Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Chris Easton, Head of Strategy Development, Tameside and Glossop Integrated Care Foundation Trust
Subject:	**TAMESIDE & GLOSSOP SYSTEM WIDE SELF CARE PROGRAMME**
Report Summary:	The report gives an update on the 'System Wide Self Care' Programme was established as part of the Care Together Transformation Programme and accounts for around £4.9m of the budget across the three years of delivery. The programme is based upon the principle that in order to transform health and care to the extent that we deliver a financially and clinically sustainable health economy, we must as part of that transformation fundamentally reshape the system's relationship with the public. Although this principle applies to the whole Tameside and Glossop population, the issue is particularly pronounced amongst people with long term conditions or ongoing care and support needs.
Recommendations:	The Health and Wellbeing Board are asked to note the information contained in the report.
Links to Health and Wellbeing Strategy:	The programme delivers against all priority themes within the Health and Wellbeing Strategy, in particular Living and Ageing Well.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: (Authorised by the Borough Treasurer)	£4.9m to fund this programme was included as part of the wider £23.2m transformation approval from GM Health & Social Care Partnership. It is expected that this work stream will contribute toward the target of stopping activity growth. The Tameside & Glossop locality has agreed a series of milestones linked to the activity reductions and it should be noted that ongoing funding is dependent upon meeting these targets.
Legal Implications: (Authorised by the Borough Solicitor)	The Council has a statutory duty to deliver value for money services – to be value for money they must be services that are required and deliver improved outcomes for residents. Consequently an important outcome in setting the Council's priorities within a reducing budget is to gather intelligence to understand both need and whether maximum impact can be made. It will be critical that there is a clear performance and assurance system in place to ensure that any interventions/programmes are delivery what is required to improve health outcomes and reduce unaffordable demand.t is critical to raising standards whilst meeting budgetary requirements that we develop a clear outcome framework that is properly monitored.

Risk Management :	There are no risks arising from this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Chris Easton, Head of Strategy and Development, by:  Telephone: 07766297853  e-mail: chris.Easton@tgh.nhs.uk>

1. INTRODUCTION AND CONTEXT

1.1 The 'System Wide Self Care' Programme was established as part of the Care Together Transformation Programme and accounts for around £4.9m of the budget across the three years of delivery.

1.2 The programme is based upon the principle that in order to transform health and care to the extent that we deliver a financially and clinically sustainable health economy, we must as part of that transformation fundamentally reshape the system's relationship with the public. Although this principle applies to the whole Tameside and Glossop population, the issue is particularly pronounced amongst people with long term conditions or ongoing care and support needs. This group of the in any given area is usually around 20% of the population but accounts for upwards of 70% of all health and care spend.

1.3 Broadly speaking the messages underpinning this programme can be described as:

- Supporting people to adopt more healthy lifestyles, both in terms of behaviour and in relation to the wider determinants of health;
- Helping people understand how to transact most appropriately with the health and care system;
- Supporting people with long term conditions to manage their health more effectively when they are not receiving direct support from the system;

1.4 Given the economic imperative, the majority of the investment in this programme is focused on supporting people with long term conditions; however the broader programme narrative addresses the full spectrum described above.

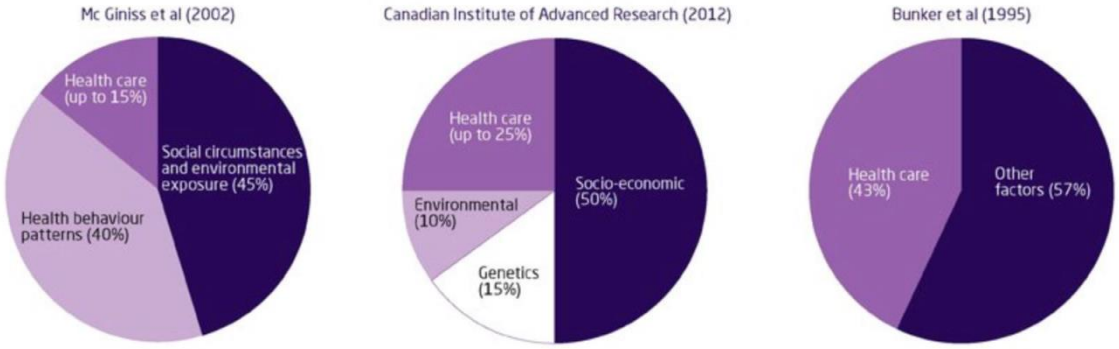
1.5 This paper provides a brief overview of the programme and progress to date, along with key plans for 2018/19 and 2019/20. It also seeks to emphasise that if we are to genuinely transform health and care, the role of people and communities must be at the heart of transformation. These approaches and principles cannot be something the system does, instead they must be something the system becomes.

1.6 It is also important to note that this programme of work connects directly both with national policy in relation to personalisation, choice and self care and also Greater Manchester's Person and Community Centred Approaches Programme.

2. RATIONALE FOR DELIVERY

2.1 It has for some time now been national policy for health and care organisations to develop approaches that place people at the heart of their care. Yet this is something that local health and care economies have struggled to translate into practice in spite of an emerging evidence base to suggest that if you empower people they do better, have a more positive experience and use fewer health and care services as a result.

2.2 We also know that the health and care system is responsible for a small amount of the issues that affect people's health and wellbeing. As the charts below illustrate, as little as 15% of the things that affect our health and in any way be influenced by the way in which the current system operates.



Kings Fund

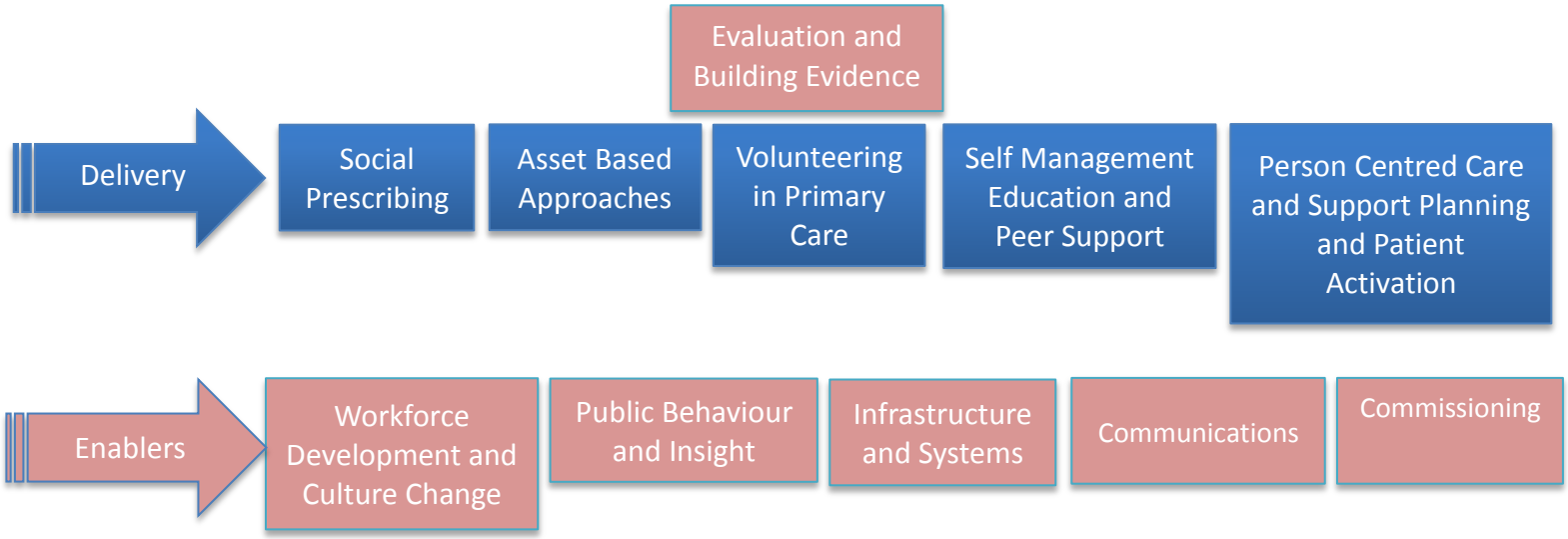
2.3 This really brings into context the current investment approaches in health and care, the way in which commissioning levers and incentives are applied and the extent to which the incentivise or disincentivise a focus on population health, self management and person centred approaches.

2.4 Underpinning this programme is a fundamental shift away from a medical model health and care system, where medics and clinicians prescribe and people adopt a passive receive role, towards a system where there is authentic collaboration between people and professionals and where people are viewed as and recognise themselves as active agents in their care.

2.5 This requires us to challenge roles, professional boundaries and organisational silos and to accept that every interaction an individual has with the health and care system has the dual purpose of treating and managing conditions along with ensuring people are left with the knowledge, skills and confidence to manage when they are not in the company of a health or care professional.

3. THE PROGRAMME OF WORK

3.1 The System Wide Self Care Programme is broken down into a series of streams of work. These are illustrated in the diagram below.



Social Prescribing

3.1 Social Prescribing describes an approach that supports people to access a range of non clinical services and support to help them with the issues that affect their lives and in turn affect their health and wellbeing.

3.2 The service in Tameside and Glossop is commissioned from two agencies. The Bureau in Glossop who have been delivering the service since April 2017, and Action Together in Tameside who began delivery in January 2018. When both programmes are working at full capacity they will be able to support around 2,500 people with long term conditions across Tameside and Glossop.

3.3 Typically a social prescribing intervention is time limited with the aim of delivering sustainable support to an individual the benefits of which continue after the initial intervention. People accessing the service will receive support from a coordinator who will plan appropriate support with them, set goals and signpost on to relevant services.

3.4 Referrals can be received from any health and care professional and the service has a deliberately loose eligibility criteria. This leaves room to focus on the heaviest consumers of health and care services whilst also allowing flexibility to adopt a more preventative approach.

3.5 Referrals are predominantly received from primary care, but connections are also being made with social are and the Integrated Urgent Care Team.

3.6 The Glossop programme has worked with upwards of 200 people to date and early analysis shows a statistically significant improvement in participants' wellbeing as measured by SWEMWEBS. Evaluation is currently underway to establish whether there has been any reduction in health and care activity amongst people accessing the service. Quantitative data is also backed up by a range of anecdotal feedback that highlights the importance of a provision that gets to the heart of the issues that affect someone's wellbeing.

3.7 The service in Tameside is still extremely new, but referrals have now started to flow.

Asset Based Approaches

3.8 Work around asset based approaches in Tameside and Glossop focuses on structured investment in the voluntary, community and faith sectors along with a programme of community development to identify, develop and connect activities that exist in our communities.

3.9 Over the course of 2017/18-2019/20 in excess of £1.2m will be invested in grass roots activities.

Volunteering in Primary Care

3.10 Primary care offers a real opportunity to connect better with communities and establish a stronger focus on population health. Working alongside Altogether Better, a Wakefield based social enterprise delivering an evidence based model, we will work initially with six practices across Tameside with a view to scaling further in the future.

3.11 Each practice will receive a package of support to recruit, develop and deploy a team of volunteers to support the shift in primary care away from solely treating illness and towards promoting wellbeing and drawing community based interventions closer to the clinical parts of the system. This model has delivered significant benefits in other parts of the country, delivering:

- 87% of participants and 90% of volunteers experience better wellbeing;
- 86% of volunteers and 94% of participants acquired a greater understanding of their health and health conditions;

- 98% of volunteers and 99% of participants reported greater involvement in community activities.

3.12 An economic analysis of the programme identified £112 of value for every £1 invested. This approach will be rolled out from Q1 2018/19.

Self Management Education and Peer Support

3.13 Evidence repeatedly highlights that the health and care system is not good at providing the information that people need to play an active role in their self management. Studies highlight that as much as 45% of the population struggle to understand health information when it is in written form and up to 65% when numerical information is included.

3.14 This programme of work entails a systematic review of how, as a health and care system, we support people with long term conditions to manage effectively when they are not receiving support directly from the health and care system.

3.15 The model being developed in Tameside and Glossop addresses the following key elements.

- **Information** – ensuring that people have access to high quality, accessible information relating to their condition and how to manage it.
- **Coordinating** existing self management education assets and developing new ones in partnership with local organisations to create a comprehensive programme of SME.
- **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.
- **Developing** a generic self management education programme and equipping local trainers to be able to deliver it.
- **Supporting** the development of peer support opportunities led by local community groups but formally linked to clinical teams.
- **Bringing together** the wide range of existing resources to provide an online resource to help people self manage.

3.16 Much of this work focuses on the alignment of existing assets into an approach that is readily accessed by both the health and care system and patients and the public themselves. This will be progressed in early 2018/19.

Person Centred Care and Support Planning and Patient Activation

3.17 Ensuring that we have a range of services that support people with the wider determinants of health and the issues that sometimes make life difficult is key. Equally important however is the extent to which the system prioritises person centred care and support planning as a bridge between formal health and care support and the reality of people's lives.

3.18 Good person centred care and support planning should sit above any specific agency, clinical discipline or condition area and should focus first and foremost on what is most important to the individual receiving care. This should then in turn provide the frame and context for all the formal health and care support they receive, along with a clear articulation of how this support works alongside the assets the individual themselves brings.

3.19 In Tameside and Glossop, we anticipate a person centred care and support planning approach working hand in hand with Patient Activation. Patient Activation is a validated measure of an individual's knowledge, skills and confidence to manage their health. Building an individual's activation level correlates strongly with better health outcomes, healthier lifestyle choices, more positive experience of care and lower health and care utilisation. We aim to roll out a person centred care and support planning approach, along with Patient Activation Measurement to around 12,500 people, beginning in early 2018.

Workforce Development and Culture Change

3.20 In order to deliver the approaches outlined in this paper, we must ensure that our workforce has the skills and capabilities to work in this way. We also need to adopt a broad definition of what we traditionally regard as the workforce, also taking account of people who work in the voluntary and community sectors and carers.

3.21 We will develop a programme of training and development that focuses both on the values, behaviours and beliefs that underpin this way of working and also the tactical delivery approaches that can be readily adopted. This workforce programme will be developed throughout 2018/19.

Public Behaviour Change and Communications

3.22 We need the public to understand how they can get the most from health and care. We need them to understand how they can play a more active role in their own health and the health and wellbeing of their communities.

3.23 In order to have this conversation Action Together have convened the Self Care Alliance. The Self Care Alliance is a network of organisations with an interest in ensuring that people are well equipped to play an active role. The Alliance has led the development of a 'Self Care Narrative' and the establishment of three interest groups, one focusing on social marketing, one focusing on community engagement and the third focusing on equipping the community based workforce with the skills and knowledge to support people to 'self care'.

3.24 The Alliance is in its relative infancy but will begin delivering its programmes of work beginning in early 2018.

Infrastructure and Systems

3.24 With an increasing prominence of services such as social prescribing that support people with the wider determinants of health we need to ensure that it is obvious to the health and care system where to refer people and for what purpose. Work is currently underway to explore the integration of these services and the alignment of referral processes allowing us to maximise capacity and reduce any duplication and confusion.

Commissioning

3.25 In many respects commissioning holds the key to the success, or otherwise of approaches described in this paper. Often the way the system incentivises is counter to approaches that focus on person centred care, self care and population health. This programme of work has, since its inception been coordinated jointly by the Integrated Care Foundation Trust and Single Commissioning Function and discussion will continue to take place as to how we can most effectively align the commissioning and provision of services to support these approaches.

4 CONCLUSION

4.1 This report provides a brief introduction to some of the activity taking place under the banner of the System Wide Self Care Programme alongside highlighting some of the scale, complexity and challenge associated with the magnitude of transformation required to make these approaches a reality. We would expect this programme of work to deliver significant rewards in terms of outcomes, experience, satisfaction and utilisation, but in order to do so it is important to emphasis the sum of the parts and a system wide view of change.

4.2 Were we simply to deliver the more 'tangible' elements of the programme (an approach adopted in other parts of the country), e.g. social prescribing we would miss an opportunity to fundamentally address one of the greatest challenges facing health and care – how to unlock the assets of people and communities and how to draw them much closer to the

health and care system. In that sense, this should not be viewed as a delivery programme, but instead working towards a significant paradigm shift for health and care.

5. RECOMMENDATIONS

5.1 As set out on the front sheet of the report.