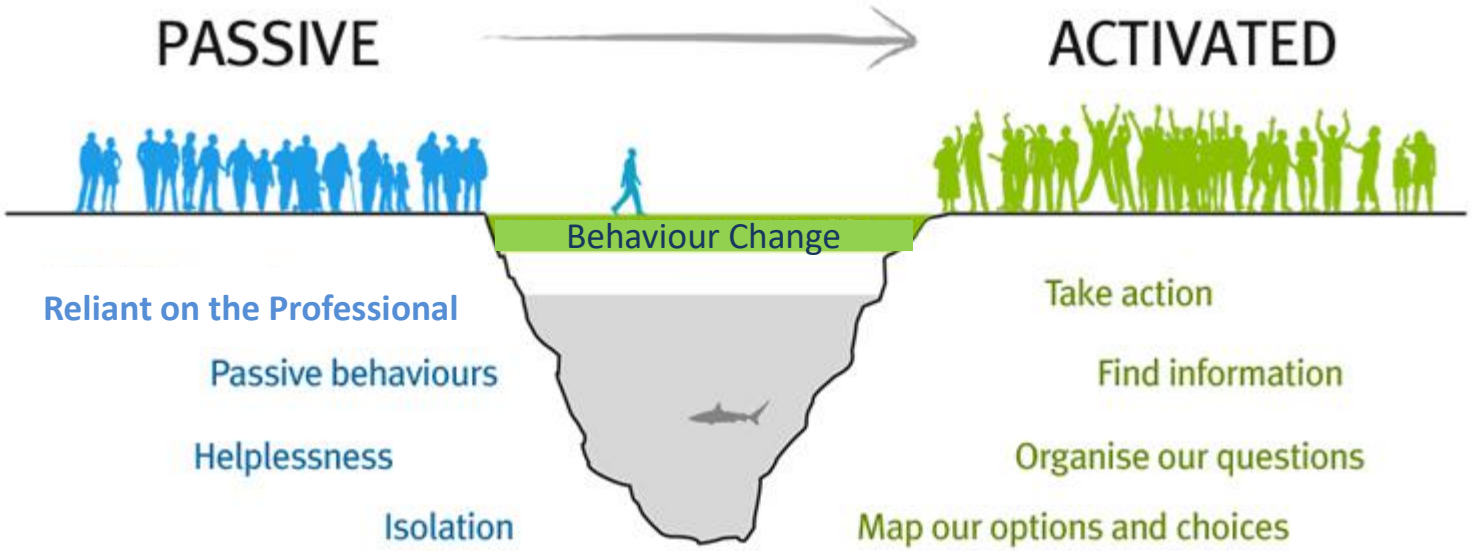
A Better U Strategy South Tyneside…

….to enable people to maintain their independence and well-being using their strengths and resources, enabling them to live longer, healthier and more fulfilling lives

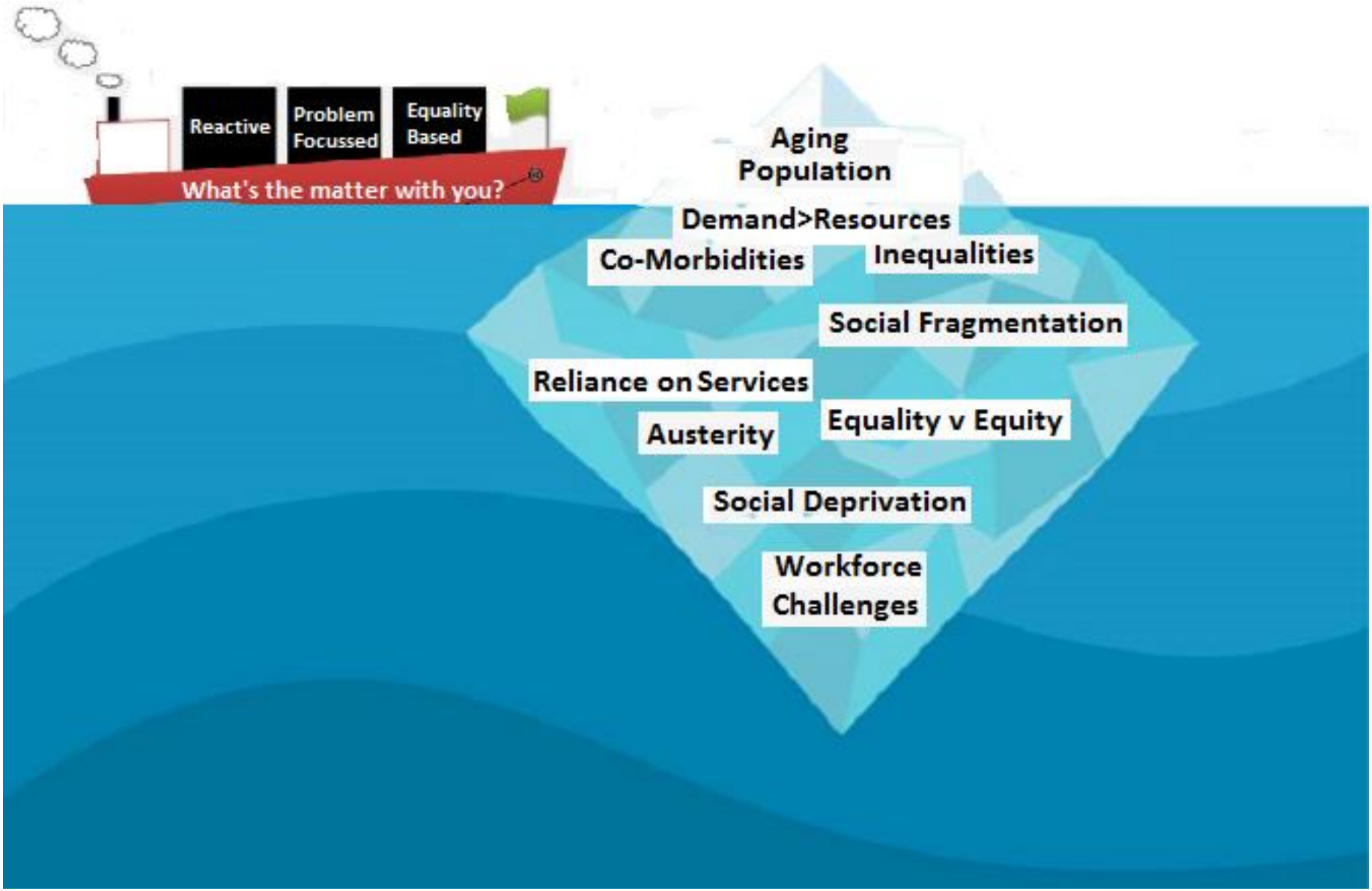
The Starting Point

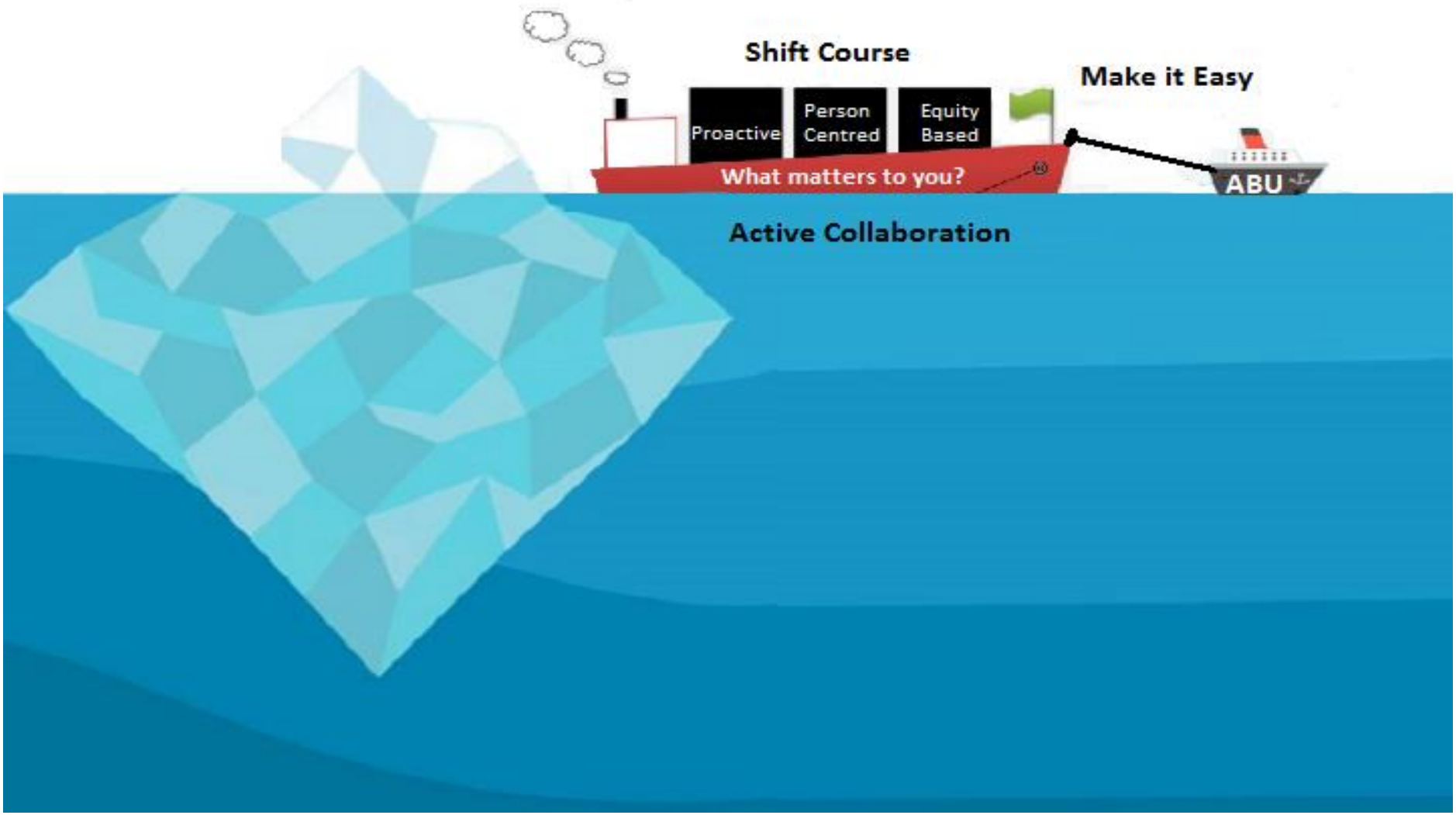
- How many hours in a day?
- How many days in a year?
- How many hours in a year?
- How many hours of professional support does someone with a longterm condition receive in a year?
- How many hours are they flying solo?


PASSIVE
ACTIVATED
Behaviour Change
Reliant on the Professional
Passive behaviours
Helplessness
Isolation
Take action
Find information
Organise our questions
Map our options and choices

So what?

- Currently spend the majority of the South Tyneside Pound on the 8/ 9 hours
- We spend very little on the rest
- More and more people are demanding the 8/9 hours and we simply can't supply it
- The population is ever more *reliant* on the 8/9 hours


Reactive
Problem Focussed
Equality Based
What's the matter with you?
Aging Population
Demand>Resources
Co-Morbidities
Inequalities
Social Fragmentation
Reliance on Services
Austerity
Equality v Equity
Social Deprivation
Workforce Challenges


Shift Course
Make it Easy
Proactive
Person Centred
Equity Based
What matters to you?
ABU
Active Collaboration

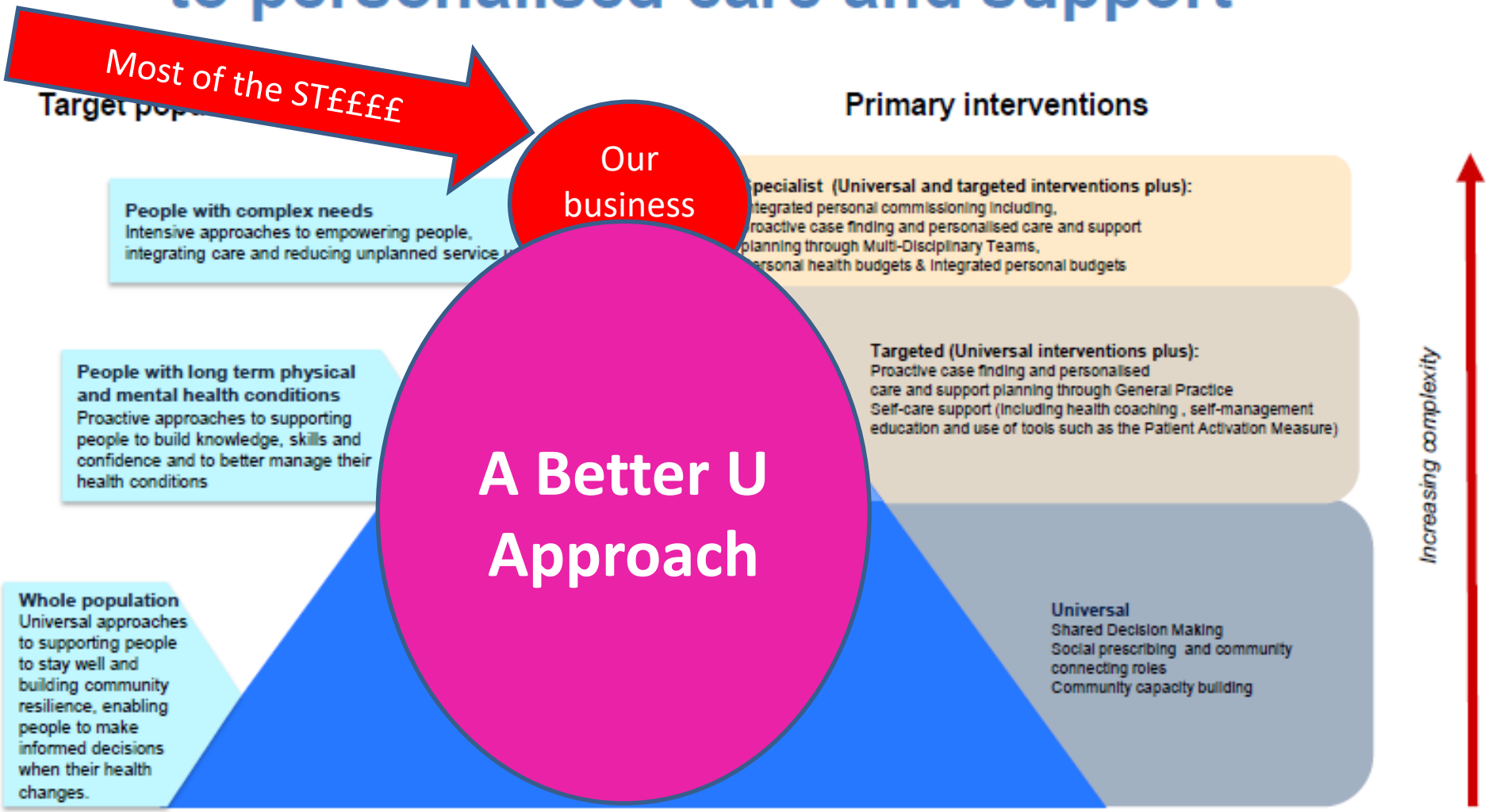
Changing Course with A Better U

A Better U aims to introduce a model of support where the key question shifts

from *"What is the matter with you?"* to *"What matters to you?"*

and "What is wrong" to "What is strong"

An all age, whole population approach to personalised care and support



Feel healthier, feel happier, discover a better you.

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What do we need to do as a system?

Take a collaborative and innovative approach:

- To how support and services are designed, commissioned, provided and regulated.
- To how our staff work with people, freeing them up to work differently.
- To how people are supported between contacts with professionals.

This means putting in place…

- **Personalised Support for People** and their Carers and Families to develop the knowledge, skills and confidence to better manage their health and wellbeing.
- **Support and Freedom for Professionals** to work differently by developing and integrating the knowledge and skills that are effective in supporting self-management with their professional practice.
- **Peer and Community Support** networks of formal and informal support between people with similar conditions or experiences within their community.


Primary Care
Enabling Processes
Secondary Care
Support for Staff
Social Care
Support for Communities
Local Assets
Support For People

Key Components Required

- **System Leadership**– a commitment to change the current, lead on new and innovative ways of working that support the system to have a different conversation with the public; engaging people in designing the future
- **Capability building programme** for professionals– the *how* and *what*
- **Structured education** for people and carers (generic and topic specific) – in person and online
- **One-to-one and group coaching** and peer support across the system – accessed based on need
- **Connecting roles** both in communities and settings
- **Working with communities** to harness and build on the assets available
- **Online and physical resources** about what is available in communities (including campaigns)

Training to enable staff to have motivational conversations that ask “what matter’s to you” and support healthy behaviour change.

One to one and group coaching and support from people with a lived experience (peer mentors) for the least activated and most vulnerable.

Mapping what already exists and supporting communities to fill the gaps. Easy accessible information about what’s available from Community Connectors and electronic platforms

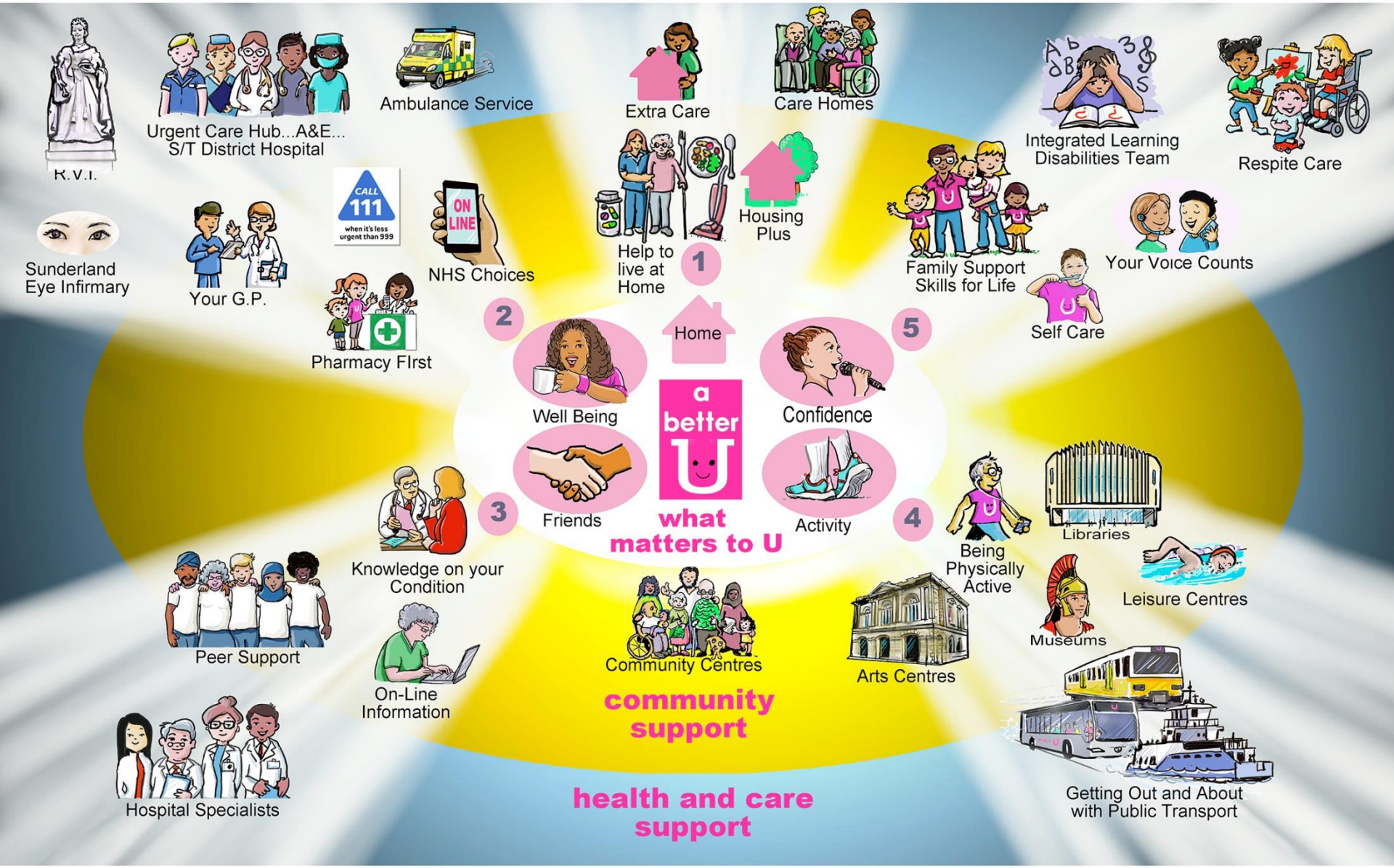
Systems and processes that “make things easy” and are person centred.

Look at everything we do through ABU lens

Don’t just add to the system – change the system

Challenge ourselves through our decision-making

What supports your health and wellbeing in South Tyneside ?



Example Pathways 1 Home 2 If you are ill 3 Long Term Condition 4 Ageing Well 5 Learning Disabilities

A Better U Coaching Service

First Contact Clinical

COACHING TEAM NEWS

Issue 10: August 2018

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Who we are and what we do?

The 'A Better Ü' Coaching Team is working across a number of practices in South Tyneside, supporting a shift in care towards a bio-psycho-social approach. We have worked with over 400 individuals so far, encouraging them to access community assets, improve their health and wellbeing, and to make healthier lifestyle choices. The Patient Activation Measure (PAM) is used to identify client needs for intervention and to measure success, with an increase in PAM linked to a decrease in health and social care costs.

The News

14 — People achieved their goals and connected with their community last month

+15.4 — Average change in PAM for our most inactivated clients

6 — Connected with 6 new community assets last month

The People

•••

The Background

"Jean" first came to see us through her annual review appointment and she was struggling to maintain a healthy lifestyle. She wasn't sleeping well and was living with her son since her husband passed away. Money was tight and as a result, Jean didn't leave the house often and was socially isolated. She didn't feel confident to manage her conditions and often felt low.

The Support

We supported Jean to apply for a home of her own and she was offered a downstairs flat, adapted to her physical needs. Jean started to feel more independent and was keen to get out and about. We connected her with local agencies to support any financial issues, as well as group activities to boost her mood and confidence. Having conversations with Jean revealed that she had not been able to grieve for her husband and she hadn't accessed any counselling services at the time. Jean felt it was time for her to address her grief and move forward, so we put her in touch with local services.

The Achievements

Jean enjoys getting out into the community and attends groups at Blissability. She has recently started an Arts program at Arts4Wellbeing and a confidence course at WHIST. Jean started with us as a Level 2 PAM and leaves us as a Level 3, with an improvement of 5.1 points.

https://www.youtube.com/watch?v=l9UpgL8yrhM

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Next Steps

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Our questions for you

- how are your areas ensuring that person-centred and preventative care ***is*** the *'real work'* rather than being seen as a nice thing to do?

- what needs to happen to achieve the shift to person-centred care and creating a more enabling environment for self-care- i.e. community based and peer support mechanisms?