

Health and Wellbeing Board

6TH October 2016

HWB DELIVERY GROUP REPORT TO BOARD – PARTNERSHIP PREVENTION PROGRAMME AND SOCIAL PRESCRIBING

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1. Introduction

1.1 The narrative used to describe our collective ambition to improve the health and wellbeing of people in Shropshire, while creating services that are sustainable and that utilise our natural, human and built assets to best effect, is echoed throughout many of our strategic documents. The Health and Wellbeing (HWB) Strategy, the Better Care Fund (BCF) the Sustainability and Transformation Plan (STP) all describe public services working more closely together with our communities, voluntary and community sector and private sector to:

- Help our population to live healthier lives so they do not need to access services in the first place.
- Build community assets and social capital so communities have more resilience to support themselves.
- Adopt the principle that “home is best” and create a system that supports people through the health and care system, before and after their care, so they can remain in their place of residence for as long as possible.

1.2 As part of the delivery of this strategic aim, the Partnership Prevention Programme draws together current prevention activity (from Public Health, Better Care Fund, Adult Social Care, Shropshire CCG and Provider partners), and develops new prevention activity that is described in one programme. This programme will focus on taking a whole system approach to reducing demand on services and relies on working together in partnership to deliver activity; it will form part of the delivery of our strategic transformation in Shropshire as part of the HWBB and the STP Neighbourhoods Workstream.

1.3 To date the programme is made up of 7 key prevention programmes

- Social Prescribing – will have connections with all other programmes
- Falls Prevention,
- Diabetes & CVD Prevention (formerly Healthy Weight and Diabetes Prevention Exemplar),
- Carers/Dementia/UTIs,
- Mental Health,

- Future Planning & Housing,
- COPD & Safe and Well).

All sub programmes will link with social prescribing – which briefly is described as:

1. Social prescribing enables healthcare professionals to refer patients to a link worker who supports the patient to improve their health and wellbeing by accessing a range of non-clinical support services delivered in the local community, usually by the VCSE (voluntary, community and social enterprise) sector.
2. Across the UK many social prescribing projects have been developed at a local level, for example by GP practices, which show clear potential but more evaluation is needed to evidence the impact of social prescribing on reducing demand for NHS and social care services, thereby supporting investment at scale.
3. There is also a need to create a local model that builds on (and does not duplicate) existing Shropshire initiatives, such as care co-ordination, compassionate communities, and locality commissioning, and which provides support for the third sector in a climate of financial austerity.

1.4 **Appendix A** below includes the Partnership Prevention Programme PID – short form, Summary report of Social Prescribing and the Draft PiDs for each scheme. The Social Prescribing Model is in development, and is based on the following objectives:

- Create a local model that builds on (and does not duplicate) existing Shropshire initiatives, such as Community & Care Co-ordinators, compassionate communities, locality commissioning, and which provides support for the third sector in a climate of financial austerity.
- Enable people to stay independent and well in their own homes by supporting them through an integrated package of community based support
- Significantly reduce demand on health and social care services by supporting an integrated package of community based support.

1.5 The Partnership Prevention Programme is moving forward supported by a Steering Group. Please see diagram below in section 4 – **Background**, for the visual and recommended governance of this programme.

1.6 The full financial investment required is unknown, however in the **Background** finances are discussed in brief.

2. Recommendations

2.1 Note the programme development and progress and consider in light of the STP developments;

2.2 Input into Social Prescribing model;

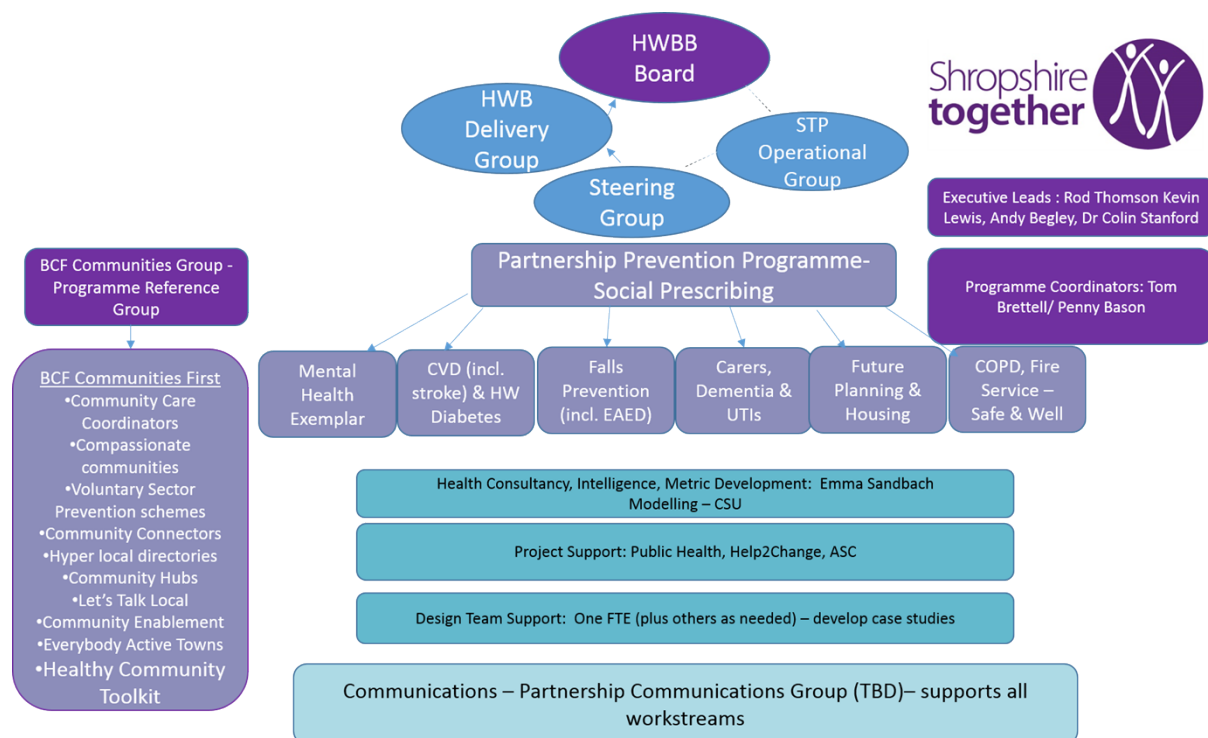
REPORT

3. Purpose of Report

3.1 The purpose of the report is to describe the Partnership Prevention Programme, outline the key delivery programmes, provide an opportunity for discussion and engagement regarding Social Prescribing, and the key programme areas.

4. Background

4.1 Governance



4.2 Financial Investment – While a key component of making this programme work is the joint efforts of existing organisations, human resource, and current levels of funding, there will be additional resource required to both manage and deliver the projects. Lead roles have been identified to lead the programmes, and human and financial resource from Shropshire Council, Public Health and the CCG is being mobilised to support this work, and additional resource is being sought through the BCF and STP Neighbourhood work. The programme will be designed to reduce costs and working in partnership will undoubtedly provide efficiencies, however investment will be required to make progress.

5. Engagement


5.1 Each programme/ project of the Prevention Programme is required to engage with a wide range of stakeholders as part of the development and delivery of any programme or change of service.

6. Risk Assessment and Opportunities Appraisal (including Equalities, Finance, Rural Issues)

6.1 The purpose of the HWBB is to reduce inequalities in health, as such all programme development will, to the best of our ability, develop services where equity is at the core of decision making.

Appendix A

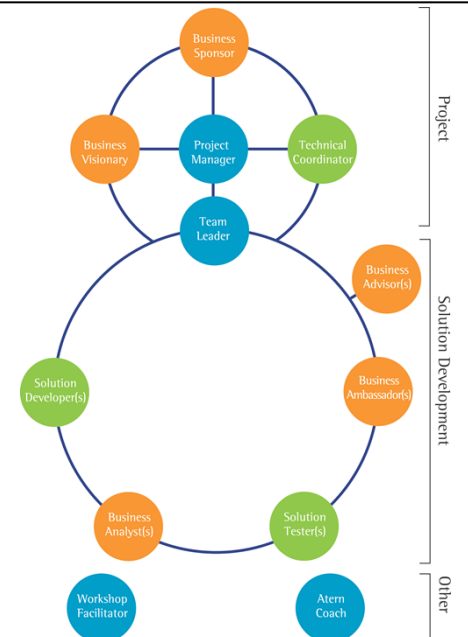
Project Name:	Partnership Prevention Programme
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Role	Name		Documents – all documents are DRAFTS
Project Level Roles			
Business Sponsor	Rod Thomson/ Andy Begley/ Sam Tilley		 Prevention programme PID 26.8
Business Visionary	Kevin Lewis, Kate Garner		
Programme Managers	Tom Brettell/ Penny Bason		
Technical Expert	Emma Sandbach		
Project Support	1FTE Design Team	Neil Felton, Mel France	
RESOURCES	Outstanding issues		
•	<ul style="list-style-type: none"> Funding for programme delivery and implementation Funding for Social 		



Roles in an Atern project fit into three categories: Project Level; Solution Development Team; and Other.

Project Level roles are responsible for overall strategy, business perspective and governance. The project is directed by the project manager. Solution Development Team roles are responsible for the detailed work involved in defining, developing, testing and deploying the solution. Other roles provide alternative viewpoints, specialist user knowledge and specific skills needed to guide the project throughout its lifecycle. Roles do not necessarily equate to individuals, except at Project Level. A team can only ever have one leader, but otherwise one person may cover multiple roles and a single role can be shared between several people.

The diagram below shows how an Atern team is structured. Role types are colour-coded to differentiate between business (orange), development (green) and project management roles (blue).



	Prescribing		
Solution Development Project	Sub Projects	Programme Managers	Documents All documents are DRAFTS
Overarching Project – Social Prescribing	<ul style="list-style-type: none"> PID in development 	Jo Robins, one day s per week, 3 additional days per week required	 ReportJRSPSocial Prescribing.docx
Mental Health	<ul style="list-style-type: none"> Needs Assessment Suicide Prevention Single Point of contact Section 136 	Lorraine Laverton & Gord Kochane, additional resource required	 Prevention programme MH PID \
Falls Prevention		Miranda Ashwell	 Scheme 1 Falls Prevention (overarch
CVD & HW Diabetes		Dee Hall	 HWD and CVD PID.docx
Carers, Dementia, UTIs		Val Cross & Pete Downer	 Carers, Demential and UTIs.docx

Future Planning & Housing		Laura Fisher & Tom Brettell	 Future Planning and Housing PID.do
COPD & Fire Service		Linda Offord & Guy Williams	 safe and well pid.docx
MECC & Behaviour Change, Alcohol strategy	To be developed		
Project Tools	Overarching – Level 1	Programme Management Level 2	Project Management Level 3
	<ul style="list-style-type: none"> • Programme PiD • PiD on a page 	<ul style="list-style-type: none"> • Programme PiD • Programme tracker • Logic Model • Delivery Grid 	<ul style="list-style-type: none"> • Project PiD • Project tracker • Problem statement • Metrics and Evaluation
Other Roles – to be determined			
Analysts and Modelling	Emma's Team Tom's Team		
Administration	Shropshire Together CCG – Partnership and Planning		