

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 23 May 2018

Officer of the Single Commission Jessica Williams, Interim Director of Commissioning

Subject: **DEVELOPING SELF MANAGEMENT EDUCATION IN TAMESIDE AND GLOSSOP**

Report Summary: This business case proposes that two funding streams are brought together to invest in a new programme for Tameside and Glossop to develop a co-ordinated self management education offer that consists of 7 key elements. The funding streams are:

- £27,000 recurrent funding used in the past to commission Self Management UK (previously Expert Patient Programmes) to deliver self management courses
- £80,000 of Public Health Investment Fund, committed for two years

Recommendations: The e Strategic Commissioning Board recommend to the Council and CCG to support the proposals for investment outlined in this report .

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC Population Health	80	-	-	80
CCG	27	-	-	27
Total	107	0	0	107
Section 75 - £'000 Decision: Strategic Commissioning Board			£80k is currently earmarked in the public health investment fund for this in 18/19 and 19/20. £27k is built into CCG budgets on a recurrent basis in anticipation of this.	
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison				
Mental Health investment is a high profile matter in 2018/19, with increased scrutiny of locality plans at both a GM and national level. The Tameside and Glossop health and social care economy recently made a commitment to increase investment in mental health services (an additional £2.5m in 2018/19 budgets) to ensure delivery of the five year forward view and the Mental Health Investment Standard (MHIS).				
This business case is aligned to the strategic ambition for mental health in Tameside and Glossop and is funded within existing budget.				

Consideration needs to be given to future commissioning intentions when the Public Health Investment Fund expires in 2020/21.

Legal Implications:

(Authorised by the Borough Solicitor)

The Board should be satisfied that the business case represents value for money and on balance demonstrates that it is capable of fulfilling the aspirations to develop a co-ordinated self management education offer.

What is the evidence base for this recommendation?

National Five Year Forward View for Mental Health.

Is this recommendation aligned to NICE guidance or other clinical best practice?

Yes – based on range of NICE Guidance re mental health and requirements to deliver NICE Concordat Care.

How will this impact upon the quality of care received by the patient?

If additional funding for mental health support is committed the quality of care for patients will be improved.

Views of the Health and Care Advisory Group:

The Health and Care Advisory Group recognised the benefit of expanding the self-care offer and recommended that the SCB support the business case on the proviso that robust evaluation is embedded within the service.

Access to Information :

The background papers relating to this report can be inspected by contacting Pat McKelvey.



Telephone: 07792 060411



Email: pat.mckelvey@nhs.net

1. EXECUTIVE SUMMARY

- 1.1 A co-ordinated vision for self management education that aims to align and develop resources that support individuals to self care, across physical health, mental health and lifestyle change has been developed within Care Together.
- 1.2 This business case proposes that two funding streams are brought together to invest in a new programme for Tameside and Glossop to develop a co-ordinated self management education offer that consists of 7 key elements as described below. The funding streams are
 - £27,000 recurrent funding used in the past to commission Self Management UK (previously Expert Patient Programmes) to deliver self management courses
 - £80,000 of Public Health Investment Fund, committed for two years
- 1.3 These resources combined with the existing Care Together self care transformation programme to support the development of a much more ambitious self management education offer that is co-ordinated, accessible and embedded in both clinical pathways and community opportunities.
- 1.4 The £107,000 p.a. for two years would be invested specifically into the development of a more ambitious self management education offer that comprises of the following key elements:
 - Continuing to invest in the high quality mental health self management education programme delivered by Pennine Care in the Health and Well-being College
 - Developing a generic self management course for Tameside & Glossop and equipping local trainers to deliver it.
 - Co-ordinating existing SME assets and developing new ones in partnership with local organisations.
 - Ensuring people have access to high quality, accessible information about their condition(s) and how to manage it.
 - Supporting the development of peer support opportunities, led by local community groups but formally linked to their clinical teams
- 1.5 Going forward it is hoped to add the following elements provided through developments in the system wide self care transformation programme;
 - Bringing together the wide range of existing resources into an online resource to help people self manage, with associated neighbourhood hubs.
 - Supporting access to specialised health coaching, specifically for people with long term conditions who have lower activation levels and require more intensive one to one support.
 - Embedding self management consistently in clinical pathways ensuring we have a dual role in supporting people's conditions and empowering them to be effective self managers.

2. OUTLINE DESCRIPTION

- 2.1 The system wide self care transformation programme aims to radically change the relationship between patients, public and the health and care system. People and Tameside and Glossop are living increasingly with multiple long term health conditions that impact considerably on their health, happiness and quality of life.
 - 13,040 (5.3%) of the population of Tameside and Glossop, account for £48m (39%) of all acute activity – this doesn't take account of primary care, social care or community services;

- We have a growing population of people with long term conditions and a growing number with multiple co-morbidities;
- On average someone with a long term condition will spend 4 hours a year with a health or care professional, and 8,756 with their families and within their communities – yet the vast majority of health and care resource is focused on the professional interaction;
- Approaches that seek to build people's capacity to manage their health and health condition(s) are key to meeting the needs of the population we have today, as well as addressing some of the economic challenges faced by the health and care system.

2.2 The system wide self-care programme is the over-arching name for a suite of projects that will empower individuals, families and communities to manage their health and health conditions more effectively either independently or in partnership with their health and social care team. It is funded through the transformation fund.

2.3 The building blocks of the approach are as follows;

Enabling the individual, families and carers – (self-management education and peer support) taking into account the knowledge skills and confidence that an individual requires to manage their health and health conditions well. This involves tailoring the education required to meet the level of support the individual needs.

Enabling communities - 'More than medicine approaches' – (Social prescribing, asset based approaches, volunteering, public engagement and participation). Developing and navigating to community resources that enable individuals to manage their health and health conditions well outside of routine healthcare contacts. Creating the conditions for people to live healthy, satisfying and fulfilling lives beyond merely managing a condition.

Enabling the workforce – (person centred care and support planning, workforce development, Patient Activation Measure, partnership approaches) developing the knowledge, skills and competency to foster a new relationship with patients and the public that promotes independence, voice and choice. This involves the provision of training, continuing development opportunities and the provision of the tools to support person centred approaches.

2.4 This business case is presented with particular reference to the element focused on enabling the individuals, families and carers – Self Management Education and Peer Support.

2.5 There are a range of opportunities available across Tameside and Glossop to support individuals to become active self-managers that include topics on physical health, mental health and lifestyle. Currently these opportunities are provided attached either to specific conditions, organisations or services and specific locations. There is much that we can do to develop and expand the current offer and present it as a cohesive collection of opportunities that are easier to navigate by individuals and their supporters including workers and peers.

2.6 It is suggested that there are some practical actions that could be taken to co-ordinate and develop the self-management education resources that are available. This is recommended on the premise that individuals prefer to use and access information and support in different ways;

Continuing to invest in the high quality mental health self management education programme delivered by Pennine Care in the Health and Well-being College

2.7 The Health and Wellbeing College aims to provide something very different to promote good mental health. It moves away from the clinical focus offered by many traditional mental health support services; instead offers an educational approach designed to empower people to take control of their own health and wellbeing, while learning new skills, making friends and connecting with others. The recovery-focused courses support students

to recognise their own potential and make the most of your talents and resources, through self-management. All courses are co-produced and co-delivered by people with lived experience.

Developing a generic self-management course for Tameside and Glossop and equipping local trainers to be able to deliver it

- 2.8 It is proposed to expand the programme offered by the Health and Wellbeing College to include a generic course that would be applicable to anyone, regardless of their condition (whether physical or psychological) and could focus on building confidence, self-esteem and wellbeing. The content should be informed and developed and co-designed with individuals managing conditions and the staff working with them. A network of trained facilitators and peer educators from the VCS and statutory services could be built using a cascade model that can disseminate and deliver courses through their organisations for their service users and members of the community. Facilitators could be supported through a peer support network, sharing ideas, resources and course adaptations for specific groups. A central function to support quality assurance, consistency and the recording of outcomes would need to be agreed and could include a 'panel' of staff and patients/individuals.
- 2.9 This would have the advantage of incurring no product licence fees attached to national accredited programmes, and no cost or lag attached to waiting for courses for new trainers to be organised.

Co-ordinating existing SME assets and developing new ones in partnership with local organisations to create a comprehensive programme of SME

- 2.10 There are organisations across the statutory, voluntary and community sector in Tameside and Glossop that offer an existing range of opportunities for people to learn and gain skills to live healthier lives, in the form of courses, workshops and peer support groups. These encompass organisations specialist in specific conditions (such as courses run by the Stroke Association or Macmillan), or those that offer education to improve lifestyle habits (such as Hyde Community Action in collaboration with Be Well) or opportunities to learn a broader range of skills that support people with long term conditions to reduce the stress of living with a life limiting illness or mental health problem (such as the Health & Wellbeing College). There is the opportunity to map, co-ordinate and further develop this offer so it can be described as a virtual 'college' of opportunities that are accessible in communities and led by organisations that are experts in their field and represent often marginalised or vulnerable groups.
- 2.11 There are opportunities to link in volunteers and peer educators to co-design and deliver learning opportunities in communities where there are gaps, drawing on learning from the Health and Wellbeing College model. Consideration would need to be given to the development of a light touch quality assurance framework that ensures provision is accessible, has clear objectives, an evidence base where appropriate and outcomes are measured (does the activity improve knowledge, skills or confidence?)

Ensuring that people have access to high quality, accessible information relating to their condition and how to manage it

- 2.12 There are many existing resources covering physical, mental health and lifestyle topics available online that are high quality and free to use and access. These include courses, self-help books and information leaflets. Some online resources are provided by Pennine Acute and the ICFT on physical and mental health conditions. There are a range of national and international resources available and there is also some information available in translation to support contacts with individuals whose first language may not be English.
- 2.13 However, from a public perspective, quality assured resources can feel difficult to source and distinguish in amongst the plethora of information available on the internet. It would be helpful to collate a 'recommended' list of resources to support individuals who are able to

access information more independently and are able to make use of this universal resource with the reassurance that the content has been assessed and approved by health practitioners, or recommended by peers.

Supporting the development of peer support opportunities led by local community groups but formally linked to clinical teams.

- 2.14 Linking peer support with self-management education options is particularly important in building sustainability into any programmes. The evidence of the longer term benefits of self-management education is limited and what is available suggests that the benefits gradually fall off or decrease post intervention. Consideration needs to be given to the mechanisms that need to be in place to support ongoing change and any improvements in an individuals' physical, social and mental health and wellbeing. This could be built in through a number of ways:

- Resourcing the development of peer support groups in communities.
- Creating opportunities for individuals to skills share, design sessions together and run their own education sessions.
- Linking with the asset based community development grant funding to build education opportunities in communities
- Creating a virtual network/community where individuals can sign up, share stories, ask questions, create chats and receive updates about activities and opportunities happening in their area.

3. FUTURE DEVELOPMENTS

Bringing together the wide range of existing resources to provide an online resource to help people self manage.

- 3.1 A central hub where information about all activities and opportunities is available could be developed in order to support navigation and signposting by individuals and the staff working with them. It would need to be accessible for communities and organisations to use. This could be a website – either newly developed or building on any appropriate existing network for Tameside and Glossop that was complemented by information hubs in the neighbourhoods.
- 3.2 There is a range of literature available that has been developed specifically for people with long term conditions, including the resources available online (Pennine and the ICFT both provide resources online for physical and mental health conditions) and resources in hard copy for people who prefer to access information in hard format. Examples of free to use services include the 'Reading Well scheme for people with long term conditions available in public libraries across the borough. The information centre available in the Hartshead Building on the Tameside Hospital site, and the Macmillan Information Centre, also on the hospital site.
- 3.3 Information hubs in each of the neighbourhoods, building on the provision in libraries and perhaps civic buildings and community resources could be further developed.

Supporting access specialised health coaching, specifically for people who have lower activation levels and require more intensive one to one support.

- 3.4 Clinical teams provide elements of health coaching in their contacts with individuals but can be limited by the pressures of limited appointment times and the requirement to complete other tasks during the consultation. A bespoke health coaching service specifically for people with long term conditions who have lower activation levels would allow space for coaching conversations, with a dedicated coach at a frequency agreed with the individual. This would have the benefit of enabling individuals to feel in more control of their health, and to make the most of their contacts with clinical teams. Importantly these opportunities should be created in partnership with clinical teams specialist in condition management.

Embedding self-management education in clinical pathways ensuring we have a dual focus on supporting people's conditions and empowering them to be effective self-managers.

- 3.5 There are many elements of self-management education that already form the offer of some services in the system. For example, the Diabetes team provide courses and the Pulmonary Rehab service include education in combination with their exercise programmes. Similarly there is provision to support mental health and wellbeing available through organisations such as Healthy Minds and the Health & Wellbeing College. However these opportunities aren't always joined up and SME is not always routine, or incorporated across the system for every condition or available to every patient. There are opportunities to incorporate the provision of SME into service improvement programmes, and the re-design of clinical condition pathways.

4. NATIONAL, STRATEGIC AND LOCAL CONTEXT

- 4.1 The vision seeks to make a reality of the approaches outlined in Chapter 2 of the NHS' Five Year Forward View and Greater Manchester Health and Social Care Partnership's Population Health Plan 2017-2021. Our approach acknowledges that the population of Tameside and Glossop is changing and with this change comes a need for a greater focus on the ageing population and increased prevalence of chronic diseases as well as a need to shift resources from merely treating ill health to proactively preventing and managing health and wellbeing.
- 4.2 This proposal meets all the strategic commissioning priorities for improving population health:
- A focus on the **wider determinants** of health and wellbeing, in particular giving children the best start in life and helping people to stay in and return to work, thereby improving their own prosperity.
 - Early intervention and prevention across the life course to encourage **healthy lifestyles** and promote, improve and sustain population health.
 - Creating the right care model so that people with **long term conditions** are better supported and equipped with the right skills to look after themselves and manage their conditions more effectively, reducing dependency on the health and social care system by promoting independence.
 - Supporting positive **mental health** in all that we do.
- 4.3 This proposal aligns to the investment in self care with the aim of promoting good health, promoting independence and reducing dependency
- 4.4 The system wide self-care programme accounts to the Care Together Programme Management Office and the approach has been ratified at Care Together Programme Board, and through internal governance structures at the ICFT.
- 4.5 A Self Care Neighbourhoods Group meets monthly and provides independent scrutiny, advice and guidance to the programme involving a range of organisation and operational service representatives. This group involves amongst others GP Clinical Neighbourhood Directors; Neighbourhood Managers; VCS leads, and wider health and social care partners.
- 4.6 The Health and Well-being College has been recognised as a key element within the Mental Health in the Neighbourhood Developments.

5. OUTCOMES AND BENEFITS

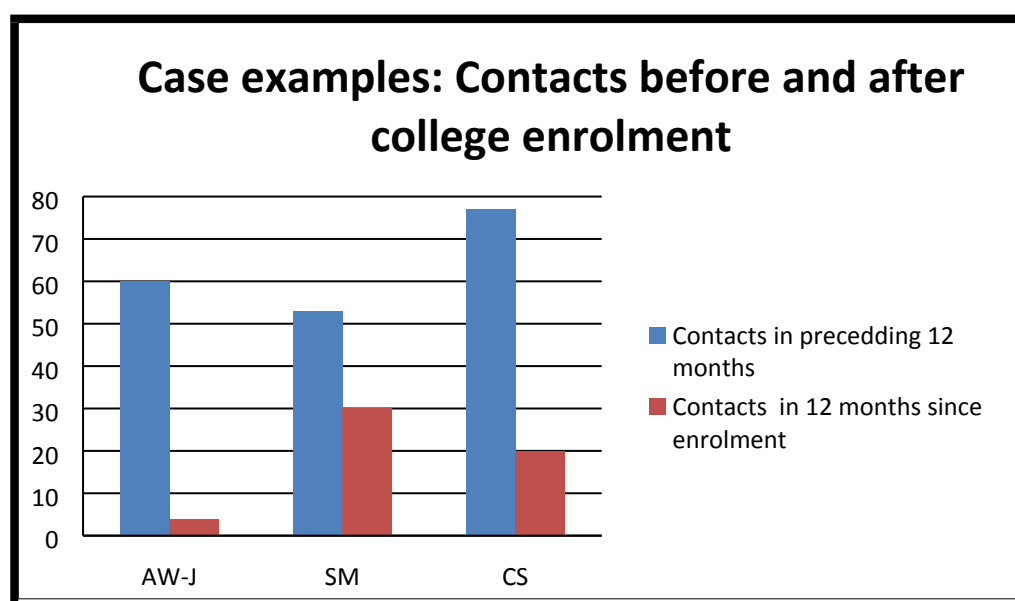
- 5.1 Primary beneficiaries are 13,500 individuals identified through risk stratification as living with chronic health conditions across Tameside & Glossop and people with both common mental health disorders and serious mental illness.
- 5.2 Anticipated outcomes:
- Patients will increase their knowledge, skills and confidence to manage their own health and therefore become more effective self managers.
 - Staff will feel better able to support patients to self manage and have easier access to information about self management education opportunities.
- 5.3 The offer is both specific and universal in nature therefore having a broad reach and supporting population health. For example, creating a site for co-ordinating self management education opportunities and ensuring quality, accessible information about health and health conditions could equally support prevention in the wider population, and families and carers of primary beneficiaries.
- 5.4 Developing a cohesive offer of Self Management Education that is accessible and easy to navigate gives patients and the public opportunities to develop the knowledge, skills and confidence to become active self managers in control of their health and health conditions.
- 5.5 Clinical guidelines suggest that self management education is embedded in clinical pathways. For example, in Diabetes education courses/group interventions are routinely offered as part of their core offer. This proposal intends to build opportunities across all pathways and within communities, in recognition that people spend the majority of time managing their condition(s) independently on their own with little contact with health professionals.
- 5.6 The outcomes will align with the roll out of the Patient Activation Measure across Tameside and Glossop which has gathered a wealth of evidence to demonstrate the benefits of tailoring self management education and supporting self management on impacting health service usage, i.e higher activated patients use health services less and transact more appropriately. <http://www.insigniahealth.com/research/archive/>
- 5.7 A range of benefits are anticipated for patients:
- Improvements in knowledge, skills and confidence will be measured by the Patient Activation Measure – a licensed tool which has been made accessible for Tameside & Glossop through an agreement with NHS England and is available for roll out from the end of January 2018.
 - Benefits for staff can be measured through CS-PAM (a version of PAM that measures the level of knowledge, skills and confidence clinicians have to support self management in their patients).
 - Qualitative evidence will be derived through patient stories, and staff feedback.
 - Quantitative evidence will also be made available through the evaluation of courses and the culmination of outputs/products developed as a result of the programme to provide choice for patients and public.
 - No dis-benefits are anticipated, as it is intended to replace the current courses delivered by Self Management UK with a locally developed course, delivered through a network of local trained facilitator.
- 5.8 Monitoring of this programme will be incorporated into the current monitoring arrangements in the provider contract

6. EVIDENCE BASE

- 6.1 There is strong evidence that self-management support helps to increase people's knowledge about their condition, when to self-care and how to appropriately use health services. Most research suggests that self-management support can improve: people's satisfaction, coping skills, confidence to manage their condition (self-efficacy), perceptions of social support and health literacy. Evidence is drawn from a study of 779 systematic reviews by National Voices (Supporting self-management: Summarising evidence from systematic reviews (1998-2013) National Voices).
- 6.2 **Health and Well-being College** - The College moves away from the clinical focus offered by many traditional mental health support services; instead offering an educational approach designed to empower people to take control of their own health and wellbeing, while learning new skills, making friends and connecting with others. The recovery-focused courses support people to recognise their potential and make the most of their talents and resources, through self-management. The early outcomes are promising in terms of impact on people's mental health and lives as well as a reduction in use of NHS services.
- 6.3 **Outcomes** - Students improvements in health, as measured by the WEMWBS and PAM, highlight the quality of the intervention being provided (for example, all the case study examples above were more activated in terms of taking control of their health care and feeling able to self manage, as well as reporting improved wellbeing (therefore less likely to come back in to the system as they have the skills to self manage).
- 6.4 This was also the pattern across the whole student cohort as highlighted in the table below:

Measure	Pre College	After one academic year
WEMWBS	Below average wellbeing	Average wellbeing (average of 20 point increase) * 3-8 indicates sig. improvement
PAM	Level 1 - does not believe they have activation / important role to play in self-mgt.	Level 3 - believing they have a role to play in self-mgt. and beginning to take action

- 6.5 The three case studies below highlight reduction in secondary care (Community Mental Health Team) contacts since enrolling in the college:



- 6.6 The team have costed what this equates to in monetary terms:-

Student	Reduction in contacts	CMHT Practitioner time saved	Potential staff cost saving
AW-J	56	112 hours	£2,222.08
SM	23	46 hours	£912.64
CS	57	114 hours	£2,261.76

6.7 Self-Management UK – Self-Management UK has been providing self-management education courses for a number of years. The patient-reported outcomes show a positive impact in all domains.

6.8 Change measured through the Health Education Impact Questionnaire:-

Domain	Score Range	Average Score At Base Line	Average Score At Follow Up	Proportion of Participants with a substantial improvement at follow-up
Health directed behaviour	1-4	2.72	3.08	15 of 42 = 35.71%
Positive and Active Engagement in Life	1-4	2.83	3.11	13 of 44 = 29.55%
Emotional Well-being	1-4	2.64	2.37	11 of 44 = 25.00%
Self-Monitoring and Insight	1-4	3.03	3.27	10 of 40 = 25.00%
Constructive Attitudes and Approaches	1-4	2.73	3.04	14 of 44 = 31.82%
Skill and Technique Acquisition	1-4	2.67	3.04	10 of 39 = 25.64%
Social Integration and Support	1-4	2.84	2.96	11 of 42 = 26.19%
Health Service Navigation	1-4	2.86	3.02	11 of 42 = 26.19%

*Emotional Well-being is a reverse scale so a reduction in score is expected.

6.9 Historically low numbers attended the courses resulting in high costs per patient however a recent drive through the neighbourhoods has resulted in much greater take up and retention through the three weeks of the course.

6.10 It is considered that the £27,000 investment will have a greater impact if aligned with the Health and Wellbeing College to ensure a more comprehensive, cohesive collection of approaches to self-management education, offering more opportunities and choices for people.

7. RESOURCE REQUIREMENTS

- 7.1 It is proposed to bring together two funding schemes to create a viable budget with which to meet the objectives outlined in 1.2 above:

Funding	Year 1	Year 2
Public Health Investment Fund	£80,000	£80,000
Section75 (CCG budget)	£27,000	£27,000
total	£107,000	£107,000
Grand total		£214,000

- 7.2 It is proposed to work with Pennine Care and other partners to establish a new Health and Well-being College for Tameside and Glossop, taking on the wider remit.

8. TIMESCALES AND IMPLEMENTATION

- 8.1 Implementation of this proposal will commence from July 2018 preceded by a continuing planning phase in May and June 2018.

9. PERFORMANCE MONITORING, EVALUATION AND EXIT STRATEGY

- 9.1 A robust performance and outcomes framework will be developed to capture the impact of the programme. This will include, for example:

(1) How much has been done?

- Reach – number and demographics of people accessing self-management support

(2) How well has it been done?

- Retention on courses
- Number of peer volunteers
- Number of co-produced and co-delivered education activities
- Students will complete evaluation forms at the end of each course
- All students will have access to co-review sessions at the end of each term

(3) Is anyone better off?

- Students will complete WEMWBS and PAM at the beginning of each term and again at the end of each term (to measure changes in self-assessed wellbeing and activation (self-management) levels)
- Students will be followed up 3 and six months following completion of the course

10. RECOMMENDATIONS

- 10.1 As set out on the front of the report.