Report to Health Scrutiny Committee

Thriving Communities Programme Update

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Purpose of the Report

To update member of the Health Scrutiny Committee on the progress of the Thriving Communities Programme, in particular the initial phase of the Social Prescribing Innovation Partnership.

Recommendations

Health Scrutiny Committee are asked to note the progress made.

Thriving Communities Programme Update

Background

1. **Recap - The Oldham Model -** The Council, and its partners, are committed to a co-operative future for Oldham where 'everyone does their bit and everybody benefits.' The Partnership's Oldham Plan 2017-22 sets out the Oldham Model for delivering tangible and sustained change through a focus on inclusive economy, thriving communities and co-operative services.

Fig 1 - *The Oldham model graphic*

2. **Recap - Thriving Communities** – To accelerate the Thriving Communities element of the Oldham Model and deliver the common objectives of our health and social care integration - Oldham Cares - £2.69m was agreed from the Greater Manchester Transformation Fund as part of the Health and Social Care transformation fund to support GM devolution.

The programme is a 3 year programme which focuses on;

- building upon our strengths and support groups in the voluntary, community, faith and social enterprise sector
- supporting people earlier in the care pathway
- driving the shift to more earlier intervention and prevention by helping Oldham residents make better life choices and not progress into higher levels of need

The programme will deliver £9m+ of reduced demand in the health and care system (reducing pressure on primary care and acute currently quantified and agreed in the business case signed off by commissioning partnership board in August 2018) in the establishment of Oldham Cares as well as delivering wider benefits to Oldham residents around improving their general physical and mental health and wellbeing.

Figs 2 and 3 *- Thriving Communities Programme/Projects & Social Prescribing Leaflet*

Update - Highlights of key projects;

3. **More than medical support** – also known as social prescribing - we estimate there are more than 700 community groups across Oldham delivering close to 1000 activities, events and positive interventions / support for Oldham residents – by supporting and growing this we can help our residents to make better life choices and access this 'more than medical' support which is now positively changing people's lives by addressing the underlying root cause.

4. **The Social Prescribing network** is bridging the gap between medical care and the community, by having community connectors in each cluster that work with primary care (and other care forms such as acute, mental health, social care etc.) then support people into the right type of community support. It's been live in Oldham West since January 2018 and has supported in excess of 250 people. This network helps people who may be coping with life or more than medical challenges such as;

   - Social isolation / loneliness
   - Loss of confidence or purpose
   - Low level mental health
   - Healthier lifestyle choices such as physical activity
   - Life changing events like bereavement or birth
   - Living a life with a long-term condition

   The network is helping people turn their lives around (as some of the case studies in the appendix shows) and working alongside our existing services to take people from positions of isolation and distress through to stability and new connections with people in their community, then into employment training where possible.

   We have initiated a new 3 year contract in April 19 which has been commissioned via an Innovation Partnership (a new model of commissioning one of the first in England – which allows the approach to be iterated and evolved through coproduction with residents and higher emphasis on social value). The partnership is;

   - Led by Action Together and includes;
   - Positive Steps
   - Age UK
   - TOG Mind
   - Altogether Better

Included here is also testing a 'Care Champion' model in Cluster East which will see the development of peer networks for patients, where patients who have common illnesses attached to surgeries are empowered to come together and support each other in activities and groups e.g. walking groups for asthma/COPD (Chronic Obstructive Pulmonary disorder) and other breathing conditions or coffee mornings for depression/mental health.

In addition – Oldham people can directly refer themselves via the Oldham Cares website or a phone call or an email. If you need better connections in your community or this type of support, then you should not need to go via a GP to access it and we accept that not everyone uses technology so having the phone line is key.
https://oldhamcares.com/thriving-communities/social-prescribing/

Referrals and connections into community support have dramatically ramped up as of July 2019 now the model is operating boroughwide – were now seeing referrals in excess of >30 a week which is 3 times the levels predicted in the business case.

Social Prescribing Data:
All data is captured from interactions and trackers in the SP network there is a challenge we are currently working on with Oldham Cares to obtain timely health data (but a challenge for all in the health and care system locally). There is a caveat here around causality and attribution e.g. there are many variables in a person's life and it is hard to pinpoint a change to just one intervention.

Fig 4.0 - below shows the graph of increasing referral numbers broadly aligned to contract milestones. As we can see the rate of increase has more than doubled now the SP network is operating on the borough footprint.

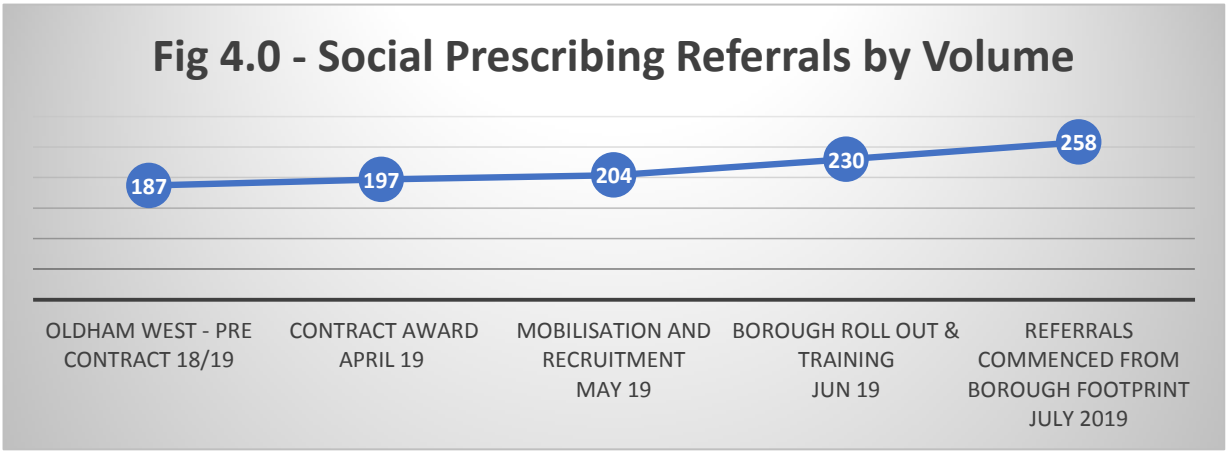


Figure 4.1 below show the referral source to date for residents being referred into the Social Prescribing Service. Of the 258 people that have been referred into the service the largest number of people have been referred through Primary Care (36pc) and Self-referral (29pc). The self-referral segment is much higher than anticipated in the business case.

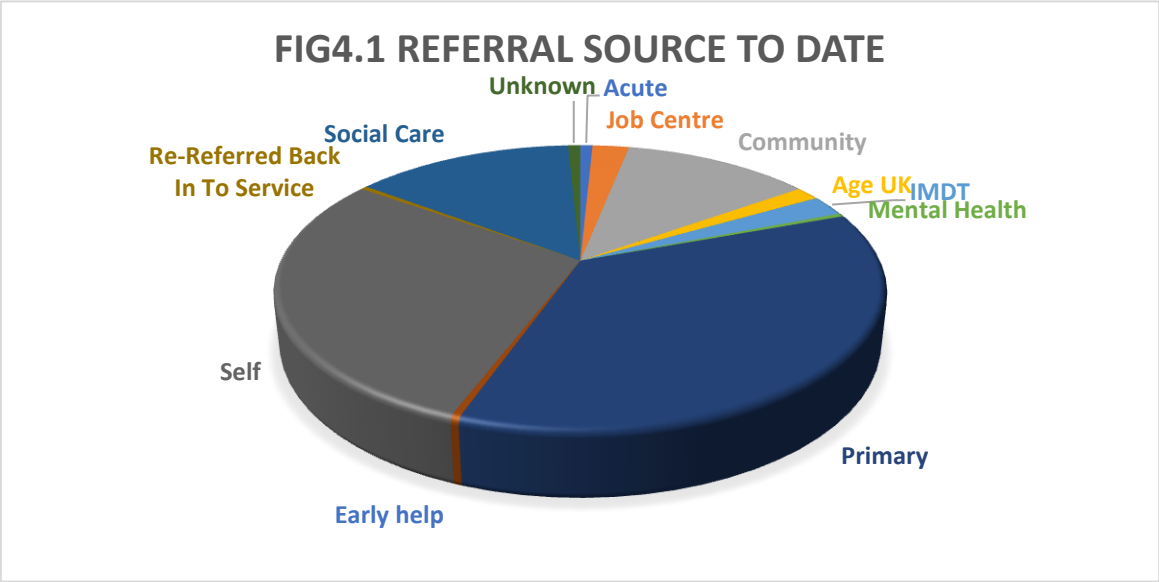


Figure 4.2 below shows that during the month of July, 28 people were referred into the service with the biggest number of referrals coming via Social Care (39pc). This is a potential knock on effect of the work done with engagement of workforce via Mark Warrens social care workshop earlier in the year. But this generates interesting discussion around why this has penetrated so well with social care compared to primary care.

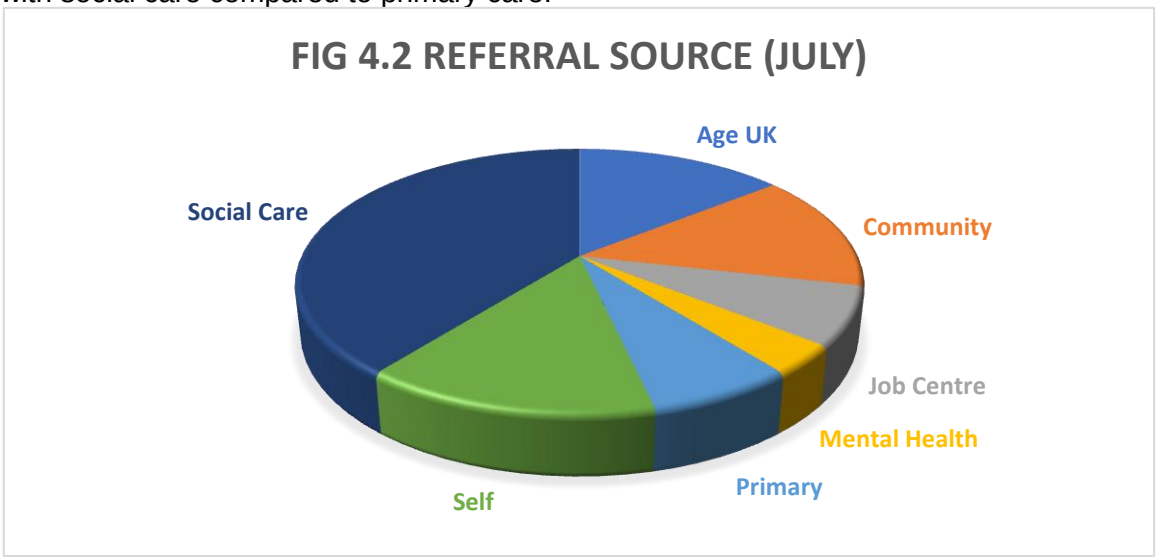


Figure 4.3 below shows of those people with existing long-term conditions, who have accessed the Social Prescribing service higher numbers of people have depression (40pc), hypertension

and primary conditions.

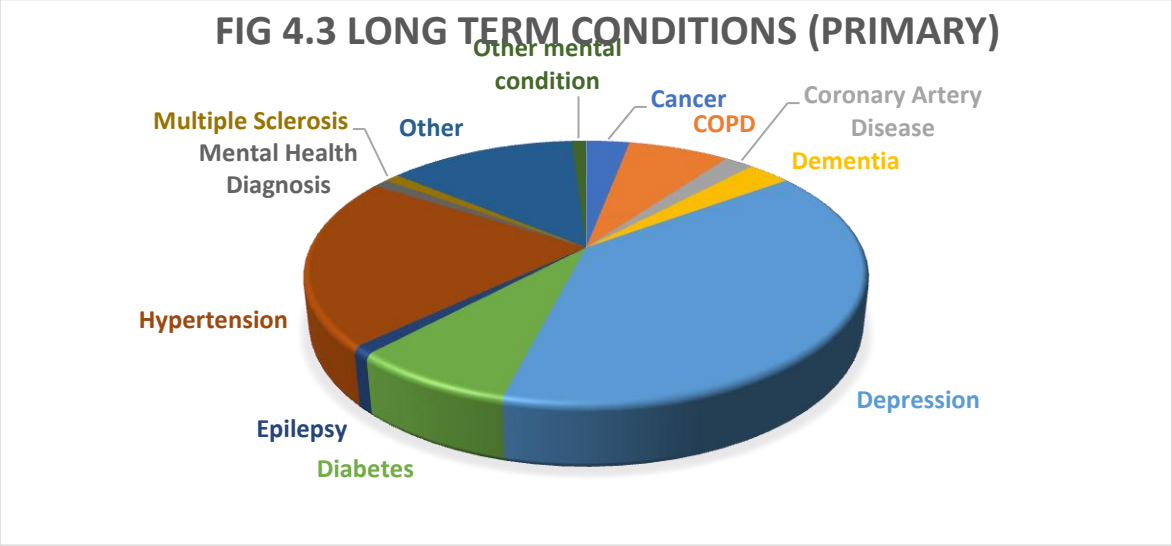
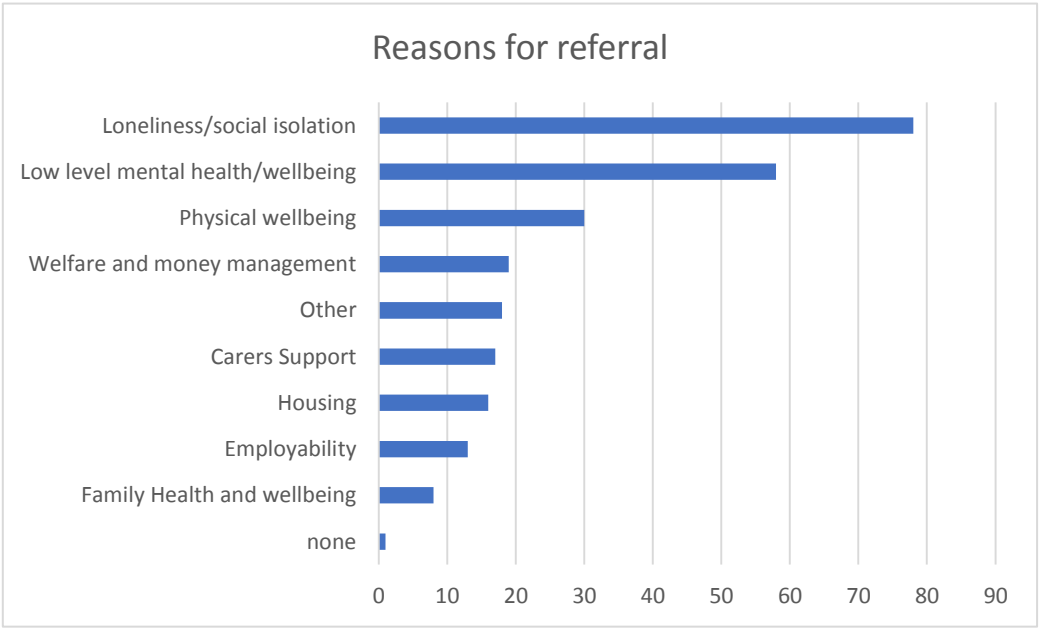


Figure 4.4 below shows the reasons for referral as based. This is based on the professional referring combined with a strength-based conversation with the individual to attain why they are accessing the network. As expected social isolation is the main driver. Welfare was also an unexpected driver, but features in our top 4 reasons – potentially driven by Oldham being the universal credit pilot site.



5. **The Fast Grants** – The 19/20 programme commenced in July 19 and will deliver £60k each year into grassroots community groups without an overly bureaucratic process. Grants range from £50 to £500. Initial grants have funded initiatives such as; a Nintendo Wii for a residential care home; a dementia support group to create a memory song book, as well as creating a wheelchair and pram friendly path for grandparents to watch their children play football at Waterhead sports club as well as a tea dance in Chadderton for Older Adults (plus many more – some case studies and pictures are included in the appendix).

   The next phase of Fast Grants was launched at the end of July 2019 and over 40 applications have already been submitted with 25% achieving success and being awarded (a lower rate than previous, so we have reworded the form with additional guidance). A press release and social media campaign has supported support the launch and the good news stories from the grants.

6. **The Social Action Fund** – Social isolation is a growing issue in Oldham. 10% of all people at all ages in Oldham self-identify as being lonely and >30% of all households in Oldham are classed as single occupancy. The fund will use £850k over 3 years to commission 5 medium sized projects to tackle loneliness head on for Oldham as well as physical and mental health. The 5 successful projects have been agreed by commissioning partnership board in April 2019. With the first community of practice held on June 10th 2019. The 5 successful projects are;
   - **The Oldham BAME Consortium** is a new partnership bringing together five community groups to develop three neighbourhood hubs which will focus on reaching out to the isolated Pakistani and Bangladeshi communities. A programme of activities will be developed in consultation with residents based on community need such as information and advice, physical activity and wellbeing, befriending and peer support, food and nutrition, skills and education.
   - **Wellbeing Leisure**[1] will partner with community groups to provide physical activity and health and wellbeing opportunities. It will also offer opportunity for volunteers to learn skills and gain qualifications in health and fitness.
   - **Oldham Play Action Group and Wifi** - NW - All-age cookery courses will bring children, parents, carers and older socially isolated people together to prepare and cook meals. The groups – run by OPAG and Wifi North West – will also encourage people to engage in active physical play as well as organise community play street events to join neighbourhoods together.
   - **Street Angels** will grow the already excellent work taking place in Oldham town centre on Saturday evenings and expanding into Friday nights. Teams of volunteers and medical staff are there to support those enjoying Oldham's nightlife providing a listening ear, first aid and basic medical treatment as well as making sure people get home safely. As part of the programme, an evening drop-in and hot meals will be provided for people on the streets as well as future options for daytime support from the Street Angels centre.
   - **Groundwork** will lead a new partnership of organisations to bringing a variety of new activities to venues across local communities, using growing and food to increase healthy outcomes and connectedness across the borough. As well as enjoying all that is on offer, participants will be supported to develop, plan and sustain their own social groups around their hobbies and interests.

Figs 4 & 5 – *Fast grants and Social Action Fund Marketing*

The Social Action Fund and Fast Grants have attracted positive media attention for Oldham with several TV stations and BBC Radio Manchester cover stories on the grants and each of the SAF projects.

7. **Working closer health improvement and public health** – Recently the Health Improvement workstream and Thriving Communities have agreed to merge to give a stronger voice for earlier intervention and prevention – unpicking wicked system wide issues like obesity and oral health. E.g. over half the population of Oldham is classed as overweight or obese – these are challenges too big to commission for and we need full system change and reform through all partners to enable all our workers and residents to address. The programme will be called Thriving Communities and Health Improvement going forward. The additional activities/projects/areas now in scope are;

   i. Obesity
   ii. Drugs and alcohol
   iii. Smoking & tobacco
   iv. Local delivery partnership (GM linked initiative for physical health focusing in Glodwick and Failsworth)
   v. Sexual health
   vi. Nutrition & hydration
   vii. Oral health 0 – 5
   viii. Oral health older adults
   ix. Wellness
   x. Healthy living primary care

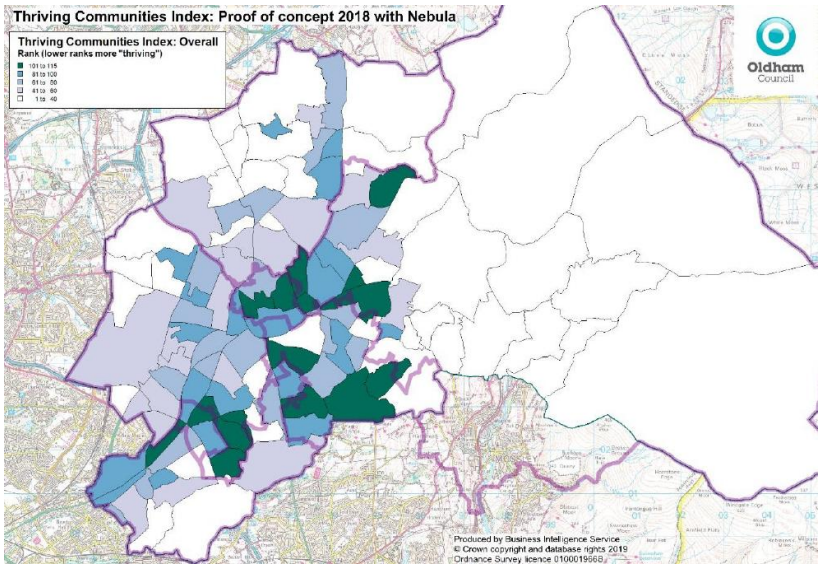
8. **Communications, media and profile for Oldham** – The work of Thriving Communities is being viewed as leading edge – it was recently covered in the National Health Executive and Public Sector Executive magazines. Also, the programme was asked to present recently at the Kings Fund event on Urban Health in London showcasing good examples internationally. This is good profile for the council and helps to attract more funding in the future. http://www.nationalhealthexecutive.com/Comment/the-oldham-model

9. **Workforce Development** – This will develop a common Oldham way to enable our staff to work across organisational boundaries in a strength based way, become more place and asset based, then empower the people who reach our most vulnerable residents to become connectors – the hairdressers, take away workers, off licenses, taxi drivers, nail bar staff. Soft market testing has now begun for a provider who will come in and help us deliver the first cohort (agreed as adults social care staff and smaller community cohort). Workforce training will be made available to community groups who can benefit – a series of Make Every Contact Count has already been delivered with community groups.

The next milestone is to commission strength-based training (in collaboration with other workstreams in Oldham Cares and social care) to equip all staff members within the Oldham Cares alliance to have strength-based conversations and work through existing assets, services and people. To expand on this - if we are to take the example of obesity again – it will be unaffordable and impractical to commission a service for almost half the population, but by working through services like primary care, pharmacy and other services it will be possible to reach more people and change the narrative they are receiving about their health and care – the tender will go out at the start of October and a decision made in Commissioning Partnership Board in December.

10. **A stronger focus on evidence and evaluation with the Thriving Communities Index** – The Thriving Communities Index segments Oldham into and pulls in 39 indicators in categories of Place, Resident and Reactive Demand – to give us deeper insight into where our positive and negative norms lay within the borough. Also, this is underpinned by external evaluation by the Centre for Local Economic Strategies. Dr Foster (one of the UKs leading analytics companies recently wrote an article about this work. The project has also won a LARIA award commendation (Local Area Research Insight Association). The userbase for the Index now stands at >50 users including; local government, police, GPs, housing, VCFSE, CCG. Plans are underway for a phase two which will explore if other indicators are useful and how we make the data more timely. **The index is available for those involved in the planning and delivery of services including members to use and can be loaded onto their machines via a mapping tool – we strongly encourage take-up – please contact report author for the link.**

Fig 6 *- The Thriving Communities Index Map*



11. **Member Engagement** - Member Engagement has taken place via presentations on Thriving Communities, which, have been carried out at district executives (before the constitutional change) as well as engagement sessions through existing governance such as Health Scrutiny and Labour Group, Liberal Democrat Groups and similar offers to other parties, as well as 4 briefing/training sessions for member development and the Thriving Communities Index. Further sessions are planned with the facilitation of the district teams now we are mobilising the social prescribing offer across the borough – as members are key – these have now been entered into diaries for July and September.

12. **Key Issues for Health Scrutiny Committee to Discuss**

12.1 There is a challenge in how we strategically use health data and share information between partners (primary care, health and acute and others) to ensure we are;
a) targeting the right people for support
b) measuring impact
This is a challenge wider than Thriving Communities and Health Improvement – but for the whole of the Oldham health and care system.

13 **Key Questions for Health Scrutiny Committee to Consider**

13.1 The next update to Health Scrutiny should be under the title Thriving Communities & Health Improvement and should focus on some of the new areas in scope.

14. **Links to Corporate Outcomes**

14.1 Direct link to Thriving Communities. This does need a stronger linkage with inclusive economy because having a job and purpose is one of the number one determinants of good health and wellbeing.

15 **Additional Supporting Information**

15.1 Please see Case Studies in Appendices Section.

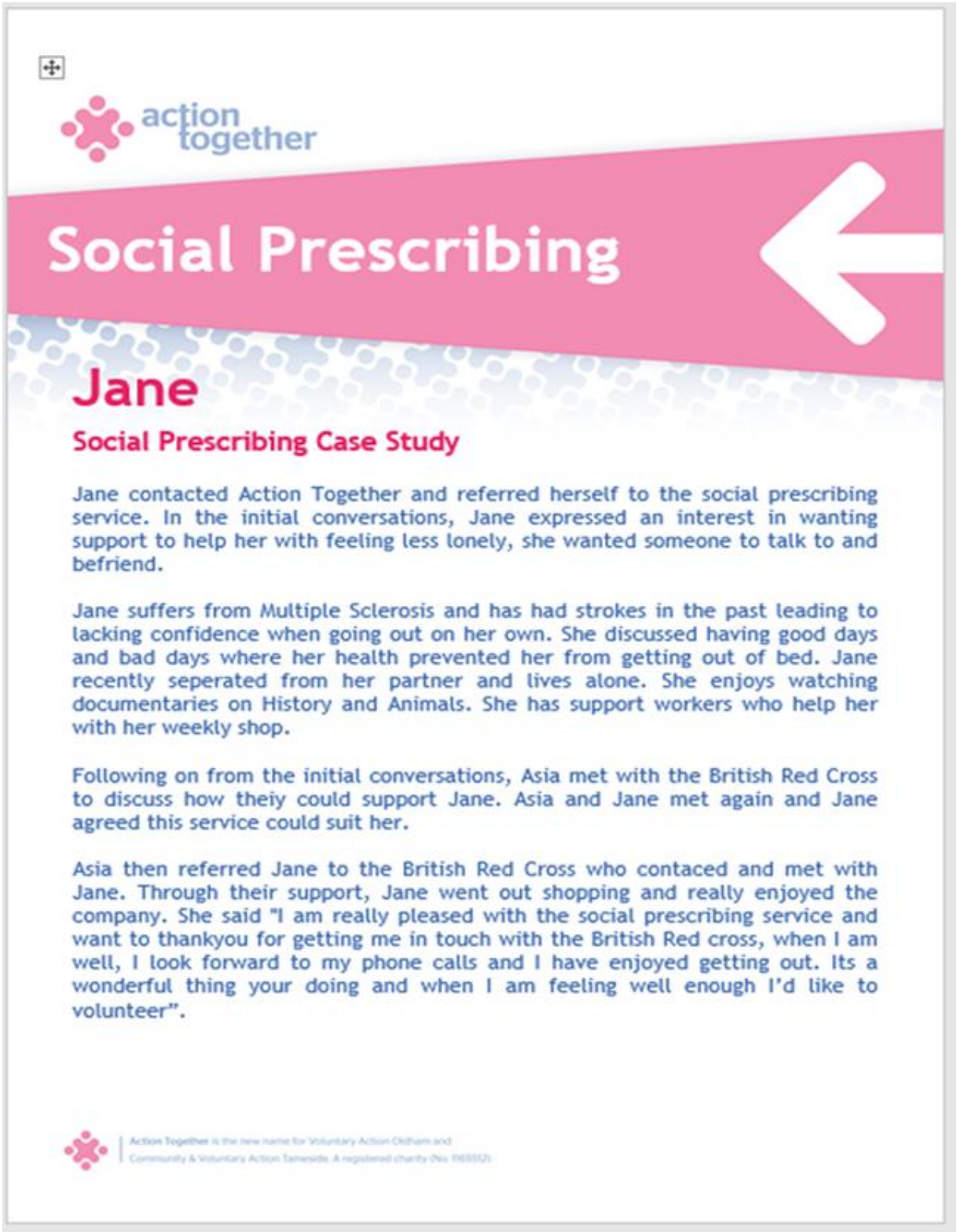
16 **Consultation**

16.1 Extensive consultation with legal, finance etc has been carried out via the business case process which has been signed off via the Oldham Cares business case process and governance. An 80-page full business case is available on request.

17 **Appendices**

17.1 Appendix 1: Social Prescribing Case Study (Jane).
17.2 Appendix 2: Social Prescribing Case Study (Lisa).
17.3 Appendix 3: Fast Grants Case Studies and Photos

Appendix 1: Social Prescribing Case Study (Jane).



action together

Social Prescribing

Jane

Social Prescribing Case Study

Jane contacted Action Together and referred herself to the social prescribing service. In the initial conversations, Jane expressed an interest in wanting support to help her with feeling less lonely, she wanted someone to talk to and befriend.

Jane suffers from Multiple Sclerosis and has had strokes in the past leading to lacking confidence when going out on her own. She discussed having good days and bad days where her health prevented her from getting out of bed. Jane recently seperated from her partner and lives alone. She enjoys watching documentaries on History and Animals. She has support workers who help her with her weekly shop.

Following on from the initial conversations, Asia met with the British Red Cross to discuss how theiy could support Jane. Asia and Jane met again and Jane agreed this service could suit her.

Asia then referred Jane to the British Red Cross who contaced and met with Jane. Through their support, Jane went out shopping and really enjoyed the company. She said "I am really pleased with the social prescribing service and want to thankyou for getting me in touch with the British Red cross, when I am well, I look forward to my phone calls and I have enjoyed getting out. Its a wonderful thing your doing and when I am feeling well enough I'd like to volunteer".

Action Together is the new name for Voluntary Action Oldham and Community & Voluntary Action Tameside. A registered charity (No. 1165552)

17.2 Appendix 2: Social Prescribing Case Study (Lisa)

17.3 Appendix 3 Fast Grants

Grants have funded initiatives such:

- Kits and training fees for a Young Persons Basketball team to enable them to be more sustainable.
- The continuation of a regular newsletter from the ‘Breathe Easy’ group who are a support and advice group for people with breathing difficulties. The newsletter is sent to members but also to local doctors, Healthy Minds and chest clinics so people who are newly diagnosed will get to know about the group.
- "East meets West Sewing" with Fatima Women’s group - where women have been given the opportunity to improve their spoken English, improve team work, imagination, knowledge, budgeting, functional skills for life, motor skills, understanding to make informed choices, and extend social networks.