Appendix 2

Case Study – Recovery at Home

Sunderland's innovative All Together Better programme is enabling some of the poorliest people in the city to be cared for at home, rather than in hospital.

Sometimes people just need a little more help than normal in the interim, perhaps if they have an infection or have fallen. The partnership brings together health and social care professionals as well as other local support organisations to help make sure they are looked after at home.

Pensioner John Talbot was recently discharged from hospital and is back where he wants to be – at home. Where once John would have had to stay in hospital, now the care is delivered to him through All Together Better's Recovery at Home service.

"It's nice to be home, and I'm 80 per cent, feeling good," said John, who, as well as having the full support of a range of carers from the Recovery at Home service, is visited regularly by his sister Judith Duell.

John had been poorly with an infection and had been discharged with the short-term support of his sister Judith and Christina Robinson of Age UK Sunderland's hospital discharge team.

It was Christina who called John's GP when she suspected he wasn't well. "We initially came to help John with a referral from Sunderland Royal Hospital to assist with domestic and shopping support, but when I arrived, John was displaying symptoms of being very confused so I phoned the GP and said I didn't think John was managing his medication," she explained.

John's GP contacted the Recovery at Home service who initially sent nurses Tarnya Sillet and Claire Thompson to assess him. The service is committed to a rapid response and John was seen within an hour.

Tarnya explained: "We came in and assessed and examined John and ruled out any infections. We then provided a holistic assessment and made sure he could manage at home. We referred to social services for emergency assessment for a care package and also talked to John's GP about a medication review."

After the assessment and reviews were complete, the appropriate care was despatched from the Recovery at Home central hub were a whole range of specialist services sit together including nurses, doctors, social workers; pharmacists and reablement staff sit.

The team could quickly respond to the nurses' assessment and both a medicines review and social care assessment were arranged for the next day.

This community care is exactly the care that John is now receiving, thanks to the All Together Better programme. Instead of being in hospital, he has 24-hour on-call support at home – which is where he'd much rather be.

If needed, Recovery at Home has two community-bed units, one of which is the Intermediate Care Assessment and Rehabilitation (ICAR) unit.

Jane Bowhill, Sister at the unit, explains: “We’re a unique service; we don’t just provide nursing and medical support, we provide emotional care – trying to get people back to their previous independent state.

“Some patients need a lot of emotional support and coaching. Confidence building is important to a lot of the patients, especially if they’ve had a fall and aren’t sure if they’ll be able to manage in their home environment.”

Once someone is discharged from a unit, the team ensures the correct support is in place before the patient returns home, working closely with a GP.

“The GP role is key as we know the patient and we can work with the rest of our community team to prevent problems and crises occurring,” said John’s GP, Dr Taylor.

Case Study - Sunderland Health Champion sets up self-help group

One of the first people to become a Health Champion is Dave Thorpe, 66, from Ford Estate.

Dave who began volunteering in 2010 said: “I was in recovery from alcoholism and first became involved with NERAF (Northern Engagement into Recovery Training) through the Alcohol Basic Intervention Course I was on.

“I was very interested in helping others through my own experiences and became registered on the project, with regular information about other courses I might be interested in.

“With the training and support I’ve received I’ve set up my own SMART (Self-Management and Recovery Training) addiction and dependency recovery group. I’ve been through these personal issues myself so can relate to people’s problems and assess how serious they have become, so I can direct them to the specialist help and support that they need.

“People feel more relaxed and comfortable discussing their problems in groups. Becoming involved also increases your own self-esteem and confidence, because you know that while helping others you are also helping yourself.”

Case Study - Sunderland Live Life Well service

Sunderland’s rates of unhealthy behaviours amongst adults are higher than the national averages. In spite of our significant investment in health improvement services, health outcomes in Sunderland remained poor. In 2012 the King’s Fund report[2] identified the clustering of unhealthy behaviours (and poor health outcomes linked to those areas) suggesting community approaches may be able to locate and target interventions better. Using this approach we analysed data from the

Sunderland Health and Lifestyle Survey and found that 62% of the population had at least two unhealthy behaviours and 24% had three or more.

Due to this we decided to move from our current delivery model to a new delivery model, taking account of the way people in Sunderland live their lives, and tackle health inequalities on an "industrial scale" targeting people with multiple risks to their health. The approach was based on the premise that communities, both place-based and communities of identity, have a vital contribution to make to health and wellbeing and that the right combination of capacity building and community services can maximise that contribution. Moving our services away from a silo approach in the provision of different lifestyle services and shift to working with individuals in a holistic way.

A systematic engagement process was then embarked upon to target people across Sunderland who were likely to make choices which have a poor impact on their health. We decided to segment the population to understand who were most likely to have multiple health risks, using the Mosaic® segmentation system. Data was extracted from the Sunderland Health and Lifestyle Survey and postcodes linked to Mosaic types. Public Health commissioned a local research company, Public Knowledge[4], to engage with representatives of the identified Mosaic types. Using the findings from Public Knowledge a draft integrated wellness model was designed. Key themes from the Mosaic types included:

- Wellness services should take a more integrated approach and share information
- NHS services and community organisations should take a more united approach
- To target those not accessing services a wider variety of methods should be utilised and central directory compiled
- Information needs to be in an advisory tone rather than dictatorial.

Further engagement was commissioned from Information by Design (i by d)[5] into the draft integrated wellness model. Using the same identified Mosaic types they surveyed over 560 people and carried out five focus groups. They found the model to have good levels of acceptability, but there was aspects of the model which would benefit from refinement to ensure the needs of the full range of residents were met with opportunities available at the right place, and the right time.

The new Public Health system for Sunderland comprises six components which separately and in combination aim to deliver integrated wellness. The system will continually engage with local people to ensure that our approach is responsive to changing needs and builds on new assets as they emerge.

Sunderland integrated wellness delivery model (Live Life Well Service)

- **HEALTHY PLACES** – These universal opportunities are available for the use of everyone in Sunderland, and support a healthier lifestyle for example leisure centres, local parks, the seaside, cycle tracks and walking paths. The service will promote these via the central hub.
- **CENTRAL HUB** – Provides a co-ordination function helping people to access opportunities in Sunderland. It enables people to self-access directories of opportunities, receive advice and information and motivational support and be referred to services and opportunities where applicable. The hub has a role in

promoting Public Health messages and helping to assure the quality of commissioned services and opportunities available in Sunderland.

- **HEALTH CHAMPIONS/ PERSONAL INFORMATION AND ADVICE** – The model will utilise Sunderland Health Champions who are in a range of organisations and communities and provide brief advice and signposting to enable people to make healthier choices. They also support wider health determinant issues such as financial advice, domestic violence and community safety.
- **OUTREACH** – The model provides direct delivery of health improvement opportunities to priority groups in the population e.g. sexual health promotion and alcohol education amongst high-risk groups, stop smoking services for young pregnant women, delivery of NHS Health Checks in disadvantaged neighbourhoods, chlamydia screening for young people who do not access core services.
- **SUPPORT FOR HEALTHY LIVING** – A team provides one to one motivation and support for people and/or communities that are most affected by health inequalities. The service will be available through direct self-access or via signposting/referral.
- **FURTHER OPPORTUNITIES** – Comprises of wellness/ healthy lifestyle services that are directly commissioned by the Council or are available in the wider community for example NHS health checks, stop smoking services, substance misuse and sexual health.

The Live Life Well service was launched on 1st April 2015 and is operated through a partnership agreement between County Durham and Darlington Foundation Trust and NECA.

References:

1. Sunderland Health Profile, Public health England; 2015
2. Clustering of Unhealthy Behaviours Over Time; The Kings Fund; 2012
3. A thematic analysis of local people's views in relation to service provision within Sunderland tPCT; Leeds Metropolitan University; Centre for Health Promotion Research; July 2012
4. Integrated Wellness Model Engagement Report; Focus Groups; Public Knowledge; April 2013
5. Sunderland City Council – Integrated Wellness Model Report; I by d Information by Design; 2014