

# Process & Social Return on Investment (SROI) Evaluations

Self-Care social prescribing

Emerging findings

20<sup>th</sup> Sept 2017



# Key aims of your brief – Self Care evaluation

- Assessment of Process and Operational effectiveness
- Social Return on Investment (SROI) and impact analysis
  - sustained change in patients' health & wellbeing
  - resource savings to health & care services
  - outcomes for wider stakeholders
  - KCSC model

# Primary data collection

<b>Interviews</b>	<b>Completions to date</b>
Patients (range of services & conditions)	30
HSCAs, Case Workers & GP	32
Providers	9
Other Social care agency or Provider	3
CCG representatives	2
<b>Observations during services</b>	<b>Completions to date</b>
Arts & dementia, Men's club, Befriending	4
<b>Questionnaires</b>	<b>In progress</b>
HSCAs & Case Managers (online)	20 (target 40)
Patients (postal & hub-based)	Target 130
Providers (online)	Target 9

# Emerging results from Self-Care

## **Sample of 247 PAMs with follow-up score after baseline**

- c.**62%** show improvement in activation by *5.8 points*\*
- 1 point improvement leads to 2% reduction in need for hospitalisation plus 2% improvement in compliance

## **Case Manager & HSCA survey (*still in progress, not finalised*)**

c.5-8 extra work hours saved per week, per Case Manager & HSCAs

c.10-13 extra work hours saved per week, per practice GP

\* With 5.85% margin of error

## PAM improvement averages

Tier 3	Tier 2	Tier 1
<b>5.9</b> (51.1 to 57)	<b>6.4</b> (50.2 to 56.6)	<b>3.2</b> (56.8 to 60)

However, wording and use of PAM questions often very difficult for patients to comprehend / complete accurately – depending on complexity of need e.g. dementia/memory issues

# Episode estimates

Case Manager & HSCA perceptions of change in service use	Tier 3	Tier 2	Tier 1
% Stopped need for frequent GP visit	21%	27%	36%
% Stopped need for A&E	14%	15%	24%
% Stopped need for other tertiary care	12%	16%	16%

This will be compared against patient survey responses and Self-Care data from CCG and Bucks Whole System evaluation

## Additional outcomes

- Quality of life: reductions in level of pain, social isolation, loneliness, anxiety
- Enables some to continue living as independently as they wish for longer
- Added capacity to better meet non-medical health & wellbeing needs
- Value to adult social care: delaying need for care home or long term care
- Value to social housing: sustained tenancies
- Stronger cross-sector trust & collaboration (but more to be done)

# Strengths

- Speedy and simple referral process. Referral form better managed than 12 months ago
- Role of HSCAs and being based at a practice - crucial in assisting broader patient choice and providing richer knowledge about options in the local system (especially re: Grenfell)
- Contracting a VCS co-ordinator (KCSC) accountable to *both* VCS and CCG:
  - i) enabled agile and flexible commissioning, supported some frontline admin functions
  - ii) generated trust between providers, health services, patients, and stakeholders, and
  - iii) fostered cross-sector collaboration to better join up resources
- Broader reach to patients in need, for VCS services that support frontline medical care
- Demand-led model means patient choice is part of identifying most meaningful services

# Challenges & limitations

## Patients

- Six sessions not always enough to embed change; option for short extensions?
- Transport and Mobility barriers
- Patient misconceptions about service, who it is for, or person coming to see them e.g. ethnicity, class
- Tier 3 too advanced in many cases to transform health
- Tier 1 preventive angle: potentially more resource savings

# Challenges & limitations

## Services

- Quality standards are not applied consistently – Provision, Assessment, Records info
- Charity Log use is inconsistent amongst HSCAs & Case Managers: no compliance management *at practice*
- Some misconceptions amongst GPs & reception staff; but culture is changing
- Demand-led model means some activities may not be tested/proven yet

## Next steps

- Patient surveys in progress
- Cross-reference and share data/findings with Bucks
- Process effectiveness report due end Sept
- Finalise SROI model and calculations
- SROI final report November-December