Midlothian Wellbeing Service: beyond medicine

Mairi Simpson,
Public Health Practitioner, Midlothian Health & Social Care Partnership

Tom Welsh,
Integration Manager, Midlothian Health & Social Care Partnership

Cathrin Griffiths,
Strategic Lead for Health and Wellbeing, Thistle Foundation

Midlothian Health & Social Care Partnership

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We need to think differently about health & social care:

- Focusing on the whole person not only the disease
- Recognising the importance of physical, mental and social wellbeing
- Recognising the role which families, carers and communities have in helping people to stay well

Recognising: pressure on Primary Care

Our Vision - Shifting Focus

Midlothian Health & Social Care Partnership

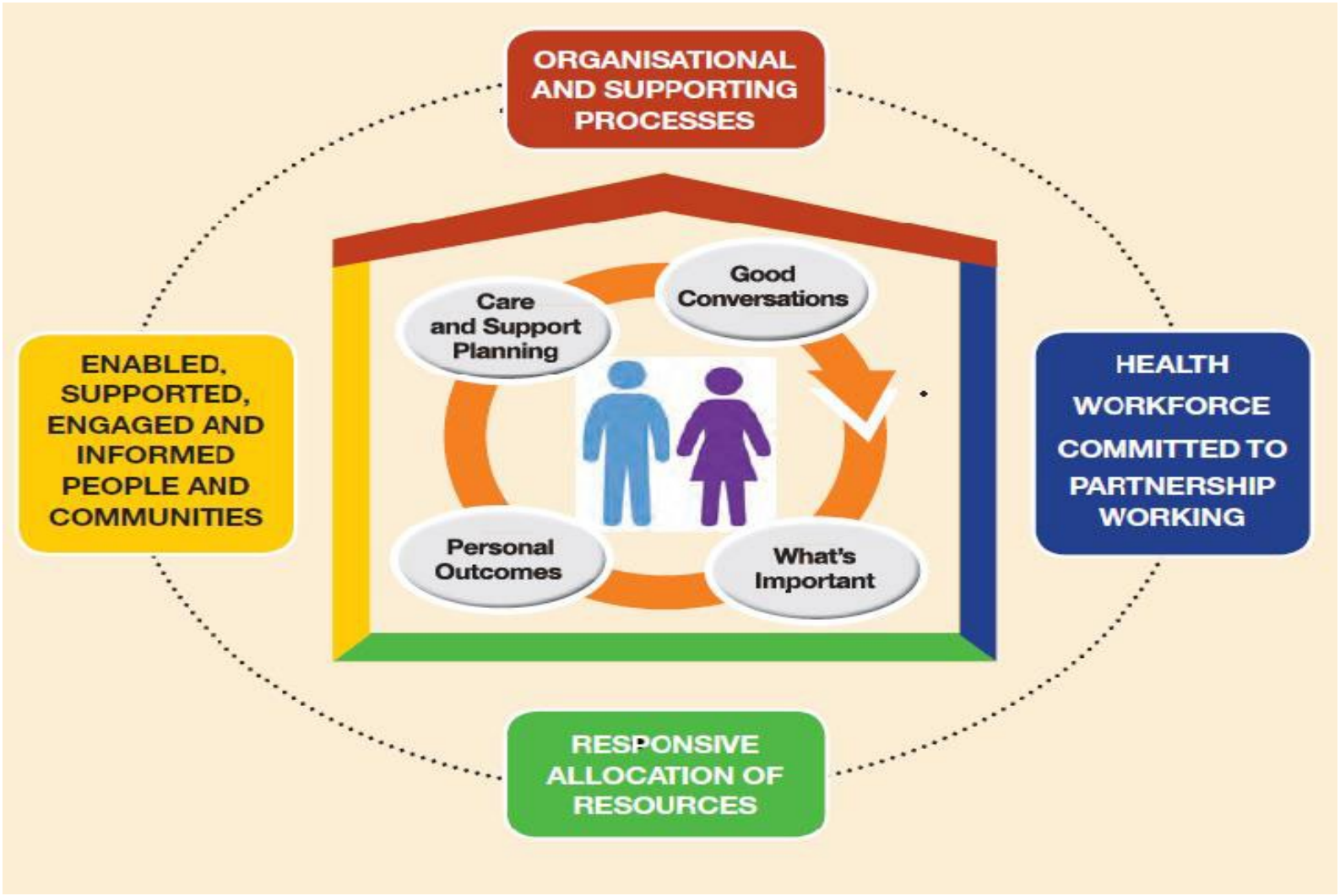
The Health and Social Care Partnership will make significant changes in how we deliver health and care services.

'People in Midlothian will lead longer and healthier lives and will get the right advice, care, and support, in the right place at the right time'. We aim to achieve this ambitious vision by changing the emphasis of our services.


Shifting Focus
Failure demand i.e. not getting it right
Prevention – Good physical and mental health:
Treatment and support
Recovery and reablement
Professional care
Self management and peer support
Reactive
Anticipatory care and planning for emergencies
Hospitals & care homes
Community based services e.g. Hospital at Home
Working in silos
Team working at local level
Opportunity costs
Improving quality and access
Health & care focus
Community planning i.e. housing, income, transport

Who Are We Trying To Reach?

- People living with long term health conditions
- People with complex lives –often experiencing health inequalities
- People with low level mental health issues- 19% of population on medication
- People for whom GPs are struggling to make a difference - and yet no obvious onward referral


ORGANISATIONAL AND SUPPORTING PROCESSES
Good Conversations
Care and Support Planning
ENABLED, SUPPORTED, ENGAGED AND INFORMED PEOPLE AND COMMUNITIES
HEALTH WORKFORCE COMMITTED TO PARTNERSHIP WORKING
Personal Outcomes
What's Important
RESPONSIVE ALLOCATION OF RESOURCES

- At Thistle, we work with the person, not the condition.
- We put the person at the centre and choose to see people as resourceful, strong and capable of change.
- Our starting point for working with people focusses on ‘what is truly important for them’
- Our work with people has a persistent focus on change
- Our support aims to encourage change and build resilience for both individuals and communities.

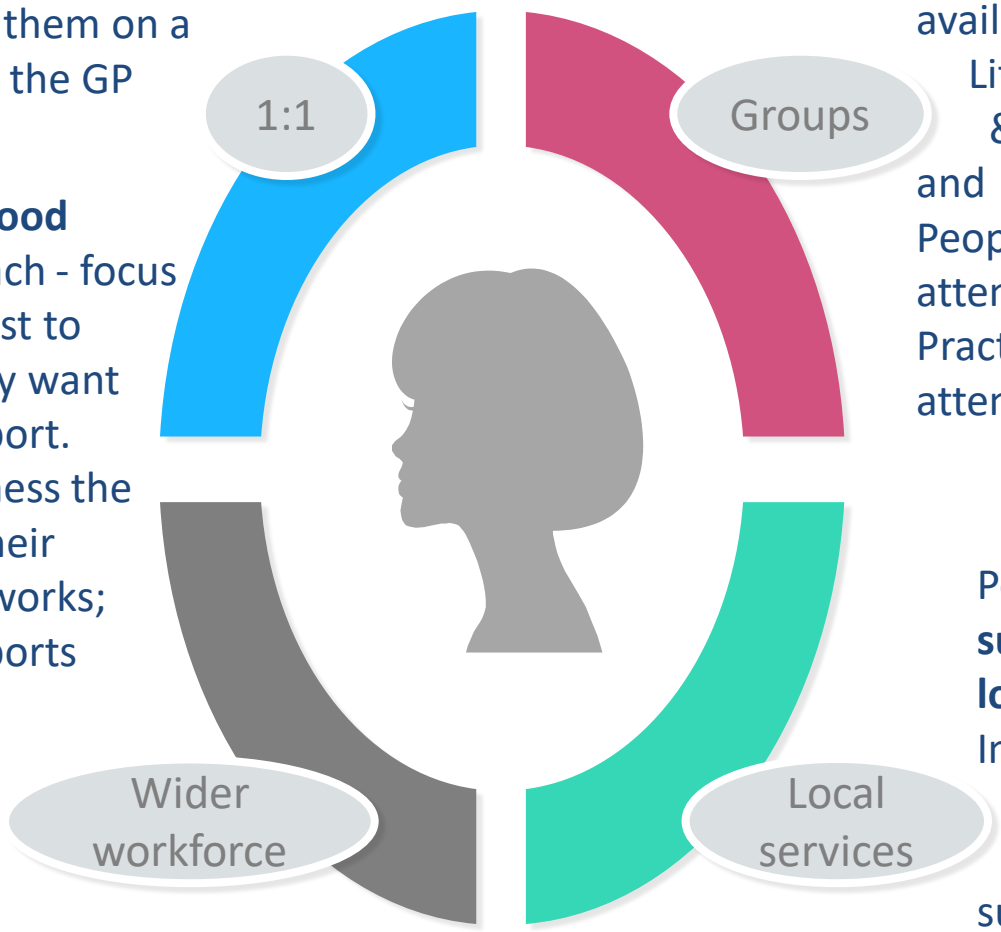
WHAT THE WELLBEING SERVICE DELIVERED

GPs and other primary care staff refer people to the Wellbeing Service

A wellbeing Practitioner will make contact with the person and arrange to meet them on a **1to1** basis, usually at the GP Practice.

Practitioners use **a Good Conversation** approach - focus on what matters most to people and what they want to achieve from support. Includes how to harness the role of the person: their strengths; social networks; and community supports

Good Conversation training and other opportunities for shared learning



Facilitated groups are available.

Lifestyle Management & New Beginnings (loss and bereavement).

People are supported to attend by their Wellbeing Practitioner – this improves attendance and engagement

People were **supported to access local services**.

Improves community engagement and more sustainable support

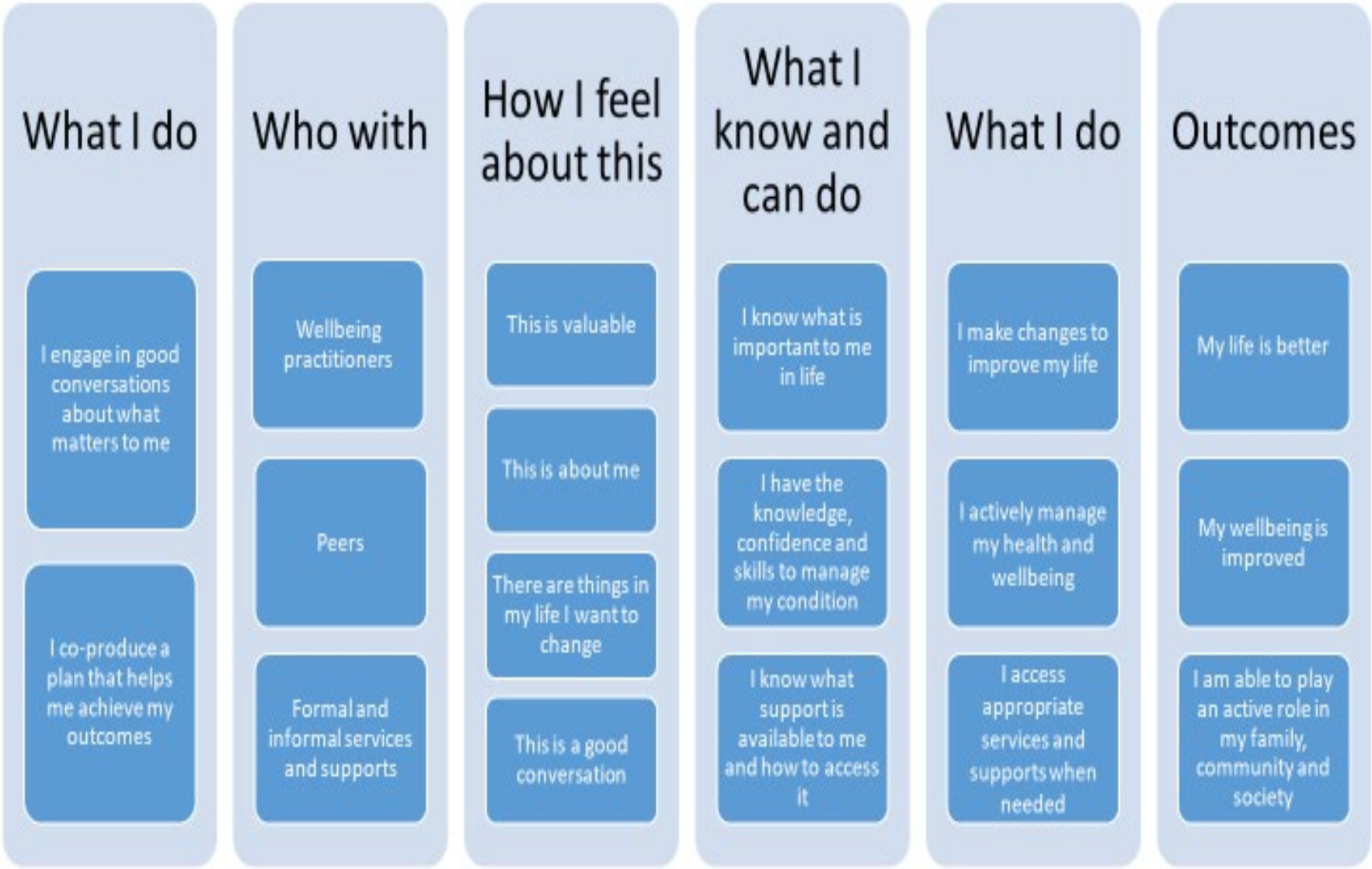
https://www.youtube.com/watch?v=IYAjc6Hcs0Y&feature=youtu.be

The evaluation sought to answer:

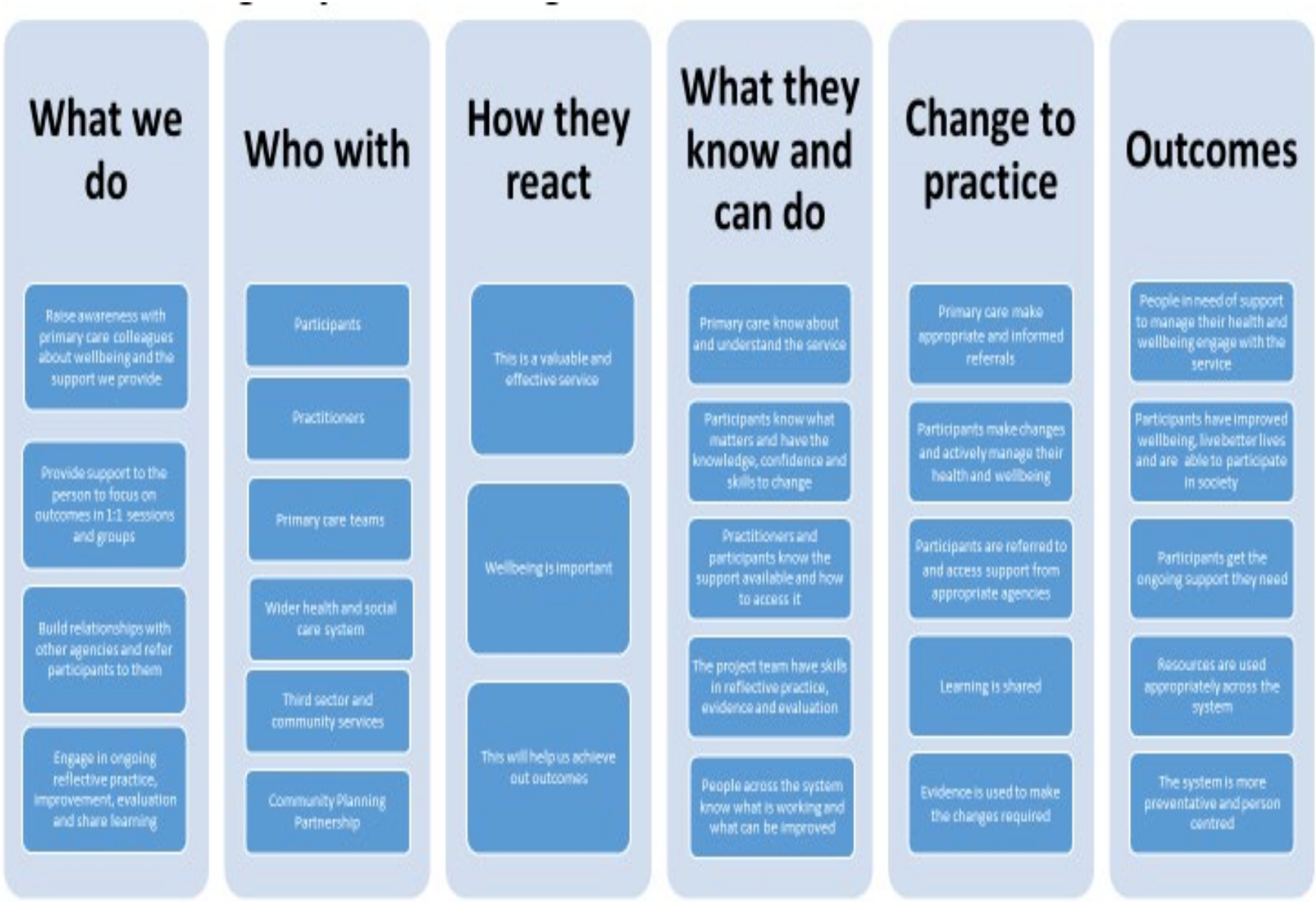
- To what extent do we improve outcomes for people experiencing health inequalities?

- What impact, if any, did supporting people experiencing health inequalities in this way have on utilisation of primary care resources?

OUTCOME MAP 1 - What the service is seeking to achieve for the individual



How the service contributed to improved outcomes through raising awareness of the service and supporting the person



Data sources

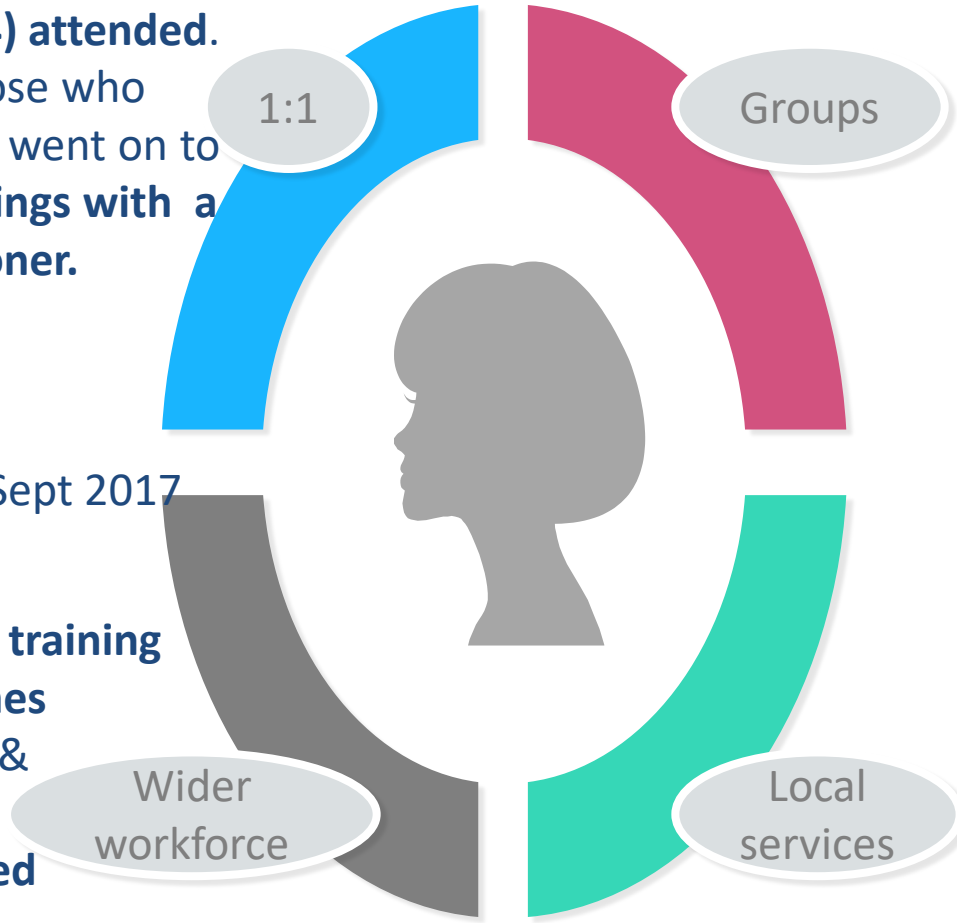
1. PRACTITIONER CASE NOTES
2. PARTICIPANT STORIES
3. PRACTITIONER DATASETS
4. PRACTITIONER AND PARTICIPANT INTERVIEWS

5. STEERING GROUP MINUTES
6. LEARING CYCLE RECORDS
7. PRIMARY CARE DATA
8. SECONDARY CARE DATA

WHAT THE WELLBEING SERVICE DELIVERED

Tenacious, flexible,
no '3 strikes and you're out' policy

1,368 people were referred between Sept 2015 & Sept 2017. **64% (874) attended**. **70.4% (615)** of those who attended a session went on to have **further meetings with a wellbeing practitioner.**
In total **2,982 1:1 consultations** over the period of evaluation to end Sept 2017

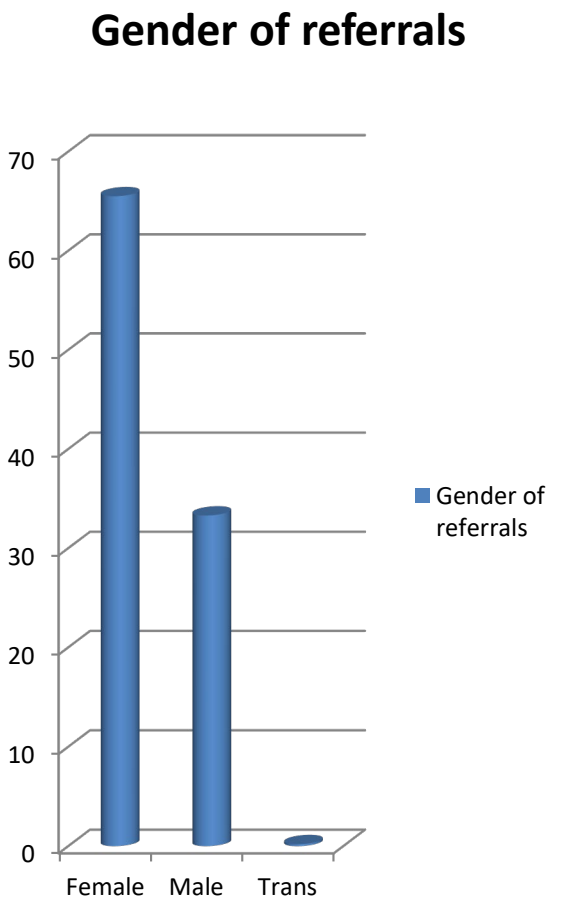


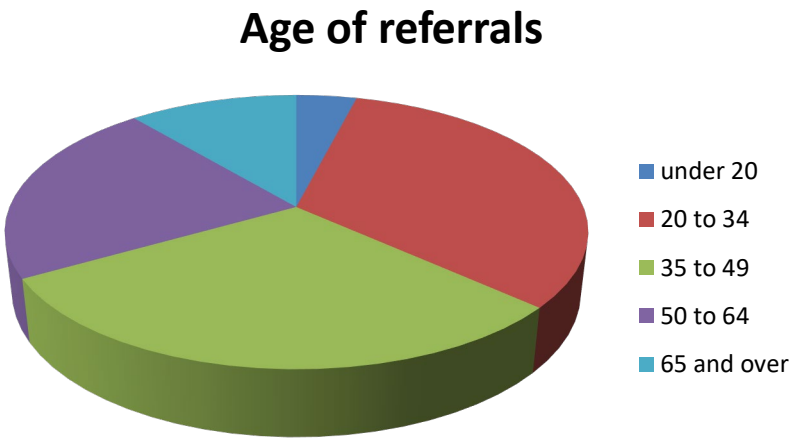
50 people engaged in facilitated group programmes varying from 6 to 10 week programmes.

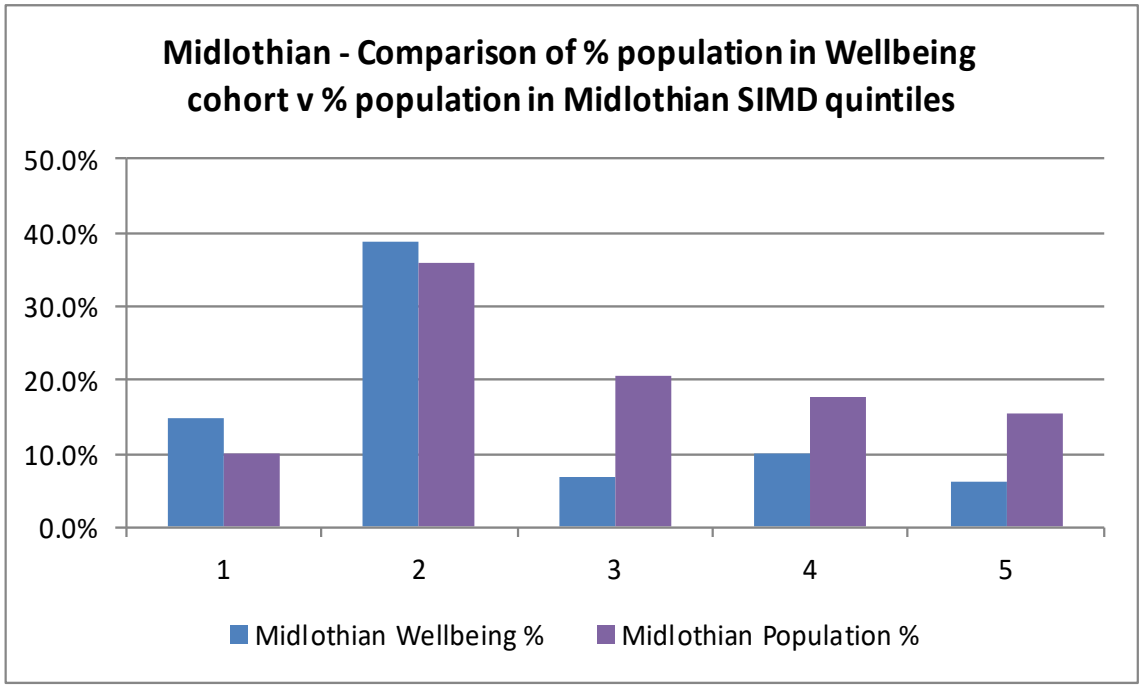
Good Conversation training was **delivered 4 times** Between Aug 2016 & Sept 2017
64 people completed the programme

People were **supported to access 56 local services** (supported not signposted)

Who are being referred?







Outcomes for people:

Comparison of WEMWBS scores for discharged patients

WEMWBS	earliest v latest WEMWBS scores
Number of patients	78
difference	13.120
P value	<0.001 Highly significant

Comparison of COPING scores for discharged patients

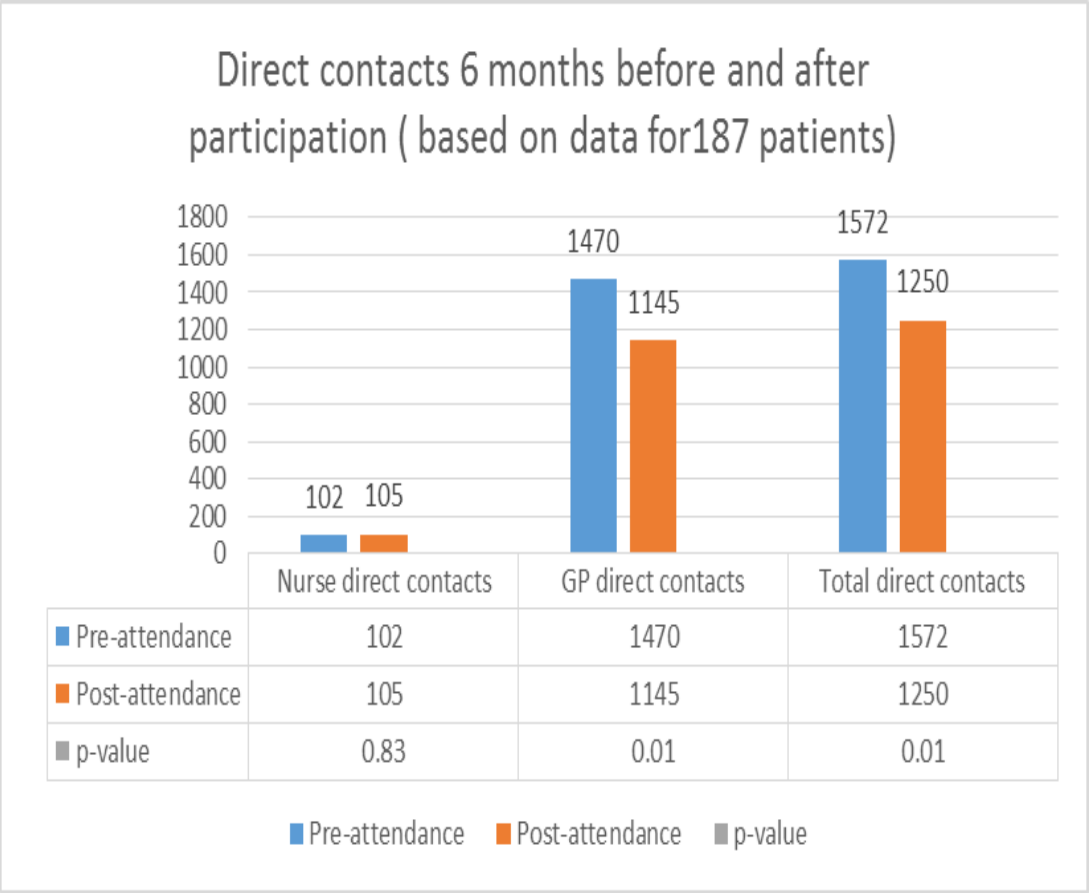
COPING	earliest v latest coping scores
Number of patients	81
difference	2.66
P value	<0.001 Highly significant

Comparison of CONFIDENCE scores for Discharged patients

CONFIDENCE	earliest v latest confidence scores
Number of patients	81
difference	2.64
P value	<0.001 Highly significant

People with (*highly significant*) increased levels of confidence, coping and mental wellbeing are more likely and able to make and sustain positive changes in their life

Outcomes for services:



She (Dr X) had noticed with a few of the people she had referred "greater self-determination" and a "shift in dependency"

Qualitative evidence from:

- case notes
- learning cycles
- steering group minutes
- interviews

Quantitative evidence from:

- client database
- analysis of primary and secondary care attendance

Conclusion:

Substantial evidence of positive impact on people who use the service and greatly appreciated by primary care services

Participants are reporting…

'The GP looks at everything from a medical point of view to solve through pills/medicine. Coming here it's the complete opposite -> try to get to the root of the problem and not meds. Find a solution to deal with it'

'When you see the Doctor you are going to see about your complaint. Here you are getting ideas what to do'

'Taking control of my weight and exercise'

'My mood has changed. Rather than being in a depressive mood I've more or less learned to love myself as a person again because I was feeling worthless..I'm happier, more content and calmer…If I hadn't been on 'Living life to the full' or seen (name of Wellbeing practitioner), I would have been on medication and signed off sick. Fact 100%'

'Given me to acknowledge that I am good at some things'

Practice staff are reporting…

'We're referring the 'hard ones' and R is making head way with some of the most intractable situations. Patients have coped in a way they haven't done for 20 years.' (Practice A, 25th May 2016, in relation to Wellbeing model)

'Wellbeing approach of continued engagement regarding DNAs opposed to the traditional 2 strikes and out is much better.' (Practice C, 8th June 2016)

'When I refer people to Wellbeing I tend to not see them again'

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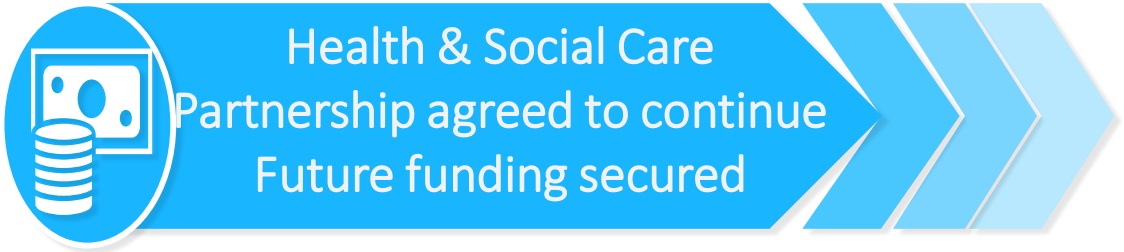

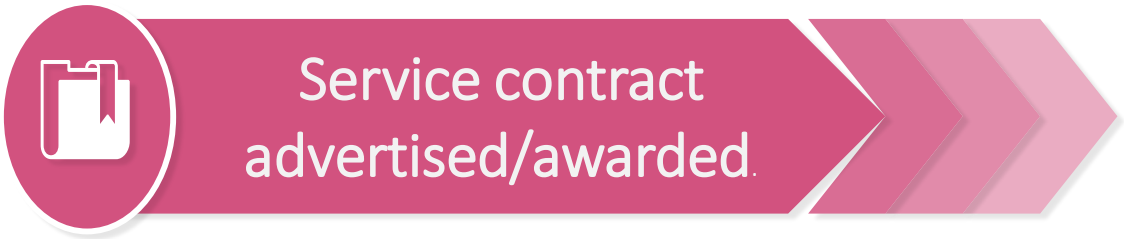

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Thank you

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