

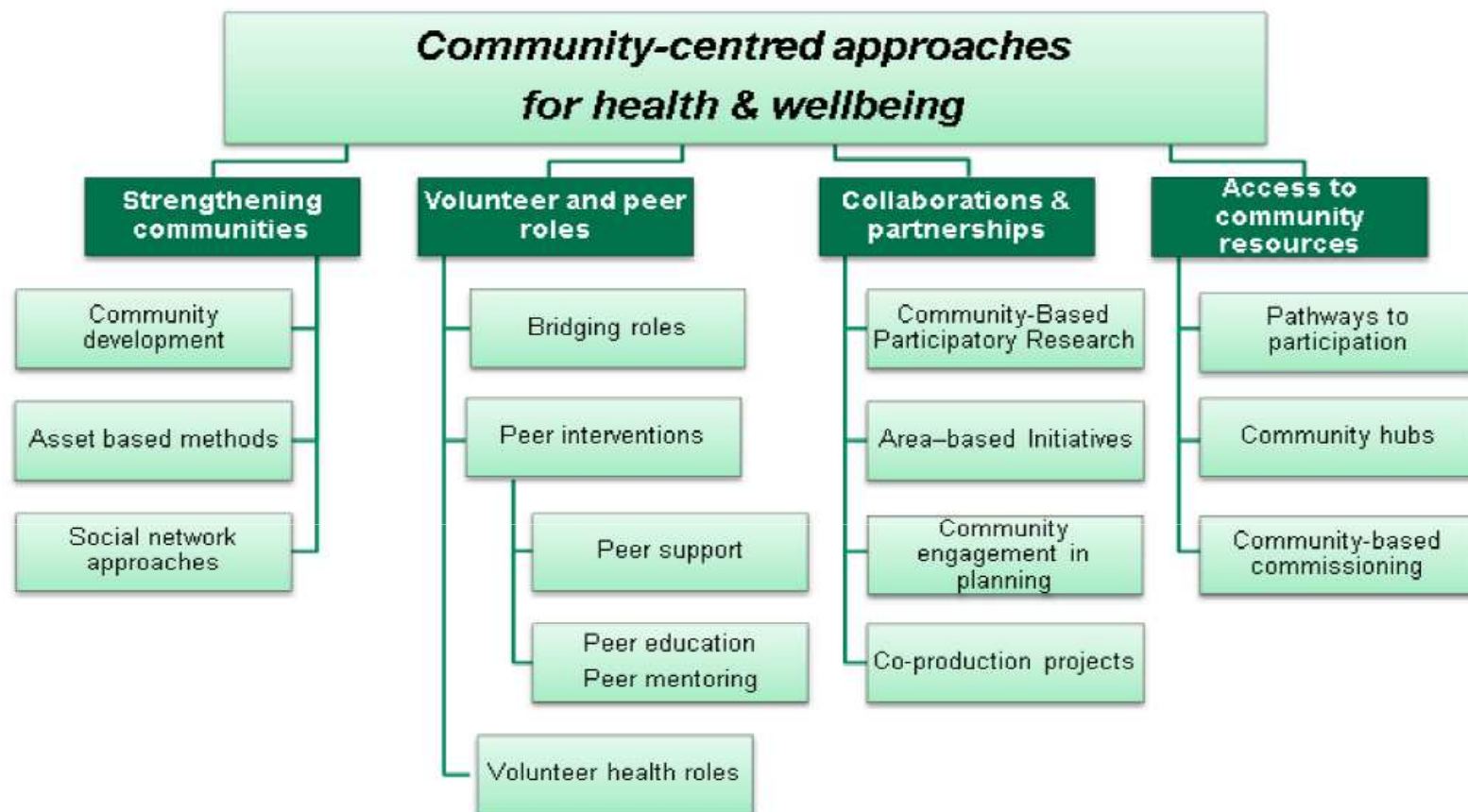
Community Wellbeing Framework Update

Appendix 1

Community based approaches

There is a growing body of evidence demonstrating the value of person-centred and community-centred approaches in terms of:

- improved health & wellbeing
- their contribution to NHS sustainability
- wider social outcomes, reflected in STP

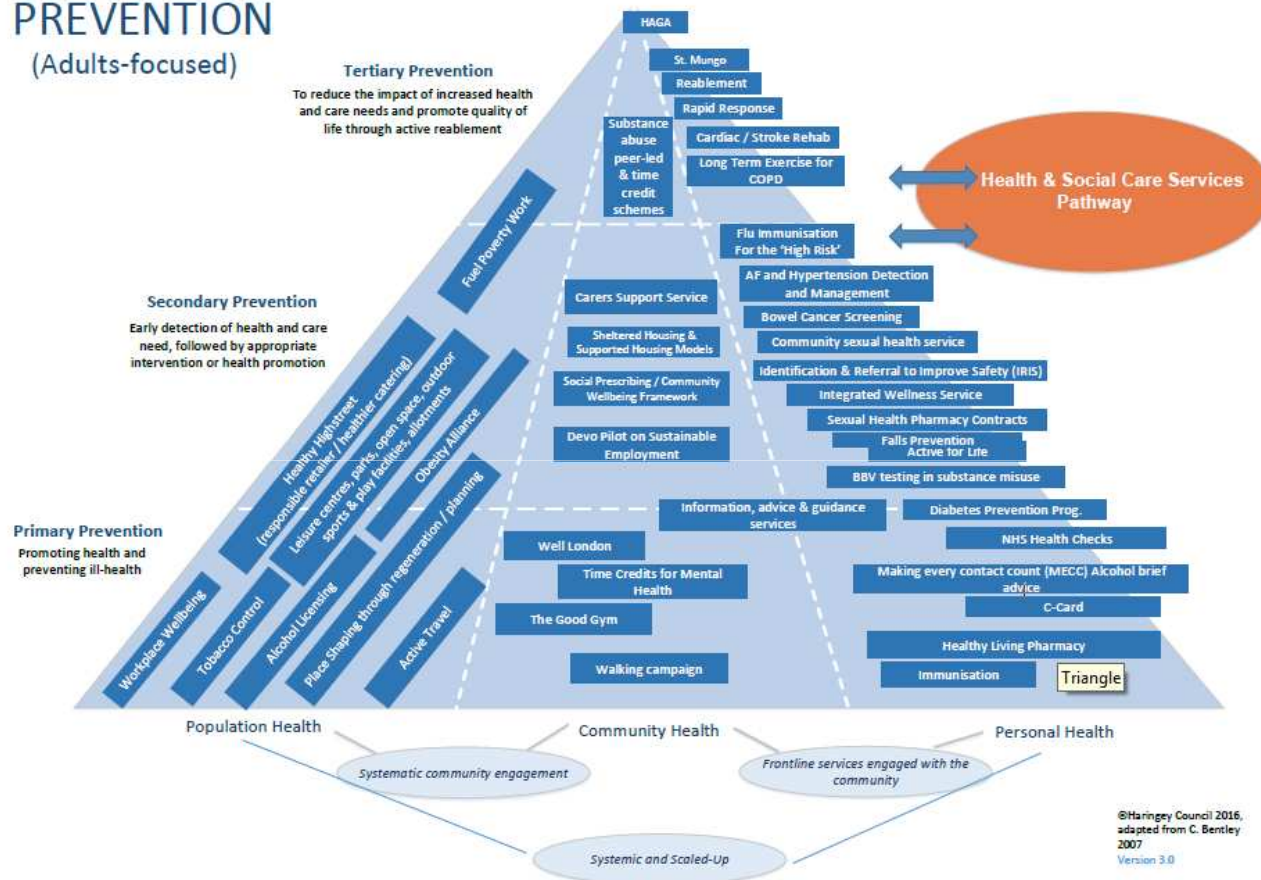


- Linked to the Marmot review
- Outlines the need in change current practice and build new relationship with people and communities
- Focus on self management

Community Health interventions

PREVENTION

(Adults-focused)

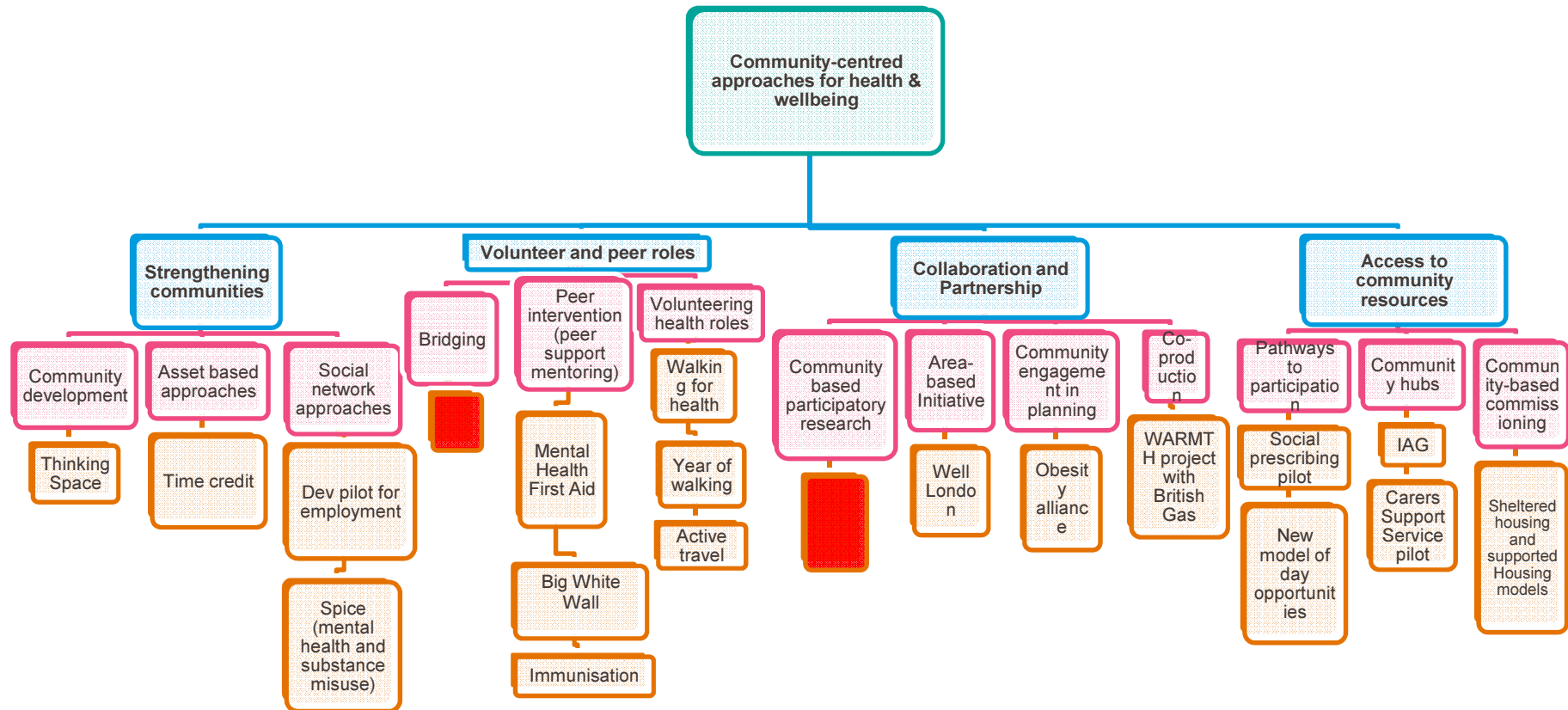


- About valuing the role of communities

- Incorporates approaches that are built around people and communities

- Underpinned by effective engagement and empowering individuals and local communities

Community Health interventions mapping in Haringey



Critical components of the framework

- Asset mapping with an electronic, user friendly application, design informed by frontline staff and communities;
- Change in mindset-culture across health and social care frontline staff;
- Co-ordination role across the borough;
- Training and skill-set for co-ordination role (empathy, local knowledge, wellbeing coaching skills);
- A range of different community interventions to support prevention and independence

Outcomes

- Increase connectiveness of individuals to the community and reduce social isolation;
- Increase participation in volunteering activities;
- Building Council's role as a partner and facilitator;
- Improve capacity of community and voluntary sector and maximising community resources to be more inclusive;
- Facilitate sustainability of community engagement
- Impact on behaviour change provider and population / user level;
- Develop coordination and coaching roles in the community focusing on assets;
- Increase information and knowledge on existing assets in the community;
- Reduce level of health and social care needs
- Reduce non-elective hospital admission
- Improve patients experience

Social prescribing and Local Area Coordination (LAC)

- The NHS Five Year Forward
- The Marmot review
- Guide to community centred approaches (2015)for health and wellbeing
- NCL STP CHINs
- Opportunity saving in NHS HARINGEY CCG: to save £20,131,351 by 2021 (Social Prescribing & Expert Patient Programme Modelling- Aug 2016-Healthy London Partnership)

Moving forward....

Improve the previous models in-line with Haringey direction of travel

Proposed solution:

Develop a well integrated sustainable pathway with a single point access for patients/ residents primary care, social care and community services

Starting at the Start

Building on Learning



Values and Principles
A “human” approach
Strong, contributing leadership
Inclusion and contribution

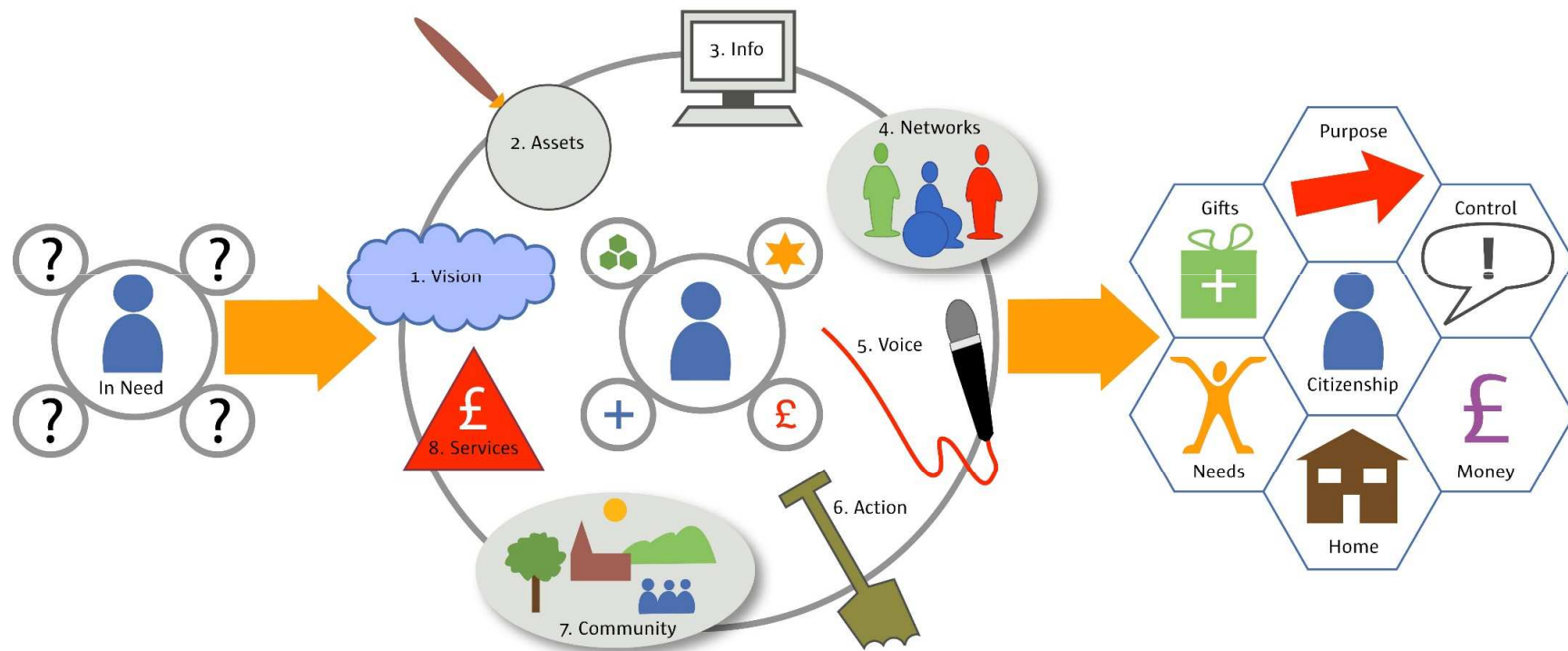


Local Area Coordination in England and Wales



Key Words/Themes

- Strengths based
- Resilience/Local solutions vs Crises/Services
- New “Front End” of system
- Single point of contact in community
- Integrated – across age groups/service types
- Embedded in system and community
- Prevent – Reduce - Delay
- Reform/Systems Change - Simplify



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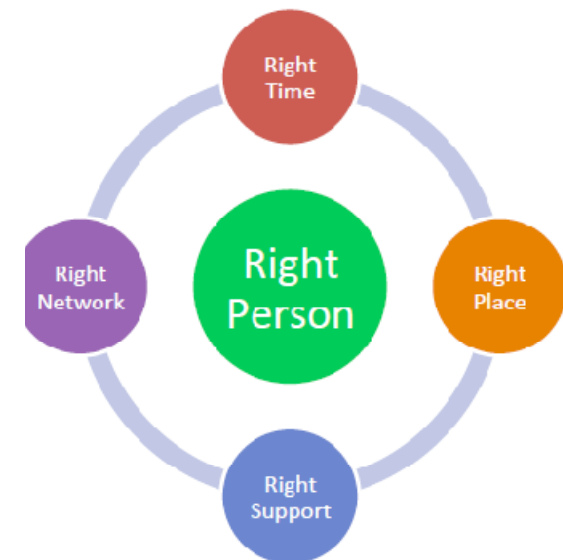
The ways of working – from the start

- Take time to get to know individuals, families, communities – strengths, aspirations, needs
- Learning conversations – important to/for
- What's life like now, how would you like it to be?
- Supporting change, building resilience
- Supportive relationships, contribution
- Staying strong, choice and control

Contributes to



Care Act
2014



Local Area Coordinators

Defined geographical area

Conversation & joint work focused on a good life

Build on the assets and contribution of people and the community

Whole person, whole family

Voluntary relationship – introductions not referrals

Not time limited but avoids dependency



Who do they support?

Local Area Coordinators support:

- ***People not yet known to services*** to help build resilience and remain part of their community (staying strong – avoiding need for services)
- ***People at risk of becoming dependent on services*** to remain strong in their own community diverting the need for more expensive “formal service” responses. (reduce demand)
- ***People already dependent on services*** to become less so and more resilient in their own community.

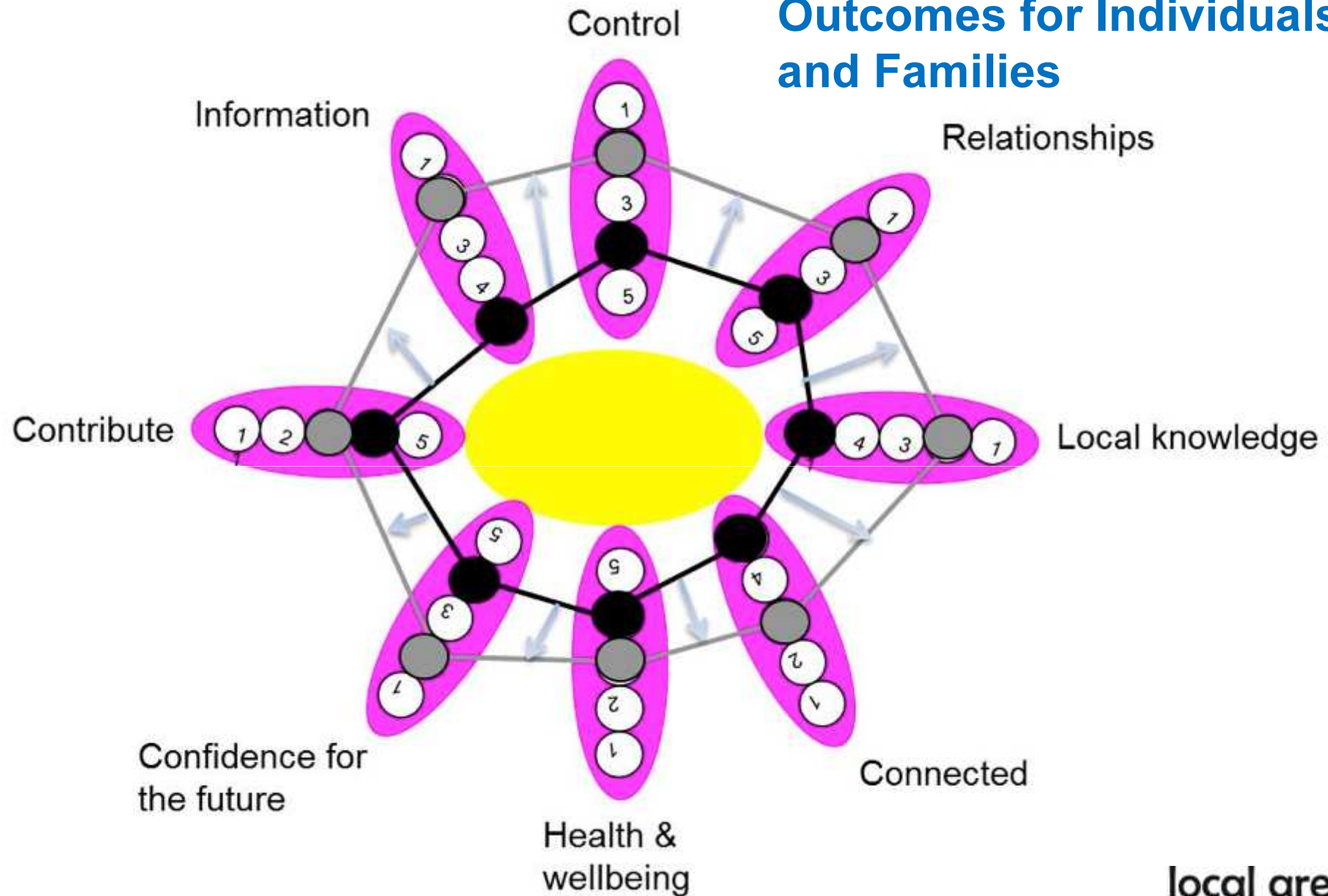


Evidence and Outcomes

SROI £4 Return for every £1 invested (2015 & 2016),
Evals - Derby City, Swansea Uni, Southampton Solent
Reduction in:

- **Isolation**
- **Visits to GP surgery and A&E**
- **Dependence on formal health and social services**
- **Referrals to Mental Health Team & Adult Social Care**
- **Safeguarding concerns**
- **Evictions and costs to housing**
- **Smoking and alcohol consumption**
- **Dependence on day services**
- **Out of area placements**

Outcomes for Individuals and Families



Keys to Success – Tinker or Reform?

Importance of.....



Next steps

- Funding from BCF approved;
- Workshop started to flash out design of LACs (e.g. what population group to focus on, what areas in Haringey);
- From design phase to implementation (by summer 2017);
- Two co-ordinators in Year 1 with a plan to increase to 3 in Year 2
- Evaluation, integration and scaling up