

CommunityFirst

Releasing the power of communities to help people stay well and independent



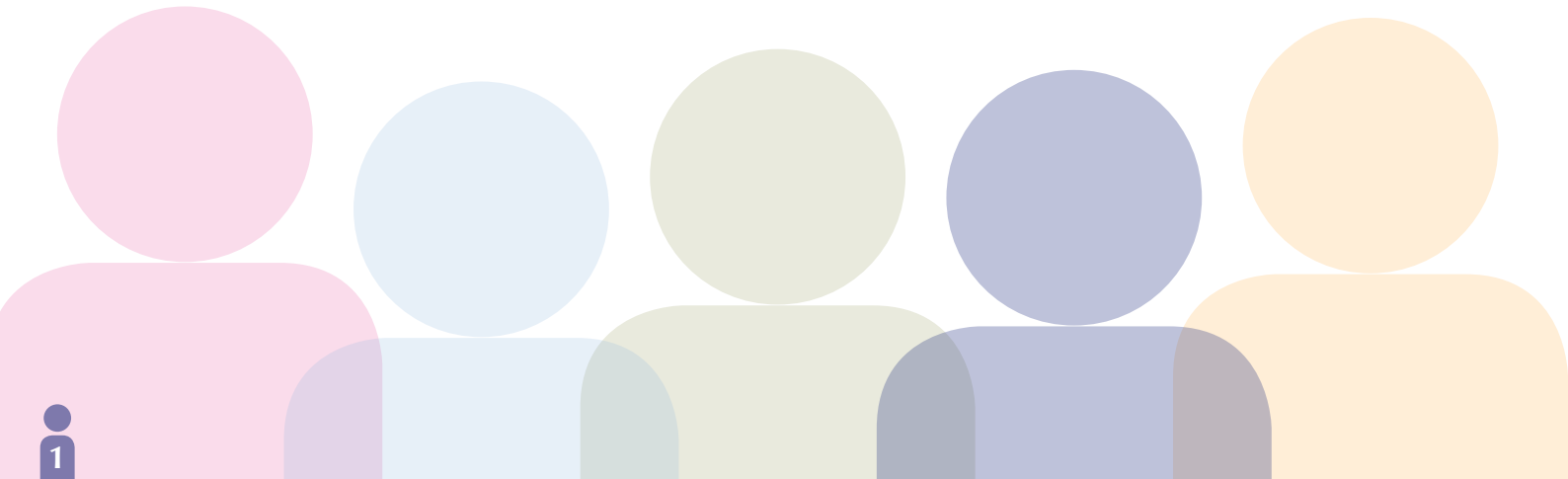
What is this strategy trying to achieve?

- Promote and build on the role communities play in supporting people, children and families
- Ensure awareness of the voluntary and community sector offer in relation to other support
- Provoke debate for doing things differently and making it easier for frontline staff and the public to access community support

This document is not a detailed plan of what may change. Instead it is a vision of how we can work differently with local people and our communities to make a difference. We encourage comments, challenges and ideas to turn this into action

Who is it for?

The strategy is primarily aimed at people who support people and families, or manage people that do so. It is designed to support you to work differently and help people in a way that requires less of a focus on formal services.



Introduction

Hertfordshire County Council supports people to stay healthy, happy and independent. Our health and care services are provided by lots of different organisations and groups.

Hertfordshire and West Essex have agreed to a Sustainability and Transformation plan (STP), across NHS and local government, which will find ways to work together and prevent our communities getting unwell or needing support unnecessarily. Linking into this is social prescribing where patients are referred to local, non-clinical community services such as local clubs, self help groups and local charities. There is growing recognition of the community's potential to help meet the ambitions of the NHS Five Year Forward view, to support people in managing their own care. A focus on community health and wellbeing outcomes will be critical to the way we change from a 'factory model of care and repair' to a focus on the person and their community. Hertfordshire's Children's Services department is also seeking to work in new ways to prevent children becoming looked after by the local authority. Similar to the NHS strategy, this involves a shift in focus to children and their families and

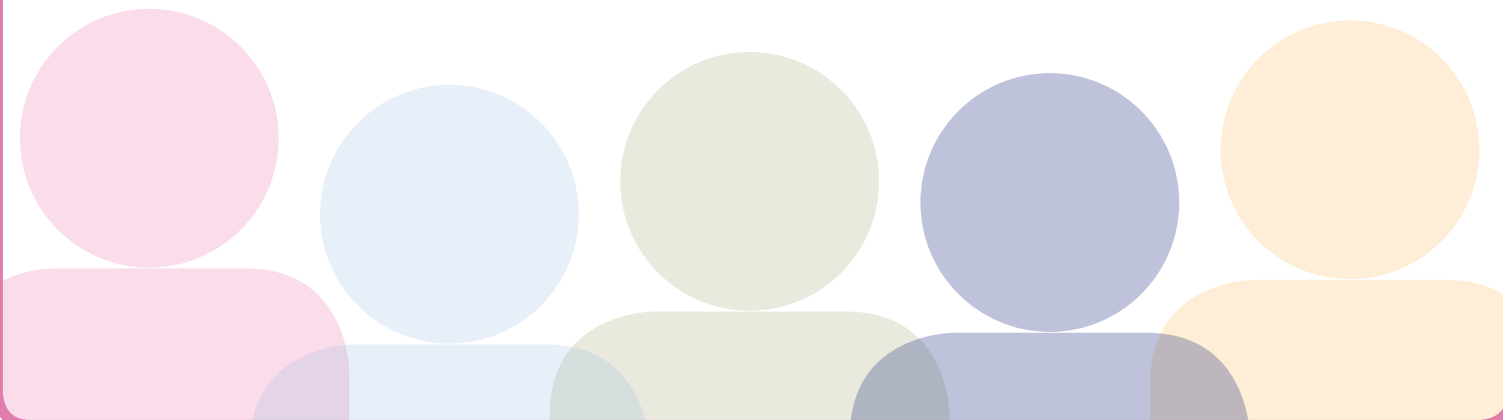
- the outcomes we want for them: that they are happy, healthy, safe, resilient, independent and ambitious¹.
- It also includes investment in the Families First approach, which is starting to provide earlier help to families to address any difficulties they may be experiencing, and encourage a range of agencies supporting families to work better together to prevent them getting into crisis.
- Over the next five years, therefore, we will see the way we support people and families change.
- We will have to be realistic about the way we support people when our resources are stretched, and this will mean focusing more on the evidence about what helps and inhibits people and families to stay well and independent. This means understanding what support is required and focusing on prevention, making it easier for communities to support people, without us obstructing them.
- We believe that the Voluntary and Community Sector (VCS) of Hertfordshire have an important role to play in this plan. This strategy document outlines some of the ways we believe they can help, and how we think this will lead to better outcomes for individuals.

Finances

We can't pretend that funding isn't an issue, but equally it isn't the only issue. We face a financial shortfall due to increased demand for services and complexity of people we work with.

The health and social care system often feels confusing and not very joined up, meaning people are not always sure where to go for support. Most people are driven to formal health and care because alternatives in their community aren't very visible, or aren't well known by the statutory sector.

- In comparison costs to statutory services are much more costly than accessing the voluntary sector
- i.e. cost to inpatient hospital bed per day is £616 compared to supporting people in the community often in peoples home is £16 (refer to table on the next page).
- People may need to be empowered to understand what help is available and where to find it, so it is easier for them to choose.



| Statutory services | Cost 2017/18 | Community services | Cost 2017/18 |
|---|--------------|--|--------------|
| Average visit to an A&E | £119 | Community navigators scheme (weekly) | £110 |
| | | Herts Independent Living services – meal and welfare check (per day) | £4.55 |
| Hospital inpatient, per day | £616 | Hospital discharge scheme (weekly) | £98 |
| Residential Care physical needs - OP (weekly) | £497 | Home Care 10 hours per week- OP | £16 |
| | | Day centre – 2 visits per day OP | £12 |
| Residential Care dementia- OP (weekly) | £575 | Dementia support after diagnosis (per episode) | £386 |
| | | Crossroads carers breaks (per session) | £74 |
| Outpatient attendance | £137 | Herts Help contact an ongoing resolution | £14 |
| Seeing a GP | £36 | Consultation with practise nurse | £12 |
| Ambulance | £96 | Herts Help contact an ongoing resolution | £14 |

Our Principles

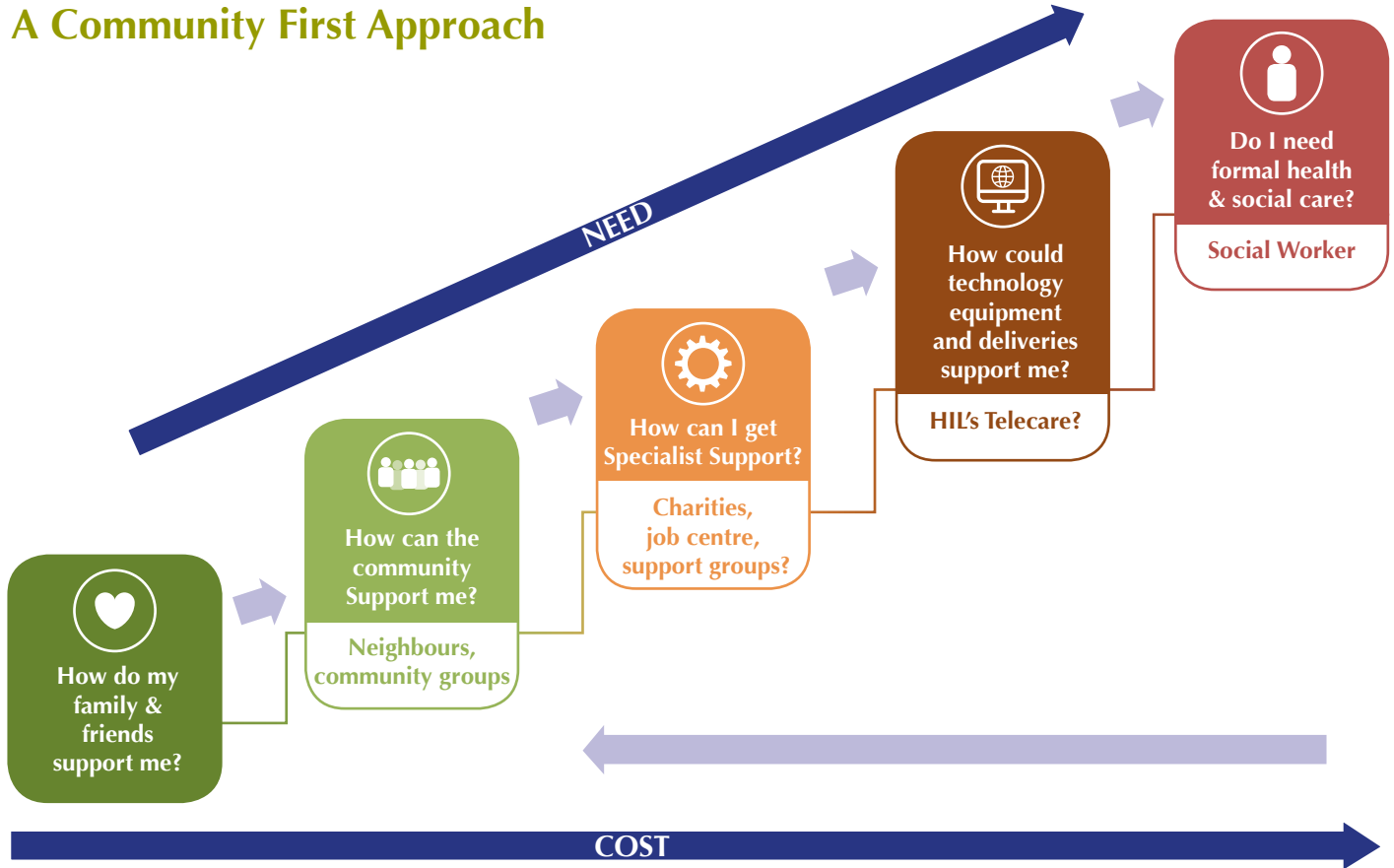
We believe that:

- Most people prefer to take responsibility for their own health and wellbeing
- Strong networks of people, organisations and systems exist at a local level for this reason
- As professionals, we should enable people to use these local resources and take control before trying more formal approaches.
- When we talk about people and communities, it should be in terms of their strengths, not their problems and challenges
- We should strengthen local networks and help build new ones
- It should be easy for a person to find support in their community using HertsHelp or Families First Portal
- Commissioners and frontline staff should use the Community First approach whenever possible

That means we end up supporting people as people, rather than as parts of a system³.

⁵ Cost taken from: National Health Tariff 2017 & Herts Help contract cost divided by calls taken in 2016/17 (£15 is therefore not a unit cost)
⁶ From HCC internal CLA data, 2017

A Community First Approach



³ This mirrors Hertfordshire Children Safeguarding Board's approach to delivering support to children based on their needs: <https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/professionals/continuum-of-needs-hscb-march-2017-final.pdf>

Hertfordshire's Voluntary and Community Sector

We know that, because of other pressures, frontline statutory sector staff and the people in the community often know little about Voluntary and Community Sector services and need confidence in their quality in order to make referrals to them.

Hertfordshire's Voluntary and Community Sector provides quality services ranging from information and advice, carers break and carers support, children's and youth activities and services, parenting support programmes to community meals and hospital discharge services.

Self-referrals or professional referrals for adults can be made via **HertsHelp** on **0300 123 4044**.

For families in need of early help, referrals can be made via Families First at **familiesfirst.support@hertfordshire.gov.uk**

- The Community Wellbeing Commissioning team (CWB) manages contracts with over 50 community sector providers.
- The total value we commission is c£10m, drawn from the Better Care Fund – a combined pot between Hertfordshire County Council and our two NHS Clinical Commissioning Group's (CCGs). Services are contracted to help to avoid, reduce or delay the need for an adult to use formal health and social care.
- Children's Services holds contracts with 41 Voluntary and Community Sector providers as part of its overall contracted provision, with c£13 million going to the sector. This includes some large contracts with providers of children's centres as well as smaller ones for services such as support for young carers.
- Connect Hertfordshire, the county-wide VCS support and infrastructure service, estimate there to be over 3,000 charities in Hertfordshire.

Many of these are very small and there is lots of quality support in Hertfordshire which isn't contracted or commissioned, provided by churches or local community groups. These groups usually rely on fundraised monies.

The majority of voluntary organisations in Hertfordshire support their service using volunteers, but almost all have paid staff, with professional structures and quality assurances in place. Capacity can sometimes be an issue, and there needs to be a meaningful way of supporting and encouraging organisations who wish to support more people.

Many charities supplement their contracts or grants with fundraising and business donations and small charges to people who use their services. A county-wide organisation – Hertfordshire Community Foundation – supports smaller organisations to access grants, typically worth under £10k.

- Occasionally providers will bid for larger, national funding, but these are usually for a set period of time and are incredibly competitive.
- We encourage, wherever possible, providers to diversify their funding streams.
- National evidence also suggests individual giving is not compensating for loss of funding elsewhere.
- Nationally, funding for the Voluntary and Community Sector has dropped by £1.1bn over the last seven years.⁴
- Voluntary and Community Sector in Hertfordshire is an excellent resource – but it is not endless.
- Much of the sector lacks the long term financial stability which allow it to plan for longer term development.

⁴ <https://data.ncvo.org.uk/a/almanac17/>

Family, Friends and Neighbours

Traditionally in health and care, we focus on helping people to get better when they are ill or using statutory support to manage their long term condition, crisis, or difficult family situation.

We need to shift resources to help people to look after themselves and to make choices easier so that they stay healthy or resilient as a family for as long as possible.

There are lots of simple ways a person can look after themselves, with online resources like Herts Help directory, 5 Ways to wellbeing, the New Leaf College, NHS Choices, and the support accessed via the Families First Portal, being obvious starting points.

We believe that specific work to help communities support one another is part of the solution⁵.

Asset based community development champions and builds on the contributions communities already make to supporting one another. This could be as simple as neighbours looking out for each other, or as organised as a local exercise group or baby group. There is increasing evidence that peer support, and peer designed and delivered services, are particularly effective.⁶ Social action encourages communities to take control and drive change in their local area. Both of these approaches will help people and families to stay healthy and well.⁷

These are not free resources, but something that actively needs supporting.

What do we want to do now?

Whilst there has been some work to develop and support these approaches locally, these have often been limited, or led uniquely by one organisation. For this to work, we must work together.

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591798/Making_the_case_for_social_action_in_the_public_sector.pdf.

⁶ <https://www.carerstrustcambridgeshire.org/wp-content/uploads/2016/10/CSASF-report-FINAL.pdf>

⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591798/Making_the_case_for_social_action_in_the_public_sector.pdf.

To support that, we would like to develop a template for a 'healthy community.' By this, we mean a common understanding of what sorts of community groups, transport links and other strengths we expect in an area.

We already have a good understanding of health inequalities in the county using the Joint Strategic Needs Assessment (JSNA) to target direct

- interventions in areas they are most needed, and this needs to link with this local template. We believe that this will allow community leaders to take a more active role in developing their community, learning from others and supporting people locally. We do not believe commissioners should try and control this process, but that we have lots to learn about understanding where health inequalities lie through the approach.

There are other, simpler things we can do:

- **Identify and support carers early in their journey, as delays in doing so can worsen health**
- **Provide self-help tools for parents and encourage them to use these before seeking more formal support with family difficulties, through the Families First Portal**
- **Make sure that providers take opportunities to encourage people in a similar position to set up their own peer support networks to support each other.**
- **Be champions of our Voluntary and Community Sector services when meeting people**
- **Make sure anybody who works with the public knows about Herts Help and Families First, and that public agencies advertise them properly**
- **Work together to join up the support we provide to young people transitioning to adult services**
- **Work with the Voluntary and Community Sector to evaluate what they are doing, and direct people to those that are outcome based and proven to have impact**

Linking with other Health colleagues

Social Prescribing is a way of improving health and wellbeing outcomes for anybody. Typically, it may target people with anxiety, depression or a long term condition, but this is not exclusive.

It can help to reduce the workload on the NHS and social care by tackling issues that could be better resolved in the community, and can help individuals lead happier and healthier lives.

Evidence is emerging which suggests this is an effective way of supporting people in a preventative way.⁷

In Hertfordshire, it can simply be described as:

- If you can get online, use Herts Help directory, which has a wealth of information about your community.
- If you can ring Herts Help on 0300 123 4044, then they will triage you to support in your community
- Herts Help works with a number of projects that can do this – Community Navigators, Alzheimer's Society, Citizens Advice Bureau

What do we want to do now?

We are developing (and integrating) a county wide Community Navigation and hospital discharge service, focused on helping people get out of, or prevent going into, hospital.

The new service will work especially with Hospital teams, to ensure the right support is available for people when they go home. In the community, the Navigators will work with GP practices, social workers and other partners to support people.

Unlike other social prescribing link mechanisms available in Hertfordshire, Community Navigators provide a longer term intervention that goes beyond signposting to other services.

We will also be providing more self-help information through Herts Help, and the Families First Portal and Local Offer online directories, including links to local community support groups and online tools to help parents with issues such as parenting, housing, mental health, special educational needs and disabilities, and couple conflict.

We will be reviewing the way we promote Herts Help too. It is critical that Voluntary and Community Sector providers promote and make use of this service in order that it works – the system is only as good as the people using it. We know this works well with both our CCG partners across east and west of the county, where there is a promotion of Herts Help and awareness of the Navigator service, and GP referrals. This means for the Voluntary and Community sector providing support are significantly higher across the county. The system only works when we support and encourage it to do so.

Training and support networks are important for this too. For example, we are setting up the Sunflower Domestic Abuse Champions Network

to bring together people in both the Voluntary and Community Sector and the public sector who are supporting those affected by or at risk of domestic abuse.

What we need now is:

- Social prescribing to be used across Hertfordshire
- Improvement in assessment of the quality of 'prescriptions' that people can use, based on what we know works
- Evaluation, which includes Voluntary and Community Sector collecting data from health colleagues, which can answer how well this system is working
- A communications plan in relation to Herts Help and the Families First Portal encouraging promotion of Herts Help - 0300 123 4044 and Families First requests for support
- A more robust approach to outreach and risk management
- Training in Making Every Contact Count via iLearn for frontline staff

¹⁶ https://www.kingsfund.org.uk/sites/files/kf/preventive-social-care-wanless-background-paper_natasha-curry2006.pdf

Formal health and social care services

When our residents do need formal care and support, it does not mean that they should become disconnected from the community they live in or identify with.

Many Voluntary and Community Sector organisations can provide additional or complimentary support whilst people are receiving help from us. For example:

- Parents of children with special educational needs or disabilities (SEND) find it helpful to attend support groups run by Voluntary and Community Sector organisations for peer support.
- Young people leaving care often benefit from having a volunteer mentor or accessing social activities to help meet new people and learn the skills to live independently.
- Dementia Support Workers, managed by Alzheimer's Society but hosted by Hertfordshire Partnership Foundation Trust (HPFT), sit within the dementia diagnosis

service to ensure people are connected to community services like Hertswise.

Accessing this sort of support in the community can help to reduce dependency on formal services in the longer term, by helping people and families to be more resilient.

Most Voluntary and Community Sector organisations in Hertfordshire do not currently provide personal care, and so cannot solely support our most vulnerable adult members of our community. But many can provide additional or complimentary support that can help – meal delivery, equipment, befriending, house cleaning, garden clearance, transport, welfare checks, help to get benefits etc. These relatively minor alterations and help can be the difference between someone living independently in the community or being admitted to hospital.⁹

We know working together can work for example:

- Operational and commissioning staff recently worked together to create a series of new Carer Practitioner posts. These posts are designed to champion culture change with front line social work teams and support social workers to refer carers to Voluntary and Community Sector support, such as Carers in Hertfordshire.
- Better integration with the Voluntary and Community Sector 'Complex needs Service' and HPFT Improving Access to Psychological Therapy (IAPT) service is ensuring people with mental health needs are getting the right support.

We are now looking at how similar approaches can be used in a homecare setting and with accommodation services.

What do we want now?

- The ability for frontline teams and statutory services to work with the community needs to be simpler. We are trying to address this, but more could be done.
- Personal budgets and direct payments, which allow people to use the money which would otherwise have been spent on social care on something that will support them equally as well, has a role here. But for adults, these budgets are only available to people who need statutory support, so this can only be a secondary prevention approach. We have also been using a personalised budgeting approach with families as part of Families First, and we can learn from this.
- There needs to be a simple way for commissioners and practitioners to work together.

Evidence

In the current financial climate, Community First has to prove that it will make things better for the individual, and that it will save money, or lead to a better use of money. Typically Voluntary and Community Sector organisations have limited capacity to carry out full scale evaluations, and forcing this can make it off putting to work with statutory organisations.

For all Voluntary and Community Sector services we commission with public money, we take the following approach:

1. Can we demonstrate that a service is worth while?

Where this research exists, we work with providers to make sure that they learn from and apply best practice to their own services.

2. Can we prove that this service is needed, that it is preventative and that it is cost effective?

We also recognise that other factors, such as social interaction, may also be key to a service being very successful.

3. Can we use our network of contacts, within the council and across the county to ensure that strong networks are formed and expertise is grown in particular areas

For example, using Public Health to develop our approach to evaluation and working with Districts and Boroughs for their expertise in housing.

¹⁰ ComRes survey of 1,002 GPs, 2015


¹¹ www.lowcommission.org.uk/dyn/1435582011755/ASA-report_Web.pdf?2

Risks

Community First places a new emphasis on Voluntary and Community Sector. The capacity for providers to manage increased demand, to integrate with the health and social care system and even to attend meetings, will be limited. Within existing funding, there is only so much the sector can do.

For many organisations, statutory funding is the core source of funding. As contract managers for those organisations, we must monitor the financial position of providers to ensure this is factored into commissioning decisions.

Hertfordshire has a number of strong Voluntary and Community Sector leaders, and this approach will call on these leaders and, we hope to develop more of them.



There is a risk that this work is perceived by providers, the public and/or other stakeholders as an attempt to provide services of an inferior quality to statutory provision or as a cover for cuts. People receiving support from the Voluntary and Community Sector need to feel confident that these services meet relevant quality and safety standards.

This makes it vital to provide clear frameworks as to when and how Community First is applied, based on evidence that demonstrates in what circumstances it can be effective.

This is a unique opportunity for the sector. If we embrace this agenda, commit to demonstrating greater integration and quality standards, it will succeed.



To find out more on what is available in the community people can be referred by a trusted professional, friend or family member via **Herts Help** on **0300 123 4044**

To find out how you and your family can be supported please contact the Family First portal
www.hertfordshire.gov.uk/familiesfirstportal

