

# Learning from the Millom experience

*Professor John Howarth*  
*System Clinical Leader*  
*Deputy CEO of the two NHS trusts*  
*Professor of Primary Care*



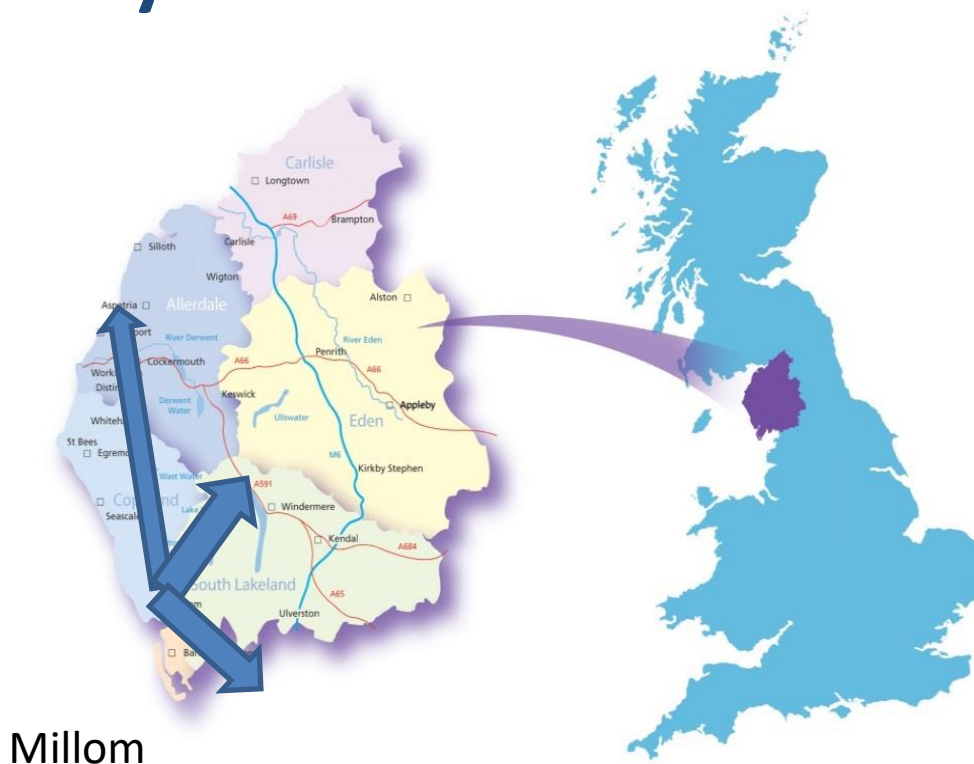


# URBAN & RURAL



# Millom is a geographically isolated town in Cumbria

- Population 8500
- Generates 22,900 journeys out of the town every year for care
- Taking 59% of health budget
- 1 million miles of travel



**45-50 minutes to get to the nearest hospital along poor roads**

**Poor public transport and low car ownership**



# Millom – May 2014



- Good general practice but unable to recruit after partners retired
- Poor premises in a terraced building
- Unable to continue to cover the community hospital which closed temporarily

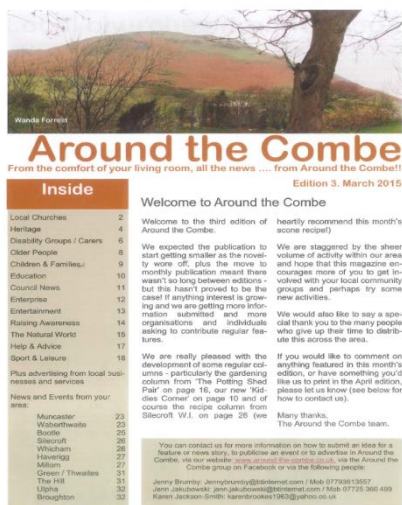


**Over 2000 people take to the streets in protest**

# Getting on the same side – Community led recruitment

- A *community led* GP recruitment campaign - video spread by the community on social media and twitter with 7000 views
- Helped recruit 6 doctors





**Created a new town newspaper 'Around the Coombe' full of health promotion messages distributed to 5500 households**



## Achievements since the March

**Created a 'Donor Community' and an Autism Friendly Community**



**A Health Promoting Launderette**



**PLUS...**

**A new model of multispecialty multidisciplinary primary care – 2 NHS Foundation Trusts have joined the practice as partners\***

## Over the first 2 years?

- ✓ **23.3% reduction in non elective admissions**
- ✓ Reduced length of stay
- ✓ **16.3% reduction in elective admissions**
- ✓ **Minimal increase in A&E attendance**
- ✓ **10% reduction in non elective admissions from care homes**



**So...**

**The real challenge?**

**Scale and spread of this across North Cumbria**

**How?**

**One of 14 national exemplar Integrated Health and Care Systems**

**Why?**





# A population health system built on 3 layers



Integrated health and social care teams  
(building *real* teams around place and pathways)

+

Activated Individuals, carers and families  
(activated individuals use services less and have better outcomes)

+

Communities mobilised at scale for health and well being  
(the community as part of the local leadership *and* delivery team)

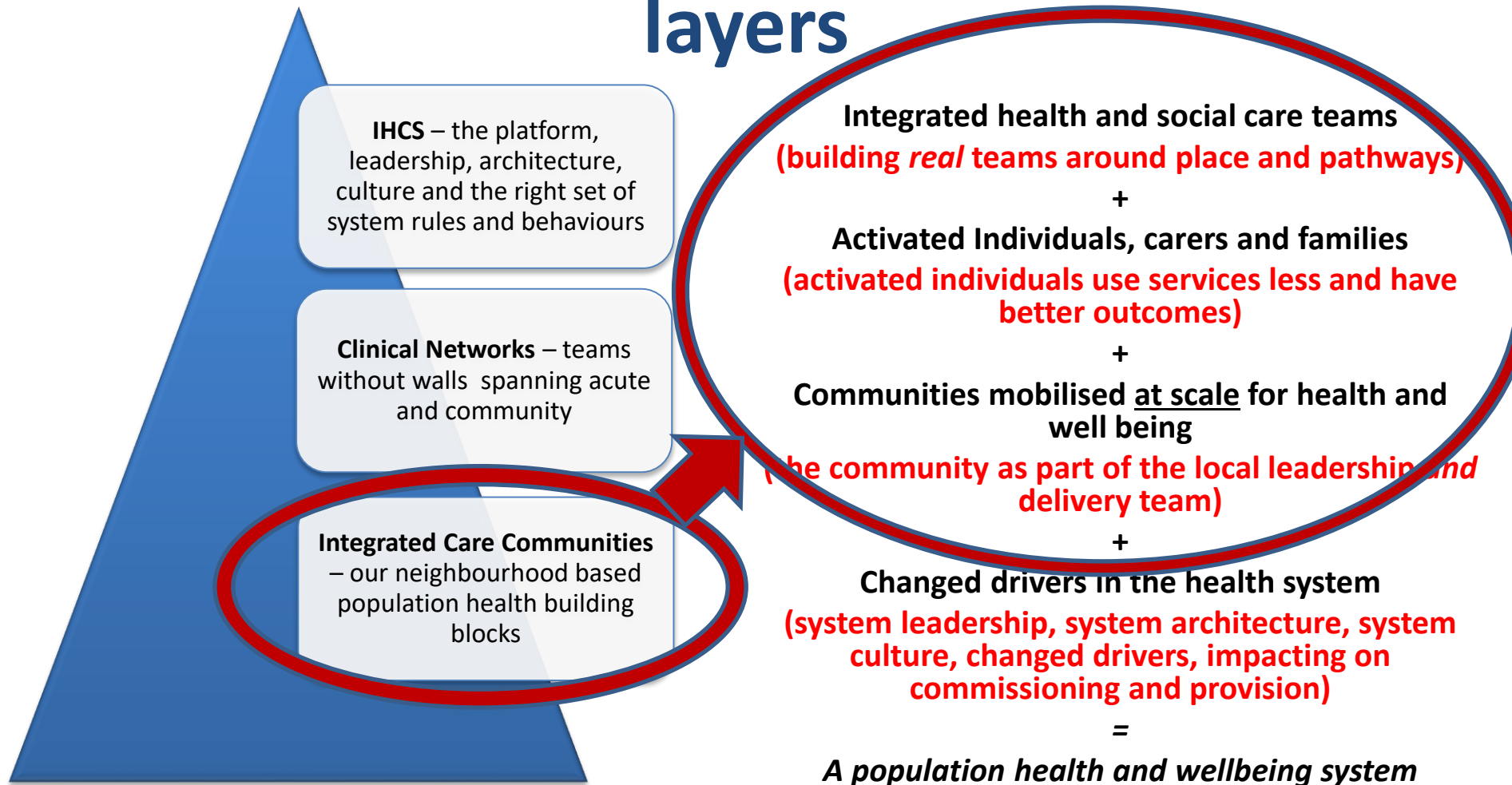
+

Changed drivers in the health system  
(system leadership, system architecture, system culture, changed drivers, impacting on commissioning and provision)

=

*A population health and wellbeing system*

# A population health system built on 3 layers



## What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing

The skills,  
knowledge and  
commitment  
of individual  
community  
members

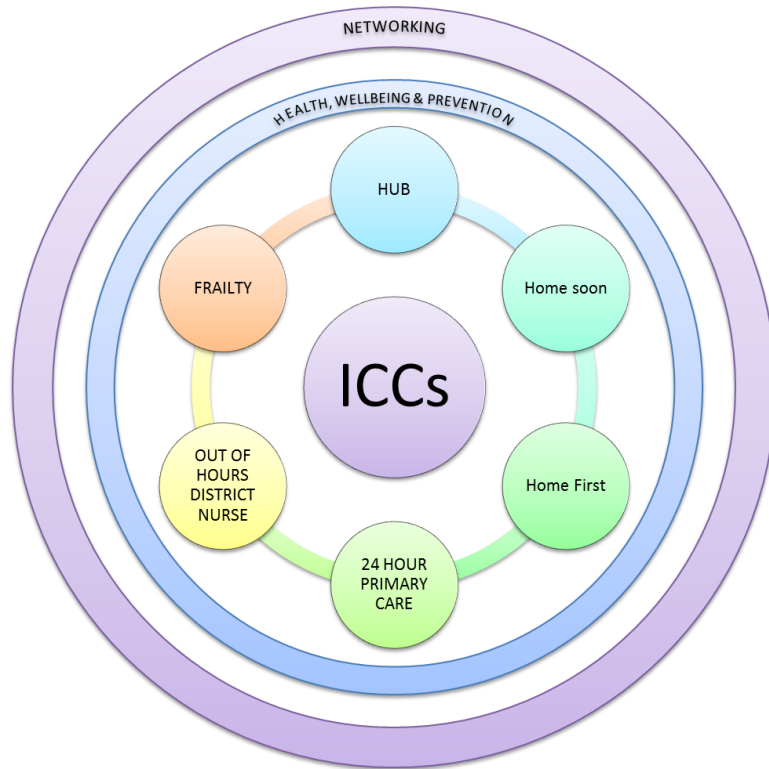
The resources  
and facilities  
within the  
public, private  
and third sector



Friendships,  
good neighbours,  
local groups and community  
and voluntary associations

Physical, environmental  
and economic  
resources that  
enhance wellbeing

# Integrated Care Communities



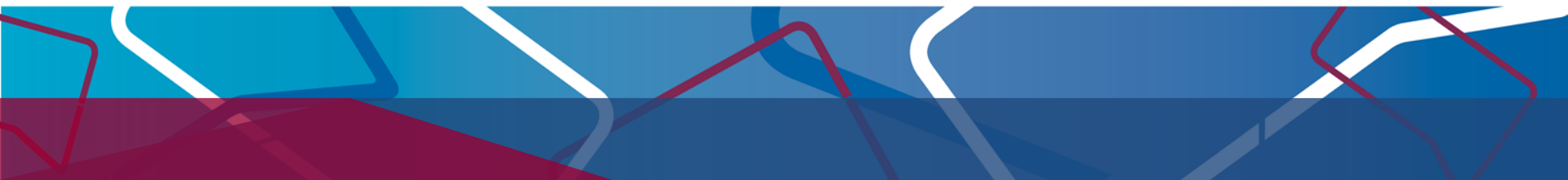
...not just about health and illness

- Wider 'civic power'
- Third Sector
- Beyond our traditional walls



# Stabilising and supporting general practice – The North Cumbria Primary Care Collaborative

- A partnership made up of the practices themselves, UCLAN medical school, our local out of hours provider, local NHS Trusts, patients and the third sector
- 14 practices so far 120,000 people More interested + developing 'associate' model for all practices
- An NHS initiative driven by NHS values
- Keeping the national 'GMS contracts,' novating into the new company
- Offering a premises solution (we have created a new JV company to deliver premises solutions – 70% NHS owned)
- Taking business liabilities/worries off the partners
- GPs still leading clinically, becoming salaried within our integrated care system
- Not for profit – surpluses reinvested in the staff and in developing new roles



# Cumbria County Council's Health and Wellbeing Coach Service



- Some adults in Cumbria struggle to lead healthy lives due to experiencing **multiple social challenges** such as adverse childhood experiences, disability, poor mental wellbeing, deprivation, isolation and substance misuse.
- Cumbria County Council has invested in a team of **19 Health and Wellbeing Coaches** (HAWCs) – **aligned to Integrated Care Communities** across North Cumbria - who use strength/asset-based approaches to improve the lives of **people experiencing complex challenges**.
- Positive outcomes for people working with HAWCs include **reduced anxiety and depression**, **increased income** and **stopping smoking**. Also increased **social connection**.

*Photo shared with kind permission of those working with HAWCs*



# Cumbria Fire and Rescue Service – detecting Atrial Fibrillation in people's own homes



- Cumbria Fire and Rescue Service carry out 10,000 'Safe & Well' home visits every year to people aged over 65 in Cumbria
- Since 1<sup>st</sup> April 2018, the service has been piloting the inclusion of an Atrial Fibrillation (AF) check as part of visits across Eden Integrated Care Community – ICC (fully supported by local GP practices)
- Officers use a simple hand-held device (My Diagnostik), which will indicate whether or not someone requires further AF testing
- Training and devices have been funded via the Academic Health Science Network for the North East and North Cumbria
- Positive initial evaluation. Plan to roll the service out to other ICCs in North Cumbria over the next 12 months

# Come to Millom – its great







# HEALTH & CARE

*Thank you*