Living Well

Pioneer for Cornwall and the Isles of Scilly

A report to
The House of Commons Health Select Committee

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March 2014

Foreword

The partners

NHS

Kernow Clinical Commissioning Group

Royal Cornwall Hospitals NHS
NHS Trust

Cornwall Partnership NHS
NHS Foundation Trust

Peninsula Community Health
Quality care, closer to you

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CORNWALL COUNCIL

Council of the ISLES OF SCILLY

PENINSULA MEDICAL SCHOOL
UNIVERSITIES OF EXETER & PLYMOUTH

cornwall carers service

Volunteer CORNWALL

Cornwall & The Isles of Scilly age UK

Pentreath
Working your way

healthwatch Cornwall

healthwatch Isles of Scilly

South Western Ambulance Service NHS
NHS Foundation Trust

BT Cornwall

To watch the foreword by the Rt Hon Norman Lamb MP, Minister of State for Health please go to the link below.

http://vimeo.com/87681798

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Case Study

"Anxious about recurrent falls, Mr B had not left his house for 2 years and spent most of his time in one room, very dependent on his wife who also had mobility issues. Both were frequent users of out of hours and acute hospital services, both very depressed. Mr B had physiotherapy some time ago but had been too afraid of falling to keep up his exercises."

Mr B's case was highlighted through the GP and he was asked whether he would like a visit from a volunteer working with the practice to come and visit.

A 'guided conversation' with a trained volunteer revealed that Mr B really wanted to walk his dog on the beach, which the volunteer facilitated, managing the risks but supporting him to become mobile. This had a very positive impact on his physical and emotional health and that of his wife.

"Mr B hasn't called the ambulance since and when the volunteer last went to visit, he was out – walking the dog."

Executive Summary

Our approach to Pioneer is what we call **Living Well** and it offers an innovative way of designing new local communities of care by bringing together people and organisations under a shared vision.

The focus is to create and implement a programme that is greater than health and includes emotional well-being, financial stability, social connectivity and purpose. This is an equal partnership between community and voluntary sector, local authority and health commissioners and providers; it is genuinely co-produced with people and for people.

Our ambition through Living Well is not just to positively change lives for the people living in Cornwall and the Isles of Scilly but also to change lives for those of us working and volunteering here. Evidence from a proof of concept project working with the two GP practices in the Newquay Pathfinder has demonstrated the benefits and cultural shift we can achieve from working in a different way and we have used this, together with national and international evidence to reshape the way we think about service design and delivery.

Living Well is not a project or a programme, it is an approach that brings our fragmented system together under a shared vision and commitment and provides a framework for the future engagement of our communities and the delivery of our services.

This is our Pioneer journey

The Beginning

In 2010 and 2011, the voluntary sector through Age UK Cornwall and the Isles of Scilly and Volunteer Cornwall with support from Duchy Health Charity, local authority, health and private sector partners, invited older people, carers, relatives and members of the Cornish community to join them to celebrate Age and Ambition.

A similar event was held on St Mary's with full support from the Isles of Scilly Council, health commissioners and providers.

Over 1,000 people and 40 organisations came together to discuss what we loved and what we wished for, as we collectively grow older in Cornwall and the Isles of Scilly.

Our Wall of Wishes and Trees of Talent began a dialogue with our community that has changed the way we think about service delivery and resulted in the Newquay Pathfinder.

What we heard loud and clear from people is that they want to be at the centre of services we deliver. That we should focus on the skills, experience and talent people have, reshaping what we offer around a conversation with them.

This learning was the foundation for the Newquay Pathfinder and has now developed into a whole system approach in Living Well.

There are three pillars to our Living Well framework.

1. It starts with a conversation:

- Changing lives is about conversations - with individuals, with practitioners and with communities.
- It starts with people's aspirations, understanding their story and supporting them to reach their goals.
- It is about trust and relationships that matter. Seeing people as human beings who have skills and experience to contribute to their community and their care.

> "It starts with people's aspirations, understanding their story and supporting them to reach their goals"

2. It changes the way we live, the way we work and the way we feel:

- People who were patients becoming volunteers, people who were volunteers becoming practitioners, people who were practitioners becoming radical champions for change.
- Giving practitioners permission to work collaboratively across organisations, responding to people's aspirations.
- People feel they can reach their goals and this increase in confidence enables them to play a more active part in their community.
- Improving the offer to an individual requires practitioners to simplify the health and care system around them, taking out the duplication and as a consequence, reducing costs.

3. It is sustainable and replicable:

- The concept is based on people and the resources in a community so that each individual and locality can shape their own solution.
- Robust, shared performance monitoring ensures we can demonstrate and monitor delivery.

The Development

We have many examples of where the local practitioners and communities come together to make a difference and change the way we work and live.

In West Cornwall, the development of local clinicians and community working together has reshaped the West Cornwall hospital into a vital local service serving the needs of its population. In Cornwall Partnership Foundation Trust, the development of dementia support teams working as part of their local GP practice and community has positively impacted on the lives of individuals and their families. In the Newquay Pathfinder, the voluntary sector working directly with nursing teams in Peninsula Community Health, primary care and social care, has improved lives and reduced hospital admissions. In all our communities we have people who are community makers, tirelessly working to support others and give their time and experience.

What makes this approach different and sustainable, is a desire from leaders and practitioners across sectors to unite under a shared commitment of supporting people to live the lives they want

We have a strong history and tradition of entrepreneurial approaches. Our Living Well programme will build on all that experience and good will, to create locality models of care shaped around individuals and the assets of our communities. What makes this approach different and sustainable, is a desire from leaders and practitioners across sectors to unite under a shared commitment of supporting people to live the lives they want; there is recognition across our leadership that we have to put the needs of the individual above our organisational priorities and that there is no alternative than to bring the best of what each organisation has to offer to reshape our system.

The challenge is considerable, Cornwall and Isles of Scilly commissioners are faced with increasing demand on the health and social care economy, changing demographic profiles and increasing public and patient expectation. Through on-going dialogue supported by the clinical commissioning group, providers and commissioners are coming together under a Leadership Summit, to share not just the collective weight of our challenge but to push beyond organisational self interest to develop a Living Well framework that improves lives and the quality of support networks within our communities.

> It requires far greater collaborative working with care homes, domiciliary care agencies as well as a wide range of voluntary and community sector organisations

One of the potential opportunities to help us in our journey is the Better Care Fund (BCF). Our Living Well approach and ambitions are greater than that set out in the BCF. The Health and Wellbeing Board, which holds the governance for Living Well and BCF, has been clear that pooling of budgets is important to facilitating change and colleagues across local authority and health are exploring new mechanisms for funding and commissioning with central government colleagues. This includes reviewing options for outcome based commissioning, the development of financial modelling tools and new finance options such as local and social impact bonds.

Instrumental to the BCF is an understanding of how best to enact the shift of activity and budgets from acute care to community based care. Success is predicated on a total system-wide working extending beyond public sector services. It requires far greater collaborative working with care homes, domiciliary care agencies as well as a wide range of voluntary and community sector organisations. Locally within the Living Well programme we are asking for support from national colleagues to analyse funding and activity flows around the system and subsequently how to better commission and contract for this.

The Methodology

Living Well is underpinned by the International Health Institute's (IHI) **Triple Aim** as its guiding framework and measurement of success.

1. improving the health outcomes of a population;
2. improving the individual experience of care; and
3. reducing the long term costs of care

This collaborative and dynamic approach provides goal-oriented conversations through the voluntary and community sector with individuals most at risk of frailty and vulnerability and reshapes the care and support around those goals and priorities. Identifying people and providing support as early as possible lifts individuals out of dependency and creates a model of care based on the assets of the individual, their family and their community; this is central to our plans to empower people to live the lives they want to the best of their ability.

This approach has been tested in a small scale pathfinder programme involving 100 older people in Newquay who had one or more long-term conditions. The people supported by the Newquay Pathfinder have seen significant improvements to their health and wellbeing; fewer emergency hospital admissions and are now less dependent on social care support.

Living Well takes the learning from this project and with voluntary sector funding and full support from NHS Kernow and Cornwall Council, is supporting 1,000 people in west Cornwall, who will now benefit from the same tailored voluntary sector, public health, NHS and social care support.

This new approach will explore opportunities to bring providers and community together as part of a new local care networks, working to improve the well being of their population, remove service inefficiencies and duplication and reduce unnecessary escalation of care costs. Living Well builds on local primary care networks to assess future workforce skills, a shared performance outcome and financial modelling framework and opportunities for much greater service alignment across localities.

Although much of the whole system testing will be done in west Cornwall, we have an ambitious approach to roll this out across our county within 12-18 months and there are elements of this approach being tested simultaneously in different localities.

The Benefits

We used three overarching approaches to measure the impact of our approach in the Newquay Pathfinder and these will be expanded and developed into a shared outcome and performance framework for Living Well.

1. Improved wellbeing and quality of life.
2. Integrated working works.
3. Reduced cost across the whole system

The outcomes and performance framework has been developed as a social impact bond model with support from social finance and the evidence and lessons learnt from Newquay Pathfinder are being used to inform Living Well.

Outcome One: Improved wellbeing and quality of life

Our first outcome is to understand whether the Newquay approach improves people's health, wellbeing and quality of life. To measure this we used the Short Warwick-Edinburgh Mental Wellbeing Scale.

This Scale comprises a series of seven simple questions. The process is designed to be simple to undertake with questionnaire one completed at the first visit with the second questionnaire completed after six weeks on the programme. The question set is fixed for both.

Our analysis shows that the population's self reported wellbeing improved by **23%** against an average improvement locally of **8%- 11%**.

Building Social Capital

We were also interested to see if the Newquay approach impacted on whether people were able to actively support others in their community or peer group and thus increase our chain of wellbeing. In order to do this we monitored the percentage of our population who were providing community/peer support at the start of the Pathfinder and again at the end.

We found that prior to the Pathfinder, **0%** of our population were providing community/peer support to others. Twelve months after being on the Pathfinder, **10%** are providing this support.

> "Our first outcome is to understand whether the Newquay approach improves people's health, wellbeing and quality of life"

A key finding is the importance of trust to the effective working of an integrated team

Outcome Two: Integrated working works

This outcome focuses on the practitioners working as part of the integrated multidisciplinary team. Without the people who work in the system and who are prepared to challenge and change the way they work, we could not have piloted the Newquay approach.

The Newquay locality team integrates volunteers, district nurses, community matrons, GPs, voluntary sector staff, local social workers and case coordinators. The team is located together in one building. They created their own team charter and role definitions. They have multidisciplinary team meetings.

The key measurement tool used has been a locally designed staff survey, which looked at a range of questions. At the end of the pilot **87%** of practitioners felt that their work on the Newquay pilot was very or extremely meaningful. **87%** of practitioners also said that integration was working very well or extremely well.

Observations from the locality team

Feedback from one of the team leaders observed increased morale, as they feel more supported with other options for signposting. Practitioners feel there are better step up and step down processes and an improved range of services to offer instead of just discharging a person. The team is operating as a truly integrated team with volunteer workers an intrinsic part of multidisciplinary case meetings and social events.

A key finding is the importance of trust to the effective working of an integrated team. Trust to discuss sensitive issues and work together to find solutions, trust to hand work over to volunteers and trust that volunteers will hand work back when appropriate, with respect for each other's expertise and contribution. In particular, volunteers are regarded as full members of the team – they are recruited, trained and work to a specification in the same way as paid staff, the difference being they give their time freely. This team ethos needs to be continually nurtured and commitment to a different way of working reinforced.

Outcome Three: Reduced cost across the whole system

Our experience in Cornwall when we've tried to implement integrated or joined up service delivery, is that there are unexpected cost and activity impacts on other parts of the system. In the current financial climate where both the NHS and social care are experiencing reductions in funding, it was important to know if the Newquay approach was costing the system less overall. In addition, if it was costing less, was there a cost impact on other parts of the system in order that both commissioners and providers can make future decisions?

We also wanted to ensure as far as possible we were able to attribute any impacts to the Newquay approach and not to other interventions in the system.

Cost of non-elective acute admissions

We explored two methods of analysis:

1. Counterfactual modeling using a comparator population.

2. Historical cost modeling.

Using the counterfactual approach we can demonstrate a **30%** reduction in non-elective emergency admissions. Long term conditions non-elective emergency admissions were reduced by **40%**.

We developed historic cost modeling using two different scenarios. Scenario 1 was to measure pre-Pathfinder days back to the point of first hospital admission for the people with long-term conditions and here we can demonstrate a **56%** reduction.

Scenario 2 was to look back a further twelve months from the point of first hospital admission and here we can demonstrate a **25%** reduction.

Cost and demand of community activity

Analysis of community health cost and activity shows a cost neutral position. However there has been a shift in case load management between district nurses and community matrons due to a change in staff capacity and a community matron vacancy.

Cost and number of adult social care packages

Adult social care costs represent a significant proportion of the whole system public service cost for over 65s in Cornwall.

Using counterfactual modeling we can demonstrate a **5.7%** reduction in the cost of ongoing social care packages in our Pathfinder cohort. What is even more interesting is the reduction in the rate of new packages of social care.

Living Well aims to release people from the traditional constraints of the health and social care system which, as the Newquay Pathfinder proved, brought an unexpected quality to the life of those involved in the project. Individuals have told us that they are happier and more in control of their lives being more connected to their friends, their relatives and their communities and able to do things for themselves and for others. They have needed to go to hospital and rely on formal care services much less than they used to.

If you would like further information on Living Well: Pioneer for Cornwall and the Isles of Scilly please contact:

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