Reference	
Executive Director	Will Blandamer
Cabinet Member	Cllr Tariq

Section A

Service Area	One Commissioning Organisation
Budget Option Description	Staying Well

Budget Reduction Proposal – Detail and Objectives

The Staying Well team is a preventative service in Bury that carries out social prescribing and works with residents to design care plans that empower them to improve their abilities and maintain their independence

At the heart of government policy is increasing capacity in general practice and using this capacity to address inequalities. It is doing this by delivering additional funding to primary care networks to employ additional roles to perform additional functions, these are:

- Clinical pharmacists
- Pharmacy technicians
- First contact physiotherapists
- Physician's associates
- Dietitians
- Podiatrists
- Occupational therapists
- Community paramedics
- Nursing associates and trainee nursing associates
- Social prescribing link workers
- Care co-ordinators
- Health and wellbeing coaches

The Staying Well team currently provides three of these functions, as described below:

Social Prescribing

Social Prescribing Link Workers give people time and focus on what matters to the person as identified in their care and support plan. They connect people to community groups and agencies for practical and emotional support and offer a holistic approach to health and wellbeing, hence the name 'social prescribing'.

Social prescribing enables patients referred by general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations to get the right care for them.

Link workers typically work with people over 6-12 contacts (including phone calls and face to face meetings) over a three-month period with a typical caseload of up to 250 people, depending on the complexity of people's needs.

Care co-ordinators

Care coordinators provide extra time, capacity, and expertise to support patients in preparing for clinical conversations or in following up discussions with primary care professionals. They work closely with the GPs and other primary care colleagues within the primary care network (PCN) to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers (if appropriate), and ensuring that their changing needs are addressed. They focus on the delivery of personalised care to reflect local PCN priorities, health inequalities or at risk groups of patients. They can also support PCNs in the delivery of Enhanced Health in Care Homes.

Health and wellbeing coaches
Health and wellbeing coaches (HWBCs) will predominately use health coaching skills to support people to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their own health and wellbeing goals. They may also provide access to self-management education, peer support and social prescribing.

Health coaches will support people to self-identify existing issues and encourage proactive prevention of new and existing illnesses. This approach is based on using strong communication and negotiation skills and supports personal choice and positive risk taking.

They will work alongside people to coach and motivate them through multiple sessions, supporting them to identify their needs, set goals, and help them to implement their personalised health and care plan.

This proposal sees the service funded by PCN ARRS funding rather than Council revenue as has already been agreed by three of the four PCNs.

	2023/24	**2024/25**
Budget Reduction (£) – See above	£375,000	£375,000
Staffing Reduction (FTE)	0	0

Section B
***What impact does the proposal have on**:*

Property
None
Service Delivery
None
Organisation (Including Other Directorates/Services)

None
Workforce – Number of posts likely to be affected.
0
Communities and Service Users
None - The service will continue, funded by NHS PCNs
Other Partner Organisations
Primary Care Networks and General Practice Leadership Collaborative will take on the funding as has been agreed by three of the four PCNs.

Section C
Key Risks and Mitigations

Risks	Mitigations
The primary care network may not wish to take over this service but rather purchase their own staff to perform the above functions meaning the saving is not delivered	The Staying Well service comes with a established level of activity and an excellent history in delivering improved outcomes which can be evidenced
The primary care network may not wish to take over this service but rather purchase their own staff to perform the above	To deliver the saving it will be necessary to end the service if the PCN do not support this

Key Delivery Milestones
Include timescales for procurement, commissioning changes etc.

Milestone	Timeline
Programme team to deliver high needs review	Q3 22/23
Transfer of Funding	April 2023

Section D

Consultation Required?	No

	Start Date	End Date
Staff		
Trade Unions		

Public		
Service User		
Other		

Section E

Financial Implications and Investment Requirements

Investment requirements – Revenue and Capital
None

Finance Comments – Will the proposal deliver the savings and within the agreed timescales?
Yes