Co-producing community engagement and development – reducing loneliness, supporting self-management, improving working lives and delivering better outcomes for people with long term conditions

Today ….

- Brief background to LLWiR
  - Our challenge and the context
  - Our goals
  - Integrated/routine outcome measurement

- Focus of this paper is *how* we are achieving this:
  - Our Approach: 'The triangle that moves the mountain'

    Leadership, Knowledge, People
  - Our Philosophy – Coproductive, Recovery focused, Appreciative
  - Our Model
  - Valuing lived experience in our workforce
- Lessons learnt 9 months in!

Our Challenge

* Many people are lonely, disconnected, inactive and have complex health & social problems that make it difficult to live meaningful lives.
* They often cope by doing things that are bad for their health – no exercise, poor diet, smoking, drinking, poor sleep patterns, little social connection.
* They may go to their GPs for help – but this does not get to the heart of their problems (their difficulties are not amenable to medical treatment)
* They may not seek help at all so their difficulties get worse and they may have recurring crises
* When they do get out, people and places are not always understanding, accommodating or appreciative of them
* Many mainstream activities and facilities are not accessible in many ways

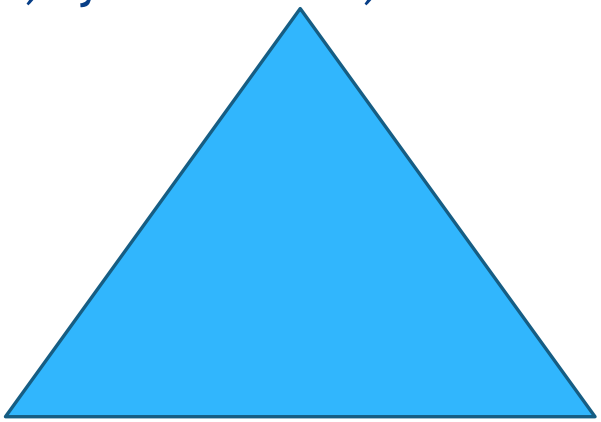
The Context

* GPs and managers in this area have been leading redesign of services in Notts for the last 15 years
* Local voluntary sector groups, Active Patient Group, Local Authority leads (including coproduction team) and Commissioners meet regularly with commissioning leads for long term conditions, mental health and self care.
* Innovation funding available.
* Willingness for Primary Care workstreams to work together to develop one model that provides a framework for meeting shared goals.
* An ideal context to pilot a model programme.

Our Approach: “The triangle that moves mountains”

Governance/leadership

(ImROC, MCP, system-wide, distributed leaders, HiAP)



Evidence/knowledge

Research, stories,
Lived Experience

People/Partnerships

Coproduction
ABCD

Governance/Leadership

* ImROC – external facilitator with no competing interests and extensive experience of coproduction, collaboration, social prescribing, recovery focused and appreciative approaches

* Distributed, system wide leadership – public, community leaders, professionals, third sector, Health, Social Care, emergency services, voluntary services, housing, employment, holistic therapies, local authority – who knows what and who can do what?

* Evaluation – specific expertise, external to project, track record in this area.

Knowledge/Evidence

* Research - What is already known about resolving/meeting this challenge?
* Applying the research - What is known about what works for whom, and how is it best implemented?
* Gather local intelligence about what already exists locally and build on that
* Ensure that information is made available to all local stakeholders so that they are fully engaged in developing a model to meet the challenges, resources, strengths and opportunities in local context.

People, Partnerships, Co-Production

* "Co-production is a radical innovation that challenges the conventional model of public services as a 'product' that is delivered to a 'customer' from on high, and instead genuinely devolves (sic) power, choice and control to frontline professionals and the public" *SCIE Report 53 (2012) Towards co-production: Taking participation to the next level.*

* "Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and communities. Where activities are co-produced in this way, both services and communities become far more effective agents of change." *Cottam, H. and Leadbetter, C. (2004) Health: Co-creating services (Red Paper 01), London: Design Council.*

Our approach to co-production

- Get the right people in the room and grow the group as the challenges and benefits becomes clearer
- Always introduce everyone in every meeting – what they can both give to the process and take from it – reciprocal process
- Facilitate rather than direct/prescribe
- Take a step at a time and let the model, approach and the challenges and solutions evolve organically
- Use the expertise and experience in the room wisely: different members have different contributions to make – both leading presentations and joining discussions, analysis and comment

Our Philosophy: Recovery

* Recovery is all about supporting people to live the lives they want to lead within their communities
* This means that services need to help people to identify and achieve their own goals – and provide the information and support to enable them to do this
* The emphasis lies on building on people's strengths and confidence to manage their own lives and their own conditions
* And on building up capable and confident, inclusive and accommodating communities
* Everybody has something to contribute and contributing to others is 'therapeutic'
* Rather than focusing on what cannot be done, we build on strengths, experience, assets and resources ….

Co-producing the LLWiR approach

- All decisions made in coproduction meetings and action is taken between meetings
- Fortnightly coproduction meetings in the planning period focused on:
  - Defining the nature of the challenge
  - Agreeing on the goals of the project
  - Agreeing outcomes
  - Considering potential evidence based approaches that have been used to tackle this challenge elsewhere
  - Agreeing on the approach
  - Agreeing on the process

Membership of co-production meetings (120 people/organisations

Young People

Health Coaches

Housing

Parks and Leisure Organisations

STP leaders

Commissioners

Link Workers

Emergency Services

Church leaders

Voluntary sector groups

Patient Participation Groups

GPs

Carers

Public Health Leaders (Local and National)

Self Care UK

Local cafes and businesses

Age UK

NHS colleague's

Local Authority Leaders

Education

Carers Groups

Emergency Services

Service user self help groups

Library Services

Holistic Therapies

Notts County Football in the Community

"I came along to the Co-production meeting yesterday .. … and what a wonderful meeting it was! I found myself reflecting on the meeting last night and how powerful the sharing of stories, backgrounds and passions were … I fully appreciate that it took time but (for what its worth!!) I feel it was incredibly valuable in developing those vital relationships and genuinely coproducing a community endeavour - full of admiration for you and what Lets Live Well in Rushcliffe is achieving!"

Newark Mind – co production partner

Our Goals: We want to improve the lives of people with long term conditions in Rushcliffe by:

* Supporting and enabling them to do the things they want to do – *demonstrating an increase in their roles, relationships and activities and improvement in personal goal attainment scales.*

* Increasing their understanding of their own condition and improving their ability and confidence in managing their own condition - *demonstrating improvement on Patient Activation Measure.*

* Reducing their reliance on health services – *demonstrating reduction in crises unplanned admissions and frequency of GP attendance.*

- Increasing engagement in local communities – *demonstrating increase in activities and engagement and achievement of personal goals.*

- Increasing partnerships between different organisations and sectors to reduce duplication and gaps between services – *demonstrated qualitatively through discussions at coproduction meetings.*

- Identifying gaps and developing new, accessible opportunities – *collecting weekly updates from link workers.*

The approach agreed in coproduction ….

On going health or social problems, lonely inactive, troubled, "under" or "over" use of health services

Referrals from anywhere and anyone, nobody turned away

Health Coaches – use tailored coaching approach to improve self management Supports for up to 6 sessions. May refer to Link worker Works in GP surgery

Link workers – engages in discussion about things to do, places to go and the sorts of support that would help . Supports for up to 6 weeks, develops a community engage-ment plan. Works in GP surgery and in local community

Community Cafes

A "safe place to go", something to do, people to meet, sharing experiences

Recovery and well being courses

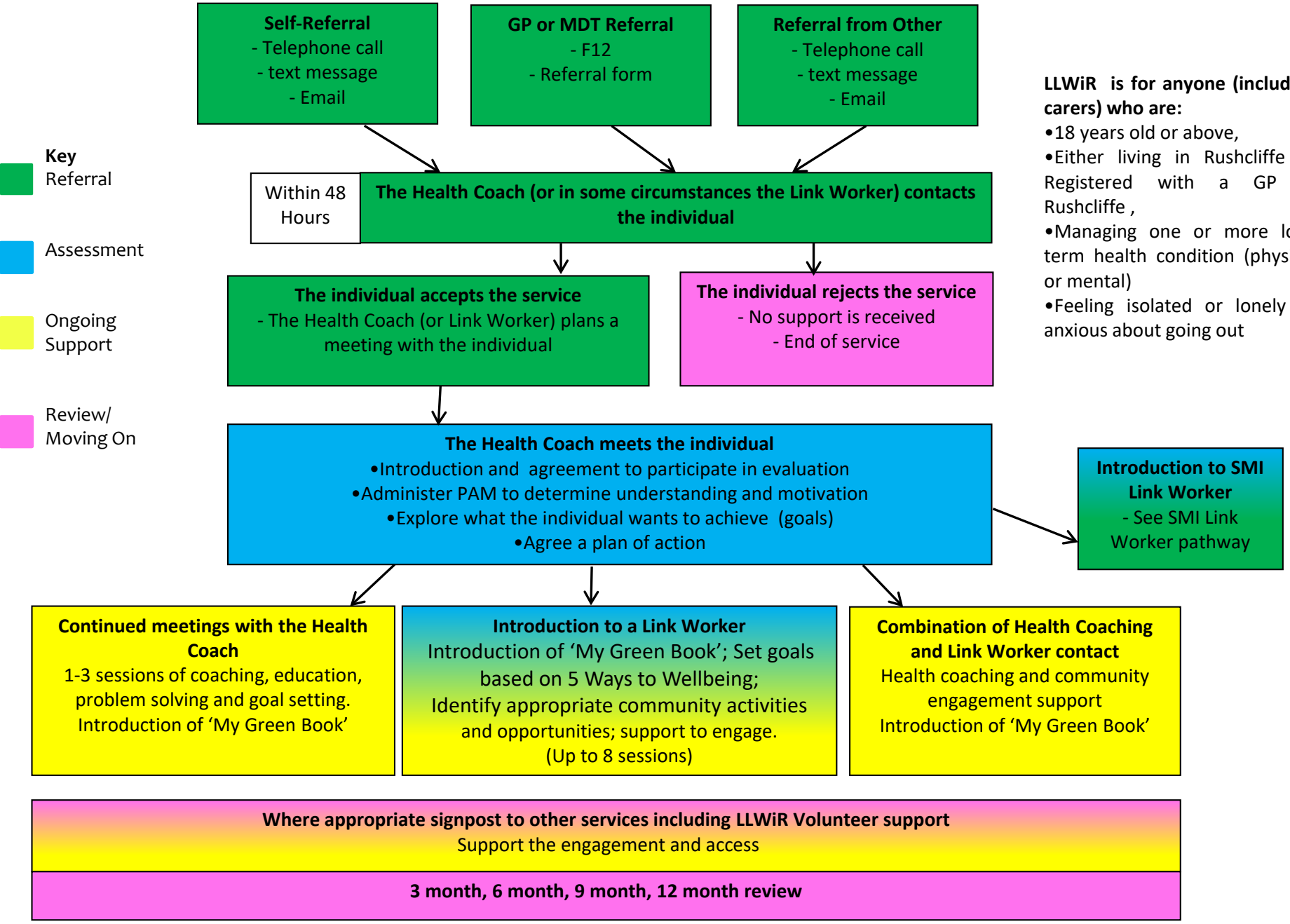
Increased opportunities for people to learn about living life to the full with a long term condition – in libraries, leisure centres & community venues

Community Development

For a more supportive community - new groups, courses and support for existing groups

Volunteers Recruited, trained and supported

Let's Live Well in Rushcliffe (LLWiR): The Model



LLWiR is for anyone (including carers) who are:

- 18 years old or above,
- Either living in Rushcliffe or Registered with a GP in Rushcliffe ,
- Managing one or more long term health condition (physical or mental)
- Feeling isolated or lonely or anxious about going out

Let's Live Well in Rushcliffe

ImROC Principia

Brilliant service, I'd give it a 10/10. Thanks for all the contacts, its all going really well

…… a hugely valuable service to help local people change their lives for the better. There are many things that the NHS can do to help people's wellbeing, however some problems need a different approach. Our health coaches and link workers can help increase motivation, and point Rushcliffe residents towards services that can help with problems affecting their lives as a whole - be it exercise, diet, housing problems, or even loneliness.

Dr Neil Fraser (GP)

The meeting with Nick (health **coach) was terrific, positive and very well worthwhile**

Time line

June 2017 – coproduction process began (ongoing)

September 2017 – Vanguard funding awarded

September to December 2017

* Recruitment – 15 staff in total – all peers (have lived experience)
* Training
* Finalising evaluation method
* Designing data collection system on primary care database
* Developing 'Green Book' – a wellbeing plan for people using LLWiR with personal goals and action plans recorded
* Community asset mapping – what to build on, where gaps exist
* Engaging with GPs – to ensure appropriate referrals

January 2018 – first referrals received

Groups and courses developed to meet identified needs

Volunteers trained to provide longer term suppoprt

February 2019 – 1483 referrals had been received – 1.2% of population!

Project Staff

Project Manager (1fte)

Project Administrator (.6 fte)

Health Coaches (3 fte covering N. S. and Mid Rushcliffe) - assesses knowledge and motivation (PAM) and uses this to discuss best way of achieving personal goals, then agrees action plan. This might include giving information (written or digital), education (individual or via class/group), problem solving, coaching and confidence building. (Up to 3 sessions). If community engagement is identified as a barrier, the person will be referred to a link worker.

Link Workers (10 fte, one specifically for 'SMI', 3 to each Health Coach) - helps individuals to continue working towards their personal goals; supports them to identify and engage with groups, activities and facilities within local community, accompanying them if necessary. (Up to 8 sessions). If further one-to-one support is required, they will be referred for volunteer support.

LLWiR Volunteers – (Supervised by Link Workers, co-ordinated by Rushcliffe CVS) offer continued support to achieve goals using community resources.


Let's
Live Well
in Rushcliffe

Valuing Lived Experience

Recruiting health coaches and link workers

* Lived experience of long term condition and ability to self manage
* Recovery focused values (Focus on Strengths, Hope, Control, Opportunity)
* Willingness to share personal experience
* Excellent communication skills
* Understanding of local communities
* Knowledge of relevant benefits, policies and procedures
* Experience of supervising other

continued

Training

* Recovery, peer support, coaching skills
* Active listening and Problem solving
* Using five ways to wellbeing
* Patient activation and motivational interviewing
* Recovery focused leadership, supervision and record keeping
* Community asset mapping and development
* Managing relational boundaries
* Equality, Rights, Diversity

Coproduction meetings now focus on challenges as they arise:

Structure of meetings

* Introductions and connections with LLWiR
* Expert presentations on the chosen topic
* Table top discussions and debate
* Feedback recorded
* Actions planned
* Topic for next meeting agreed

Continued

Topics covered

* Volunteering – who, how, which organisations can help?
* Community education – Where? Who? What's missing, how can they be more accessible?
* Finding out what's out there (asset mapping)
* Time Banking
* Funding opportunities and expertise
* Community Development – what groups, why, how, who?

How Community Development is defined by Coproduction Group

- Shifting our mind set from needs and problems to assets and capacities
- Mapping, connecting and celebrating the diverse range of assets in Rushcliffe
- Harnessing, enhancing and connecting these assets in action that improves their understanding and appreciation of people with long term conditions
- Supporting all community members, particularly those with long term conditions to make the shift from being passive and isolated consumers to co-producers and active, contributing and valued citizens.

How we are developing more confident, capable and inclusive communities

* Link workers (LWs) identify assets in Rushcliffe and beyond …. (and ensure information is available e.g. App in development and working with Notts Help Yourself website
* Coproduction meetings identify strengths and gaps and promote community networks and relationships that create new partnerships and resources (e.g. soup kitchen with Housing Association; Nottingham citizens is providing 'friendly community training for local businesses)
* LWs engage with the public as co-producers of health and wellbeing and develop new resources together (e.g. new walking group; new wellbeing café at Nottingham University)

Continued

* LW support individuals to engage in the activities and groups that they choose (and through contact reduce discrimination and increase confidence and understanding of LTC's)
* LLWiR empowers community resources to create tangible resources in partnerships (e.g. supporting football in the three leisure centres with Notts County FC; increasing accessible courses in libraries with LA)
* LLWiR is partnering in bid writing to secure further funding (e.g. Big Lottery proposal) …….

Evaluation

Nottingham Trent University Social Prescribing Unit

All quantitative data collected by project staff - 3 monthly assessment of :

* Patient Activation
* Community Connections and activities,
* Loneliness, Group membership
* General Health
* Services used (to give cost/ROI)
* Qualitative interviews with all stakeholders
* Narrative study of experience of people using the service

Outcomes

* Significant improvements in physical and mental wellbeing
* Increase in community group membership
* Decrease in use of primary and secondary service use
* Return on investment of 100% over 12 months post assessment
* 27 new community groups developed in 12 months
* New Health Education courses offered in all community libraries
* 37 volunteers trained and employed
* 1483 referrals in 13 months (1.2% of local population)

Lessons

* The power of the people – potentiated through coproduction
* The wealth of resources and generosity in the community
* The benefits of integrating community development, health coaching , link working, volunteering & community development in one model
* … creates a framework which can be supplemented (eg Health Coaches now providing smoking cessation and weight management courses; applying for funding for a specialist veteran link worker….)
* … provides stream lined primary, secondary and tertiary prevention (ie support to prevent problems before they arise, prevent crises for people with problem, support following discharge after a crisis, reduce inappropriate use of services ….
* The importance of GP engagement and the value of being based in GP practices
* The added value of workers with lived experience
* Relationships are key!

For more information contact:

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