Active and Independent Living Programme

Susan Kelso AHP National Lead Early Intervention

Valuing Physical Activity and the Economic Impact of Inactivity
Thursday 22 March 2018
Storytelling Centre, 43-45 High Street, Edinburgh EH1 1SR
Public Health Challenges

• Arising from lifestyle, social-cultural factors and our modern environment
• How do we increase public and service knowledge and awareness of where avoidable harm can be reduced?
• How do we prevent ‘Lifestyle Drift’? (25% gain from direct health care; 50% from socioeconomic factors)
• AILP introduced as part of National Health and Social Care Delivery Plan to address these challenges – including supporting people of all ages to be physically active.
Integrated health and social care – wellbeing is central principle

**Better care**
- Working with - not ‘doing to’
- People involved in and responsible for their health/wellbeing
- Freedom, dignity, choice and control

**Better Health**
- Anticipation, prevention self management not ‘fixing’
- Mental AND physical health
- Cross sector working

**Better value**
- Integrated approaches
- More in the community
- Changes for diagnostic and elective services
- New models of care

NB: Self management is crucial as is social care and support for people with disabilities
Active and Independent Living Programme

AHPs working in partnership to enable healthy, active and independent lives by supporting personal outcomes for health and wellbeing

- Health and wellbeing
- Workforce
- Awareness
- Research and innovation
- Access
- Partnership

Allied Health Professions Co-creating Wellbeing with the people of Scotland
Wellbeing approaches across the life-course
Move and improve/Eat well/Make Every communication count

Starting well
Living and working well
Ageing well

What matters to people? Identifying strengths, seeking resilience, shared decision making, collaborative working

Asset based Personal Outcomes approach
How do we find out where we currently are intervening?

- If we as AHPs are to achieve our AILIP vision and focus on **PREVENTION** then we have to know where we are currently intervening in their Health and Well Being Journey.
- Given the policy direction on prevention, early intervention and self management there is still no clarity around how we will do this! Opportunity for Allied Health to lead the way!
- **National Survey on the Lifecurve** which will identify exactly where the AHP workforce is intervening on an individuals’ health and well being journey.

- All Boards and Partnerships
- All Adult AHPs working in Adult Services
- All Registered and Non-Registered Staff
- A representative sample of people who attend our services
Prevention, anticipation, early intervention, self management – where? What does it look like?

Rehab/reablement

Compensation

Care and support

Time since starting on ‘curve’

Activities of Daily Living

Reactivation

Cognitive - Risk - Health - Connections - Care

Run half a mile
Hike several miles
Walk on a slippery surface
Walk a brisk mile
Run to catch a bus
Carry and climb stairs
3 flights inside
1 flight outside
Get up from the floor
Walk several blocks
Get up from low couch
### NATIONAL LIFECURVE SURVEY: PART 1

**Where are you seeing the AHP member of staff today?** Please tick only one option:
- Inpatient
- Outpatient
- Community
- Your Home

**If you travelled to get here today, how did you get here?** Please tick only one option:
- By Bus
- By Car
- By Ambulance
- N/A
- Walking
  
  Combination of travel methods

**Who do you normally live with?** Please tick only one option:
- With other people eg. Partner, family, friends
- I live alone
- In sheltered accommodation or a residential home (eg care home)

**Do you have any communication support needs?**
E.g. hearing or low vision aid, interpreter, large print, easy read, communication aid.
- Yes
- No
- N/A

**Are you in work or do you take part in other regular activity?** Please tick which apply:
- Yes I work
- I am a volunteer
- I help to look after other family members eg grandchildren/nieces/nephews
- N/A

**Is your home suitable for your needs?** Please tick only one option:
- Yes I can manage all daily activities within my home
- I am beginning to struggle with managing daily activities within my home
- I cannot manage some daily activities within my home without help

**Are you a carer?**
Please tick only one option:
- Yes
- No
- Both – I care for someone and I have a carer

**How would you describe your emotional wellbeing today?**
NB: 1 is very good and 5 is very bad
- 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊 😊

**Who arranged for you to see the member of AHP staff today?** Please tick only one option:
- A member of health staff
- Myself, family member or friend
- I don’t know/not sure
- I don’t know as I was admitted in an emergency to hospital

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This is the end of the Survey. Thank you for taking part.
Part 2: Office Use Only (to be completed by member of staff)

NB: Items marked * only complete if no access to CHI number

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<th>Date Survey Completed</th>
<th>[DD / MM /YY]:</th>
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<th>State your AHP profession:</th>
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<th>Is this a first time or return visit [tick which]?</th>
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<th>Rehabilitation</th>
<th>Reability</th>
<th>Assessment</th>
<th>Review</th>
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What will the data collection process be?

**Boards & Partnerships**
- Deliver all Surveys to Strathclyde Uni
- 2 weeks

**Strathclyde University**
- Input all survey results into electronic system
- Generate a unique Identifier for each survey response
- 4 weeks

**ISD**
- Link CHI data to SOURCE data
- 8 weeks

**Scottish Government**
- Link cost data with survey response data using unique identifier and undertake analysis
- 8 weeks

Input all survey results into electronic system
Generate a unique Identifier for each survey response
Send ISD Data Set containing CHI and Unique Identifier only
Delete CHI from all data sets
Store all consent form for XX years

Send Scot Gov. unit level cost information plus unique identifier

25/04/2018
Active and Independent Living Programme
Link costed data to support economic argument for prevention/early intervention

Decline in fitness

Early mobility loss

Loss of ADL/IADL capabilities

Need for some care (family/professional)

Need for full-time care

Need for full-time residential care
National Results N=15,000

- cutting toenails
- Shopping
- using steps
- walk 400 yards
- heavy housework
- full wash
- cook a hot meal
- moving around
- get on/off chair
- light housework
- get on/off toilet
- get dressed
- get up/off bed
- wash hands and face
- eat and drink independently
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# Heat Map of current activity by AHP Profession

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## Lifecurve Survey Age Profile

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<td>110</td>
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Bed Days and associated costs for approx 60% of total cohort
A+E / Out-patients attendances and associated costs for the 60%
ALIP Cohort by SIMD - A&E, Outpatients, SMR 1 and SMR 4 costs
Total £80.2m
SIMD 1 = most deprived SIMD 10 = least deprived
Number of items prescribed per person, 2016/17
Min 1 item, Max 632 items, Average 63 items
ALIP Cohort (8,261) - Prescribing number of items by drug category, 2016/17
Total 508,500 items
Prescribing number of items by SIMD decile, 2016/17
SIMD 1 - most deprived, SIMD 10 - least deprived
Total 508,500 items
Emotional Wellbeing in one area

**Acute/hospital based services**
- 11% bad or very bad
- 22% are ok

**Community/rehab services**
- 13% very bad or bad
- 27% ok
MSK Intervention Type

- 64% Treatment
- 31% Assess

Bar chart showing the distribution of MSK intervention types.
How do we engage with people around physical activity?

Effect of Structured Physical Activity on Prevention of Major Mobility Disability in Older Adults (The LIFE Study Randomized Clinical Trial)

817 given a health education programme

818 given a specific exercise programme

could walk 400 yards for at least 2.6 years longer
As we get older, our balance and muscle strength can slowly decline without us noticing. As a result, a trip or slip can become a FALL.
Active and Independent Living Programme

Move and Improve

Take the Balance Challenge

The Super Six

ageScotland
Care Inspectorate
LaterLife Training
GCU Glasgow Caledonian University
400 yards campaign

• Not being able to walk 400 yards – a ‘tipping point’
• 50% cannot walk 400 yards
  – 64% are struggling or needing help to live at home
• Link with partners across sectors
• Leisure/Sports clubs
• Glasgow Leading Attractions
• Link with #endpjparalysis
Thank you for listening

Contact me via:

e: susan.kelso@nhs.net
m: 0794 308 3735
t: susankelso@AHP

For more information about AILP visit
http://www.knowledge.scot.nhs.uk/ahpcommunity.aspx