GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

MECC & Social Prescribing
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National & Greater Manchester Health & Care Context

- Five Year Forward View on a new relationship with People & Communities

- Person and community centred approaches (PCCA) are a key part of *Taking Charge* & the *Population Health Plan*
- All ten GM Locality Plans incorporate PCCA

Healthy lives, with quality care available for those that need it

We're making radical improvements to mental and physical health services, promoting wellbeing, encouraging healthier lifestyles, and trying to prevent people getting ill in the first place. We're changing the way the NHS and other care and support services work together in communities so people can easily get help and support when they need to.

- Development of a GM programme for **person-centred and community based** approaches with funding agreed and resource established to support localities
- Pioneer, within this programme, an approach based on the strengths and assets of local residents/communities, and radical expansion of **"social prescribing"** approaches recognising contributions that housing, work, physical activity and social connections make to improving health

Person & Community-Centred Approaches

WELLBEING PRESCRIPTION

NOTE Did you know that Alavanley Family Practice can offer so much more than you think. Check out the list below to see if any of the activities may be of interest to you. Just put a tick in the box of those you like the look of, complete your name and contact details and pop it in to reception. Alternatively you can email us with your inquiry and details to **stoccg.healthchampions@nhs.net**

PART 1 *I am interested in receiving more information about the following:*

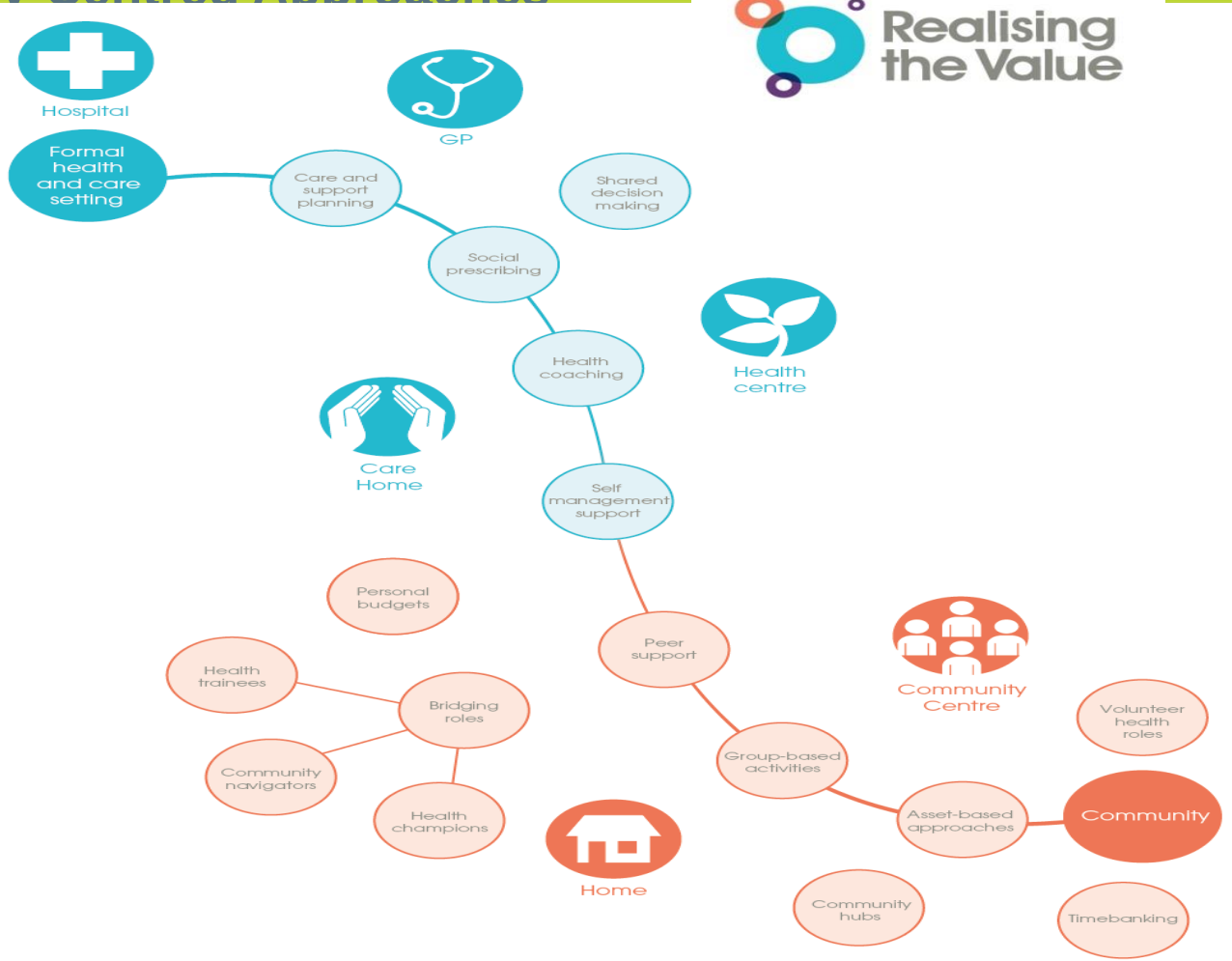
- ☐ **Veg on prescription** - *Grow your own, cook your own !!*
- ☐ **Weekly Health Walks** - *Every Wednesday*
- ☐ **Coffee and Conversation** - *Feeling alone, fancy a chat?*
- ☐ **Social Events for New Mums** - *Don't feel alone*
- ☐ **Pram Pushers Walk** - *Bring along baby for a friendly walk*
- ☐ **Singing for Health** - *Singalong with the Champions*
- ☐ **Knit and Natter** - *Friendly banter with like minds*
- ☐ **Cook and Taste** - *Let us show you how to cook it*
- ☐ **IT Skills** - *Let's get you started with the basics*
- ☐ **Telephone Support** - *A friendly voice on the end of the line*
- ☐ **Practice Allotment** - *Come and help with our allotment*
- ☐ **Money Advice** - *Advice and guidance*
- ☐ **Evening Get Togethers** - *A friendly group gathering*

PART 2 *I understand that the details I give will be passed on to the Practice Health Champions who will contact me with the information I have requested*

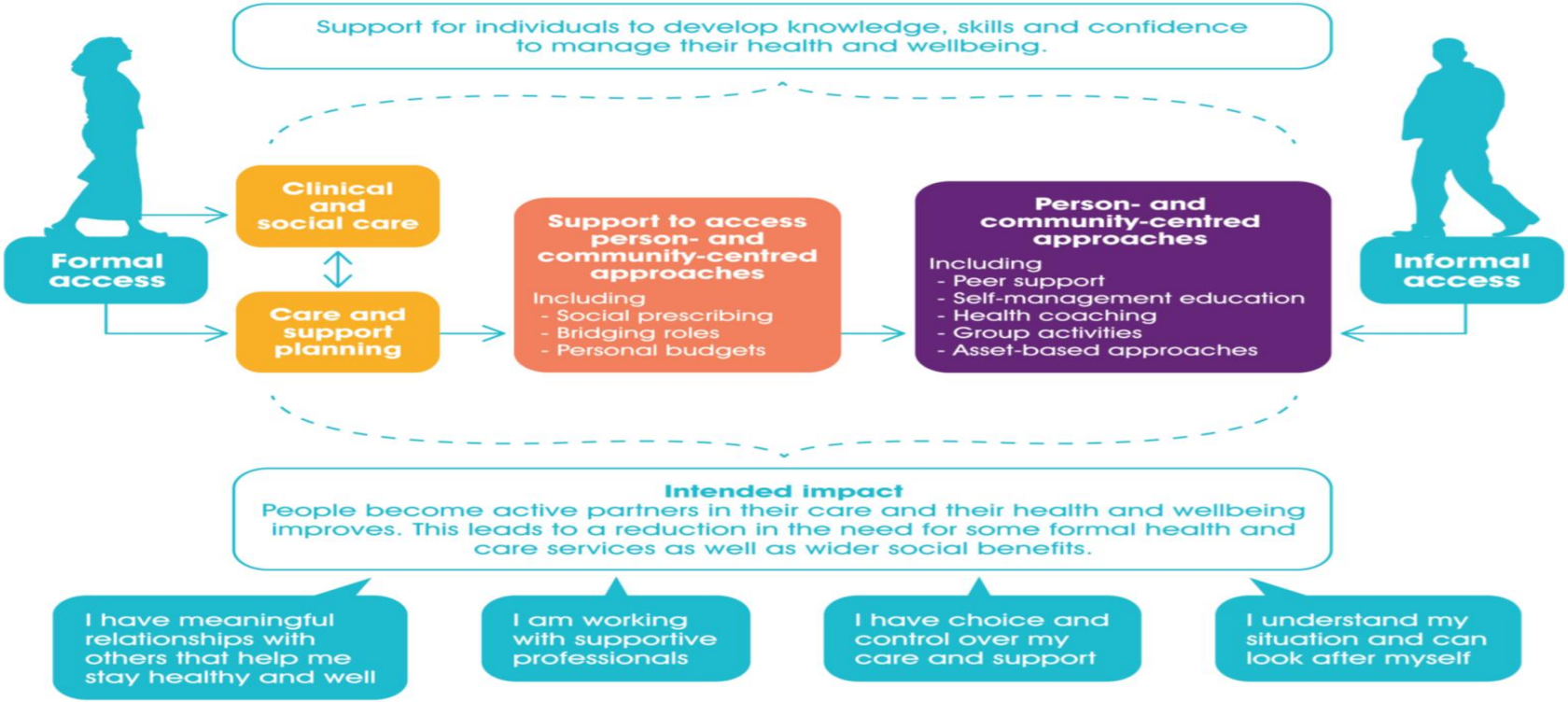
PART 3 *Signed:*

Name:

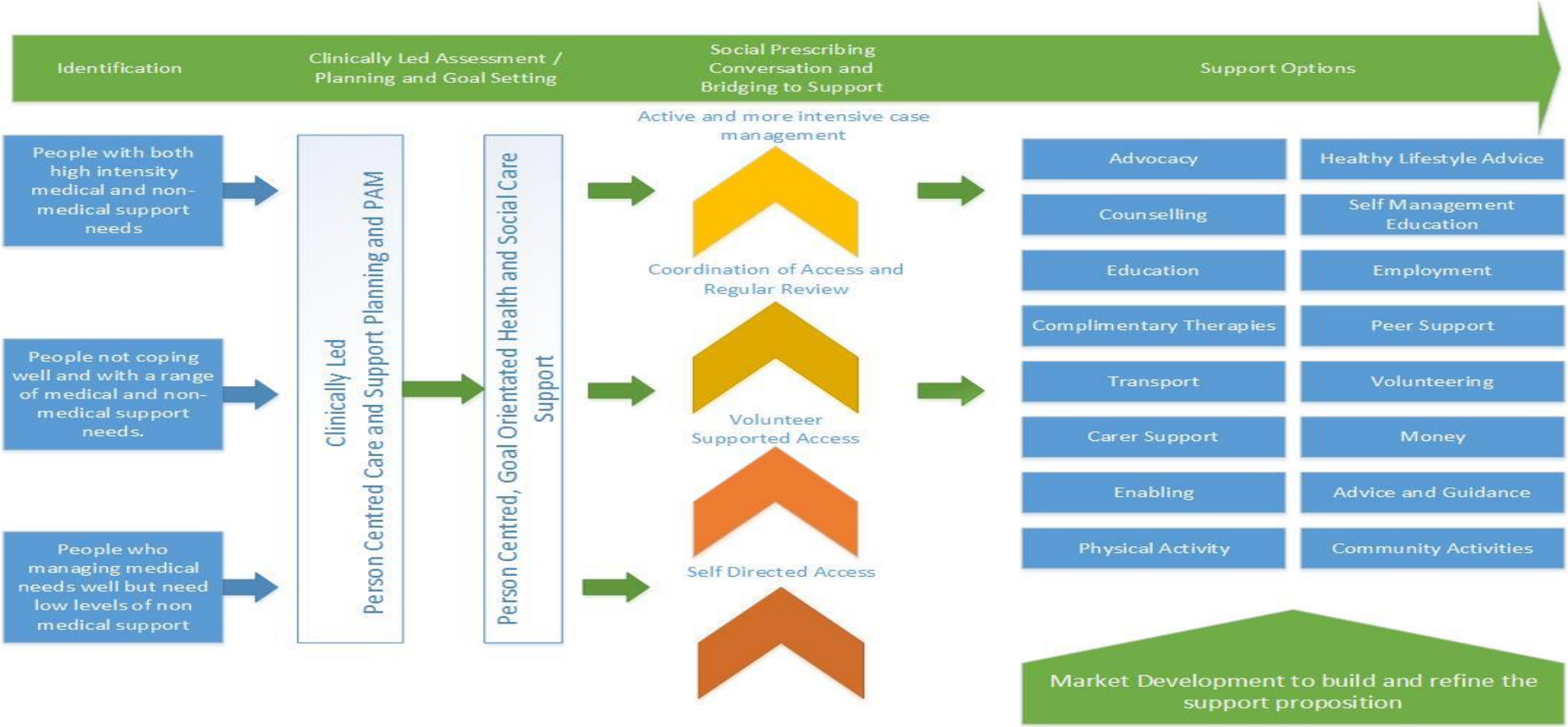
Contact Number/Email address:



How will people experience this support?



A Social Prescribing Pathway for People with Ongoing Care and Support Needs



Evidence and benefits of person and community centred approaches

On average someone with a long term condition will spend 4 hours a year with a health or care professional, and 8,756 with their families and within their communities – yet the vast majority of health and care resource is focused on the professional interaction.

To make the health and care system sustainable for the future will not come only by doing the same things we have always done, but more efficiently. Many more answers can be found through a new relationship between services and citizens which:

- Enables people to live healthier lives through doing things differently themselves – *ie prevention*
- Supports people to better manage their conditions so they don't need to use the health and care system as much – *ie self-care*
- Makes use of the help and potential in neighbourhoods which help people cope better, and stay independent longer – *ie asset-based approaches*

There is now solid evidence person and community centred approaches reduce demand for health and care services as well as people telling us they make their lives and health better

Evidence Examples

Approach	Selected source of evidence	High level findings
Patient activation, self management and education	Vanguard sites	Somerset: projected 6% reduction in total NHS budget Fylde: 21% reduction in non elective admissions, 17% in elective admissions
Asset based approaches – using community structures Referral to VCSE to access community support	Local Area Co-ordination network – the Swansea University Study Rotherham, Sheffield Hallam University	Financial benefits of £800k-£1.2m (benefit cost ratio between 2:1 and 3:1), expected benefits rising to between 3:1 to 4:1 when embedded within communities and partnerships 11% drop in hospital admissions, 17% drop in A&E attendances (51% and 35% respectively for under 80s receiving long term VCSE support)
Person centred care and support	Partners4Change and Trafford MBC	Staff productivity, numbers seen increased by around 67% Rate of care packages halved Staff morale – 'energy lifted and liberated'
Social Action and Peer support For people with particular long-term conditions	Altogether Better/York Health Economics Consortium Realising the Value	A positive social return on investment of up to £112.42 for every pound invested £2k saving/person reached /year achievable in first year
Social Prescribing	University of Westminster The APPG report on Arts, Health and Wellbeing	28% reduction in demand for GP services 24% fall in A&E presentations 27% reduction in hospital admissions 37% drop in GP consultation rates
Integrated Personal Budgets	Personal Health Budget Pilot Sites	For people with complex need, reduced costs estimated to be around £3.1k per person primarily in-patient costs

Sources include: New Care Model sites, NHS England; SCIE NICE; National Voices; TLAP as host to around 50 organisations inc ADASS; Nesta, New Economics Foundation, RSA; Public Health England; The Health Foundation, Kings Fund; All Party Parliamentary Group on 'Creative Health'; Royal College of General Practitioners; Altogether Better; Academic Institutions including Newcastle University, Sheffield Hallam University, Swansea University, University of Westminster

Issues / Questions in relation to MECC?

- A single, co-ordinated system-wide approach – how do we avoid duplicating roles around “care navigation”?
- Professional staff & volunteer roles – how do these complement each other most effectively?
- Knowing your community – understanding the range of support that is available from VCSE groups and organisations.
- Information sharing, recording and person-centred care/support planning – who inputs what and where?
- Training and development – what skills, training and support are needed for asset and strengths-based conversations?

And biggest of all……

- The cultural challenge – how do we embed person and community-centred approaches, so they become the norm for how we support people with ongoing needs?