

Living Well

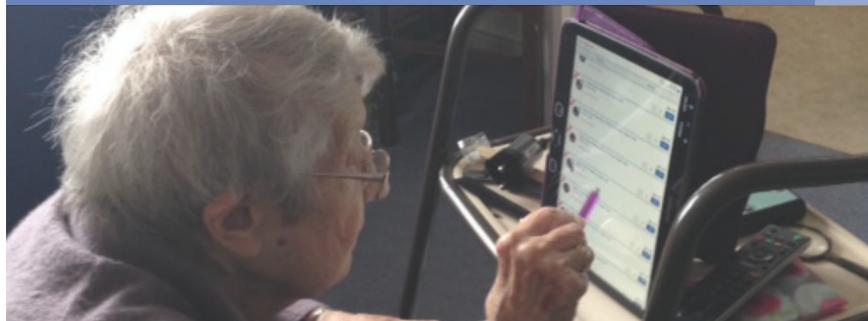
PIONEER FOR CORNWALL AND THE ISLES OF SCILLY

Supporting people to live the lives they want

PEOPLE

LIFE STORIES

92 year old Mary has a history of falls, which led to a fractured hip and a long spell in hospital. Her rapidly losing eyesight and mobility issues make it difficult for her to leave home. She loved to read so we arranged a regular delivery of audiobooks to be delivered to her on a USB stick. We helped her use a laptop, which she's now using for online shopping and talking to relatives.



VOLUNTEERING

Carers and nurses are so busy, they have so many people who they need to look after, but we've got more time. We can do things that help make people's lives so much more interesting and bring a little bit of joy back to their life. Being a volunteer is a wonderful thing; it's fun, I've met new friends and I've started living my life again by being a volunteer.



JUDY, VOLUNTEER

Judy was part of the Newquay Pathfinder. This is her personal two year reflection.

IMPROVED HEALTH AND WELLBEING

A matched control evaluation has demonstrated savings of:

ALL ADMISSIONS	NON-ELECTIVE ADMISSIONS	EMERGENCY ATTENDANCES	PRIMARY CARE*
31.8% ↓	33.6% ↓	26.8% ↓	12.7% ▲

*Total net gain to the system of £1,500 per person per year

COMMUNITIES

OF PLACE



670 Community groups in Penwith that can support people.



Newquay and Penwith making community links and identifying support.



Patient participation groups in east Cornwall.

OF INTEREST



Exploring the Living Well approach in Penwith with children and young people's mental wellbeing, with the children adolescent mental health service (CAMHS) and the voluntary sector to support young people.

OF PRACTICE

73% of practitioners feel Living Well can support people well to live the lives they want.

We're reducing bureaucracy by mapping what we do and sharing it with practitioners. This creates the understanding and recognition that we can work better together. Streamlining practitioners' referral forms and agreeing what information they need. Building relationships between the core team around GP clusters and the broader team, including community links.

The Pioneer team supported someone who'd been in hospital several times to remain at home. They supported her needs and she's not been readmitted to hospital since.

A LEADING OCCUPATIONAL THERAPIST

SYSTEM

WHOLE POPULATION

OUR PRINCIPLES

Putting people first	An equal partnership between health, social care and community
Common sense over organisation risk	Be bold and brave
	Reducing layers and complexity

INGREDIENTS

- Understanding the population
- Motivational goal setting
- Voluntary community sector coordination, support and volunteer networks
- Understanding what the community has to offer
- GP leadership and ownership
- Ongoing conversation with partners
- Practitioners co-designing their solution

WHAT DO OTHERS THINK?

Government can provide seed funding and co-ordinated focus to drive value from third sector.

Well supported self-management can significantly reduce use of health and care services.

For people with multiple needs, tailored care plans help system integrate around them.



Peter Burbridge @cGeriatrics - Jun 2
GP MDT today with GP who knows the patient, their parents, their children, their village & support for 30yrs. Love it - so much background.

WHO IS LEARNING FROM US?

HRH Prince Charles, Department of Health, the Cabinet Office, Department for Communities and Local Government, Former Care Minister Norman Lamb, MP; Minister for Civil Society.