

Health and Wellbeing Board 23 March 2017

PARTNERSHIP PREVENTION PROGRAMME, HEALTHY LIVES

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1. Summary

- 1.1 This paper provides an update on the recent visit to the Wellbeing Enterprises CIC Prevention Programme in Halton by members of the Partnership Prevention Programme together with a short update on progress to date and next steps.
- 1.2 Members have previously received comprehensive reports about the programme and there is a suite of documentation available including PID's, action plans, notes of the steering group, presentations, briefing notes, extracts from the JSNA and information on metrics available and can be requested or viewed from previous HWBB papers.
- 1.3 As a reminder - this Partnership Prevention Programme, **Healthy Lives**, will focus on taking a whole system approach to reducing demand on services and relies on working together in partnership to deliver activity; it supports integration across health and care as set out in the Health and Wellbeing Strategy and is an integral component of the STP Neighbourhoods Workstream.
- 1.4 The recent visit to the Halton project was part of the approach being adopted by the steering group to investigate national good practice and exemplar projects with the aim of adopting and integrated key learning and evidence to ensure that local programme are built on the latest available evidence. This was also an opportunity to share the good practice and USP's of the Shropshire model.

2. Recommendations

- 2.1 Receive the update on the key learning from the Wellbeing CIC visit
Endorse the approach being adopted by the Healthy Lives Steering Group
- 2.2 Agree the approach to develop a social prescribing model which recognises and builds on the assets already in place in Shropshire such as the Community and Care Co-ordinators, the Compassionate Communities programme, the programmes in the Better Care Fund, the Let's Talk Local model and behaviour change programmes.
- 2.3 Endorse the implementation of the pilot and the evaluation of the pilot.

2.4 Support the model which includes a range of measures that demonstrate impact on health and well-being.

REPORT

3. Purpose of Report

3.1 The purpose of the report is to provide an update on the recent visit to the Wellbeing Enterprises CIC Prevention Programme in Halton by members of the Partnership Prevention Programme together with a short update on progress to date and next steps and general direction of travel.

4. Report

4.1 Various reviews of social prescribing have taken place over recent years with different degrees of robustness. NHS England have commissioned a thorough and comprehensive review of the evidence base through a leading university that will report later in the year. This will culminate in a set of best practice models for areas to use, a set of guidelines and a toolkit for implementation. An affiliated national social network has been created alongside this.

4.2 Nationally Recognised Exemplar Projects include:-

- Halton Wellbeing Enterprises (CCG commissioned in part)
- Gloucester CCG
- Rotherham
- Newcastle Upon Tyne West CCG – Ways to Wellness
- Bromley by Bow

4.3 Each of the above have slightly different approaches but the same common aim about offering an alternative or sometimes a supplementary offer to patients over and above medicalised care. They have all been evaluated by external academic institutions Typical measures include :-

1. Number of patient attendances at GP practice
2. Attendances at Accident and Emergency Departments
3. Emergency/unplanned hospital admissions
4. Number of planned hospital admissions
5. Number of unplanned continuous inpatient episodes of care
6. Reduction in home visiting across healthcare and social care frontline staff
7. Engagement of the community sector in supporting non medical health and wellbeing of patients
8. Awareness of Social Prescribing amongst healthcare and social care frontline staff
9. Involvement of third sector organisations and groups in supporting the non medical health and wellbeing of patients
10. Patient satisfaction and feedback

4.4 The Impact of the Programmes

4.4.1 Wellbeing Enterprises CIC (Halton CCG commissioned in part)

Wellbeing Enterprises CIC in place for nine years. Funded by Halton CCG GP's prescribe into the programme combination of personalised 1 to 1 support, education courses (social Prescribing) and social action (volunteering, social entrepreneurship)

4.4.2 Data - significant numbers and collected over a period of time
Significant improvements in the levels of mental health need and overall health of those using the programme

- Financial savings to the public sector of .55p for each £ invested.
- Calculated return on investment, ratio for every £ spent produces a value of £8.90
- Meets the cost effectiveness for QALY
- The programme is cost effective and provides good value for money
- The information for the fiscal conclusions is more limited only providing info on mental health
- Value for money but no control group

4.4.3 Gloucester CCG

4.4.4 Data – reasonable numbers although measured over a period of six months

- Improvements in wellbeing with positive outcomes for patients
- Reductions in emergency admissions
- Reductions in emergency attendance
- Reduction in the cost of emergency admissions
- Reduction in primary care consultations
- Some savings assumptions identified

4.4.5 The GP's are proactively supporting this programme and a dedicated team has been established in the CCG to develop further business cases.

4.4.6 Rotherham CCG

4.4.7 Data – significant numbers over a period of time with a focus on :-

- Long term conditions
- Reduction in patient admissions
- Reduction in A and E attendance
- When patients over age 80 excluded results are better
- Reduction in non elective inpatient admissions
- Reduction in out-patient attendance

4.4.8 Other key findings have identified

- major well being improvements with 83% of patients made progress in one outcome area (feeling positive, lifestyle, reduced social isolation and loneliness, increased independence) and improved quality of life for patients and carers.
- In addition they have established cost effectiveness, return on financial investment of .33p for each £ invested in the first year. When the over 80 year

olds are taken out of the calculations the savings in the first year are greater (£534 saved per patient with a return on investment of £0.46p)

- The figures show the cost to re-coup will be achieved in 2.5 years,

4.4.9 Newcastle Upon Tyne West CCG

4.4.10 Commissioned Ways to Wellness and established in 2015, programme is delivered through the VCS with local GP practices

Data available over a period of time.

Initially funded through the Health Social Enterprise Investment Fund, Big Lottery and the use of social impact bonds. Newcastle West CCG committed to paying back if Ways to Wellness can demonstrate improvement on agreed outcome measures including reduced hospital visits and improvements around wellbeing

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4.4.11 Bromley by Bow

4.4.12 Significant data and evaluation over a period of years. Longest and most well established social prescribing model in the country operates a central building within an area of deprivation with a focus on vulnerable groups of adults, young people, long term unemployed, and older people who often present with health conditions that prevent a barrier to work. Offer holistic support packages designed around the needs of the patient/client

4.4.13 Key Learning From the visit to Wellbeing CIC Halton

- 1 Whilst the model is built on a CIC and the focus is on improving wellbeing there was significant learning for the team in relation to the following:-
- 2 The training package
- 3 Development of an in house model but with a focus purely on wellbeing
- 4 Long term work with primary care whereby staff are visible in the practice and a core part of the team – now describe people rather than conditions
- 5 Staffing model – including the recruitment, development and deployment of staff who are able to spend time with the practices and the clients
- 6 The impact on the economy and their entrepreneurial vision and trade off with local businesses
- 7 Local people taking control of their own lives and the development of a critical mass in the community
- 8 Recording of data and external evaluation
- 9 Development of an APP – places
- 10 Think broadly and consider whether we have included everyone that we need to in our programme ?

4.5 Key Learning From Shropshire

- 1 Our approach to evaluation and a control group to compare the impact of interventions
- 2 Our ability to access the GP records and place the data onto the record

- 3 Our approach to behaviour change and access to programmes delivered by public health
- 4 Our focus on integration across adult social care and working directly with the community development teams and Let's Talk Local teams.
- 5 Our Healthy Conversations training packages covering lifestyle interventions

4.6 Next Steps

- To apply the key learning from the visit into our local pilot and establish cross border working
- Implement the pilot programme in Oswestry working with the voluntary sector and local providers of behaviour change programmes.
- Lead in conjunction with the national social prescribing network for England the development of a Midlands wide Social Prescribing network
- Commission an academic institution to evaluate the pilot programme.

5. Engagement

5.1 Each programme/ project of the Prevention Programme is required to engage with a wide range of stakeholders, including patient/ service user representatives, 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.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr Karen Calder
Local Member
Appendices N/A

