

## **Preventative work and the voluntary sector**

### **Notes from the Health and Care Forum for Voluntary and Community Organisations in Bournemouth and Poole**

23 October 2013

#### **1) Introduction**

1.1 At the forum meeting we facilitated a discussion with the 23 voluntary sector participants concerning preventative work. We specifically wanted to identify existing voluntary sector projects and practice which prevent people from either becoming unwell and/or them being admitted to hospital.

1.2 Our aim is to use this information and feedback in the implementation of the mapping exercise we are undertaking with the CCG of voluntary organisations preventing hospital admissions as well as in preparation for the development session on preventative work being organised by the Bournemouth and Poole Health Well-being Board on 20 November. In concluding the report we list some activity we can undertake in the short term with the CCG concerning preventative work.

#### **2) Examples of voluntary sector preventative projects**

2.1 The Dorset Mental Health Forum organises a series of support programmes and training for people with mental health needs to enable them to better manage their illnesses and lives. This includes peer support, support into employment and leisure activities. The forum representative confirmed that they had evidence to demonstrate the impact of this work.

2.2 BCHA manage the leaving hospital service in Bournemouth as well as a floating support scheme. In the last 6 months BCHA have had these services independently evaluated using the principles of Social Return on Investment. The resulting report demonstrates that these services are cost effective as well as ensuring that service users are less likely to return to hospital or become unwell.

2.3 The representatives from BCHA and the other participants considered that this leaving hospital service could be adapted to meet the needs of GP surgeries. For example a project which could work with GP's patients to identify alternative community based support for them, as well as enabling them to use it so that they are not dependent on the GP and surgery staff for ongoing support.

2.4 Streetwise have just launched a series of training courses for older people of 65+ about living safely in their homes. This takes place at their centre (which includes full scale model houses and streets) and focuses on such issues as avoiding falls and fire risks. This work will be monitored for the principal funder; the Borough of Poole.

2.5 Bournemouth Alcohol and Drug Service User Forum (BADSUF) offer a self- help service which supports service users to change their lifestyle and avoid relapse.

#### **3) Practice which enables preventative work in the voluntary sector**

3.1 Participants considered that the sector effectively supports service users because of the following practice:

3.2 Lifestyle changes: Due to the high level of trust between service users and voluntary groups (many of which have been set up by service users); there are numerous opportunities to facilitate a change of behaviour which will improve the health of service users. Developing more groups to enable people to help themselves and manage their own conditions was seen by the meeting as a priority.

3.3 “No wrong door policy”: A number of the participants stated that they would help any service user, even if their group was not going to be the primary source of support. For example they would endeavour to identify other providers and signpost and support the individual to access those services. Participants considered that this ethos should be replicated by all statutory, private and voluntary sector agencies and all agencies should be encouraged to use the SAIL process. Participants considered that this approach would enable early intervention, more effective referrals and better use of local resources.

3.4 BADSUF described their positive relationship with GP surgeries, for example the number of appropriate referrals they receive concerning people with alcohol problems. This prompted debate about whether this relationship could be studied in more detail so it can be replicated by voluntary organisations who do not share such productive relationships. It was recognised that that the services BADSUF offer may more of a priority for GP’s than those offered by other voluntary organisations; hence the better relationship.

3.5 The participants recognised that for GP surgeries to be able to use the voluntary sector to its maximum effect, they need to have detailed up to date information on the sector which is easy to search for in a matter of minutes. None of the current systems e.g. SOURCE achieves this. It was suggested that the extent to which the electronic information prescription service *NHS Choices* is being used by local GP surgeries should be explored.

#### **4) Next Steps**

4.1 In addition to gathering further information from our colleagues mentioned above concerning their work and its impact, could we suggest that Bournemouth CVS, Poole CVS and the CCG explore:

4.2 Whether it is feasible to further develop the electronic information prescription scheme.

4.3 The CVS’s design a campaign to raise awareness of SAIL and its use in the voluntary sector.

4.4 The discussion on the development of self- help groups and lifestyle changes is another indication about how beneficial a grants scheme would be.

4.5 We explore why BADSUF have a positive relationship with GP surgeries and whether this can be replicated with organisations where the causes of ill-health may be more purely social in nature.

4.6 We approach Bournemouth University to ascertain whether they would be able to help voluntary sector organisations to better cost, measure and demonstrate the positive impact they are having on the health of their users.

4.7 Instead of looking to map the entire voluntary sector to ascertain what preventative services exist, we focus on specific parts of the sector to begin with. For

example addiction services or dementia support services. This would enable us to test out what information would be relevant, how it can be best shared with GP surgeries and whether there are any other issues which need to be addressed. Our learning from this would enhance future mapping.

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