Agenda Item 12

Leicestershire County Council

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 14th SEPTEMBER 2016

## REPORT OF THE DIRECTOR OF PUBLIC HEALTH

## LEICESTERSHIRE'S APPROACH TO SOCIAL PRESCRIBING AND LOCAL AREA CO-ORDINATION

### Purpose of report

1. The purpose of this report is to inform Health Overview and Scrutiny Committee of the work being undertaken to develop a consistent approach to social prescribing across Leicestershire and to update the Committee on the pilot of Local Area Coordination.

### Policy Framework and Previous Decisions

2. A consistent approach to social prescribing has been identified as one of the priorities for the Unified Prevention Board, one of the pillars of the Better Care Fund. Social prescribing is also a key element within the prevention strand of the Sustainability and Transformation Plan. Likewise Local Area Coordination is a key element of the Better Care Fund plan.

### Background

### Social Prescribing

3. Social prescribing is defined as "a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector."

4. In practice this means that GPs, nurses or other healthcare practitioners work with patients to identify non-medical opportunities or interventions that will help them adopt healthier lifestyles or improve wider social aspects of their lives. The resulting services that patients can choose could include everything from debt counselling, support groups and walking clubs, to community cooking classes and one-to-one coaching.

5. Social prescriptions can be seen as a natural extension to 'information prescriptions' – which are tailored information given to patients to help them make informed choices about their care and access a wider range of services, such as social care, housing and leisure services.

6. Within Leicestershire a number of concerns and 'must-dos' have been expressed by partners in relation to social prescribing. These include:

- GP concerns about duplication of initiatives and services across partner
- Better Care Fund obligations
- Unclear links and methodologies
- The need for better patient / citizen targeting

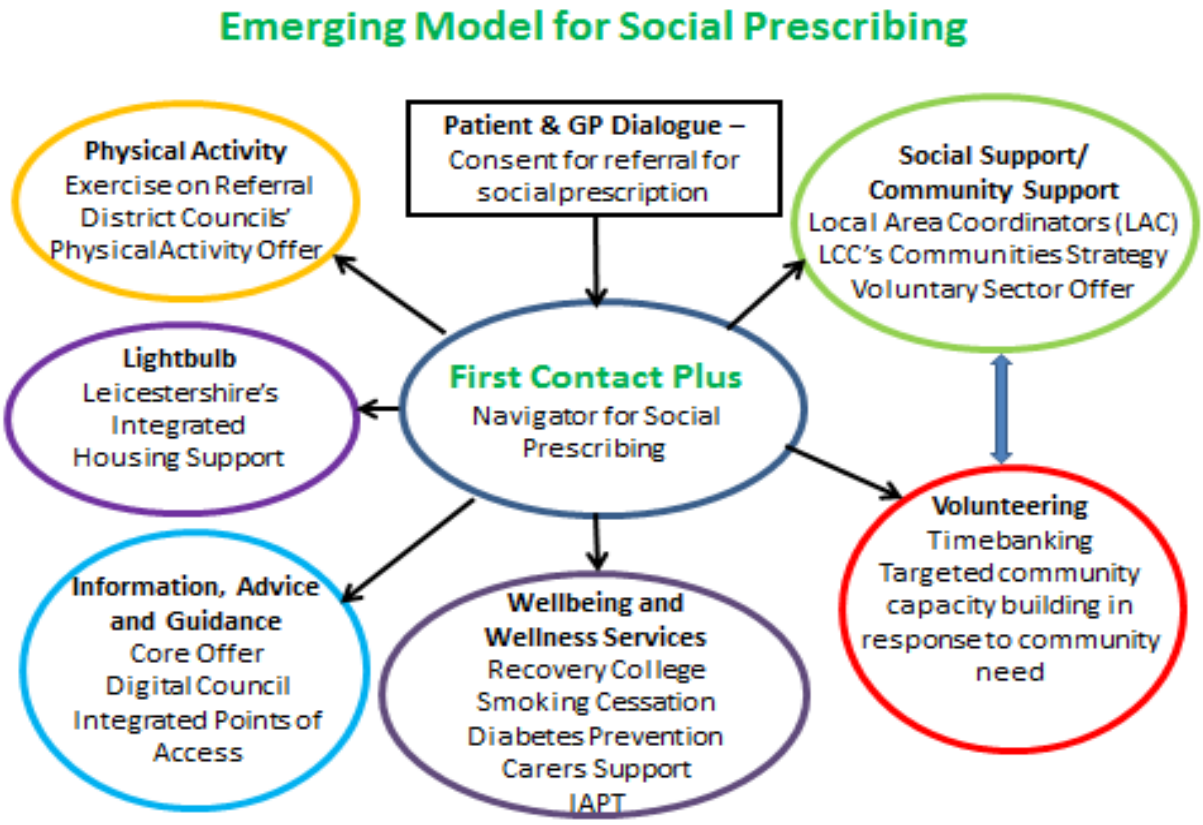
7. The Unified Prevention Board, which is a subgroup of the Health and Wellbeing Board, has sought to address these by agreeing a shared model and vision for social prescribing.

## Draft Shared Vision

8. The vision for social prescribing is that: 'We will work together to create a coherent social prescribing offer across Leicestershire that will benefit citizens by allowing them greater access to our menu of services and community resources, to enhance their health and wellbeing'.

9. The unified prevention offer will describe a clear, consistent menu of services that are on offer in each community, with First Contact Plus as the coordinating "front door" for accessing a range of social prescribing solutions, as illustratrated by Figure 1.

**Figure 1**



**Progress to date**

10. The draft vision and emerging model was endorsed by the Health and Well Being Board in May 2016. Arising from discussion the following points were raised:-

    (i) The Unified Prevention Board would lead this work in Leicestershire. It would seek to explore areas of communality with Leicester City. However, the social prescribing model would not be the same in the two areas as, for example, the physical activity offer and approach to community development were different.

    (ii) A strategy for social prescribing was being developed. This would include a requirement to evaluate the schemes to ensure that they were effective. To this end, a performance dashboard was being co-produced by partners. A communications plan was also needed to ensure all partners, particularly GPs, were aware of and engaged with the model.

    (iii) There was an overlap between social prescribing and the wider models of community support, such as the Braunstone Blues project which was collaboration between the emergency services to reduce demand through education, home visits and campaigns aimed to direct residents to other, more appropriate services.

11. The emerging approach has been endorsed by both East Leicestershire and Rutland CMT and West Leicestershire Planning and Delivery Group. Discussions at both groups was positive, particularly the learning from the Rosebery practice pilot in West Leicestershire CCG regarding the potential role of Patient Participation Groups (PPGs) within practices as a source of capacity to engage patients and sign post them to community support as appropriate.

**Local Area Coordination**

12. Local Area Coordination (LAC) is an approach to supporting people and their families to have a good life as part of their local community

13. Rather than waiting for people to fall into crisis, assessing deficits, testing eligibility and fitting people into more expensive (and increasingly unaffordable) services, it works alongside people to:
    - Build and pursue their personal vision for a good life,
    - Stay strong, safe and connected as contributing citizens,
    - Find practical, non-service solutions to problems wherever possible, and
    - Build more welcoming, inclusive and supportive communities.

14. Local Area Coordinators take time to build valued, trusting relationships with individuals, families and communities – they start with supporting people to build a vision for a good life and the ways they may get there. Services are the last part of the conversation.

15. Each local area coordinator supports around 60 people in their local communities, typically older people and those with low-moderate mental health needs, experiencing a level of vulnerability. They work in their community based in libraries, community centre, GP Surgery or VCS agency for example. Here they provide social

interaction and support, spending time to understand the person's strengths and aspirations, identifying a range of community assets and resources which individuals can access and links individuals to support from agencies and other individuals.

16. In Leicestershire a number of partners are involved in delivering LAC – County Council Departments; Health (CCGs); 4 x District Councils, Police and VAL. It also forms a significant part of the Unified Prevention Offer incorporated in the Better Care Fund plan.

17. A total of 8 coordinators work in small defined areas in fours districts: - Blaby; Charnwood; Hinckley & Bosworth; and Melton. The areas are:
Thopre Acre, Hastings Ward in Charnwood, Melton Mowbray, Asfordby, Barwell, Desford, Newbold Verdon, Enderby, Braunstone Town and Thorpe Astley

18. The work of Local Area Coordinators is being evaluated by independent study carried out by MEL research. A series of evaluation reports are being undertaken with a summary available by the end of September 2016.

19. Below are testimonials relating to the service:-

"Without the attention and hep of our Local Area Co-ordinator Milo we would never have been able to manage or stay in our own home. We had such care and attention and we would pay any fees to the council to enable the project to continue"

Mr and Mrs T from Charnwood

"The Local Area Co-ordination scheme is so valuable to the patients I see. It helps them to be part of their local community and to develop new friendships. We have noticed patients not using the surgery as often and being busier and more involved in their local community. Long may it continue and grow"

Dr M

## Conclusions

20. Social Prescribing offers a way of utilising the 'teachable moment' in a General Practice consultation where patients would be receptive to being referred to a number of social interventions that can improved health and provide long term support to a variety of patients. The model being adopted in Leicestershire harnessing that GP interaction with the variety of community activities and interventions available through County and District Councils, voluntary sector agencies etc. Social Prescribing form the cornerstone to our approach to providing consistent community based prevention services. Within that model Local Area Coordination is an important way of both building community capacity, and supporting a cohort of patients with an element of need and vulnerability.

## Resource Implications

21. Services within the social prescribing framework are funded through core budgets or BCF (Lightbulb and Local Area Co-ordination). No other additional resource requirements have been identified.

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## Relevant Impact Assessments

Equality and Human Rights Implications

21. Developments within the BCF Plan, such as social prescribing, are subject to equality impact assessment and the evidence base supporting the BCF Plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment.

Partnership Working and associated issues

22. The delivery of the BCF Plan, including the emerging model for social prescribing, is dependent on close collaborative working form Health and Wellbeing Board partners.

23. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the 5 year plan to transform health and care in Leicestershire, known as Better Care Together.

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