Increasing capacity in VCFSE sector to support residents through community led approaches Commissioning decisions redistribute resource to earlier upstream where the yield more benefit.	

Appendix 2: GM Transformation Fund Thriving Communities Business Case Target Indicators (extract from Business Case)

Fig 1.8. Benefit to other parts of the system

Benefit to existing system pressure - activity type	17/18	18/19	19/20	20/21	Cumulative
GP appointments freed up (1.5 visits for each person supported through social prescribing)[2]	38	438	1,165	2,178	3,818
A&E attendance freed up (reducing this cohort of people by 1 visit per year)	25	292	777	1,452	2,545
Non-Elective Bed days freed up (12% of cohort with have non elective bed day with a length of stay of 3 figures advised by Pennine Acute trust [3])	9	105	280	523	916

Fig 1.8a The activity expressed as a financial figure representing the value of reduced demand

Benefit to existing system pressure	DoH/NICE Avg Cost	17/18	18/19	19/20	20/21	Full programme benefit
GP Cost (1.5 visits for each person supported through social prescribing)	£46	£1,150	£13,432	£35,719	£66,790	£117,091
A&E attendance (reducing 1 visit per year)	£138	£3,450	£40,296	£107,157	£200,369	£351,272
Non-Elective Bed days 12% of cohort with have non elective bed day with a length of stay of 3 (figures advised by Pennine Acute trust [4])	£1,609	£14,481	£169,138	£449,780	£841,028	£1,474,426
		£19,081	**£222,866**	**£592,656**	**£1,108,186**	**£1,942,789**

[2] Average appointments per patient varies – but 5.5 GP appointments per patient per annum in case study material and DoH research was observed, with the number rising to 13 GP appointments per patient per annum for patients with more complex needs or suffering with loneliness.

[3], [3] 12% A&E admission conversion rate to non-elective admission with 3-day length of stay based on advice an input from Pennine Acute Hospital NHS Trust performance team and their most recent data