

# BIRMINGHAM COMMUNITY HEALTHCARE NHS TRUST: HEALTHY VILLAGES AND THE COMPLETE CARE MODEL

## Summary

Healthy Villages is a partnership between Birmingham Community Healthcare (BCH) and other NHS providers and commissioners, Birmingham City Council, and third sector organisations and charities.

The fundamental aim of Healthy Villages is to transform the way people think about health and wellbeing, with an emphasis on integration of services, prevention, and self-care in the community.

Complete Care is a new model of delivering integrated health and social care and wellbeing services for older adults, and is part of the wider Healthy Villages programme. The focus of Complete Care is on using new ways to connect people, places, and services to promote the wellbeing. The model has been piloted in the Shard End, Castle Vale, and Balsall Heath areas of Birmingham..

## Key points

- Complete Care is a new model of delivering integrated health and social care and wellbeing services for older adults in Birmingham.
- Central to the model is the so called “ring of confidence” approach, in which the focus is on connecting up the informal and voluntary sector and community sources of support, alongside the statutory providers of care, to meet the needs of individual older adults.
- The goal is both to make better use of resources and to have a “no hand-off” policy, meaning that the most vulnerable people in Birmingham’s communities will no longer simply be signposted to other services, but will instead benefit from co-ordinated and seamless care.

## The challenge

In Birmingham, 138,000 older adults with co-morbidities account for around £500m of joint spend between social services and health. During 2015/16 the size of this group is expected to increase to 141,000, meaning increased demand for services at a time when the NHS remains under pressure to have to make efficiency savings.

In Birmingham, as in many cities, there are also significant health inequalities between the areas of the city that are wealthy and thriving, and areas that experience high levels of multiple deprivation. While life expectancy is increasing across the city as a whole, there is a gap of seven years between the most affluent areas and those areas subject to the most deprivation, in which around 40% of the population live.

## The solution

Complete Care is a response to these challenges. The aim is to provide place-based, joined-up health and social care and wellbeing for older adults (ie those who are 65 and above), centred on the individual, rather than the organisations providing care.

Central to the model is an end to the so called “ring of care” approach, in which the focus is on the statutory providers of care. Instead, the model is built around a more socialised “ring of confidence” approach, in which the

focus is on connecting up the informal and voluntary sector and community sources of support, alongside the statutory providers of care, to meet the needs of individual older adults.

The goal of Complete Care is both to make better use of resources, including a reduction in hospital admissions, and to have a “no hand-off” policy, meaning that the most vulnerable people in Birmingham’s communities will no longer simply be signposted to other services, but will instead benefit from co-ordinated and seamless care.

## How it works

The Healthy Villages programme, of which the Complete Care model is part, is focused around well-defined communities referred to as “villages”. To start with these are geographically based, but in future there may be communities based around particular conditions or health and wellbeing needs.

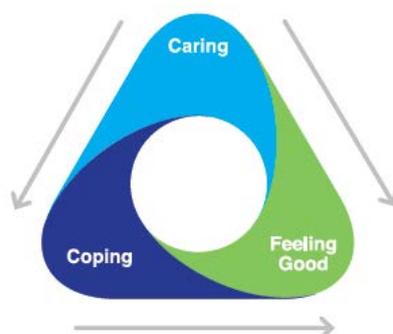
Complete Care brings together health and social care, and third sector organisations and charities, volunteers and community groups, to support people within these villages:

- 1 To remain well and prevent health needs developing
- 2 To manage long-term conditions within their communities (using innovation, technology, and in-community support)
- 3 To access statutory services and navigate their way more easily, when access to these services is required.

Anyone within the pilot areas referred to a community nurse, physio, or occupational therapist is automatically referred to Complete Care (they have the option to opt out). GPs, mental health, and social care can also refer individuals to Complete Care. All of these professionals work alongside each other in multidisciplinary teams in the community.

Through the Complete Care programme individuals are able to access a mix of statutory, third sector, and wider community services that support their capacity to cope and feel well. In fact, a distinctive element of Complete Care is an effort to shift the focus from “caring” to “coping” and “feeling good” (see figure 1). For example, individuals may be given free access to activities such as weekly lunch clubs, walking clubs, or Tai Chi classes, or put in touch with a local befriending service.

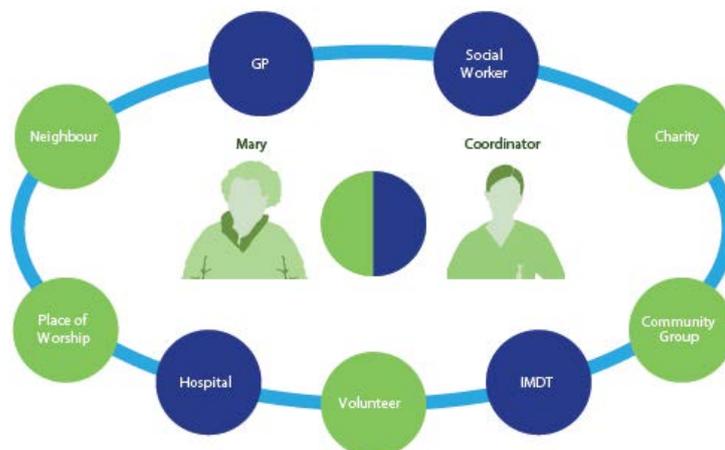
Figure 1- from “caring” to “coping” and “feeling good”



Each individual has a “navigator” to help make sure their care is tailored to their needs and integrated, so that the ring of confidence is established and maintained (see figure 2 and Mary’s ring of confidence). To start with, the navigator will usually be a band 5 community nurse, who will make an initial assessment and establish the ring of

confidence. A healthcare support worker will then take over the role of navigator. However, where appropriate, someone from the voluntary sector or even a family member might take on the role.

Figure 2 – the Ring of Confidence



The three pilot areas have provided insight into how to build and maintain multi-disciplinary teams across organisational boundaries. An external consultancy were commissioned to undertake work in the pilot areas of Shard End, Castle Vale, and Balsall Heath, mapping out who the statutory and voluntary and informal sources of care and support were and running sessions with to bring these people together. A toolkit has been developed which is available on request and can be used by other organisations that want to undertake the same process and adopt Complete Care.

### “I’m alive again”

Ron is 74 and had a severe stroke 5 years ago and has been recently diagnosed with cancer of the bowel. His 72 year old wife Anne acts as his full time carer. They were offered Complete Care as part of the early adopter pilots in Shard End and as per the service protocol receive a visit from the Navigator as part of the Barnsley health coaching element.

During the one of the navigator visits Anne pops to the kitchen to make tea. Heather, the Navigator senses a natural pause in the interview and offers to come and help carry the cups. In the kitchen Ann is clearly distraught and says “I understand what you’re trying to do, but honestly I may as well be dead!” She explains that for the past few years all she has done is care for her husband every hour of every day. She doesn’t feel like a wife and he’s no longer my husband. She points out the kitchen window and says “look at the garden – it’s total mess – it’s gone to rack and ruin.” Heather is struck by how organised and well-kept the garden seems to be.

Heather asks Anne when was she most happy and what was she doing. She reveals, looking after the garden although she doesn’t really know one end of a trowel from the other – that was always John’s thing as she put it. Eventually Anne’s eyes light up. The thing she had always wanted to do was to join a gym.

Heather arranges for a Birmingham Settlement, a local befriending charity, to sit with Ron each Thursday afternoon and for ring and ride to collect Anne at the same time and take her to and from a local gym that has been especially equipped for older peoples exercise programmes.

During the next visit Heather discovers an amazing transformation in Anne’s demeanour and also in Ron’s too.

They were unusually bubbly and chatty. Heather asked how the gym sessions were going and how they were getting on with the befriending service. She was surprised to learn Anne had cancelled both the ring and ride and the befriending sessions.

Three weeks earlier one of her new friends at the gym had asked her if she would like to go for a coffee afterwards. Anne explained that she would love to but had to get the ring and ride back to care for her husband. Her new friend it turns out drove past Anne's home on the way to the gym anyway and so naturally they came to an arrangement.

So how do you feel about life now? Heather asked. Anne explained that her new friend's husband is a passionate gardener and like Ron he loves to play dominoes. So now she drops him off at the house while we go to the gym and the two enjoy the garden and their men talk while we girls get out and about. How do I feel now? I feel alive again. Anne was interviewed as part of the evaluation and was asked if being offered the Complete Care programme had made a difference. She felt that without Complete Care she wouldn't have been able to cope, would have been more depressed and possibly would have needed medication from the GP. Also without the support of Heather, the Navigator, and the Health Coach Service she would have felt isolated and unable to cope with her Husband's needs and almost certainly he would have needed residential care.

## Enablers

While BCH has taken a lead role in Healthy Villages and the piloting and rolling out of Complete Care, the inclusion of the programme within the Birmingham Better Care Fund has helped with the facilitation of cooperation across organisations.

Shard End, Castle vale, and Balsall Health – the three areas in which Health Villages and Complete Care were piloted – had also already been test areas for neighbourhood community budgets as part of the government's Our Place local government initiative. This meant that there was a precedent for the council working more closely with residents in these areas.

Healthy Villages and Complete Care won funding from Health Education West Midlands (HEWM) and this was used to cover start up costs. HEWM also provided access to a health coach service from Barnsley free of charge, which was incorporated within Complete Care.

HEWM has three local education and training councils and the Birmingham and Solihull Local Education and Training Council, which is chaired by the chief executive of Birmingham Community Healthcare, has proved to be a helpful forum for addressing workforce implications of the Complete Care model.

## Evaluation

Learning and modification were an ongoing element of the three Complete Care pilots. An interim evaluation report was received in January 2015 – only seven months in – which gave encouragement to continue the pilots and consider roll out to additional areas. A copy of the report is available on request, but key findings include:

- 85% of the patients who provided a response about their experience of Barnsley health coach service had found it useful
- 19% of service users self-reported fewer visits to GP compared to 7% who reported more visits to GP

- 16% of patients self-reported fewer visits to the hospital compared to 5% who reported more visits to the hospital during the time they had been on the service
- 42 people who were offered the service stated they did not require it. The reasons for this included already active and content; have good support network via network of family and friends.

The interim evaluation report concluded that, as expected, it was too early in the programme's cycle to draw emphatic conclusions from the quantitative impact on system outcomes. However, as above, there was good qualitative (self-reported) evidence that people are benefitting from the new model, which shifts the focus to wellbeing and prevention. The report also made recommendations for further enhancing the model.

A fuller evaluation of Complete Care will be undertaken further into the programme's cycle and will consider whether there has been a reduction in hospital admissions, and the impact on clinical outcomes, patient satisfaction, and cost.

## Next steps

The original plan had been that, if the interim evaluation showed that the three pilots had been a success, then BCH and its partners would identify new local areas in Birmingham for roll out. However, after the publication of the NHS Five Year Forward view in October 2014, they instead decided to pause and reflect on the implications.

In the meantime, BCH and its partners were approached by several local GP federations who wished to partner to implement Complete Care in their own local areas, using funding from their clinical commissioning groups earmarked for transformation of services, and/or, funds linked to the Prime Minister's Challenge Fund or NHS England vanguard status. As a result, BCH is now responding to requests to work with these GP federations to roll out Complete Care in their areas.

The Complete Care model will also continue to be used in the initial pilot areas of Shard End, Castle vale, and Balsall Health.

## Contact

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