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SELF-MANAGEMENT TOOL KIT

A compendium of self-management support services and tools to be used by health care professionals working in partnership with people living with long term conditions across Eastern Cheshire CCG

Background to the development of the Self-Management Tool Kit

As part of its Integrated Care Project, Eastern Cheshire Care Commissioning Group (ECCCG) commissioned Talking Health Network Ltd to create a Road Map to outline the routes towards systematically building and embedding self-management capacity and capability for people living with long term conditions across the CCG. In other words, to provide a blueprint for 'doing self care' by understanding what self care support is currently available to people living with long term conditions across the CCG, learning more about what patients and professionals say they need to participate in self care, what self care options are available and most importantly, what impact/benefit the CCG could expect for their money.

As part of the Road Map project a mapping exercise was carried out over the autumn of 2012 to establish a benchmark for existing self-management¹ capacity and capability across Eastern Cheshire CCG, and in particular within Knutsford and Macclesfield. The information gathered from the mapping exercise has been used to create this Self-Management Tool Kit.

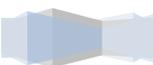
People living with long term conditions, health care professionals and commissioners of self-management support need reliable information about what self-management support is available, where it is being delivered, how it can be accessed, and evidence (if any) to show that it is a cost effect way to support the development of self care knowledge, confidence and skills. The Tool Kit includes details about existing self-management support across the CCG at a particular point in time; namely September 2012.

What is included?

This Tool Kit is primarily intended for use by health care professionals to support their patients to more effectively self-manage. It is divided into three sections and includes information about:

1. Services that have identified and/or demonstrable outcomes aimed at supporting people living with long term conditions to develop self-management knowledge, confidence and skills
2. Services that enable people to maintain effective day to day self-management of their long term condition
3. Links to self-management and shared decision making support tool

¹ The following definition of self-management was adopted by ECCCG for the purposes of developing the Road Map. Self-management describes *'The tasks that people must undertake to live well with one or more long term conditions. These tasks include gaining the necessary knowledge, confidence and skills to take care of their illness, carry out everyday activities and manage the emotional changes brought about by living with a long term condition'*. Dr Patrick McGowan. International Conference on patient self-management, 2005



Self-management support services

A

Name of self-management intervention	Art Group
Description of intervention	A weekly visual art session A group of 8-10 people create visual art pieces using different media supported by a volunteer artist/teacher
Referral pathway	Open referral
Aims, objectives and outcomes	To increase participation in social and special interest groups by those 50+ in Cheshire East To provide a weekly opportunity for older people to meet and share an interest Participants experience increased mental wellbeing
Locality	Macclesfield
Population target groups	Those aged 50+
Attrition rates	No available information
Quality assurance processes	ISO:9001 Investors in People
Evaluation outcomes	62% of participants reported improved confidence and feelings of wellbeing 91% reported reduced social isolation
Cost benefit data	£12.30 for every £1 invested in the art activity
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 660525

B

Name of self-management intervention	Be Steady, Be Safe (Falls Prevention class)
Description of intervention	Exercise class that focuses on the strength, muscles and posture needed to improve balance and avoid falls delivered to small groups of people 6-10 at supported by a trained tutor
Referral pathway	Open referral
Aims, objectives and outcomes	To increase participation in a physical activity by those 50+ in Cheshire East To decrease the number of hospital admissions caused by falls Participants will have improved mobility and stability and feel safer walking and using stairs Number of hospital admissions due to falls should be fewer in the participant groups than those with similar demographics outside the intervention
Locality	Harry Lawson Court, Macclesfield, Oakmere, Handforth and Winstanley House, Knutsford
Population target groups	Those aged 50+ living in Cheshire East Sheltered Accommodation
Attrition rates	No available data
Quality assurance processes	Otago Training through Later Life – specific falls prevention exercises ISO:9001 standards Investors in People

Evaluation outcomes	50% of participants reported fewer falls since starting the activity 20% of participants reported fewer visits to GP since starting the activity 100% of participants reported reduced social isolation since starting the activity 82% of participants reported Improved confidence and feelings of wellbeing since starting the activity
Cost benefit data	£13.09 for every £1 invested in the falls prevention activity
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 660525

Name of self-management intervention	Befriending (Forget-me-knot) for people with dementia in Cheshire East
Description of intervention	The Befriending service will provide personalised companionship for people with dementia or carers either in their own home or during outings and activities in the community. Managed by a Befriending Manager who recruits, trains and supports small group of volunteers and matches them with people with dementia. Full CRB checks are made. The befrienders make regular visits at a schedule agreed with the service user, carer and Befriending Manager.
Referral pathway	No available information
Aims, objectives and outcomes	The services aims to: <ul style="list-style-type: none"> ▪ provide companionship and emotional support ▪ provide support to continue with hobbies and personal interests ▪ facilitate opportunities for participation in leisure and social activities ▪ provide support to carry out regular activities such as shopping ▪ enable the person with dementia to participate in ongoing assessment of their individual needs and wants, and to focus on what they can still do rather than what they can longer do <p>People with dementia will be supported to participate and continue with activities that are important to them and to make informed choices on how they spend their time. They will also be supported to continue with personal hobbies and interests and to try new experiences where this is desired. People will be encouraged to maintain independence, autonomy and functional abilities for as long as is possible.</p> <p>People with dementia will feel:</p> <ul style="list-style-type: none"> ▪ less socially isolated and less lonely ▪ greater self esteem ▪ that they have received increased social contact and that this has been beneficial ▪ that they have participated in an enjoyable relationship ▪ they have been able to make choices about their own time and activities ▪ they have been able to continue with valued hobbies or pastimes ▪ they have been able to engage in regular, meaningful and enjoyable activities ▪ that they have a greater sense of independence by providing carers with time to themselves. <p>Carers will feel:</p> <ul style="list-style-type: none"> ▪ better able to cope with caring responsibilities ▪ less socially isolated and less lonely ▪ that they have received increased social contact and that this has been beneficial to them in living with dementia
Locality	Cheshire East
Population target groups	People in the early stages of any type of dementia
Attrition rates	No available data
Quality assurance processes	No available data
Evaluation outcomes	No available data
Cost benefit data	No available data



Organisation	Alzheimers Society
Contact details	Jo Hawkins joanne.hawkins@alzheimers.org.uk Macclesfield Office: 01625503302 Crew Office: 01270501901 Mobile: 07850928864

C

Name of self-management intervention	Cardiac Rehabilitation Phase IV
Description of intervention	Structured exercise programme/education/support Phase IV and Post Phase IV exercise sessions delivered in both gym and circuit formats 4 days a week. Delivered by a back level 4 exercise instructor
Referral pathway	GP referral or straight from phase III hospital run course
Aims, objectives and outcomes	Aims to retard or halt the progression of disease in individuals with established CHD to reduce known triggers and use exercise. To reduce coronary artery occlusion then increased blood flow due to increased vasodilation.
Locality	Wilmslow and surrounding area
Population target groups	Conditions: RI/Heart Failure/Replaced Valves/Stents
Attrition rates	No available data
Quality assurance processes	Yes – no details provided
Evaluation outcomes	No details provided
Cost benefit data	No available data
Organisation	Cheshire East Council, Wilmslow Leisure Centre
Contact details	Susan (Penny) Kirk penny.kirk@cheshireeast.gov.uk 1625533789

Name of self-management intervention	Community Choir
Description of intervention	Choral singing practiced and performed by members of the local community - groups of people 10-15 supported by two trained tutors
Referral pathway	Open referral
Aims, objectives and outcomes	To increase participation in social and special interest groups by those 50+ in Cheshire East To provide a weekly choir practice and occasional concerts in a convenient location that brings together groups of older people to enjoy a shared love of music and singing.
Locality	Community settings in Cheshire East
Population target groups	Those aged 50+ living in Cheshire East Communities
Attrition rates	No available information

Quality assurance processes	Tutors are qualified music teachers ISO:9001 Investors in People
Evaluation outcomes	80% of participants reported reduced social isolation since starting the activity 80% of participants reported Improved confidence and feelings of wellbeing since starting the activity Members of the Community Choirs identified benefits such as: <ul style="list-style-type: none"> ▪ developing their abilities to work as a team and use their initiative ▪ feeling that they were more a part of the community, ▪ learning new skills ▪ improved mood and feelings of wellbeing ▪ improved breathing ▪ a member with Alzheimer's disease, and unable to speak fluently, being able to sing without any problems No people living with long term conditions identified as participants
Cost benefit data	No available information
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 660525

Name of self-management intervention	COPD Community Classes
Description of intervention	Long term management of patients with mild COPD Split class: 1/2 hour in studio / 1/2 hour in fitness suite to utilise treadmills/bikes etc. Session provided by Level 4 exercise tutor
Referral pathway	Via hospital pulmonary or rehab, or via GP on completion of a shuttle walk test
Aims, objectives and outcomes	To change life by delivering a safe and effective exercise programme. Improvement on breathlessness / exercise capacity and quality of life. Prevent deconditioning / improve exercise tolerance and capacity / desensitise the patient to breathlessness / develop coping strategies. Reduce exacerbations and reliance on steroids.
Locality	Wilmslow
Population target groups	People living with COPD/Bronchitis/Empahsema/Asthma
Attrition rates	No available information
Quality assurance processes	Yes – no details given
Evaluation outcomes	No details given
Cost benefit data	No available information
Organisation	Cheshire East Council, Wilmslow leisure Centre
Contact details	Susan (Penny) Kirk penny.kirk@cheshireeast.gov.uk 1625533789



D

Name of self-management intervention	Dance Movement
Description of intervention	A gentle cardiovascular exercise programme to music delivered to groups of 6-10 people supported by a trained tutor
Referral pathway	Open referral
Aims, objectives and outcomes	To increase participation in a healthier lifestyle by those 50+ in Cheshire East To provide a weekly exercise session that is fun and increases cardiovascular function and improves muscle tone and balance Participants experience improved mobility and muscle tone as well as increased mental and physical wellbeing
Locality	Rural community settings in Disley, High Legh and Chelford
Population target groups	Those aged 50+ living in Cheshire East communities
Attrition rates	No available information
Quality assurance processes	Tutors are trained to a standard to teach the more active classes, via the Keep Fit Association ISO: 9001 Investors in People
Evaluation outcomes	Healthy Lifestyles Service users reported: <ul style="list-style-type: none"> • 52% improved quality of life • 40% improved mental wellbeing • 57% improved social life • 63% improved physical health
Cost benefit data	The evaluation of the Fit as a Fiddle services carried out a Social Return on Investment Study which showed an overall social value of £13.04 for every £1 invested
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 660525

Name of self-management intervention	Day Services for mentally frail people
Description of intervention	A service for up to 8 older people with mental frailty at each venue. Aims to support individual members to socialise and keep active, whilst providing a break for carers The service runs from 10am until 2.30pm and provides activities and a cooked lunch Service is delivered by up to 6 volunteers at each venue
Referral pathway	SMART teams, re-ablement teams, Alzheimer's Society, relatives and other professionals
Aims, objectives and outcomes	To provide support for older people with dementia in a safe, caring and stimulating environment and respite for carers by providing 50 day places per week in five community locations Provide transport, lunch and social activity in a stimulating environment that adds quality of life to people with dementia and provides their carers with respite
Locality	Macclesfield, Poynton, Mobberley, Congleton and Handforth
Population target groups	Older people living with dementia
Attrition rates	No available information



Quality assurance processes	ISO:9001/ISO:14001 Investors in People
Evaluation outcomes	<ul style="list-style-type: none"> ▪ 100% of service users report improved quality of life and improved social life ▪ 91% of carers report improved quality of life, and 74% report improved mental wellbeing ▪ 93% of carers report improved quality of life ▪ 77% report improved mental wellbeing
Cost benefit data	No available information
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 660525

Name of self-management intervention	Dementia Support Service (DSS)
Description of intervention	<p>Dementia support is delivered by paid dementia support workers (DSW's) who work with people with dementia and/or their carers, to improve understanding of dementia.</p> <p>Specifically DSWs :</p> <ul style="list-style-type: none"> ▪ provide information, practical advice and support in coping with living with dementia and preparing for the future ▪ build upon existing support networks bringing their expertise to the person with dementia and carer ▪ preserve familiarity and continuity where possible for individuals ▪ develop service user participation in service planning <p>the support worker role is intended to be proactive and an alternative to a 'crisis management' approach that is likely to lead to poorer quality of life</p> <p>A specialist carers information course "Caring & Coping" is delivered five times a year across Cheshire East (at least twice in east Cheshire including one evening course).</p> <p>DSS includes delivery of 4 dementia cafes in Macclesfield, Poynton, Congleton and Mobberley and an early onset social activities programme to support younger people or people in the very early stages of dementia.</p>
Referral pathway	Referrals are taken from a variety of sources – self referrals, third sector organisations, health & social care professionals, social work & SMART teams, GPs, organisations working and supporting older people, local community organisations
Aims, objectives and outcomes	<ul style="list-style-type: none"> ▪ The service will provide an individualised information and support service that is separate from statutory provision. The service will enable access to opportunities for groups of carers and people with dementia to come together for mutual support and for carers to benefit from a supportive education programme. <p>Specifically, DSWs will address key outcomes relating to:</p> <ul style="list-style-type: none"> improving knowledge and understanding of living with dementia preventing social isolation maintaining independence, choice and control accessing and building wide support networks <ul style="list-style-type: none"> ▪ improving coping strategies and recognising increasing difficulties <p>Dementia support workers also organise a number of groups & activities to bring people with dementia and or carers together for information, education and peer support opportunities.</p> <p>The DSS Caring & Coping course directly improves carers understanding and knowledge of dementia, (diagnosis & assessment, communicating with people with dementia, living well with dementia, assistive technology) provides practical advice & information, improves caring strategies and carers ability to cope at home for longer, improves awareness of local services, legal and benefits advice, and reinforces the need and benefits of looking after themselves, carer respite, accessing help and peer support.</p>
Locality	People living with dementia and their carers in East Cheshire.
Population target groups	People with any type of dementia and their carers in Cheshire East
Attrition rates	No available data



Quality assurance processes	Yes - Alzheimer's Society service specification and contract in place
Evaluation outcomes	Available upon request
Cost benefit data	Available upon request
Organisation	Alzheimers Society
Contact details	Jo Hawkins joanne.hawkins@alzheimers.org.uk Macclesfield Office: 01625503302 Crew Office: 01270501901 Mobile: 07850928864

E

Name of self-management intervention	Expert Patients Programme
Description of intervention	No information provided
Referral pathway	No information provided
Aims, objectives and outcomes	Aims to help people maintain wellness by having a greater knowledge of their condition and its management and improved monitoring and management of their symptoms by delivering self management techniques. Outcomes: <ul style="list-style-type: none"> Reduction in attendance at A&E, GP visits and reduced hospital admissions. Better understanding of their condition and its management Enhanced skills in monitoring and management of symptoms and knowledge of the tools to aid in the management of possible future conditions.
Locality	Central & Eastern Cheshire
Population target groups	People living with long term conditions and Carers
Attrition rates	Generic 8%, LAM 6%
Quality assurance processes	Yes – no details provided
Evaluation outcomes	Currently unavailable
Cost benefit data	Currently unavailable
Organisation	NHS Expert Patients Programme Cheshire
Contact details	Caroline Warner caroline.warner@nhs.net 07909 528759

Name of self-management intervention	Exercise and cognitive behavioural education for patients with chronic rheumatologic conditions - core stability group
Description of intervention	An exercise and cognitive behavioural education group including relaxation delivered as a 4 week programme (1 session per week) for self-management to improve quality of life by physiological and behavioural change Small group – up to 8 in 1 therapist for exercise and education, 1 therapist for relaxation
Referral pathway	Consultant, GP, AHP referral
Aims, objectives and outcomes	Aims to: <ul style="list-style-type: none"> improve patients capability to exercise and increase their



	<p>independence in ADL'S.</p> <ul style="list-style-type: none"> ▪ improve core muscle mass and strength, increased flexibility and cardiovascular strength ▪ improve understanding of own condition, develop self confidence and empower patients to take responsibility for their own health. ▪ decrease psychological problems, such as anxiety and depression. ▪ improve patients health related QOL and coping strategies to facilitate behavioural change improve health status and encourage recreational activities after completion of the programme so as to avoid social isolation ▪ understand acute and chronic pain ▪ ways to improve sleep ▪ breathing mechanics and energy conservation, goal setting and planning
Locality	Physiotherapy and OT department MDGH
Population target groups	Any adult patient with a diagnosis chronic Rheumatological condition in Eastern Cheshire
Attrition rates	30%
Quality assurance processes	Yes – no details given
Evaluation outcomes	<ul style="list-style-type: none"> ▪ Improved exercise tolerance and flexibility. ▪ Improved health related QOL. ▪ Increased compliance with self help techniques, exercise regimes, knowledge of condition ▪ Reduced re referral rates
Cost benefit data	No information given
Organisation	Core Stability Group Physiotherapy, and Occupational Therapy
Contact details	Jenny Ratcliffe jratcliffe@nhs.net 01625 661481

F

Name of self-management intervention	Fit 4 Life
Description of intervention	<p>Six week course for chronic low back pain patients. Teaching them about their condition, pacing activities, coping with flare-ups, coping strategies, fear avoidance and the importance of exercise/activity.</p> <p>The course is delivered by a physiotherapist and a physiotherapy assistant. Each week there is one hour of teaching and an hour of exercise in the gym at the leisure centre.</p> <p>After the course the participants can utilise Congleton Leisure Centre facilities for 12 weeks free of charge, followed by 12 weeks half price.</p>
Referral pathway	Following referral to the physiotherapy department by GP patients are assessed and referred into the group if they meet the referral criteria
Aims, objectives and outcomes	To improve the ability of patients with chronic low back pain to self- manage their condition through education and exercise. Reduced medical intervention - primary and secondary care, reduced time off work and reduced medication.
Locality	Congleton
Population target groups	People with chronic low back pain
Attrition rates	No available data



Quality assurance processes	Yes – no details provided
Evaluation outcomes	This program has only just commenced and will be evaluated after six months using the Roland Morris Disability Questionnaire. This programme is based on a successful project which has been running at Shavington Leisure Centre for several years. This project has been a significant improvement in patient's disability.
Cost benefit data	No available data
Organisation	Physiotherapy, Community Business Group, East Cheshire NHS Trust
Contact details	Ruth Heaton Ruth.heaton@nhs.net 1270275800

I

Name of self-management intervention	Inflammatory Arthritis Self Management Group
Description of intervention	An education programme covering the physical and psychological effects of inflammatory arthritis and techniques to assist self-management Sessions 2 ½ hours per week over a 6 week period in a small group setting (max 10). An optional “Family Night” is also available. The Rheumatology Specialist Nurse and Rheumatology Physiotherapist delivers 1 session each. The Rheumatology Occupational Therapist and Occupational deliver 4 sessions. Link person for whole course – OT Assistant
Referral pathway	Direct referrals from Rheumatology MDT Team / GP referrals
Aims, objectives and outcomes	Aims to: <ul style="list-style-type: none"> ▪ promote an understanding of Rheumatoid Arthritis and Psoriatic Arthritis and how these can be self- managed. ▪ increase knowledge and understanding of the pathology and effects of Inflammatory Arthritis ▪ improve understanding of own condition, develop self confidence and empower patients to take responsibility for their own health and ability to control pain ▪ understand joint protection and fatigue management principles ▪ understand the processes of problem- solving ▪ facilitate the need to change behaviour and act preventatively early to improve health status and disease management ▪ discuss feelings and ideas about having inflammatory arthritis encourage pain management techniques – both physical and psychological ▪ decrease psychological problems such as anxiety and depression through relaxation techniques and coping strategies ▪ provide practical advice and support from meeting others with inflammatory arthritis ▪ Improve patients health related QOL , ability to carry out functional activities with reduced strain on joints and effort and to manage pain Improvement in acceptance levels and compliance
Locality	Macclesfield
Population target groups	Any adult patient with a diagnosis of inflammatory arthritis - 6 months post diagnosis onwards
Attrition rates	5% - 10%
Quality assurance processes	Yes – no details provided
Evaluation outcomes	<ul style="list-style-type: none"> ▪ Improved exercise tolerance and flexibility. ▪ Improved health related QOL. ▪ Increased compliance with self help techniques, exercise regimes, , knowledge of condition



	<ul style="list-style-type: none"> Reduced re referral rates
Cost benefit data	No details provided
Organisation	East Cheshire NHS Trust, Therapy Services Department, Macclesfield DGH
Contact details	Sandra Hargreaves sandra.hargreaves2@nhs.net 01625 661484

Name of self-management intervention	'It's A Goal'
Description of intervention	'It's a Goal' is an 11 week programme to support young males with mental health issues The sessions are delivered by 2 staff at local football grounds, each session works through exercises to build coping strategies and understanding of mental health issues by using analogies from football
Referral pathway	Referrals are received from IAPT, CMHTs and GPs Also receive self referral via "it's a goal" website
Aims, objectives and outcomes	Reduction of self harm and suicidal thoughts Improved self esteem and confidence Reduces social isolation and improves access to community resources
Locality	Wilmslow, Macclesfield and Congleton
Population target groups	17 – 38 yr olds (some flexibility) All ethnicities Male only
Attrition rates	20%
Quality assurance processes	Yes – no details provided
Evaluation outcomes	No details given
Cost benefit data	No available information
Organisation	Unlimited Potential
Contact details	Paul Fastiggi and Simon Porter Paul.fastiggi@cheshireeast.gov.uk 01625 508518

M

Name of self-management intervention	MAP (Mutual Aid Partnership)
Description of intervention	Mutual Aid Meetings, delivered during group work by trained MAP facilitators, aimed at Drug/Alcohol Users
Referral	Participants recruited through referral process, by contacting staff
Aims, objectives and outcomes	Overall aim is to educate and elicit change in behaviours relating to drug or alcohol use, the objective is to empower participants to arm themselves with solutions and new thought processes as vehicle towards change, with the outcome to empower members to find unique solutions that will sustain their recovery
Locality	Chester

Population target groups	Substance misuse users - over 18
Attrition rates	No available information
Quality assurance processes	Two day training course, completion of e learning modules, attendance at MAP forums
Evaluation outcomes	This information will be available in the near future as the programme has only recently been rolled out following staff completing their training in MAP Outcomes will be linked to: <ul style="list-style-type: none"> ▪ Referrals for treatment ▪ Engaging service users in treatment ▪ Providing psychosocial interventions ▪ Reducing unplanned exits ▪ Increasing service capacity to deliver sessions ▪ Increase planned discharges that are abstinent/drug free ▪ Reduce re-presentations
Cost benefit data	Not yet available
Organisation	Addaction
Contact details	Andrew Ratcliffe a.ratcliffe@addaction.org.uk 7795441092

Name of self-management intervention	Men in Sheds
Description of intervention	A fully equipped woodworking workshop providing practical skills and social opportunities for men aged 50+ Morning and afternoon workshop sessions at the Health and Wellbeing Centre, Crossall Street, Macclesfield. One full-time staff and volunteers
Referral	Open referral including from mental health and re-ablement teams
Aims, objectives and outcomes	To provide an environment where men can develop social networks, discuss issues including their health, and engage in practical activities. Older men will have increased: <ul style="list-style-type: none"> ▪ knowledge about the issues that affect them - Level of knowledge of local services ▪ confidence and motivation to affect change ▪ level of knowledge about health issues ▪ level of practical skills ▪ confidence to participate in activities ▪ levels of social contact/social interaction ▪ sense of wellbeing
Locality	Macclesfield
Population target groups	Men aged 50+ (not clear if specifically for people living with long term conditions)
Attrition rates	No available data
Quality assurance processes	No information provided
Evaluation outcomes	<ul style="list-style-type: none"> ▪ 74% of service users reported improved social life ▪ 100% of service users reported having more social contacts ▪ 72% of service users reported increased quality of life ▪ 78% of service users reported having a greater knowledge of health issues ▪ 94% of service users reported having a greater knowledge of local services ▪ 100% of service users reported having learned new skills ▪ 95% of service users reported feeling more confident
Cost benefit data	No available data
Organisation	Age UK Cheshire East

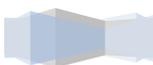


Contact details

Dominic Anderson
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 01625 660525

O

Name of self-management intervention	Osteoarthritis Self Management Group
Description of intervention	An education and exercise programme. Sessions 1 hour per week over a 4 week period in a small group setting (max 8) A Physiotherapist and Occupational Therapist (Rheumatology Specialist Nurse). An OT Assistant provides an additional 2-3 half hour sessions (Sessions 2-4) on relaxation techniques as required
Referral	Consultant / GP outpatient referrals to Rheumatology / Musculoskeletal/ Orthopaedic Therapists and OT/ Physio referrals into group as part of treatment plan
Aims, objectives and outcomes	Aims to: <ul style="list-style-type: none"> ▪ promote an understanding of Osteoarthritis and Self Management through Education and Exercise ▪ increase knowledge and understanding of the pathology and effects of Osteoarthritis ▪ facilitate behavioural change to improve health status and disease management ▪ encourage pain management Outcomes: <ul style="list-style-type: none"> ▪ Improved self management techniques, empower self confidence in life style and QOL. Prolong functional independence
Locality	Macclesfield
Population target groups	People diagnosed with generalised Osteoarthritis from Eastern Cheshire
Attrition rates	10%
Quality assurance processes	Yes – no details given
Evaluation outcomes	<ul style="list-style-type: none"> ▪ Improved self management techniques, ▪ Empower self confidence in life style and QOL ▪ Prolong functional independence ▪ Delayed surgical intervention
Cost benefit data	No information given
Organisation	East Cheshire NHS Therapy Department, Macclesfield District General Hospital
Contact details	Sandra Hargreaves Sandra.hargreaves2@nhs.net 01625 661484



P

Name of self-management intervention	Pulmonary Rehab
Description of intervention	A seven week (3 hours per week) graded physical and education programme primarily for COPD patients, or any long term respiratory condition who are functionally disabled by their breathlessness, usually 3 on the MRC Dyspnoea Scale
Referral	Referrals are from GPs, Respiratory Nurses/IRT, practise nurses, Respiratory Consultant or other AHP Patients must be motivated and willing to accept the concept of active involvement and responsibility for their own health
Aims, objectives and outcomes	Aims to: <ul style="list-style-type: none"> ▪ control and alleviate symptoms of stable COPD ▪ provide effective OP care for patients with COPD ▪ reduce frequency and intensity of symptoms and resultant hospital admissions ▪ improve patients capability to exercise and increase their independence in ADL'S ▪ improve peripheral muscle mass and strength ▪ develop self confidence and empower COPD patients to take responsibility for their own health ▪ decrease psychological problems, such as anxiety and depression ▪ improve patients health related QOL and coping strategies and encourage recreational activities after completion of the programme so as to avoid social isolation ▪ increase compliance with self help and medication regimes ▪ refer for smoking cessation, oxygen assessment as appropriate ▪ return to productive employment
Locality	Macclesfield Physio Dept. Poynton Clinic and Congleton War Physio Dept.
Population target groups	Any adult patient with a diagnosis of stable COPD, or any long term respiratory condition in Eastern Cheshire
Attrition rates	20%
Quality assurance processes	Yes – no detail provided
Evaluation outcomes	<ul style="list-style-type: none"> ▪ Improved exercise tolerance ▪ Improved health related QOL ▪ Increased compliance with self help, exercise regimes and medication and impact on frequency of exacerbations and resultant hospital admissions for patients with long term respiratory conditions
Cost benefit data	No details provided
Organisation	Pulmonary Rehab, Physiotherapy
Contact details	Carol Jones Carol.jones17@nhs.net 01625 661481



R

Name of self-management intervention	RA exercise class
Description of intervention	A one off session delivered by a physiotherapist to a small group 4-5 RA patients providing a home exercise routine to: <ul style="list-style-type: none"> prevent a variety of msk problems routinely seen in RA patients educate on cardiac health and neck atlanto-axial stability to reduce co-morbidities
Referral	Consultant, GP, AHP
Aims, objectives and outcomes	Aims to improve knowledge of anatomy and self-management and prevention of postural and mechanical msk problems by structured explanation and practical demonstration. Using anatomical models the patient is enabled to understand the reason for the exercise suggested. Prevention of atlanto-axial instability at end stage disease, reduced morbidity from linked cardiac involvement, prevention of incidental msk problems through the course of the disease
Locality	No details given
Population target groups	Any adult patient with a diagnosis Rheumatoid Arthritis across Eastern Cheshire
Attrition rates	5%
Quality assurance processes	Yes – no details given
Evaluation outcomes	<ul style="list-style-type: none"> Increased knowledge base, home exercise equipment provision. Improved health related QOL. Increased compliance with self help techniques, exercise regimes, knowledge of condition Reduced re-referral rates Reduced co-morbidities associated with RA
Cost benefit data	No information provided
Organisation	RA Exercise, Physiotherapy, and Occupational Therapy
Contact details	Jenny Ratcliffe jratcliffe@nhs.net 01625 661481

Name of self-management intervention	Re- Balancing Your Life – understanding and managing anxiety and depression
Description of intervention	Psycho-educational course (CBT based) to help people understand and manage depression and anxiety Psycho-educational format similar to an 'evening class' Course facilitator + volunteer
Referral	Referrals to IAPT triaged to the course
Aims, objectives and outcomes	Increase understanding and self-management of depression and anxiety Increase knowledge / understanding of depression and anxiety Develop coping strategies Increase confidence around additional support available (e.g. resource list provided) Promote healthier lifestyles Increase problem solving Offer a holistic approach to mental health Increase personal responsibility for own wellbeing Provide support and inclusion through 'course' format
Locality	Macclesfield



Population target groups	People presenting with depression / anxiety
Attrition rates	13%
Quality assurance processes	No information given
Evaluation outcomes	<p>Evaluation tools used include Depression (PHQ9), Anxiety (GAD7) Work and Social Adjustment (WSAS)</p> <ul style="list-style-type: none"> ▪ The following is some feedback from recent courses: ▪ Group participation was encouraged which contributed to the success of the course ▪ Understanding and recognising stressful situations and methodology to deal with them ▪ The level of communication and the very logical explanations of our conditions ▪ First two sessions did not seem to fit my situation but after the third, “a light bulb came on” ▪ Interaction within the group was positive ▪ All, including myself, were comfortable with sharing experiences. ▪ Understanding my depression ▪ Helping me to do the relaxation and breathing exercises ▪ I will leave feeling that this was a “worthwhile” experience. ▪ Understanding the symptoms and why they are happening
Cost benefit data	No data available
Organisation	CWP
Contact details	<p>Carole Bosanko Carole.Bosanko@cwp.nhs.uk 01625 509090</p>

S

Name of self-management intervention	Singing for the Brain
Description of intervention	<p>Weekly musical therapy group for people with any type of dementia and their carers.</p> <p>The service is delivered by a trained Support Group Facilitator with the assistance of up to five volunteers</p>
Referral	No available information
Aims, objectives and outcomes	<p>Aims to help people with dementia to feel part of society where they have a right to artistic and social stimulation by providing the opportunity for people with dementia and their carers to meet regularly with other people with dementia and carers.</p> <p>Outcomes: to enhance well-being and confidence, enable people living with dementia and their carers to develop social networks, reduce or prevent social isolation, contribute to improved quality of life, improve and/or reduce challenging behaviours, enhance communication.</p>
Locality	Macclesfield and Sandbach
Population target groups	People at any stage dementia - for some people with dementia in the moderate to late stages of dementia this is the most suitable group/peer activity.
Attrition rates	No available data
Quality assurance processes	Yes - Alzheimer's Society service specification and contract in place
Evaluation outcomes	<p>Feedback from people with dementia and their carers about the service:</p> <ul style="list-style-type: none"> ▪ Opportunity to meet regularly with other people with dementia and carers. ▪ A forum where communication and participation are encouraged participate



	<ul style="list-style-type: none"> ▪ A stimulating social activity that enhances well-being and confidence. ▪ Developed social networks ▪ Helped in reducing or preventing social isolation, contributing to improved quality of life. ▪ Helped in improving and/or reducing challenging behaviours and in enhancing communication. ▪ Opportunity to participate in continuous quality development and improvement of the service through informal and formal methods of feedback. <p>Being publicity associated with the service may attract “hidden” carers and people with dementia who are currently not in contact with local organisations to contact the Society for information and support The service will also contribute to achieving the outcomes outlined in the Cheshire East Joint Carers Strategy.</p>
Cost benefit data	Available upon request
Organisation	Alzheimer's Society
Contact details	<p>Jo Hawkins joanne.hawkins@alzheimers.org.uk Macclesfield Office: 01625503302 Crew Office: 01270501901 Mobile: 07850928864</p>



Other support services that enable people to maintain effective day to day self-management of their long term condition

Information provision

Name	No information provided
Description of service	Provision of information through Patient Information Booklets, Magazine, Information to Health Professionals and the website: www.arthritisresearchuk.org
Referral	N/A
Aims, objectives and outcomes	No information provided
Locality	No available provided
Population target groups	People living with arthritis
Attrition rates	N/A
Quality assurance processes	No available provided
Evaluation outcomes	No available provided
Cost benefit data	No available provided
Organisation	Arthritis Research UK
Contact details	Alison Gee maccong.arc@ntlworld.com 01625263558

Support in your own home

Name	Age UK Cheshire East Help at Home Service
Description of service	A service for older people to maintain independence at home. Three levels of service: Level 1 - domestic cleaning Level 2 - cleaning and shopping and escorted walks/outings Level 3 - companionship and supported outings, reminisce games and activities on an individual needs basis and to support a carer break
Referral	Customers can be referred by a service, family member or self refer
Aims, objectives and outcomes	Aim: <ul style="list-style-type: none"> To provide practical support for older people in their own homes to maintain their independence and wellbeing Objectives: <ul style="list-style-type: none"> Provide practical help to older people in their own homes including cleaning, shopping, befriending, handyperson jobs and other practical tasks to maintain independence
Locality	Individual homes of people living in Cheshire East
Population target groups	Older people in Cheshire East
Attrition rates	22 out of 327
Quality assurance processes	Yes - ISO:9001/ISO:14001 Investors in People



Evaluation outcomes	<ul style="list-style-type: none"> 98% of service users reported improved quality of life 79% of service users reported improved mental wellbeing 67% of service users reported improved social life
Cost benefit data	No information available
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.Anderson@ageukcheshireeast.org 01625 660525

Name	Dementia Advisers (DAS)
Description of service	<p>The DAS provides an initial response ensuring appropriate and tailored information is delivered as soon as possible after diagnosis. The Dementia Adviser (DA) in each office contacts each referral an assessment is delivered via phone, face to face in a local office or in the service user's own home as requested. The DA provides a tailored response including detailed information on the type of dementia diagnosed, assessing levels of need for practical and emotional support, a financial and benefits check, interest and willingness to access further support in terms of groups or activities, signposting to other agencies, referral to social services etc.</p> <p>The DA also works with the carer to determine their separate needs and level of understanding and acceptance of the diagnosis. Carers are encouraged and signposted to have a carers' assessment and consider using assistive technology from an early stage.</p> <p>Ongoing support is then provided as needed with the DA actively liaising with health & social care professionals, referring to other Society and external services and supporting service users to attend.</p>
Referral	<p>People newly diagnosed with any type of dementia are referred by memory clinics</p> <p>Self referrals to the Society or by external agencies ie social services or third sector organisations are also triaged by the DAS</p>
Aims, objectives and outcomes	<p>Aims to:</p> <ul style="list-style-type: none"> Provide an identifiable single point of contact, with an initial focus on the person with dementia rather than the family or carer, but all partners are aware that this balance might change as the condition changes. Provide a quality information and signposting service that is tailored to individual need and is coordinated and linked into local developments across the public, private and civic sectors. Focus on the individual, empowering them to access the information they need, providing explanation and prompting independence, self-help, wellbeing and choice. <p>Objectives:</p> <ul style="list-style-type: none"> The DAS will contact all newly diagnosed patients and their carers within fourteen days of diagnosis/referral to discuss the availability of services in the locality to help and support the family to understand the nature and progression of dementia (with consent) The DAS will offer a minimum of two on-going contacts per year; there will be no maximum contact; this will be according to an individual's need. <p>Outcomes:</p> <ul style="list-style-type: none"> People in Cheshire East living with dementia are enabled to make decisions and increasing their independence and quality of life by receiving information and explanation tailored to their particular needs and in their preferred format, enabling them to Be supported to access the full range of services, including access to benefits, appropriate support networks and opportunities for life enhancing activities that promote resilience. Improve the home environment, including safety & avoidance of trips & falls. Increase the use of Assistive Technology amongst people who have accessed the DAS Support the caring role, including the ability to take control and self manage. Reduce avoidable hospital admissions, referrals to Adult Social Care Services, and premature moves into permanent care.



	<p>Support improved End of Life Care.</p> <ul style="list-style-type: none"> Increasing the quality of care for those living with dementia by raising awareness and working with the workforce across sectors. Reach individuals & groups that are seldom-heard from
Locality	No information provided
Population target groups	People with any type of dementia and their carers
Attrition rates	Low
Quality assurance processes	Yes - Alzheimer's Society service specification and SLA with CEC PCT currently being reviewed
Evaluation outcomes	Monitoring reports include information on type of information provided, type of support given, agencies/services signposted and referred to.
Cost benefit data	No available information
Organisation	Alzheimer's Society
Contact details	<p>Jo Hawkins Joanne.hawkins@alzheimers.org.uk Macclesfield office: 01625 503302 Crewe office: 01270501901 Mobile: 07850928864</p>

Name	Supporting You
Description of service	One to one holistic service in people's homes for a period of up to 12 weeks
Referral	Range of referral routes
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> To support people living in their own homes to access information and support to maintain their independence and wellbeing by accessing low-level support services, reducing future demand on health and care services <p>Objective:</p> <ul style="list-style-type: none"> Provide a service that will be accessed by 15 people per week Demonstrate prevention of hospital re-admission by contacting people who have been referred into the service 90 days after discharge <p>Outcomes:</p> <ul style="list-style-type: none"> Average people accessing service per week 15.75 63% of referrals received from a Hospital Social Worker have not been re-admitted to hospital within 90 days of discharge following the Supporting You intervention
Locality	Cheshire East
Population target groups	Available to People Aged 60+
Attrition rates	0
Quality assurance processes	Yes (no further information provided)
Evaluation outcomes	<ul style="list-style-type: none"> 66% reported improved quality of life 59% reported improved mental wellbeing 39% reported improved social life 31% reported improved physical health
Cost benefit data	No available information
Organisation	Age UK Cheshire East
Contact details	<p>Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 612958</p>



ICT (information communication technology)

Name	ICT Learning sessions
Description of service	Delivery of experience and training in all types of computer and internet use. Sessions are designed to develop the skills of both beginners and experienced users and are delivered on a variety of general and specific topics to match learners' needs. Delivered as group or 1 to 1 sessions
Referral	Local advertising and open referral process
Aims, objectives and outcomes	<p>Aims:</p> <ul style="list-style-type: none"> Develop and maintain a centre of excellence for reducing digital exclusion in the older population of Cheshire East. Develop and maintain a comprehensive programme of courses and taster events to engage the older population and grow the number of users of the service each year <p>Objective:</p> <ul style="list-style-type: none"> Recruit, develop and manage a team of IT literate support and training mentors to meet the needs of the expanding delivery programme at new community hubs
Locality	Community locations in Cheshire East, in people's own homes and also as a telephone help service
Population target groups	People aged 50+ in Cheshire East
Attrition rates	No available information
Quality assurance processes	Yes - ISO:9001/ISO:14001 Investors in People
Evaluation outcomes	<ul style="list-style-type: none"> 100% learn new skills 44% of learners report improved mental wellbeing 23% of learners report improved social life 8% of learners report improved physical health
Cost benefit data	No available information
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958

Exercise

Name	Keep Fit
Description of service	Gentle aerobic exercise at a pace to suit the participants' abilities A trained tutor
Referral	Open referral system including from GPs, SMART teams as well as other third and faith sector organisations, in-house referral system, publicity and word-of-mouth
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> To increase participation in a healthier lifestyle by those 50+ in Cheshire East <p>Objective:</p> <ul style="list-style-type: none"> To provide a weekly keep fit activity session in a convenient location that will help older people maintain a healthier lifestyle for longer. <p>Outcome:</p> <ul style="list-style-type: none"> Participants will have improved mobility and cardiovascular function and report increases in mental and physical wellbeing.

Locality	To small groups of people 6-10 at community settings in northern Cheshire East
Population target groups	Those aged 50+ living in Cheshire East communities
Attrition rates	No available information
Quality assurance processes	Yes - ISO:9001 standards Investors in People Keep Fit accredited training
Evaluation outcomes	Healthy Lifestyles Service users reported: <ul style="list-style-type: none"> ▪ 52% improved quality of life ▪ 40% improved mental wellbeing ▪ 57% improved social life ▪ 63% improved physical health
Cost benefit data	The evaluation of the Fit as a Fiddle services carried out a Social Return on Investment Study which showed an overall social value of £13.04 for every £1 invested
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958

Name	Pilates
Description of service	An exercise programme that focuses on stretching and strengthening the whole body to improve balance, muscle-strength, flexibility and posture
Referral	Open referral system including GPs, SMART and re-ablement teams, third and faith sector organisations, in-house referral system, publicity and word-of-mouth
Aims, objectives and outcomes	Aim: <ul style="list-style-type: none"> ▪ To increase participation in a healthier lifestyle by those 50+ in Cheshire East Objective: <ul style="list-style-type: none"> ▪ To provide a weekly Pilates session to help improve muscle tone and balance for an improved later life Outcomes <ul style="list-style-type: none"> ▪ Participants experience improved mobility and agility as well as increased mental and physical wellbeing
Locality	Groups of people 6-10 at community settings in Cheshire East
Population target groups	Those aged 50+ living in Cheshire East Communities
Attrition rates	No information provided
Quality assurance processes	Yes (no further information provided)
Evaluation outcomes	Healthy Lifestyles Service users reported: <ul style="list-style-type: none"> ▪ 52% improved quality of life ▪ 40% improved mental wellbeing ▪ 57% improved social life ▪ 63% improved physical health
Cost benefit data	The evaluation of the Fit as a Fiddle services carried out a Social Return on Investment Study which showed an overall social value of £13.04 for every £1 invested
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958



Name	Tai Chi
Description of service	Tai Chi is a form of gentle exercise based on Chinese martial arts that consists of a sequence of dynamic movements that adheres to Chinese Yin Yang philosophy, and combines Qigong breathing and Chinese meditation together.
Referral	Open referrals including from GPs, social services, third and faith sector organisations, also our own in-house referral system, publicity and word-of-mouth
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> To increase participation in a healthier lifestyle by those 50+ in Cheshire East <p>Objective:</p> <p>To provide a weekly Tai Chi activity session in a convenient location that</p> <ul style="list-style-type: none"> Improves Digestion Improves Circulation Lowers Blood Pressure Lowers Cholesterol Reduces the risk of developing Coronary Heart Disease Stress Reduction due to special relaxation techniques <p>Outcome:</p> <ul style="list-style-type: none"> Participants experience some or all of the above and also have increases in mental wellbeing.
Locality	Community settings in northern Cheshire East
Population target groups	Groups of 10 -15 people aged 50+ living in Cheshire East communities
Attrition rates	No available information
Quality assurance processes	Yes (no further information provided)
Evaluation outcomes	<ul style="list-style-type: none"> 17% of participants reported fewer falls since starting the activity 20% of participants reported fewer visits to GP since starting the activity 62% of participants reported reduced social isolation since starting the activity 62% of participants reported Improved confidence and feelings of wellbeing since starting the activity
Cost benefit data	No available data
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958

Name	Walking Groups
Description of service	A programme of 132 walks of between 1.5-5miles Groups of 10-30 people walk in predetermined, risk assessed walks in rural locations close to larger conurbations . Three trained volunteer walk leaders per walk
Referral	Open referral system including from GPs, Social Services, third and faith sector organisations, in-house referral system, publicity and word-of-mouth
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> To increase participation in a healthier lifestyle by those 50+ in Cheshire East <p>Objective:</p> <ul style="list-style-type: none"> To provide a weekly exercise session that is fun and increases



	cardiovascular function and improves muscle tone and balance. Outcome: <ul style="list-style-type: none"> Participants experience improved mobility and muscle tone as well as increased mental wellbeing
Locality	Rural locations in Cheshire East
Population target groups	Those aged 50+ living in Cheshire East
Attrition rates	No available data
Quality assurance processes	Yes (no further information provided)
Evaluation outcomes	Healthy Lifestyles Service users reported: <ul style="list-style-type: none"> 52% improved quality of life 40% improved mental wellbeing 42% improved social life 63% improved physical health
Cost benefit data	The evaluation of the Fit as a Fiddle services carried out a Social Return on Investment Study which showed a social value of £4.48 for every £1 invested in the walking groups
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958

Name	Zumba
Description of service	Cardiovascular exercise to music for groups of 12-22 people 12-22 delivered by a trained tutor
Referral	Open referral system including from third and faith sector organisations, also our own in-house referral system, publicity and word-of-mouth
Aims, objectives and outcomes	Aim: <ul style="list-style-type: none"> To increase participation in a healthier lifestyle by those 50+ in Cheshire East Objective: <ul style="list-style-type: none"> To provide a weekly Zumba activity session in a convenient location that will help to increase physical activity levels to maintain a healthier later life. Outcome: <ul style="list-style-type: none"> Participants will have improved cardiovascular function, muscle tone and report increases in mental and physical wellbeing.
Locality	Community settings in northern Cheshire East
Population target groups	Those aged 50+ living in Cheshire East
Attrition rates	No available data
Quality assurance processes	Yes (no further information provided)
Evaluation outcomes	Healthy Lifestyles Service users reported: <ul style="list-style-type: none"> 52% improved quality of life 40% improved mental wellbeing 57% improved social life 63% improved physical health
Cost benefit data	The evaluation of the Fit as a Fiddle services carried out a Social Return on Investment Study which showed an overall social value of £13.04 for every £1 invested
Organisation	Age UK Cheshire East



Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958
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Discharge planning

Name	Long Term Discharge Placement
Description of service	A Long-Term Care Discharge Placement Service provides comprehensive information and advice for people being discharged from hospital into a care home A confidential telephone line has also been established to enable people to report issues relating to the quality of care being provided in homes
Referral	<ul style="list-style-type: none"> ▪ By telephone or by visiting clients in the hospital ▪ Macclesfield Hospital Social Workers ▪ Health Professionals within Macclesfield Hospital ▪ Family Members ▪ Self
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> ▪ To enable people in hospital to access the information and support they need to be discharged into the care home of their choice <p>Objective:</p> <ul style="list-style-type: none"> ▪ Provide a service that will enable 5 people a week to access a care home of their choice. ▪ Demonstrate the value of bed days saved by the service recording bed days saved per month ▪ Enable people to influence the quality of care in care homes by providing a confidential telephone line through <p>Output:</p> <ul style="list-style-type: none"> ▪ On average 8.4 people per week have received support from the service <p>Outcomes:</p> <ul style="list-style-type: none"> ▪ 927 bed days have been saved and working to Cheshire East Council value of £350 per day equates to an annual saving of £324,450 ▪ Two issues have been dealt with via the confidential telephone line, which has been passed through to the appropriate personnel at Cheshire East Council
Locality	Patients being discharged from Macclesfield Hospital
Population target groups	60+
Attrition rates	0
Quality assurance processes	<ul style="list-style-type: none"> ▪ Advice Quality Standard ▪ ISO:9001 ▪ Investors in People
Evaluation outcomes	100% of service users find care home placement
Cost benefit data	No information available
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958



Day services

Name	Day Services for Physically frail members
Description of service	No information provided
Referral	No information provided
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> To provide support in a day care setting for physically frail, socially isolated older people <p>Objectives:</p> <ul style="list-style-type: none"> Provide 10 day places per week in Poynton for older people with physical frailty Provide transport, lunch and social activity in a stimulating environment that adds quality of life to people with physical frailty and provides their carers with respite
Locality	Poynton
Population target groups	Physically frail, socially isolated older people
Attrition rates	No information available
Quality assurance processes	No information provided
Evaluation outcomes	<ul style="list-style-type: none"> 100% of service users report improved quality of life and improved social life 91% of carers report improved quality of life 74% report improved mental wellbeing 93% of carers report improved quality of life 77% report improved mental wellbeing
Cost benefit data	No available information
Organisation	Age UK Cheshire East
Contact details	<p>Dominic Anderson Dominic.anderson@ageukcheshireeast.org 01625 612958</p>

Other

Name	Scrabble
Description of service	A weekly session of Scrabble games 3 groups of 3-4 people play at least two games of Scrabble
Referral	Open referral system including from third and faith sector organisations, in-house referral system, publicity and word-of-mouth
Aims, objectives and outcomes	<p>Aim:</p> <ul style="list-style-type: none"> To increase participation in social and special interest groups by those 50+ in Cheshire East <p>Objective:</p> <ul style="list-style-type: none"> To provide a weekly opportunity for older people to meet and share an interest <p>Outcome:</p> <ul style="list-style-type: none"> Participants experience increased mental wellbeing
Locality	Age UK Cheshire East's Health and Wellbeing Centre
Population target groups	Those aged 50+ living in Macclesfield
Attrition rates	No available information



Quality assurance processes	Yes (no further information provided)
Evaluation outcomes	Healthy Lifestyles Service users reported: <ul style="list-style-type: none"> 52% improved quality of life 40% improved mental wellbeing 57% improved social life
Cost benefit data	No available information
Organisation	Age UK Cheshire East
Contact details	Dominic Anderson Dominic.andreson@ageukcheshireeast.org 01625 612958

Name	Pressure ulcer prevention
Description of service	Leaflet
Referral	Orderable from ECT communications
Aims, objectives and outcomes	To highlight the risk of developing pressure ulcers and what the individual and carers can do to prevent them To reduce the number of pressure ulcers developing
Locality	No information provided
Population target groups	Patients at risk of developing pressure ulcers On District nurse caseload or inpatient
Attrition rates	No information provided
Quality assurance processes	No information provided
Evaluation outcomes	No information provided
Cost benefit data	No information provided
Organisation	ECT
Contact details	Sally Walsh Sally.walsh1@nhs.net 01270 275315

Name	Fibromyalgia/Chronic Fatigue Class
Description of service	Patients exercise in a class at a level which they can cope with
Referral	No information provided
Aims, objectives and outcomes	Increase cardiovascular fitness and increase muscular endurance
Locality	Macclesfield Leisure Centre
Population target groups	No information provided
Attrition rates	No information provided
Quality assurance processes	Yes (no additional information provided)
Evaluation outcomes	No information provided
Cost benefit data	No information provided
Organisation	Macclesfield Leisure Centre



Contact details	Denise Smallman denise.smallman@cheshireeast.gov.uk
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Name	Multiple Sclerosis Class
Description of service	Multiple Sclerosis exercise Class in a group environment
Referral	Via Multiple Sclerosis Society
Aims, objectives and outcomes	Enable people to exercise in a safe and effect way who suffer with Multiple Sclerosis
Locality	Macclesfield Leisure Centre
Population target groups	Patients with Multiple Sclerosis
Attrition rates	No information provided
Quality assurance processes	Yes (no additional information provided)
Evaluation outcomes	No information provided
Cost benefit data	No information provided
Organisation	Macclesfield Leisure Centre
Contact details	Denise Smallman denise.smallman@cheshireeast.gov.uk

Name	Cardiac Rehabilitation
Description of service	No information provided
Referral	No information provided
Aims, objectives and outcomes	To help the patient gain a healthy lifestyle Patients to exercise regularly, have a healthy diet.
Locality	Macclesfield Leisure Centre
Population target groups	No information provided
Attrition rates	No information provided
Quality assurance processes	Yes (no additional information provided)
Evaluation outcomes	No information provided
Cost benefit data	No information provided
Organisation	Macclesfield Leisure Centre
Contact details	Denise Smallman denise.smallman@cheshireeast.gov.uk

Name	Breathe Easy Macclesfield Self Management
Description of service	We are a friendly support group for people living with a lung condition meeting on a monthly basis. Relatives, friends and carers are all welcome to join is. We offer social activities, speakers, advice and discussion. Membership is free of charge to everyone.



Referral	Posters around Macclesfield, word of mouth
Aims, objectives and outcomes	No information provided
Locality	Macclesfield and the surrounding area
Population target groups	People with lung disease and their families and carers
Attrition rates	No information provided
Quality assurance processes	No
Evaluation outcomes	No information provided
Cost benefit data	No information provided
Organisation	BLF/BE Macclesfield
Contact details	Sue Lockley p.s.lockley@phonecoop.coop 1260276236



Self-management and shared decision making support tools

Self-management Support Resource Centre – run by the Health Foundation contains a wealth of background information, guidance, evidence and support tool for professionals to use to support their patients to effectively self-manage
<http://selfmanagementsupport.health.org.uk/about-self-management-support/what-is-self-management-support/>

Shared Decision Making Resource Centre – run by the Health Foundation packed with information and practical resources to help support individuals and teams put shared decision making into practice
<http://shareddecisionmaking.health.org.uk/>

Co-produced care plans - This document published by the Royal College of GPs focuses on how GPs and the other members of the primary health care team can support people living with long term conditions to live their lives more comfortably and to support practitioners to feel more confident about how to use *Care Planning* in their daily practice. The document can be downloaded at:
<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Cancer/Improving%20the%20Lives%20of%20people%20with%20LTC%20-%202012%2005%2009.ashx>

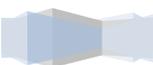
Goal setting/action planning template – see **Appendix One**

Self monitoring – tools and materials to help people self-manage come in both paper and electronic formats. They vary from leaflets and booklets giving generic information and advice on managing a long term condition. A wide variety of support tools and information for patients is available from:
<http://selfmanagementsupport.health.org.uk/patient-resources>

Information Prescriptions – the Information Prescription Service is a useful tool for all health professionals and their clients and patients. It allows you to quickly create a package of health information for a number of long-term conditions, and you can either print, email or simply save it as a PDF. You can also create a personalised account for the service, which allows you to save a commonly used information prescription (for example, asthma in children) as a favourite, so you don't need to recreate a new prescription each time. An Information Prescription provides up-to-date and accurate information. It includes information from the NHS and from patient organisations about:

- your condition
- your treatment options
- local care services (ranging from the local GP surgery, to equipment to help you get around the house, to specialised exercise classes)
- benefits you may be able to claim
- housing support
- self help and support groups

An information prescription shows you where to find out more, giving useful contact details and website addresses. It tells you about local and national services and groups that could help. You can create your own information prescription or you can



discuss your information prescription needs with your GP, other healthcare professional or your social care worker.

<http://www.nhs.uk/ipg/Pages/AboutThisService.aspx>

Motivational interviewing/health coaching - it is a methodology for changing the direction of a conversation in order to stimulate the patient's desire to change and give them the confidence to do so. There is a wealth of information, evidence and training for professionals to develop their motivational interviewing techniques.

Follow this link for a brief guide to motivational interviewing:

<http://www.psychmap.org/uploads/Motivational%20Interviewing%20brief%20guide.pdf>

Medication Reviews – a Medication Review has been defined as ‘*a structured, critical examination of a patient’s medicines with the objectives of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication – related problems and reducing waste.*’

Find out more information about ‘an introduction to medication review’ and learn about the types of medication reviews and how they can support patients by using the Guide to medication review (2008) document.

http://www.npc.nhs.uk/review_medicines/intro/resources/agtmr_web1.pdf

Patient Activation Measure (PAM) - the PAM assesses an individual’s knowledge, skill, and confidence for managing one’s health and healthcare. Individuals that measure high on this assessment typically understand the importance of taking a pro-active role in managing their health and have the skills and confidence to do so. It was developed by Judith Hibbard and colleagues at the University of Oregon. Follow this link to view a series of slides explaining the content and application of the PAM:

http://www.google.co.uk/search?sourceid=navclient&aq=&oq=Patient+Activation+measures&ie=UTF-8&rlz=1T4SUNC_enGB393GB393&q=Patient+Activation+measures&gs_l=hp...0j0i22i30i4.0.0.3.2010188.....0.NOeM2hJtQBM

Ask 3 Questions – research shows that encouraging patients to ask three simple questions leads clinicians to provide higher quality information about options and their benefits and harms. Building on this research, AQuA has launched a campaign that encourages patients to ask questions about the choices that are available for their treatment or tests.

The questions are:

1. What are my options?
2. What are the pros and cons of each option?
3. How do I get support to help me make a decision that is right for me?

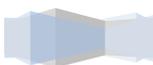
Copies of the Ask 3 Questions materials are available upon request. For more information about ‘Ask 3 Questions’ contact: Anna Kotsonouris

Communications and Engagement Officer

Anna.Kotsonouris@srft.nhs.uk

Mobile: 07713390539

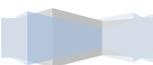
Phone: 0161 743 2024



Patient Decision Aids (PDAs) – decision aids are tools that are designed to support people facing healthcare decisions. They help people think about the choices they face in the testing, treatment or management of their condition. They describe where and why choice exists and provide information about the options available to them. They can be used before or after consultations with healthcare professionals. They are designed to supplement the interaction between a healthcare professional and patient, not to replace it. Typically a decision aid will provide, for each option, information on potential outcomes, benefits and risks, and the frequency and likelihood of these. A full list of available PDAs are available from: <http://sdm.rightcare.nhs.uk/pda/>

One example of PDA's are the Option Grids which are designed to help compare reasonable treatment or screening options. This is achieved by using a grid, where the questions that patients frequently ask are in the rows and the answers relevant to each option are in the columns. They can be used in a number of ways - one way is to use them as the basis of a conversation about a decision.

Workshops are available for clinicians who want to learn how to use these tools. For more information contact <http://www.optiongrid.org/>



Appendix One

Goal Setting and Action Plans

Goal Setting	Date:
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What do you want to work on?

What do you want to achieve?

How important is it to you?

Not important 1 2 3 4 5 6 7 8 9 10 Important

Action Plan 1

What exactly are you going to do?

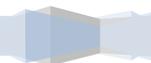
When are you going to do it?

How often?

What might stop you and what can you do about it?

How confident do you feel?

Not confident 1 2 3 4 5 6 7 8 9 10 Confident



Action Plan 2

What exactly are you going to do?

When are you going to do it?

How often?

What might stop you and what can you do about it?

How confident do you feel?

Not confident 1 2 3 4 5 6 7 8 9 10 Confident

Action Plan 3

What exactly are you going to do?

When are you going to do it?

How often?

What might stop you and what can you do about it?

How confident do you feel?

Not confident 1 2 3 4 5 6 7 8 9 10 Confident

