

Addressing Health Inequalities by Encouraging Clinical Commissioning Groups to Support the Voluntary and Community Sector in Evaluating the Health Outcomes they Achieve and Commissioning Preventative Services

The Furzedown Project is an older peoples' organisation based in Tooting that is run by and for our members. Our mission is to prevent older people from slipping in to social isolation and consequently suffering the rapid decline in health that often accompanies such a lack of stimulation and society.

Our approach is to engage our members in planning, delivering, and participating in a wide range of social, educational, recreational and health promoting activities. We have 65 active volunteer members. They achieve self-expression and self-fulfillment through leading many of the activities we offer, acting as Trustees, staffing our reception desk, working as mini-bus drivers and escorts, and visiting housebound elders in their own homes. Some 200 people attend the project each week.

We offer a daily transport service provided through our own accessible minibus for less mobile members. Our minibus makes 9 return journeys each week, completing 90 + pick-ups that bring 65 to 70 individuals into the project each week. We also support over 50 isolated older people through our Home Visiting Scheme. We have a team of 29 volunteers who visit isolated older people at home offering friendship and conversation on a regular basis.

Between 2014 and 2016 we worked with Wandsworth Clinical Commissioning Group, Age UK Wandsworth, and Wandsworth Older Peoples Forum to develop a small pilot programme to find ways for the Voluntary and Community Sector to provide health promoting activities which would feed into the Strategic Outcomes set for the CCG and open the way for them to commission services that would help to address Health Inequalities.

The Furzedown Project participated in the Community Resilience Programme because we wished to continue developing our extensive exercise programme. We also wanted to work with the Wandsworth Clinical Commissioning Group to find ways of demonstrating our programmes value in maintaining the health and well-being of the older people who participated in it.

We have learnt a lot on our journey but believe that the challenges of evaluating the preventive / counterfactual outcomes need further work. Our hope is that the CCG will develop the necessary tools and protocols for measuring the outcomes achieved using the tools developed by Social Prescribing Pilots such as that in Rotherham. This would facilitate a more systematic approach to commissioning services from the Voluntary and Community Sector by the CCG through the translation of the outcomes achieved into a form that is measurable against CCG Strategies.

The key points that we would wish to highlight are:

- Health and social care commissioning bodies – Clinical Commissioning Groups, Public Health, and Local Authorities are under pressure to remodel their services to offer health services within the community and at a local level
- The Voluntary and Community Sector offers the most effective route for CCG's, Public Health and Local Authorities to access "hard to reach groups" and those sections of the population who are on the wrong end of Health Inequalities. The effective reach of the VCS is derived from being rooted in, and culturally sensitive to the communities it serves and contrasts with medicalised approaches that treats people as patients / recipients of a prescribed treatment

- The Voluntary and Community Sector continuously works hard to offer health promoting activities that deliver the health outcomes sought by CCG's but these achievements remain largely invisible to commissioners
- People who participate in health promoting activities via the VCS frequently gain access to new friendship circles and peer support networks. Additional health benefits accrue through a consequent reduction in social isolation, loneliness and depression
- Small and medium sized VCS groups find it difficult gain commissions from CCG's. They constantly miss out to large commercial providers who do not have the same levels of trust or reach in those communities who are subject to the most intense health inequalities
- One of the major obstacles to the grant of commissions is the complex and crushing burden of monitoring and evaluating the beneficial health outcomes that are achieved. In particular the counterfactual / preventive outcomes that small and medium sized VCS groups find impossible to quantify
- The tools to accurately measure these counterfactual / preventive outcomes do exist and could be easily deployed by CCG's. A very successful model for this has been trialled by the Rotherham Social Prescribing Pilot which has used the anonymised Hospital Episode Statistics to track significant reductions in Inpatient Admissions, Accident and Emergency Attendances, and Outpatient Appointments. The Rotherham pilot was also able to identify consequential cost savings of 50 pence for every £1.00 invested
- Other CCG held databases and those provided by the General Practice Extraction Service could be applied and used to prove similar counterfactual / preventive outcomes. This could include quantifying reductions in GP Appointments made by people who participate in VCS activities against a comparable control group. Local Authorities could apply a similar approach to measuring reduced take up and savings in the provision of social and residential care
- Established CVS groups are well practiced in providing monitoring of their financial probity, can quantify the number of participants whom they engage in participation, and can collect qualitative information through survey and focus group to illustrate the beneficial outcomes they achieve. If relieved of the burden proving the benefit of their services using counterfactual indicators VCS groups would be able to focus better on these simpler forms of evaluation
- Through developing a streamlined method of evaluation for working with VCS organisations in which CCG's use their existing data to measure changes in Hospital Episodes it would become much easier for commissions to be granted. VCS groups would become much more resilient financially, be able to develop/improve their services and further extend their reach to the communities that need greater equity when accessing health promoting activities

We would like the Mayor of London to exercise his responsibilities for co-ordinating NHS bodies and local authorities to persuade them to develop evaluation tools that will unlock the potential of the VCS to gain medium and long term commissions. Such an approach would open up new ways of engaging with "hard to reach groups" and to address the health inequalities that are experienced by minority and marginalised communities. It would also be a key action that allows the development of Social Prescribing in London.

