

Healthy Wealthy and Wise

The impact of learning on health and healthy communities

Birmingham

5 December 2018

 LEARNING AND
WORK INSTITUTE

Forum for Adult Learning  ECORYS 

 SEFYDLIAD DYSGU A GWAITH
LEARNING AND WORK INSTITUTE

 Scotland's Learning Partnership



Co-funded by the
Erasmus+ Programme
of the European Union

Contents

The impact of adult learning on:

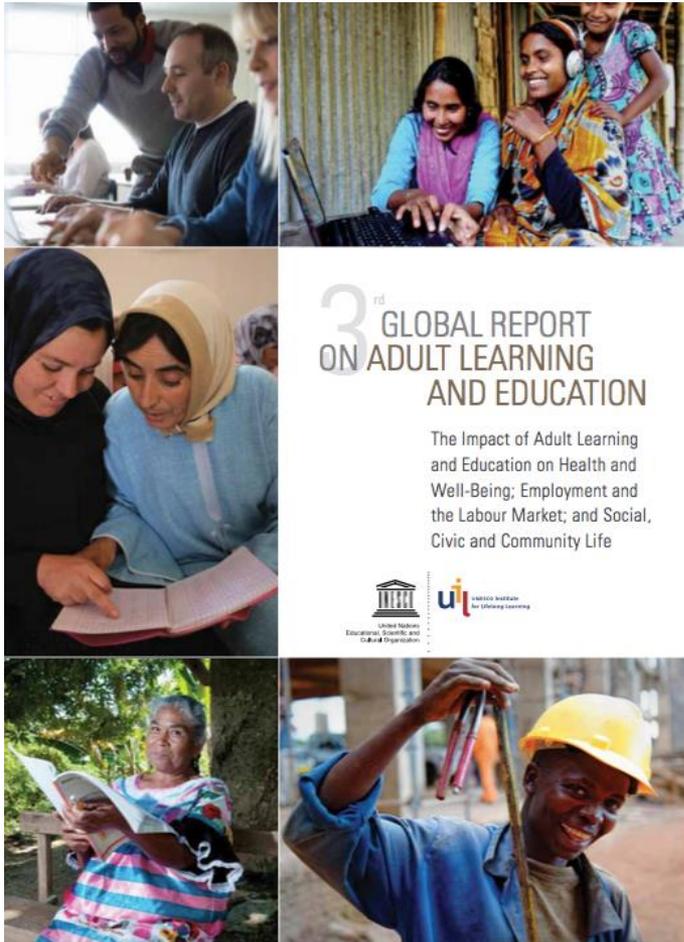
- Health and well-being
- Work and employment
- Community life

Implications for policy and practice

What needs to be done?



3rd Global Report on Adult Learning and Education (2016)



- 139 UNESCO member states involved
- Identifies trends in adult learning and how it responds to a changing world
- Looks at the impact of adult learning in 3 areas that broadly reflected the ones in our research



UNESCO Institute for Lifelong Learning (2016) *Third Global Report on Adult Learning and Education*, p.21

The overlapping benefits of adult learning...

“...No matter where in the world they live, adult learning and education helps people become healthier, to improve their economic prospects, and to be more informed and active citizens.”

UNESCO Institute for Lifelong Learning (2016) *Third Global Report on Adult Learning and Education*, p.21

But what type of learning works best?

“The impact of education depends not only on the *quantity* of education experienced and qualifications achieved but on the *quality and nature* of the educational experience—its appropriateness to the individual, and their engagement with learning.”

Department for Education and Skills, Research Brief RCB05-05, October 2006. *The Wider Benefits of Learning: a synthesis of findings from the Centre for Research on the Wider Benefits of Learning 1999-2006*

Contents

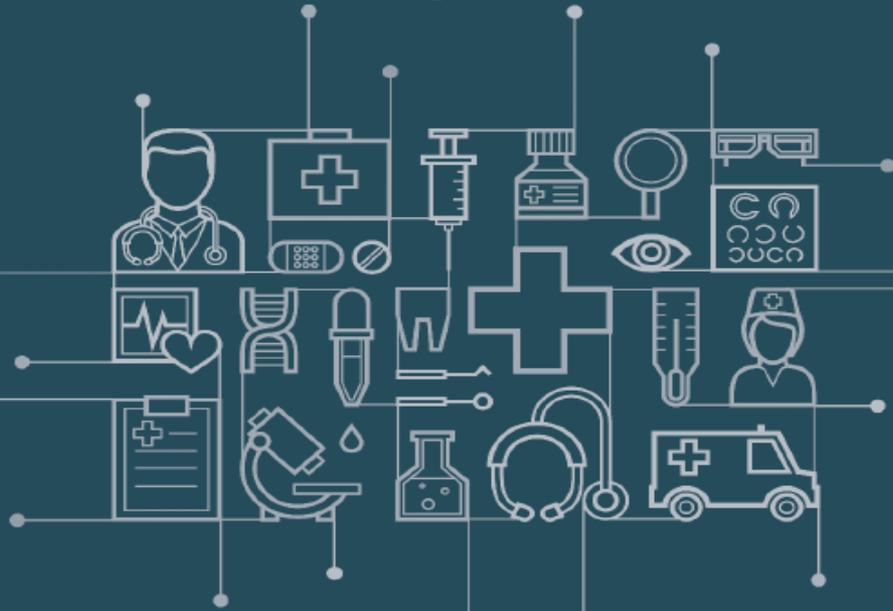
Where we are today?

What people told us

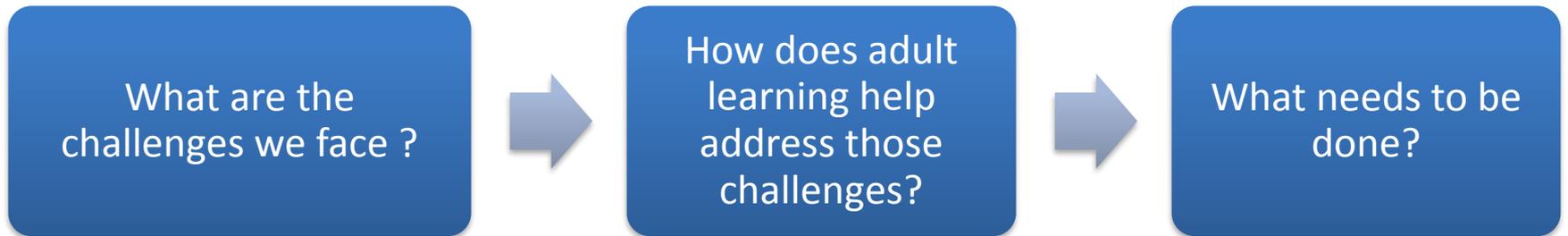
Learning Work & Health – **6 big challenges**

What needs to be done?

Learning, work, and health: the next 70 years



OUR NARRATIVE



Learning and Health

Challenges

- Ageing population
- Lifestyle diseases
- Mental health & well-being
- Fragmented system
- 'Devolution Deal' areas

Solutions?

- NHS Forward View
- Prevention is better than cure
- Multi-disciplinary teams
- Devolution Deal areas
- Social prescribing
- Empowerment

Empowering the local ...

- Adult learning contributes to and impacts across a wide range of policy areas
- It is most effective when it involves multi-agency approaches
- It requires systems-thinking, collaborative local leadership

- **it thinks globally, acts locally**

The UK has signed up to the global Sustainable Development Goals, recognising that the actions of one country impacts on others. Part of this means reacting to changes in the climate and enforced migration. It means being part of a global community ensuring that refugees and new arrivals are given access to English courses to support integration. Adult basic skills are just above safety and shelter on the hierarchy of need; they are not a 'nice to have'. But in addition, adult learning helps interpret and make sense of what's happening in a 'Post Truth' world.

Similar, to sustainable development we would like to see a requirement of all UK administrations, at whatever level, to embed lifelong learning into all policies. Unlike sustainable development, we would like this to be monitored and reported upon.

Just as there should be an equalities impact assessment for all government policies, we believe there should be a *lifelong learning policy analysis* that looks at the role of learning in addressing the many challenges all parts of the UK face.

English devolution... a WIP

- London, Greater Manchester, Liverpool City region, Cambridgeshire / Peterborough, West of England, Tees Valley, West Midlands...[and] North of Tyne, Sheffield City Region
- 50% of national Adult Education Budget (£1.3 billion)
- Includes 'Community Learning' *and* 'Skills'

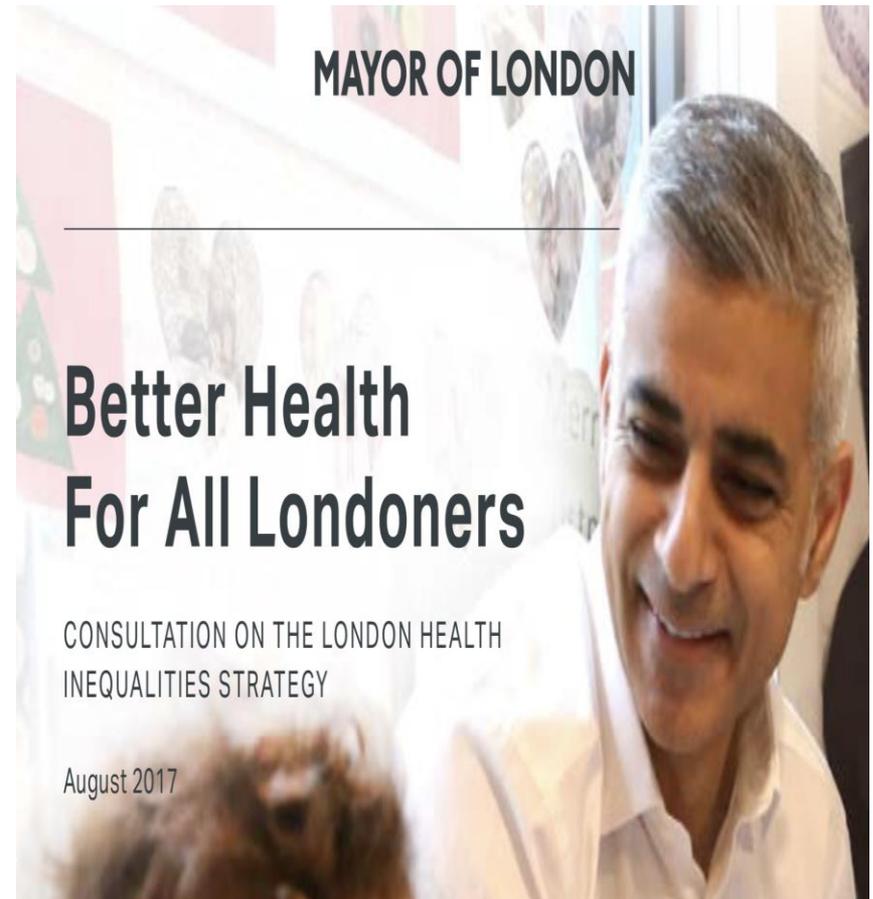
Some opportunities

- **Cross-cutting:** devolution gives the opportunity to link strategies, for example in London:
 - Skills for Londoners
 - Better Health for Londoners
 - Mayor's Social Integration Strategy
 - Cultural Strategy

For example, in London...

...devolution gives the opportunity to link strategies:

- *Skills for Londoners*
- *Better Health for All Londoners*
- The Mayor's Social Integration Strategy
- Cultural Strategy



Healthy Communities

There are seven objectives to help achieve this:

1. It is easy for all Londoners to participate in community life.
2. All Londoners have necessary skills, knowledge and confidence to understand how to improve their health
3. Health is improved through a community and place based approach
4. Social prescribing becomes a routine part of community support across London

7. London's communities feel safe and are united against hatred in whatever form it takes.

OBJECTIVE 4.1:

It is easy for all Londoners to participate in community life

By taking part in community life, people can improve their health and gain a sense of personal control over their lives. This helps them to develop personal skills, self-confidence and the ability to deal with life's challenges at all ages. Healthy and thriving communities are those where people from different backgrounds can develop meaningful relationships. They are places where neighbours look out for each other. They are also places where people have a voice in decision-making about their area and the services within it.

Many Londoners already give their time freely for the benefit of others, either volunteering through organisations, or informally helping neighbours and friends. Volunteering is an important part of community life that can improve the health and social outcomes of volunteers and those receiving support where that is the case.⁸⁶ There is a huge range of volunteering activity in London. It

Rochdale, Greater Manchester

Kirkholt Services Fayre
14th April 2015

oasis unit
dementia confusion
increased

Community matrons
give care & support
don't suffer from long term illness alone.

Health visits
5-6 years old, school visits
0-5 years old home visits
Scipost support

URGENT CARE
Emergency Services
AMBULANCE

DRINK?! Facts
Beer: pint = 2.5
2.5 units
Wine: 250ml = 2.5
Spirits: 50ml = 1 unit
bottle of beer
men: 3-4 units daily
women: 2-3 units daily

check list:
What is urgent
call for
Minor illness
Minor injury
clinical assessment
unit
short stay
admissions
open 24 hours
2 day
X-rays

SPORT
Kirkholt wants more...

respect
Kirkholt residents show help

enjoyable
Kirkholt is...

friendly
Kade says people are

Constable cub!
working on behalf of GMP

Community events
Kirkholt wants more...

Lovely
Kirkholt; humans NOT Thugs

Shops stay open longer
Kirkholt wants...

Just ask!
STRAID PHARMACY
Free inhaler
respirator check
collect and
deliver

14.04.15 Cat Jessop



Reduced volume of high level / high-cost response services



Increased volume of demand for proactive / preventative services



Reduced volume of inappropriate call-outs to GMP by an average of 60%



Reduced instances / rates of domestic violence / abuse.



Increased rates of participation in learning



Increased skills levels (levels 1-3)



Increased employment: at or above levels in support programmes



Reduced homelessness, evictions and housing enforcements



Reduction in drug and alcohol misuse



Reduced early deaths



Increased take up of dental services



Increased hope, trust, aspiration, job satisfaction

What is Social Prescribing

The 'Rotherham Model'

- *'I've got six things wrong with me, I'm on 10 different drugs, I've been in and out of hospital for years, but the biggest problem I suffer from is 'four-walls-itis'*
- *'As a local GP social prescribing has been one of the most significant improvements in my ability to care for my patients in recent years. The noticeable improvement in people, who have been struggling with long term problems both mental and physical that had seemed to have reach the end of what medicine could offer them, is remarkable.'*

The 'Rotherham Model'

- VAR is the contract body and acts as the Single point of contact
- We have a team of 11 includes 8 link workers who work at VAR as well as GP practices
- Funding comes via the CCG and is part of the Better Care Fund.
- Approximately 56% of funding is used to deliver VCS services . We micro- commission services from VCS through service level agreements/ spot purchases/ grants. We currently have 20 SLA's with an average value of £17k
- We have regular contract meetings, provider & service user events and a funding panel that agrees SLA and grants
- We have well established, academic & sustained evidence base

What the evidence is showing us – impact on health & demand

- **Health and wellbeing** –consistently large improvements in wellbeing for all patients/ service users referred. **Over 80%** improvements for LTC patients and **over 90%** for MH service users. **Over 72%** of all SPS patients are referred on to a service to help tackle loneliness & isolation
- **Reduction in demand for services** – for the LTC service consistent reductions in use of services **6-11%** reduction in non elective inpatient stays and **13-17%** reduction in use of A&E services – more detailed analysis shows higher reductions in certain types of patients. MHS - **over 50%** discharge from services for those eligible for discharge review
- **Impact on GP time** – pilot study shows **28%** reduction in face to face appts **14%** reduction in telephone appts – findings are consistent with others across country. Helps patients manage symptoms, supports carers, impact on medication usage
- **Financial savings** – cost avoidance and return on investment plus significant additional benefits to patients/ users & sector

What the research is showing us – impact on the VC's

- **SPS is a route into delivering a community asset based approach to health** - connects, through a single gateway, voluntary and small community groups into wider healthcare delivery. It taps into the potential out there in communities and within individuals
- **It supports the VCS to deliver options and solutions to people's needs.** Rotherham's model provides funding to front line VCS organisations .It's a resourced intervention rather than just signposting to already overstretched VCS services.
- **We work with VCS groups alongside SPS users** - help secure additional funding, volunteers, diversify income, new activities, increase citizen engagement/ independence/ resilience. It helps rather than hinders VCS sustainability

Social Prescribing – Learning Challenges/ Successes

- Truly person centred care needs a non clinical approach to sit alongside a clinical approach. Integrated care is often seen as health and social care service integration.
- SPS has developed organically/ locally and differently across the country – it can appear ‘messy’ it needs NHS/ CCG/ LA to have a leap of faith to really work differently. The risks of scaling up
- Funding/ money flows need to change to really support integration and innovation – the role of ACS and Place Based working
- Link workers are vital and signposting can work but it is only as good as the VCS capacity to deliver and be signposted too. The VCS is not a sponge to soak up Public Sector cuts and increased demand
- The VCS needs resourcing and investment in different ways. VCS groups need support to develop as well as the individuals referred to SPS. If not SPS will hinder rather than help VCS sustainability
- Bromley By Bow; Well North Wales; Working Well Greater Manchester....

Implications

- **Collaborative leadership:** have we got the skills and resources to work:
 - with each other?
 - with other agencies?
- **Continuing Professional Development**
 - have all our staff got the right skillset?
 - how do we use learning to support multi-agency teams?



www.learningandwork.org.uk

 @LearnWorkUK