

Commissioning prevention programmes to reduce demand

Self-management, shared decision making and personal care planning are key for CCGs aiming to improve outcomes around preventing ill health and reducing demand. This workshop brought commissioners together to explore the benefits of embedding 'patients in control' programmes in their approaches and how this can be achieved.

There are a number of useful resources and research that helped to inform the workshop:

<p>NHS England/PHE</p>	<p>Commissioning for prevention publication</p> <p>http://www.england.nhs.uk/wp-content/uploads/2013/11/call-to-action-com-prev.pdf</p> <p>Part of the NHS Call to Action – includes ten things for CCGs and their partners to think about.</p>
<p>King's Fund</p>	<p>People in Control of their own health and care: the state of involvement (2014)</p> <p>http://www.kingsfund.org.uk/publications/people-control-their-own-health-and-care</p> <p>Research report – includes a chapter on 'Engaging people in keeping healthy' and what interventions can be commissioned for this.</p>
<p>Richmond Group</p>	<p>From vision to action: making patient care a reality</p> <p>http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Richmond-group-from-vision-to-action-april-2012-1.pdf</p> <p>Includes a chapter on prevention, early diagnosis and intervention</p>
<p>London Mental Health Strategic network</p>	<p>Transforming mental health services in primary care – lessons for commissioners</p> <p>http://www.slcsn.nhs.uk/scn/mental-health/london-mh-scn-primary-care-commiss-072014.pdf</p> <p>Includes a section on community based mental health care – delivering proactive care: supporting health and wellness, self care, staying healthy</p>

Social prescribing case study

The case study that was considered in this workshop was the **Social Prescribing** project in Rotherham.

What is social prescribing?

Social prescribing is a clear, coherent and collaborative process in which healthcare practitioners including GPs, practice nurses and community matrons work with patients and service users to select and make referrals to community-based services.

It involves working with patients to address wider social and lifestyle aspects of their health and to support patients in achieving non-medical goals in a more structured way.

What are the kind of services that VCS organisations can provide as part of social prescribing?

- Arts for health
- Physical activity – walking groups, exercise classes
- Healthy eating and cooking classes
- Befriending schemes
- Timebanking schemes
- Benefits support and financial advice
- One to one support and coaching
- Volunteering opportunities.
- Focus on – diet, exercise, social isolation. Mental and physical wellbeing, employment and finances.

The following resources helped to inform the case study. You can also search on South East CSU's directory of resources to find more information on social prescribing. .

Social Prescribing	Sheffield Hallam evaluation report of Rotherham http://www.shu.ac.uk/research/cresr/ouexpertise/evaluation-rotherham-social-prescribing-pilot
Voluntary Action Rotherham	http://www.varotherham.org.uk/social-prescribing-service/ VAR delivers the social prescribing service in Rotherham.
ERS	Evaluation of Newcastle West CCG Social Prescribing project This project was one of six localities in England to receive funding from NESTA's People Powered Health programme. They developed a link service within existing voluntary

	<p>organisations to enable health professionals to refer (vulnerable) people to non-clinical community services and networks.</p> <p>http://www.healthworksnewcastle.org.uk/wp-content/plugins/downloads-manager/upload/Social%20Prescribing%20Evaluation%20Report%20August%202013%20Final.pdf</p> <p>The views of professionals involved in the social prescribing project are here http://www.resourcebank.org.uk/resource/R4NJQKVXPEDA.PDF</p>
Centre for Welfare Reform	<p>Social prescribing for mental health – a guide to commissioning and delivery (2009)</p> <p>http://www.centreforwelfarereform.org/uploads/attachment/339/social-prescribing-for-mental-health.pdf</p>
SROI Network	<p>http://www.thesroinetwork.org/resources</p> <p>Useful resources to support Social Return on Investment approaches</p>
Bromley By Bow Centre	<p>http://www.bbhc.org.uk/social-prescriber</p> <p>An innovative community organisation that supports families, young people and adults of all ages to learn new skills, improve their health and wellbeing, find employment and develop the confidence to achieve their goals and transform their lives.</p>

When considering the case study, participants focussed on the benefits of social prescribing in preventing ill health:

- Improving social determinants of health improves people’s knowledge, skills, confidence and conditions to lead a healthy lifestyle
- It provides opportunities to build social networks and increase self-efficacy.
- It can provide benefits to others – such as schools and employers – for example, if someone gets a job
- There are wellbeing benefits – for example, through increasing engagement with exercise and weight loss programmes.
- The main goal is to promote better patient outcomes. But social prescribing can also help reduce the number of referrals to the acute sector or uptake of more costly interventions.

The main learning for commissioners was:

- To allow space for innovation and action learning, between the voluntary and statutory sector.
- Social prescribing highlights gaps between **what patients need and what is available in the community. This can be a** valuable commissioning tool and the impetus for opening up new discussions with partners in the community.

It's someone coming to talk to me and with me and they acknowledge me...because you can sit and stare at space and people take no notice whatsoever..... I feel like I belong to a society

Mrs A in receipt of befriending, advice and support from Age UK

At least I am not getting up in the morning and thinking, when's it time to go back to bed. I can get out and keep myself doing something which is brilliant....

Mrs A attends arts and craft sessions and a creative writing group at Chistlett Centre run by Kimberworth Park Community Partnership. Uses community transport due to mobility problems

I've enjoyed it, just getting out the house for a few hours, sommat to do...

Mr C supports an older peoples indoor bowling group three times a week to give him a break from his carers responsibility. In order to do this his father receives a sit in service which also allows his mother to attend a socially prescribed arts and craft session – whole family intervention.

I was on my own, I was totally on my own.....Each day I am getting better and better... before I could hardly walk. I'm feeling very positive, each day I get up and I just cant believe how much I've come on...

Mr E recovering from a severe stroke attends a gym one day a week, creative writing another day and goes out for pub meals. Also provided with transport.

The pilot has provided the practice with a resource.... access to VCSAs who hold a range of information about VCS services

Rotherham GP

I wish they could continue (the pilot) for patients who are also on level 1 and 2 (risk assessment) to try and prevent them from reaching level 3. If we can get those people earlier, we may reduce readmissions to hospital in the longer- term

Social Worker Assigned to the LTC Pilot

Discussion points from the workshop

The workshop was designed as a learning event designed to give commissioners and opportunity to network and learn from each other. Some of the points that arose during the workshop were:

- We need to be clear about the distinction between Person Centred Care and Patient and Public Participation – they are different things.
- The importance of ensuring that Person Centred Care underpins all commissioning decisions – everyone in the room wanted to see more Person Centred Care initiatives within their CCGs
- When thinking about prevention, the role of other parts of the health system need to be considered, for example – community pharmacies, public health..
- CCGs are facing tough financial decisions – this can be a challenge to the person centred care agenda
- Person Centred Care programmes that address prevention should be seen in terms of communities (rather than just individuals)
- For patients – co-production is central. Commissioners need to go to where people are anyway and use the starting point for the conversation as ‘what matters to you?’
- Everyone considered that spending money on enabling the VCS to deliver services well was important
- GPs need confidence that the system works.

Participants provided examples of other person centred care programmes:

- Southwark CCG – the [SAIL project](#) - a new service which provides a quick and simple way to access a wide range of local services to support older people to maintain their independence, safety and wellbeing.
- Haringey CCG – co-creation with the voluntary sector, looking at specific outcomes and how to achieve these together. A presentation is [here](#).

We also presented a case study from City and Hackney CCG on their use of an innovation fund.

Other sources of support and information

Directories, hubs and resources

Health Foundation	Person-centred care resources http://personcentredcare.health.org.uk/person-centred-care/commissioning
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	<p>A directory of resources for supporting clinicians to deliver person centred care.</p> <p>Commissioning section under development but includes questions to ask at each stage of the commissioning cycle.</p>
NHS Commissioning Assembly	<p>Community of leaders for NHS commissioners.</p> <p>http://www.commissioningassembly.nhs.uk/pg/dashboard</p> <p>Learning Environment site where you can search for case studies and support offers under different themes</p>
NHS England	<p>Extensive list of general resources to support CCG commissioning, direct commissioning and a specific section on shared decision making.</p> <p>http://www.england.nhs.uk/resources/resources-for-ccgs/</p> <p>Signposting to available resources on shared decision making:</p> <p>http://www.england.nhs.uk/ourwork/pe/sdm/</p>
NHS Clinical Commissioners	<p>Membership organisation for CCGs.</p> <p>http://www.nhscc.org/</p> <p>Resources and tools to help CCGs – need membership to access</p>
Royal College of Physicians	<p>Commissioning hub. Online resource for commissioning secondary care services in England, service planners and clinicians. Includes a section on SDM.</p> <p>https://www.rcplondon.ac.uk/projects/clinical-commissioning-hub</p>
Nuffield Trust	<p>Ongoing programme of work to share best practice around commissioning.</p> <p>http://www.nuffieldtrust.org.uk/our-work/projects/supporting-development-clinical-commissioning-groups-and-nhs-england</p> <p>Includes learning from commissioning personal health budgets</p>
Royal College of GPs	<p>http://www.rcgp.org.uk/policy/centre-for-commissioning.aspx</p> <p>Centre for Commissioning. Includes guidance on working with and developing communities</p>

Toolkits

<p>NHS Shared Decision Making Programme</p>	<p>Resource pack for commissioners which outlines the steps to embed SDM across the local health economy.</p> <p>http://www.england.nhs.uk/ourwork/pe/sdm/resources/capita/res-pck/</p> <p>Produced by Capita and includes templates, documents, and guidance on project initiation, co-ordination and stakeholder support, engaging staff, embedding and engaging change.</p>
<p>NHS Right care/NHS England/PHE</p>	<p>Commissioning for value collaboration – insight packs that went to all CCGs, and are for the local health community. The packs support local discussion about prioritisation and use of resources. SDM is one of the Right care themes.</p> <p>http://www.rightcare.nhs.uk/index.php/commissioning-for-value/</p>

Research and learning from innovative programmes

<p>King's Fund</p>	<p>10 Priorities for commissioners in the new health system (2013)</p> <p>http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/10PrioritiesFinal2.pdf</p> <p>Highlights the importance of self management</p>
<p>NESTA</p>	<p>People Powered Health (2013)</p> <p>http://www.nesta.org.uk/project/people-powered-health</p> <p>A range of publications from the People Powered Health programme including</p> <ul style="list-style-type: none"> • Health for people, by people and with people – How to commission new services that provide ‘more than medicine’ and focus on wellbeing and quality of life. and see commissioners as leaders of partnerships and collaboratives. Covers how to change the way services are commissioned, make the most of new structures,

	<p>mobilise clinical leadership, change incentives, workforce culture, create new system leaders and strengthen the business case.</p> <ul style="list-style-type: none"> • People Powered Commissioners – how to embed innovative commissioning in practice. Covers outcomes based approaches, asset based mapping, market shaping. • The Business case for People Powered Commissioning – covers the costs and benefits of people powered health, financial benefits, health outcomes and other non-financial benefits.
<p>NHS Shared Decision Making Programme</p>	<p>Learning from SDM and Capita’s activity in embedding SDM within routine commissioning systems and processes</p> <p>http://www.networks.nhs.uk/nhs-networks/shared-decision-making-sdm/documents/Embedding%20SDM%20in%20Commissioning.pdf/at_download/file</p>