

Bournemouth, Poole and Dorset councils
working together to improve and protect health



Growing voluntary sector involvement in primary care project

Joint Public Health Board
6 February 2017



What if ... we could grow a network of Practice champions in Dorset?

- Grow a ***community development*** arm of general practice
- Practice champions and volunteers in primary care
- ‘Housed’ and mentored by paid voluntary sector co-ordinators
- Co-ordinators would work from within the Patient and Public Engagement Groups in practices or networks of practices
- And ... by 2018 to have a sustainable network of volunteers working in each locality to support GPs to ‘deal with demand’ in a totally different way ... by better understanding what matters to people to help them with their care and support.



Vision

- To grow more support in primary care by increasing the role of the voluntary sector
- Recognise that Patient and Public Engagement groups provide a natural home for this work
- Build on success of employing voluntary sector co-ordinators to identify, train and host people from ordinary communities to support people informally with a range of needs

This sort of model has been variously described as ... Practice champions, health helpers, community navigators, social prescribing, recovery champions, practice volunteers



New models ... person centred care

How do we move from a culture of

**“What’s the matter
with you?”**

to

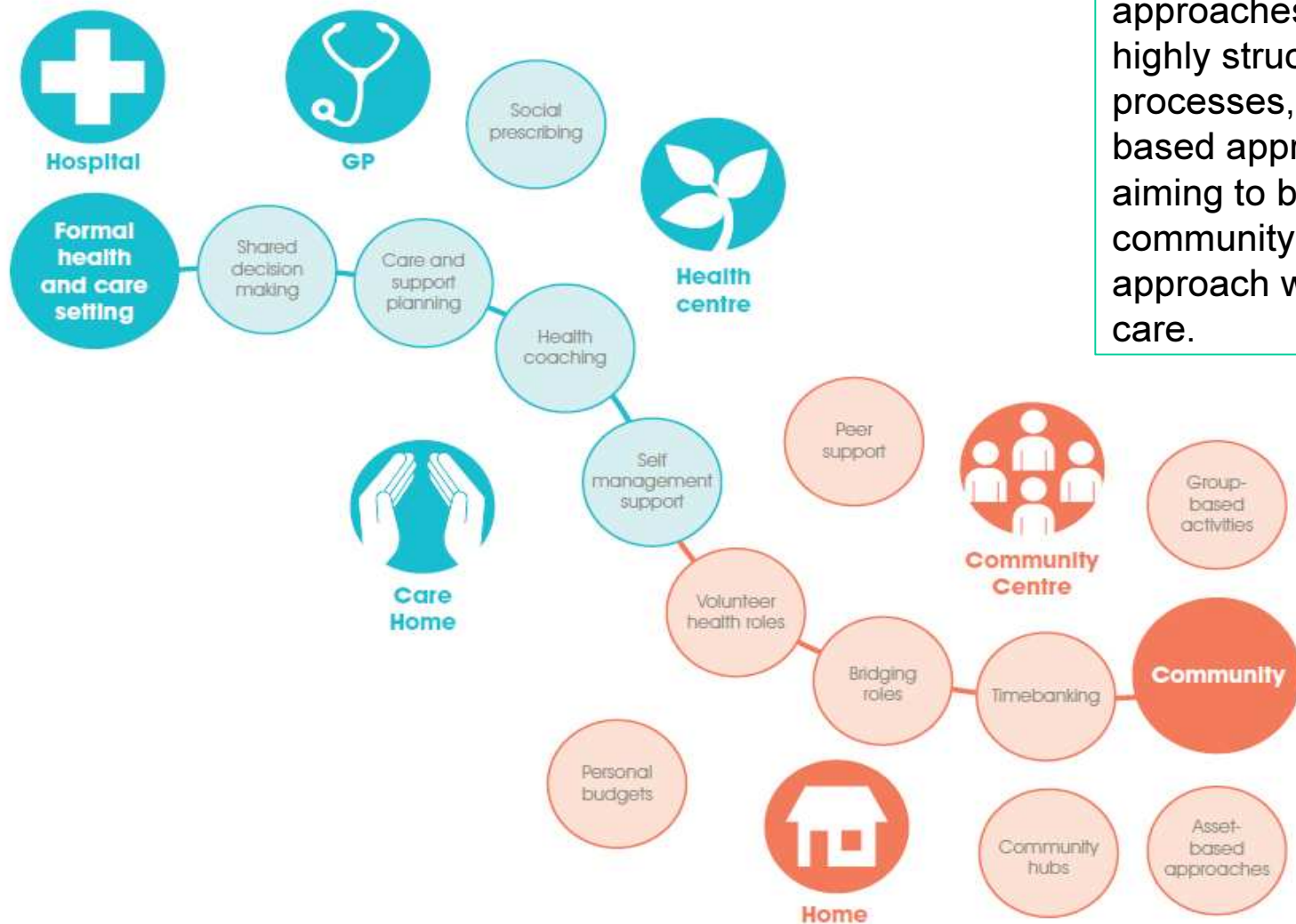
**“What matters to
you?”**

Some of this work overcoming barriers to formal care provided by professionals can best be done by ordinary people working as peers, volunteers, helpers



Person and community centred approaches to health

There is a spectrum of different approaches, ranging from formal, highly structured care and processes, to more community-based approaches. We are aiming to blend more of the community and person centred approach with formal primary care.



Prevention at scale, and the Dorset STP

1. Prevention challenge facing public sector is vast – how do we effectively scale efforts to work more upstream?
2. Sustainability and Transformation Plan, Integrated Community Services and Prevention at Scale – what does this mean in practice?
3. Integrated community services – how can we support organisational and cultural change required including new primary care models



5 Year Forward View (NHS)

1. Recognised challenge facing NHS – more demand, leading to **finance and efficiency gap**
2. More people living longer, with more complex, chronic disease – increases demand but also not equally spread, hence **health and wellbeing gap**
3. Need for new models of care, and move to population-based systems of care – to reverse the growing **care and quality gap**

Across Dorset, there is huge variation in the care that people receive from primary care services – especially for long term conditions like CVD, diabetes. The NHS is very good at designing set pathways and processes for these conditions, but doesn't always know how best to offer care in different ways to respond to different people's needs, particularly their social circumstances. This project is about developing more informal roles within primary care to help overcome some of these barriers to effective care.



NHS England's principles for new care models – should be at the heart of changes in the STP ...

Robin Lane Medical Practice champions

Volunteering and social action as key enablers

Care and support is person-centred: personalised, coordinated and empowering

House of Care supportive care planning approach to LTCs

Social enterprise / community interest approach to Multi-specialty Community Providers

Six principles for new care models

Co-location of services from all partners seen as key

Voluntary, community, social enterprise and housing sectors as key partners and enablers

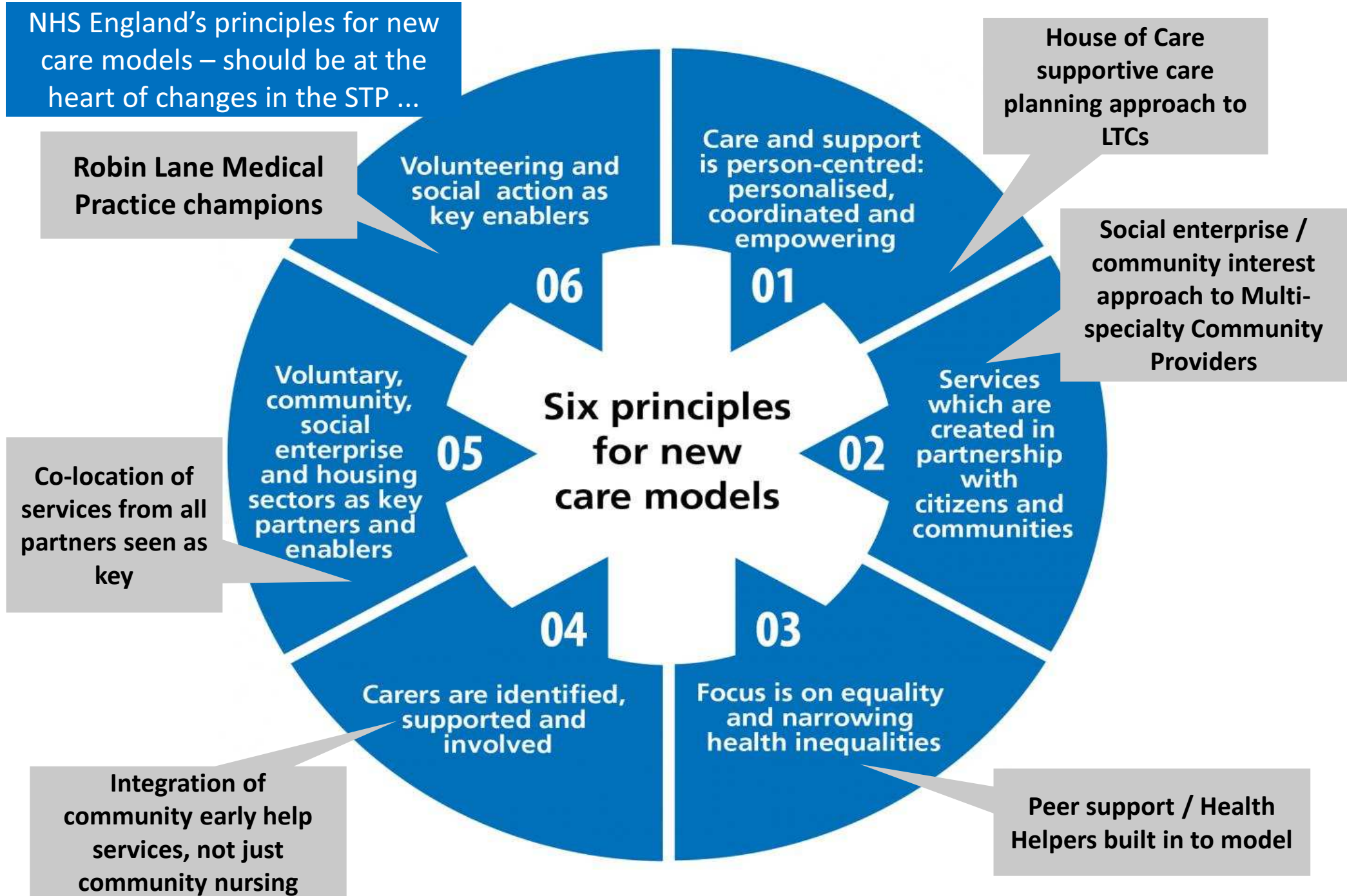
Services which are created in partnership with citizens and communities

Integration of community early help services, not just community nursing

Carers are identified, supported and involved

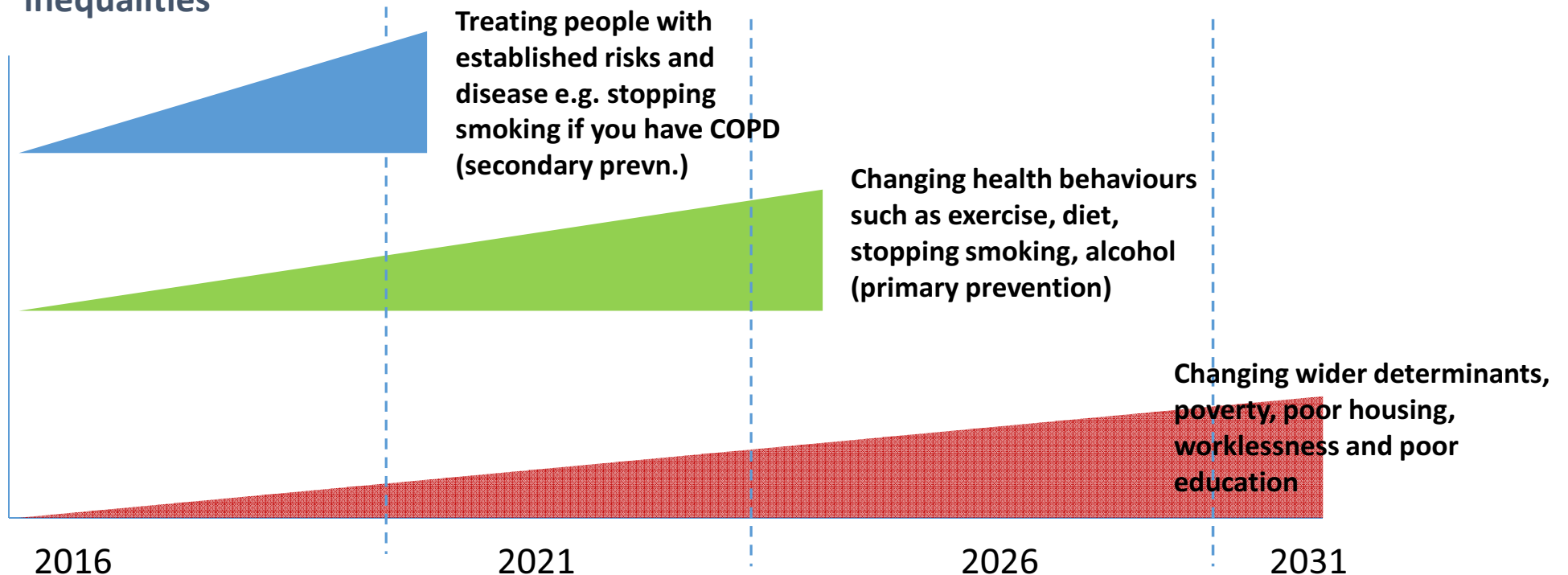
Focus is on equality and narrowing health inequalities

Peer support / Health Helpers built in to model



Short, medium and long term prevention

Systematic and population based approach to improving health and reducing inequalities



NESTA Realising the Value of People and Communities Programme

This programme has identified five focus areas which demonstrate a commitment to the principles of person and community centred approaches for health and wellbeing. They are:

- Peer Support

Support between people who share a similar condition

- Self-management education

Education or training for people with long term conditions

- Health Coaching

Helping people to set goals and take action on their health

- Group activities to support health and well-being

Can contribute to wellbeing, feelings of social inclusion and can change behaviour

- Asset based approaches in a health and wellbeing context

Promote and strengthen factors that support good health and wellbeing and protect against poor health



Health helpers in West Howe: volunteers to help you live a healthier life

Health Helpers are local people who are trained as volunteers to work within their own communities. They carry out their volunteering in an informal manner as part of their everyday interactions to 'champion the health needs of their communities'. Acting as peers, they use their own life experiences and knowledge to influence their friends, families, neighbours and colleagues to make positive health choices.

In West Howe, the first four Health Helpers qualified earlier this year, and are now helping local people make healthier choices. With their support, more than 40 people have contacted the health improvement service LiveWell Dorset for support to make changes to their lifestyle such as quitting smoking or losing weight.

The one-year pilot programme aims to recruit around 20 health helpers across the area as part of our health improvement work. In time, the network of helpers could become more closely linked with local services like GPs.



What are peer supporters?

Peer supporters have the potential to improve a range of wellbeing outcomes, including self-management of long term conditions, physical and mental health and wellbeing, including social engagement.

Personalised care planning in Tower Hamlets

Based on the House of Care model:

In a 6 year period practices in Tower Hamlets changed from being in the bottom 10% nationally for people receiving good quality diabetes care processes to being the best in England

	2009 diabetes results	2012 diabetes results	
Blood sugar	37%	Blood sugar	55%
Blood pressure	70%	Blood pressure	90%
Cholesterol	65%	Cholesterol	83%

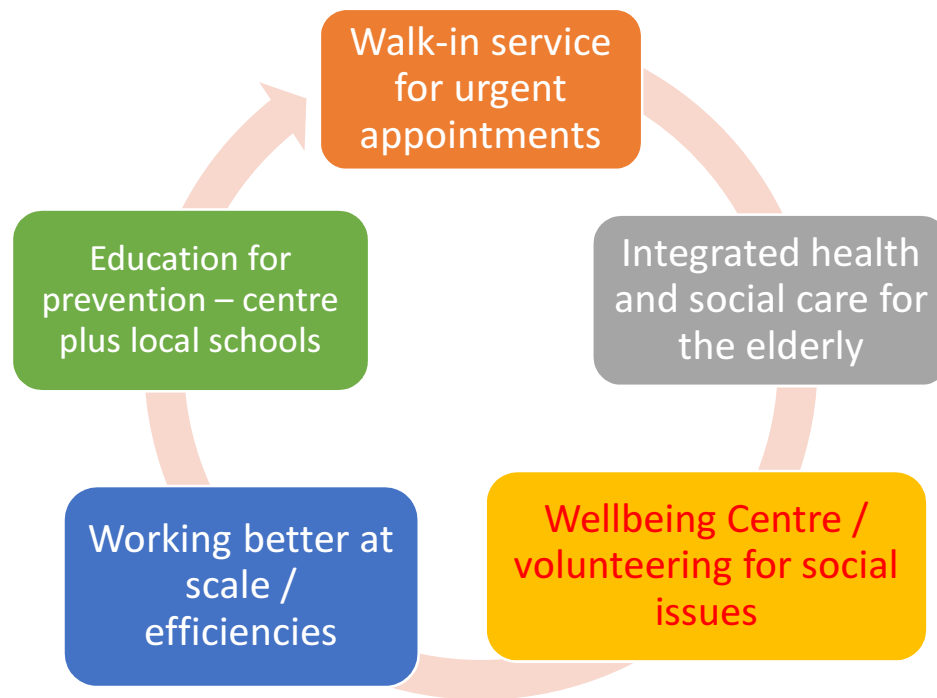
More people felt involved in their care planning and this was personalised – rose from 52% to 82%

There were also measurable improvements in self-care and holistic health and wellbeing



Re-imagining primary care

Robin Lane Medical Centre focuses on five areas in providing GP services.



The practice has a wellbeing centre next door which it uses as a base from which to run volunteer led groups that focus on the health and wellbeing of the community.

The practice is popular with more people joining its list. However, the rate at which people request to see a GP is also below the level before the practice started growing its practice volunteer network.

Role of practice volunteers

50 volunteers run more than 35 groups each week. The absolute consultation rate with GPs is falling, while the practice list is growing. A and E attendances last winter were at their lowest for 5 years.

How do we get there?

- November 2016: JPHB approves investment in a scheme to mentor and develop patient and public involvement groups
- Tender for organisation(s) to work with PPGs in each locality to grow their ability to find, train and host networks of volunteers
- Non-proscriptive approach – to focus on needs of community
- Two-year trajectory, working with a paid, voluntary sector co-ordinator in each locality to develop identity of volunteers and practice champions
- By end of year 2, PPGs should have demonstrated value of investment in VSC to make case for mainstream, sustainable funding



Timescales

January to April 2017	Task and finish group formed to better understand requirements of tender, barriers, and engagement with practices and localities
April to June 2017	Market engagement and supplier events to communicate requirements and opportunity
July 2017	Tender release
September 2017	Award first contracts
October to December 2017	Mobilisation of first Voluntary Sector co-ordinators
December 2018	Interim evaluation of first year's milestones
December 2019	Final evaluation and sustainability test



Further reading / resources –

NB – these are embedded hyperlinks to save space so will only work when you click on the links in slide show mode

1. [NESTA realising the value report and economic model –](#)
2. [NHS England Framework for patient involvement in primary care commissioning](#)
3. [NHS England case study on Robin Lane Medical Centre](#)
4. [National Association for Patient Participation website – home of PPGs with many supporting resources](#)

