

Building Community Practitioners Network, TLAP

Embedding Person and Community Centred Approaches in Greater Manchester

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Will cover

- The Greater Manchester Health and Care Partnership and the vision
- Single Commissioning Function and Local Care Organisations
- The Challenge to embed PCCA
- The PCCA programme
- The Campaign

Who we are



- **Greater Manchester Health & Social Care Partnership**
 - NHS organisations and 10 councils
 - Primary care
 - NHS England
 - Voluntary, community and social enterprise sector
 - Healthwatch
 - Greater Manchester Combined Authority
 - Greater Manchester Police
 - Greater Manchester Fire and Rescue Service

Our vision

“To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester”

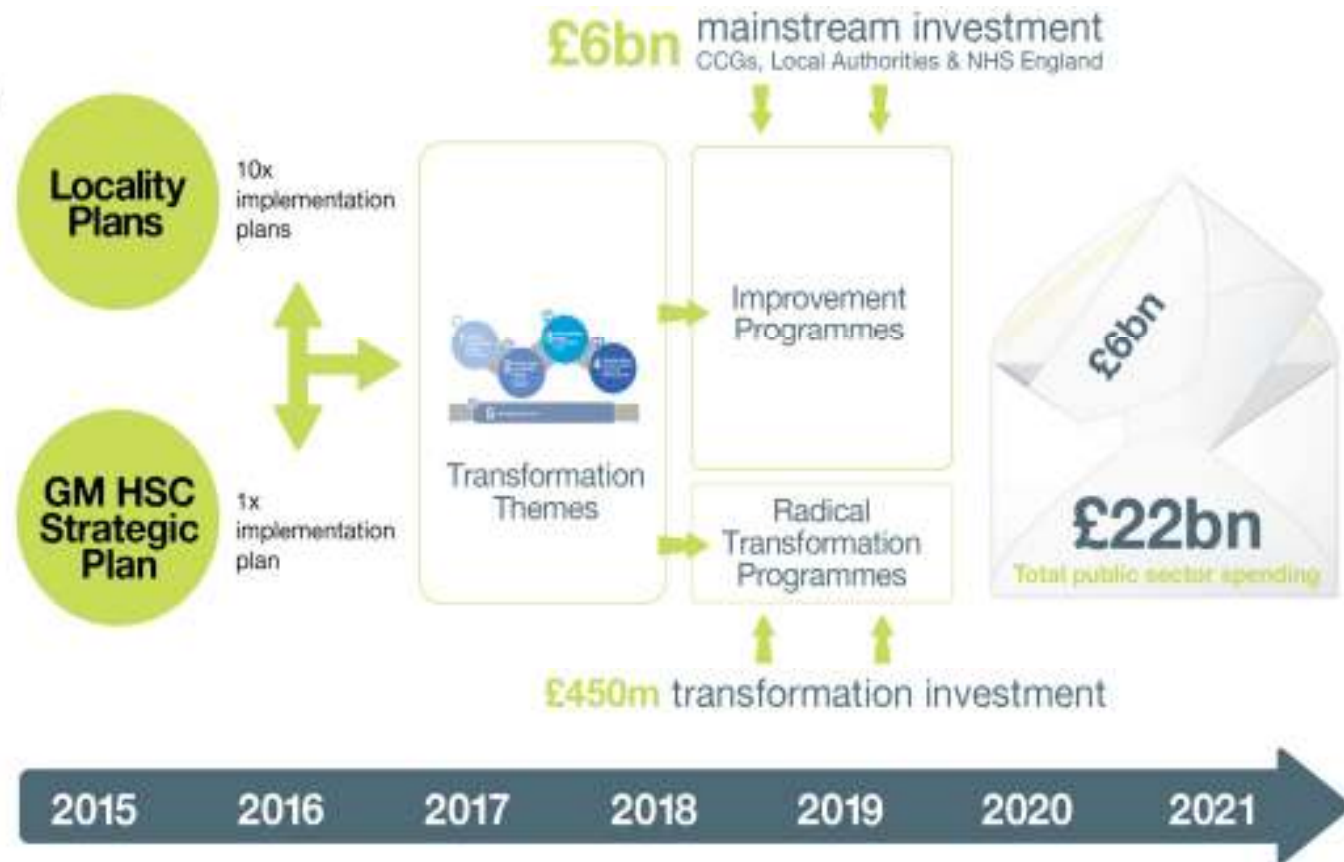


Vision:

To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester

We will do this by:

1. Creating a transformed health and social care system which helps more people stay well and takes better care of those who are ill
2. Aligning our health and social care system far more widely with education, skills, work and housing
3. Creating a financially balanced and sustainable system
4. Making sure the system remains clinically safe throughout.



Our transformation themes



The building blocks of transformation

- Local care organisations coordinate delivery of integrated care in each borough
- Boroughs are made up of smaller neighbourhoods - GP practices working with other health and care professionals
- Standardisation across hospital sites and more care in the community, closer to home
- A single local commissioning function in each borough plus a GM Commissioning Hub

The journey so far

GM wide and local objectives

Single commissioning system

Service specialisation and standardisation

Hospital Clusters

Hospital Clusters

Hospital Clusters

Co-ordinating locality response and co-ordinating all hubs

LOCAL CARE ORGANISATION

Integrated all providers looking after population

Pop Hub
30-50k

Pop Hub
30-50k

Pop Hub
30-50k

Pop Hub
30-50k

Individual delivery points



Individual providers

Transforming community based care and support



Support from Jon Rouse

Chief Officer, GMHSCP



“I am confident that Greater Manchester, through its landmark agreement with the Government to take charge of health and social care spending and decisions, has a unique opportunity to develop a different relationship between services and citizens. An asset based approach, which encourages all elements of the community to draw on their own capabilities and support one another, is an essential component of that different way of working. The time is ripe to grow the assets we all possess.”

An open door? The words are there

- A **new relationship between public services and citizens**, communities and businesses that enables **shared decision making**, democratic accountability and voice, **genuine co-production** and joint delivery of services. **Do with, not to.**
- **An asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and **supports residents to be in control**
- A place based approach that redefines services and places **individuals, families, communities at the heart**
- A stronger prioritisation of wellbeing, prevention and early intervention

(GM Reform Principles)

.....**but it is strongly counter cultural**



Why do we need a PCCA focus?

The Challenges we face

- All 10 Localities of Greater Manchester reference asset based approaches in their plans
- **But** this is really counter-cultural, and difficult to do well when our health and care system is under immense financial and political pressure.
- Change is threatening, comes with risk
- We are a small team engaging with complex structures across 10 very independent and different Localities- we can only be a catalyst for change
- We must be smart, build momentum, encourage collaboration, grow system leadership
- Evidence is key

The priority tension



Evidence and benefits of person and community centred approaches

On average someone with a long term condition will spend 4 hours a year with a health or care professional, and 8,756 with their families and within their communities – yet the vast majority of health and care resource is focused on the professional interaction.

To make the health and care system sustainable for the future will not come only by doing the same things we have always done, but more efficiently. Many more answers can be found through a new relationship between services and citizens which:

- Enables people to live healthier lives through doing things differently themselves – *ie prevention*
- Supports people to better manage their conditions so they don't need to use the health and care system as much – *ie self-care*
- Makes use of the help and potential in neighbourhoods which help people cope better, and stay independent longer – *ie asset-based approaches*

There is now solid evidence person and community centred approaches reduce demand for health and care services as well as people telling us they make their lives and health better

Evidence Examples

Approach	Selected source of evidence	High level findings
Patient activation, self management and education	Vanguard sites	Somerset: projected 6% reduction in total NHS budget Fylde: 21% reduction in non elective admissions, 17% in elective admissions
Asset based approaches – using community structures	Local Area Co-ordination network – the Swansea University Study	Financial benefits of £800k-£1.2m (benefit cost ratio between 2:1 and 3:1), expected benefits rising to between 3:1 to 4:1 when embedded within communities and partnerships
Referral to VCSE to access community support	Rotherham, Sheffield Hallam University	11% drop in hospital admissions, 17% drop in A&E attendances (51% and 35% respectively for under 80s receiving long term VCSE support)
Person centred care and support	Partners4Change and Trafford MBC	Staff productivity, numbers seen increased by around 67% Rate of care packages halved Staff morale – ‘energy lifted and liberated’
Social Action and Peer support	Altogether Better/York Health Economics Consortium	A positive social return on investment of up to £112.42 for every pound invested
For people with particular long-term conditions	Realising the Value	£2k saving/person reached /year achievable in first year
Social Prescribing	University of Westminster The APPG report on Arts, Health and Wellbeing	28% reduction in demand for GP services 24% fall in A&E presentations 27% reduction in hospital admissions 37% drop in GP consultation rates
Integrated Personal Budgets	Personal Health Budget Pilot Sites	For people with complex need, reduced costs estimated to be around £3.1k per person primarily in-patient costs

Sources include: New Care Model sites, NHS England; SCIE NICE; National Voices; TLAP as host to around 50 organisations inc ADASS; Nesta, New Economics Foundation, RSA; Public Health England; The Health Foundation, Kings Fund; All Party Parliamentary Group on 'Creative Health'; Royal College of General Practitioners; Altogether Better; Academic Institutions including Newcastle University, Sheffield Hallam University, Swansea University, University of Westminster

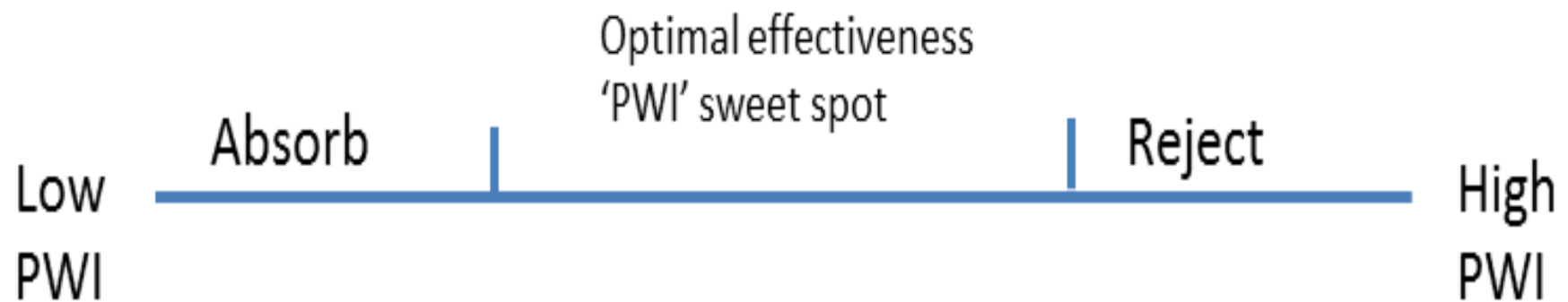
The Business case alone is not enough

- Hearts and minds
- Culture
- Politics
- How to do 'it'

The focus has to be on

- what they want to buy, not what we are selling
- who presents it
- how achievable it is felt to be
- how we present the evidence

The Perceived Weirdness Index



The PCCA Team Approach

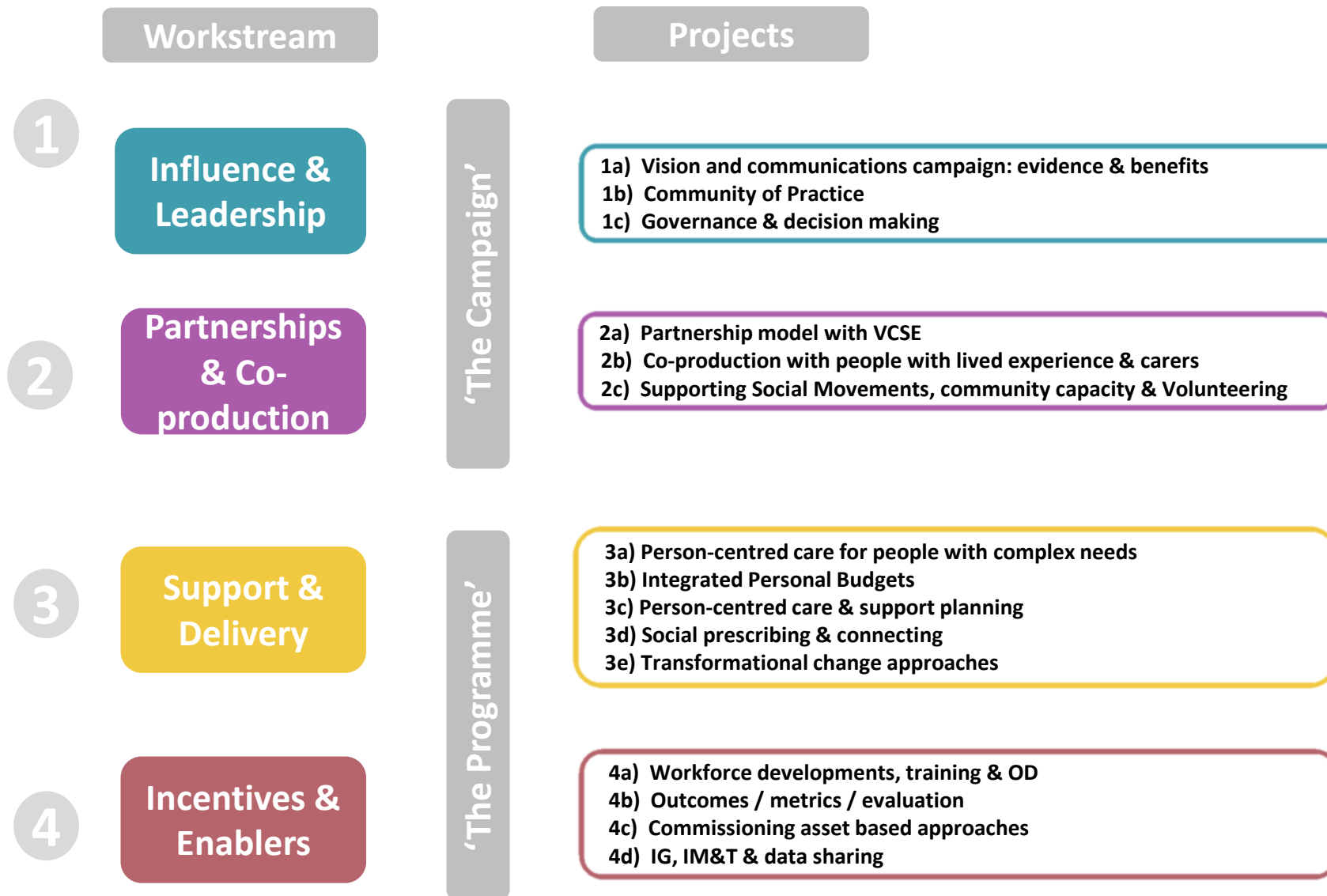
The divide between the world we experience as citizens and the structures and behaviours of public services

Seeking impact on both river banks

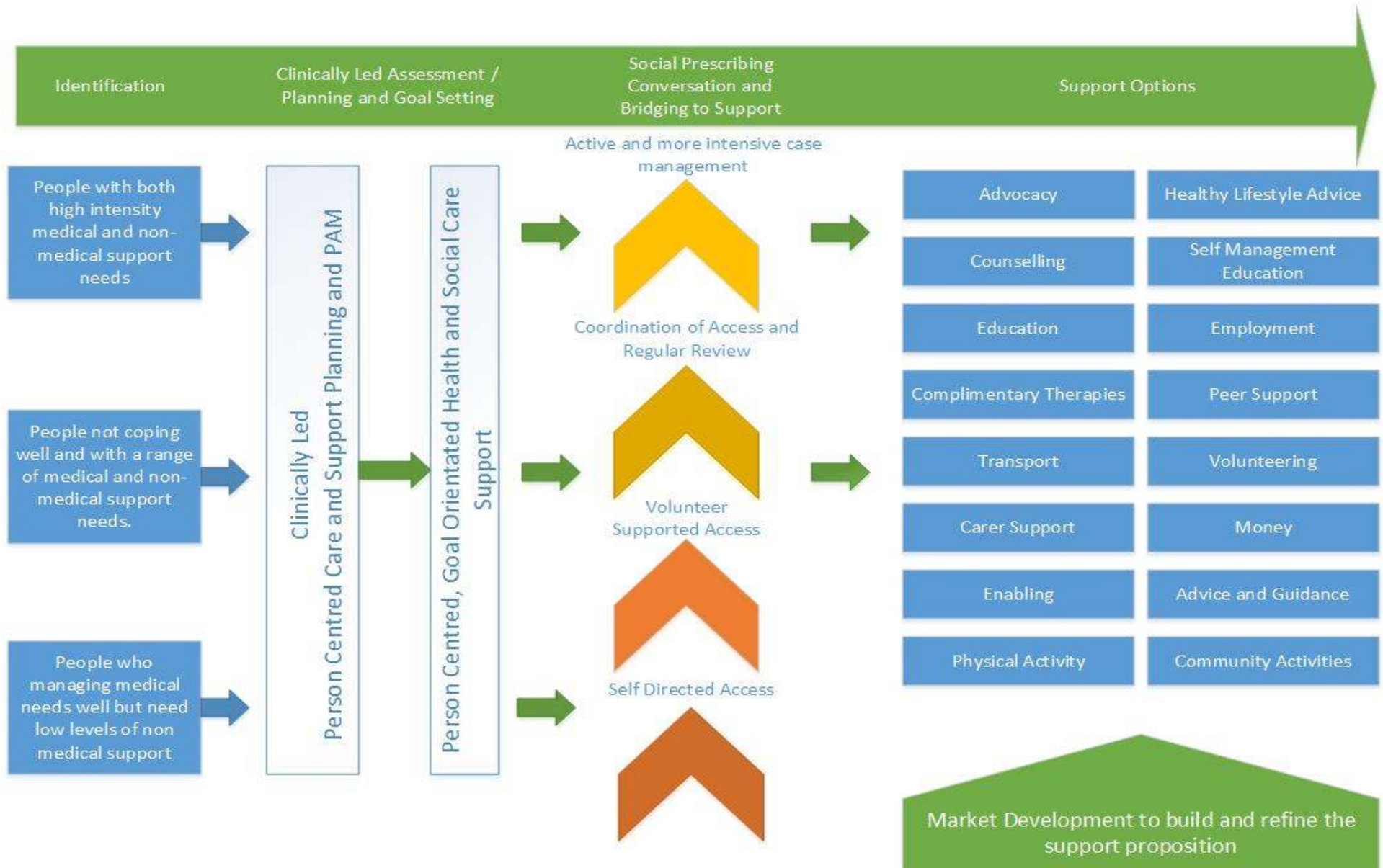
A Programme and a Campaign



Person & Community-Centred Approaches Programme



A Social Prescribing Pathway for People with Ongoing Care and Support Needs



Our Growing Community



Associational Life

Citizen organisations/groups/networks where members do the work and are not paid

PARENTS GROUPS & SCHOOL ASSOCIATIONS

- School governance groups
- Toddlers groups
- Parents friendship groups

OTHER COMMUNITY & CIVIC GROUPS

- Cultural associations
- Service clubs
- Voluntary services

HOBBIES AND SOCIAL CLUBS

- Collectors groups
- Artistic & musical groups
- Card playing groups

OTHER INFORMAL SOCIAL GROUPS

- Pub quiz teams
- Supper clubs
- Dating clubs

WOMEN'S GROUPS

- Women's civic groups
- Feminist groups

GROUPS FOR OLDER PEOPLE

- Pensioners groups
- Veterans groups
- Lunch clubs

ENVIRONMENTAL GROUPS

- Social cause groups
- Animal Welfare
- Conservation groups

GROUPS FOR CHILDREN & YOUNG PEOPLE

- Youth organisations
- Youth Clubs
- After school clubs

POLITICAL GROUPS

- Political party membership
- Active citizenship
- On-line forums and discussion groups

LOCAL COMMUNITY & NEIGHBOURHOOD GROUPS

- Resident associations
- Community support groups
- Community media

PROFESSIONAL ASSOCIATIONS

- Business organisations
- Professional associations
- Trade unions

MEN'S GROUPS

- Men's service groups
- Working Men's clubs
- Fathers support groups

ADULT EDUCATION GROUPS

- Study groups
- Book clubs
- Students union

RELIGIOUS GROUPS

- Practising faith groups, churches, mosques etc.
- Faith based social, or voluntary services groups

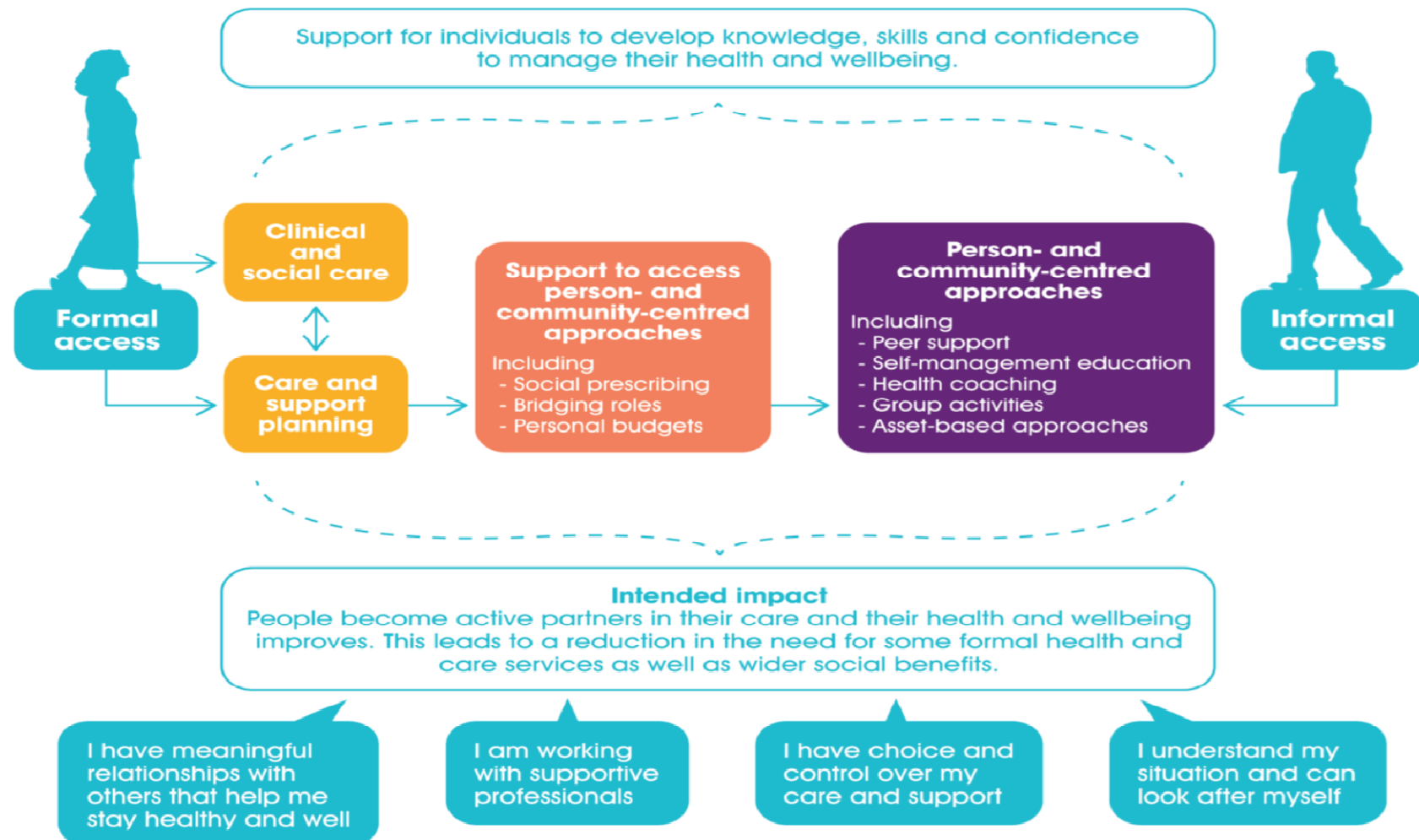
SPORTS & EXERCISE GROUPS

- Official sports clubs
- Country clubs
- Local 5 a-side/skittles teams

HEALTH, DISABILITY & WELFARE GROUPS

- Support & recovery groups
- Health related support groups

How will people experience this support?



How services divide Stockport



What makes sense to people



The Campaign:

involving individuals, the neighbourhoods and townships where people live, the 10 GM Localities, the wider GM system, our region and beyond

- VCSE, Housing and Faith Organisations

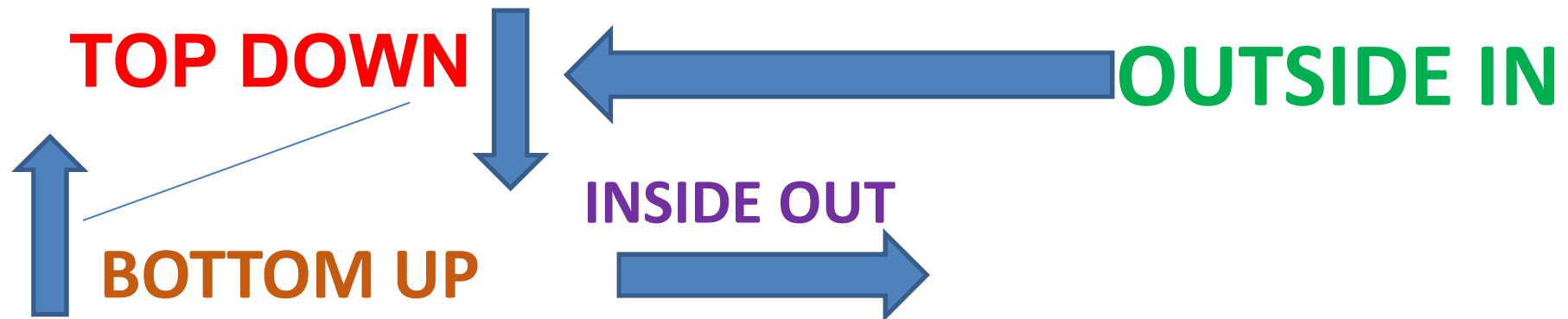
“We are many. The army of staff, volunteers and supporters across the sector are a catalyst for change and a connector of people” VCSE Ref Group

- Healthwatch, people using services
- The formal and informal System Leaders
- Social Movement and Innovators
- The Mayor, Citizen organisations, businesses
- National support organisations
- Citizens of Greater Manchester inc workforce

There are 34 naturally occurring geographies in Stockport



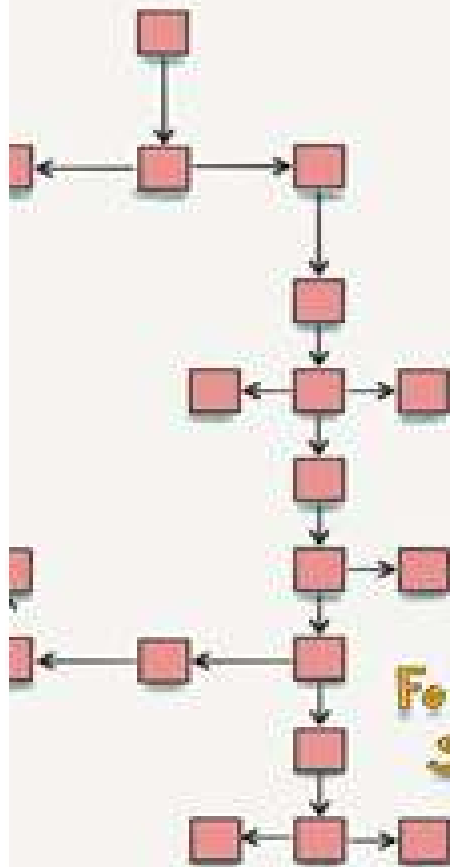
Breaking free from the Vertical Change Debate



Must see beyond established practice, away from the service prism through which we conceive the problem, and admit disruption into the system



The Dynamic Tension



Friction



Formal Structures



Social Structures

Next for our team...

- **Deepen the relationships and connections:** Further development of locality relationships and supporting bespoke delivery, including brokering in a range of transformational change programmes, infect the 10 LCOs, harness the VCSE and F, grow the voice of people using services
- **Build the leadership:** Develop the Community of Practice and continuing strategic engagement. Use the Mayor and the Poet <https://www.youtube.com/watch?v=fDklRcxKgPk>
- **Support innovation:** facilitate the rise of new approaches, <https://www.scie.org.uk/future-of-care/adults/>
- **Push the boundaries of what's possible:** for example bring commissioners' of Home Care together with recipients of it
- **Develop and embed an outcomes framework:** Needs to measure what matters not just volume and money
- **And grow the Campaign,** harness the passion, kindness and pride of GM Citizens



Thank You for Listening

Any Questions?

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