

3D DERBYSHIRE



Proposed new
Self Care Infrastructure model
for Derbyshire

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Overview of 3D membership network

Background



- Disparate commissioning of VCS infrastructure offer across Derbyshire
- Disjointed investment across ASC, Chief Executives, PH, CCGs and District Councils
- VCS offer across Derbyshire seen as ‘messy’ problem that wont go away
- Limited understanding by commissioners of what VCS organisations are capable of providing in a new financial climate and prevention model

**The picture over
the last 10 years**

**Acute and
Secondary
Care**

**Primary Care, and
critical Community
Care needs**

**Prevention, low and
moderate level needs**

**Universal/mainstream services
traditionally where VCS has operated
as the 'icing on the cake'**



**The changing
landscape creating
gaps/grey areas in
services**

**Acute and
Secondary
Care**

**Primary Care,
Social Care and
Self management**

**Prevention, self help, low and
moderate level needs**

**Universal/mainstream services – need
for VCS to rethink its future role**



Perception that VCS infrastructure sits outside the integration of health and social care



Integration with VCS infrastructure



- County wide commissioning of VCS only for statutory Care Act requirements
- VCS infrastructure bypassed as a cost effective alternative – Local Area Coordination is a good example. It costs DCC £47k for a LAC supporting people who fall short of ASC eligibility whilst it costs £25k for the equivalent role provided in the VCS
- Without effective VCS infrastructure there will be no self care market place to divert people into, to reduce demand on ASC and Primary Care

The Glossop Service Model



- Transform the **current** infrastructure offer to provide a more cost effective and consistent **self care solution** for health and social care
- Transforming the current VCS offer to provide a single infrastructure model made up of 3 strands:
 - Social Prescribing Plus
 - Super Volunteer Offer
 - ABCD Community Development
- Each partner brings funding and resources to the table as a new model of co-production

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The 3 strands:
unique yet interdependent



Social Prescribing Plus...



Social Prescribing – reduces demand on ASC, primary and secondary care services by referring people with social, emotional or practical needs to a range of voluntary services and community self help groups.

Developing service in partnership with GPs, Adult Social Care, CCG, LAC, Public Health, Acute Health Services and local communities. Hence the 'plus'

We call it Community Navigation

Funded by ICFT and DCLG to transform/reposition the Infrastructure offer in Glossop

The Bureau works with the belief that all members of the community will have both support needs of their own and the capacity to support others at various times in their lives – in some cases simultaneously. It is our mission to identify and link together community needs and solutions to enable people to live independently and improve the quality of life for local communities.

HELP TO LIVE AT HOME



GETTING OUT & ABOUT



LEISURE ACTIVITIES



FINANCIAL & LEGAL



HEALTH & WELLBEING



CRISIS



Super Volunteers/Community Connectors



- Blur the boundaries between formal volunteering roles and good neighbor/Time Swap schemes
- Prevent the warehousing of volunteers in specific volunteering initiatives like Peer Support, Time Banks, formal volunteering – make it flexible, dynamic, responsive and mix one off, short term and long term opportunities
- Roster of ad hoc and short term volunteer roles to enable access to activities, services, self help solutions, reablement and home from hospital
- Connecting people across the community for mutual benefit

Volunteering infrastructure is key...



ABCD Community Development



- Target the development of new self help groups and build the capacity of existing groups in response to demand coming through Social Prescribing/community navigation
- Develop quality standards and funding skills to build groups and help individuals make informed choices about services
- Use Time Bank/flexible volunteering/befriending principles for VCS organisations to share best practice, assets, mentoring, skills and expertise
- Enable organisations to understand their unit cost to sell services via spot purchasing opportunities
- Invest in self care solutions – grant funding via locality based commissioning cycle

Target outcomes

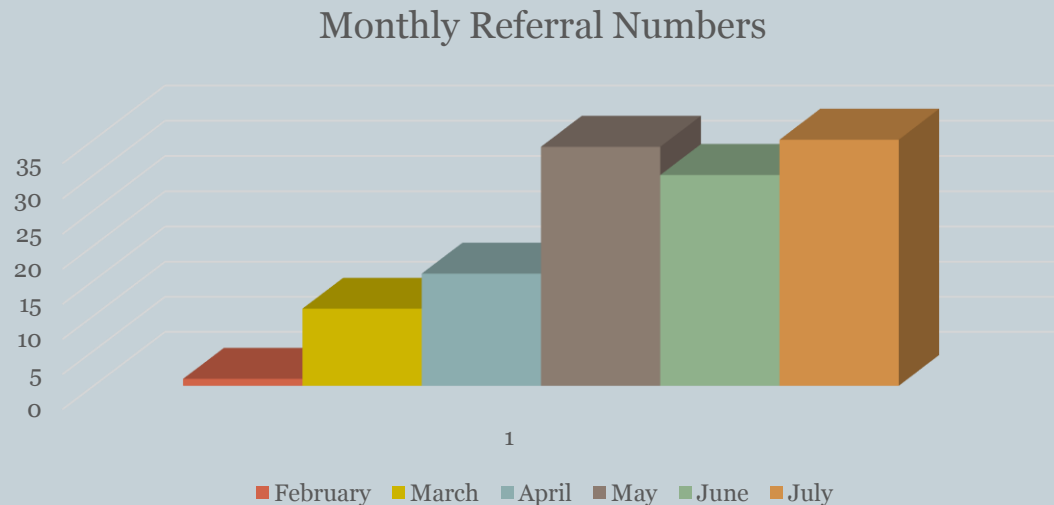


- Reduction in demand on ASC services and reduction in the number of inappropriate referrals
- 30% reduction in repeat GP visits where the cause is socially based
- Reduction in the number of bed days for acute health services
- Increase in the number of people self managing a long term/limiting health condition

Glossop - How does it look so far?

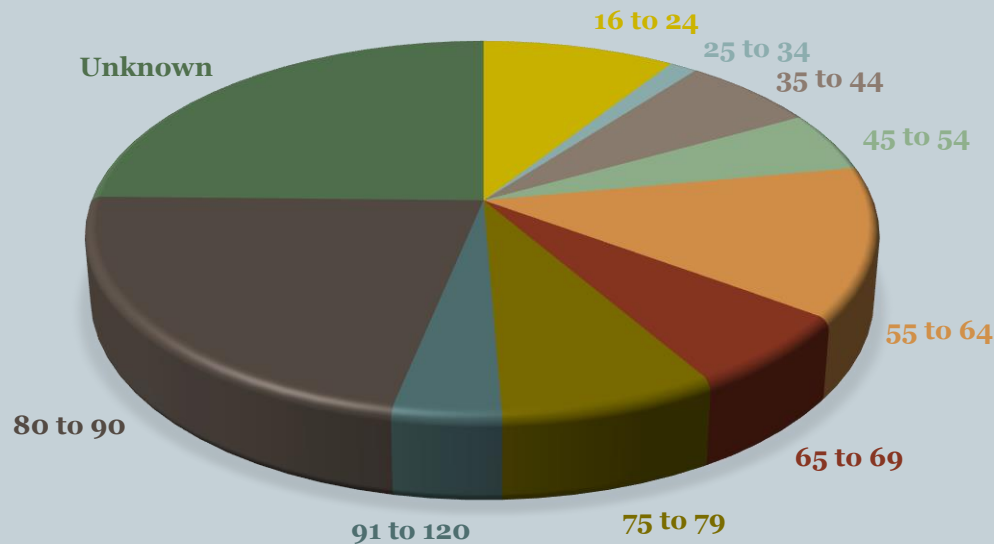


- Referrals from GPs, ASC, Gamesley Integrated Team, Shire Hill hospital and community
- 205 referrals to date
- Embedded within local area MDT's. Platform for problem solving across sectors
- University evaluation being appointed



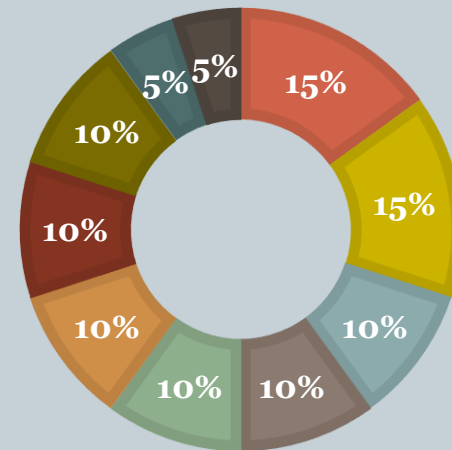
Snap shot of referral demographic so far

REFERRALS BY AGE BAND



MENTAL HEALTH AND WELL-BEING

- Anxiety
- Depression
- Loneliness
- Social Isolation
- Difficulty Coping
- Low self-esteem
- Loss of confidence
- Substance Misuse
- Bipolar
- Schizophrenia



What happens next?



- 3D starting to explore consistent delivery model across Derbyshire
- Keen to present VCS model to system leaders and join up commissioning discussions across ASC, PH, Chief Execs, CCG, NHS and District Councils
- Agree VCS Transformation Plan and any additional support
- Virtual pooled budget to commission consistent infrastructure model for Derbyshire that also reflects place based needs
- DCC AC are planning to fund a post in relation to VCS transformation and have initiated baseline evaluation work on the social prescribing model.

THANK YOU

