

<b>Section A: CPH to complete</b>	
<b>Name:</b>	Tracey Roose
<b>Job title:</b>	Chief Executive
<b>Address:</b>	Age UK Cornwall and the Isles of Scilly
<b>Guideline title:</b>	'Independence and mental wellbeing for older people'.
<b>Committee:</b>	Public Health Advisory Committee B
<b>Subject of expert testimony:</b>	<i>Living well</i> in Cornwall and the Isles of Scilly
<b>Evidence gaps or uncertainties:</b>	[Please list the research questions or evidence uncertainties that the testimony should address]
Expert testimony was requested which described:	
<ul style="list-style-type: none"> <li>- What was involved in the project</li> <li>- The findings from the evaluation any lessons learnt</li> <li>- The impact that the work led by Age UK has had on the independence and mental wellbeing of older people in the area</li> </ul>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary ]
<p><b><i>Living Well in Cornwall</i></b></p> <p>Living Well aims to help people to build self-confidence and self-reliance by providing practical support, navigation and co-ordination to those most at risk of increased dependency and hospitalisation. Living Well staff work in teams including the voluntary sector, district nurses, GPs, community matrons, social workers and mental health nurses to provide wrap-around support.</p> <p>The intervention starts with a “guided conversation” between the individual and an Age UK co-ordinator who is trained in motivational interviewing. Through this individuals identify their goals and a management plan is developed to support the person to achieve them. Trained volunteers then provided continued support to build individuals’ social networks, helping them to connect to their community, and increasing their physical and social activity, which in turn improves their health and wellbeing.</p> <p>The scheme is currently working with 150 people in Newquay – where an initial pilot was run – and 500 people in West Cornwall and is starting to recruit a new cohort in East Cornwall. Clients are proactively identified using a range of criteria including: having at least two long term conditions; having a social care package and needing emergency support.</p> <p>The core elements of <i>Living Well</i> include:</p> <ul style="list-style-type: none"> <li>• Understanding the population – using risk stratification, case finding and local knowledge to identify people at high risk of hospitalisation; recognising social isolation and loneliness as factors that contribute</li> </ul>	

towards a crisis

- Guided conversation – an unscripted engagement to identify individual needs
- Community involvement and mapping – through conversation with local leaders to identify existing resources and find the ‘community makers’
- Information sharing – sharing data across all sectors, using common protocols and management plans.

The support is bespoke and past activities have included everything from helping a previously housebound gentleman to go for a walk on the beach, to supporting a lady to improve her functional ability so that she could walk to the bathroom to wash her hair. These are low-level interventions, and volunteers are the key to helping individuals get on top of things that affect their wellbeing. Health and social care outcomes are improved almost as a side effect.

The project is currently in a test phase which is funded by a local health charity, Age UK Cornwall & Isles of Scilly and Age UK national and the Cabinet Office, with local health and social care organisations committing staff time. The cost per person is approximately £400.

Outcomes of the scheme are measured using the WEMWBS. In the first year of the Newquay scheme clients recorded on average a 23% improvement in their wellbeing scores. An average improvement of 20% has been recorded in the first few months of the West Cornwall scheme.

The evaluation of the pilot in Newquay showed a minimum 29% reduction in the cost of hospital admissions and further cost savings across the health and social care system. A similar trend is being seen in initial data analysis of the West Cornwall with results currently indicating for the first 230 people, we have observed a 41% reduction in acute activity with a 25% reduction in emergency admissions for this cohort. The scheme is using independent financial modelling to analyse patient activity data on an individual basis, comparing that with a matched control group identified using a genetic typing technique.

There are ambitious plans to replicate the scheme around the country, based on the results of the test phase.

#### **Extract from a Volunteer Working with the Living Well Team – in his words**

*“X [the Living Well Co-ordinator] introduced me to a man with severely ulcerated legs who may have had gangrene – there was a question about whether his foot or toes should be amputated. He’d been rushed to hospital previously. He’d got in trouble for non-payment of council tax and his house needed deep cleaning. We managed to get him a bank account established and his bills are being paid. He’s beginning to take an interest. He had cancelled 2 operations in the past because he couldn’t find anyone to look after his dog. I took him into to Treliske because he was asked to be there at 7.30 in the morning. I went and got him and took him in. It took an hour and a half for someone to come and talk to him. Then they wouldn’t do the op because he hadn’t arranged for someone to look after him overnight, so I took him home again. He’s now got another date – this time he’s agreed to stay in overnight because we’ve found a way to look after his dog and I’ve arranged a relief carer for my wife so that I can take him in again. X [Living Well Co-ordinator] arranged for an advocate to deal with his council tax – he had had bailiffs around several times but they’d gone again because there was nothing*

*there of any value. The forms to fill in to claim exemption due to his depression were 42 pages long. The form itself frightens him, it literally frightens him. His hands are trembling – that's why he doesn't open his post. He is now worried that the GP will not sign the form because the form says 'severe mental impairment', but he doesn't want to say that he is severely mentally impaired because he's worried that they will put him away somewhere. We're trying to be the catalyst to connect bits of the system around him, to deal with the council and get the operation done. No-one was otherwise dealing with him in a way that would help him deal with all those problems, and he couldn't deal with them himself"*

**References (if applicable):**

<http://knowledgebucket.org/>

# Living Well

Pioneer for Cornwall and the Isles of Scilly

Supporting people to live the lives they want

## OUR THREE AIMS

<b>IMPROVED HEALTH AND WELLBEING</b> 	<b>IMPROVED EXPERIENCE OF CARE AND SUPPORT</b> 	<b>REDUCED COST OF CARE AND SUPPORT</b> 
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## THE PRINCIPLES

<b>STOP CREATING NEW LAYERS</b> – support existing groups and connect people together 	<b>COMMUNICATE WHAT'S AVAILABLE</b> and where in a way that people find useful 
<b>ENCOURAGE LOCAL LEADERSHIP AND ENGAGEMENT</b> 	<b>BE BOLD AND BE BRAVE!</b> 

## SO FAR WE ARE SEEING...

RECRUITED COHORT NOW AT **800**

20% OF PEOPLE IN THE PROGRAMME GO ON TO BECOME VOLUNTEERS THEMSELVES

67 VOLUNTEERS and 12 CO-ORDINATORS

### Living Well Penwith

EARLY SIGNS ARE A REDUCTION IN:

- Accident & Emergency activity
- Emergency hospital admissions
- Outpatient first appointments
- Minor Injury Unit attendances

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WELLBEING	ACUTE HOSPITAL ACTIVITY	EMERGENCY	IN-PATIENT	OUT-PATIENT
20% improvement	41% reduction	25% reduction	46% reduction	4% increase

of which

## THE CRITERIA

**A MINIMUM OF 2 LONG TERM CONDITIONS** OR **A SOCIAL CARE PACKAGE IN PLACE WHERE**

from the following: diabetes, dementia, respiratory (COPD), heart failure, stroke, memory loss, parkinson's, hypertension, osteoporosis, have a history of falls, risk of repeat infection (urinary tract infection or pneumonia)

- The value is £50 per week or below.
- The value is £200 per week or above. This includes lunchtime visits.
- The person has received support from the Early Intervention Service 3 times or more within the last 12 months.
- The person has been supported through an urgent response or emergency duty 3 times or more within the last 12 months.

**£2500+** AVERAGE UNPLANNED HOSPITAL ADMISSION COST FOR THIS COHORT

**£400** THE MAXIMUM COST OF SUPPORT PER PERSON

WE ARE SEEING A 3:1 RETURN ON INVESTMENT

## OUR BUILDING BLOCKS

CONVERSATION AND GOAL SETTING	AIDING RECOVERY WITH HELP FROM VOLUNTEERS
COMMUNITY SUPPORT AND NETWORK DEVELOPMENT	SPECIALIST SUPPORT
CARE CO-ORDINATION BY INTEGRATED TEAM	

## CULTURAL CHANGE ELEMENTS

LOCAL PEOPLE LOCAL CONVERSATION	STRONG GP BUY-IN
PRACTITIONER CO-DESIGN	INFORMATION SHARING
BUILDING TRUST AND RELATIONSHIPS	

## THE FACTS

**670** COMMUNITY GROUPS MAPPED IN PENWITH

**45+** COMMUNITY MAKERS

**31,000** HOUSEHOLDERS DESCRIBING THEMSELVES AS OFTEN OR ALWAYS LONELY

**34,000** PEOPLE AGED 65 OR OVER LIVE ALONE

**£1.7m** WHAT VOLUNTEER TIME GIVEN SO FAR WOULD EQUATE TO BASED ON THE MINIMUM WAGE

PROJECT TEAM SPANS HEALTH, SOCIAL CARE, INDEPENDENT AND VOLUNTARY SECTOR, DRIVEN BY LOCAL GP CHAMPIONS

ONLINE REPOSITORY THE 'KNOWLEDGE BUCKET'

WINNER OF HEALTH SERVICE JOURNAL AWARD 2013 FOR MANAGING LONG TERM CONDITIONS

SHORTLISTED FOR HEALTH SERVICE JOURNAL AWARD 2014 FOR PRIMARY AND COMMUNITY SERVICE REDESIGN

FIRST LOCAL SCHOOL OF HEALTH AND CARE RADICALS FOR NHS IMPROVING QUALITY

SHOWCASED IN NHS ENGLAND'S FIVE YEAR FORWARD VIEW AS A FUTURE MODEL OF CARE

**40+** ORGANISATIONS ACROSS THE UK LOOKING TO US TO SHARE A NEW WAY OF WORKING

SO FAR 6 CLINICAL COMMISSIONING GROUPS IN THE UK HAVE AWARDED REVENUE FUNDING OF OVER £0.5M TO LOCAL AGE UK AND OTHER CHARITIES, BASED ON OUR MODEL

Information correct as of January 2015