

Appendix 7: Lifecurve Briefing 2017

Introduction

The Active and Independent Living Programme (AILP)(1) will support allied health professionals (AHPs), working in partnership with people who use services and people who provide services, to deliver key elements of the national Health and Social Care Delivery Plan and other national policies, such as Transforming Primary Care and the integration of health and social care. It sets out the broad strategic direction for the programme to drive significant culture change in how people can access and receive AHP support for self-management, prevention, early intervention, rehabilitation and enablement services.

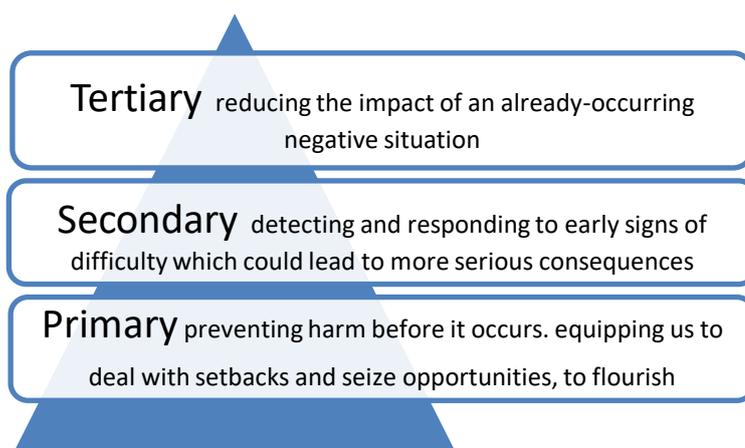
AILP Vision and Ambitions

The original commission for AHPs, following parliamentary debate, was to make the professions' contribution more visible and accelerate the impact and spread across Scotland ensuring a fit with the wider policy landscape. AILP continues with work undertaken to date but with a renewed vision towards preventive and anticipatory approaches where the primary focus is to ensure work is embedded locally within partnerships, GP clusters, hospital services and integration authorities, thereby contributing to achieving targets set out in local strategic commissioning plans.

AILP's vision that 'AHPs work in partnership with the people of Scotland to enable healthy, active and independent lives by supporting personal outcomes for health and wellbeing' will be achieved by innovative action in one or more of the Programmes' six ambitions: health and wellbeing, awareness, access, partnership, research and innovation and workforce. The shift towards prevention, self-management and anticipatory care comes both from current policy/economic drivers as well as a clear message from people who use AHP services – people told us they wanted information, advice and support to manage their own lives and to be able to have access to the right AHP when they needed.

Current Context

The challenge facing health and social care is how to drive a cultural shift towards preventative and anticipatory support/intervention, including the need to more fully support the implementation of self-directed support, whilst also addressing the increasing demand on acute hospital based health services and unscheduled and out of hours health and social care. Evaluation Support Scotland (2) identifies 3 levels of prevention which require different activity and measures:



The challenge for Health and Care Partnerships and Integrated Authorities is twofold: how to achieve Primary and Secondary prevention within current and future constrained resources, and how to develop a set of core metrics that measure the impact of interventions on peoples' outcomes

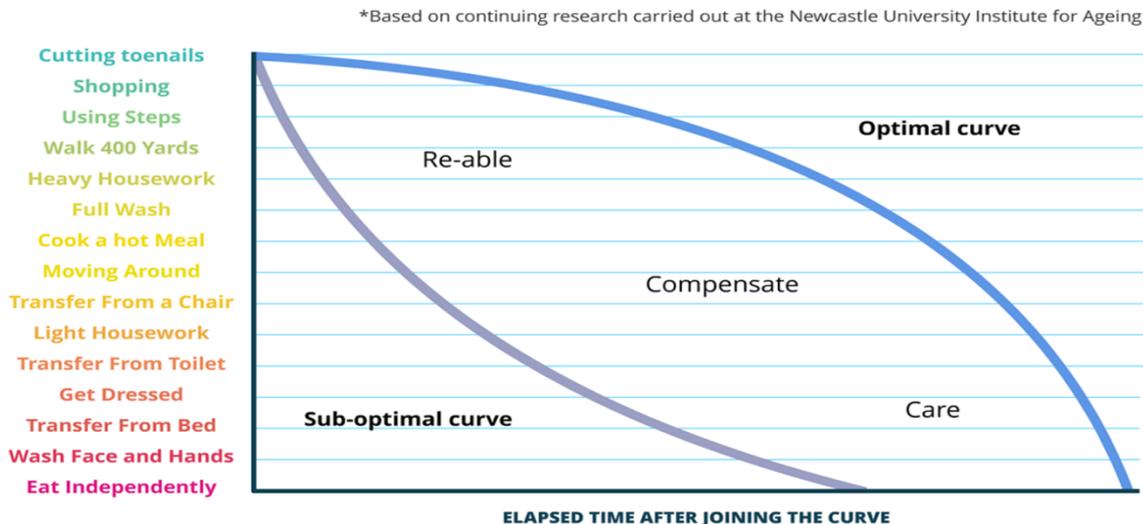
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– even if this is from a ‘pragmatic’ perspective (5) – which demonstrate the cost benefits of prioritising early intervention and shifting resources to achieve this.

National AHP Lifecurve Survey

As part of AILP, AHPs have undertaken a national Lifecurve Survey within adult services across all sectors and all 11 professional groups. The Survey results (15,000 survey returns) will be linked with Source (and other) costed data to enable a comprehensive ‘snapshot’ of where people are on their own Lifecurve, together with the attributable health and social care costs, when they are seen by an AHP. This will provide a unique understanding of where AHPs can concentrate efforts, strengthen existing and identify new partnerships, develop innovative interventions across the life-course to shift towards all levels of preventative and anticipatory care and contribute to addressing health inequalities.

The Lifecurve uses 15 activities of daily living markers to articulate underlying physical functional loss (3). Clearly there are a range of factors which impact on ageing – eg. cognition, health status, resilience etc., however the advantage of the Lifecurve is that it is intuitively understood by people and facilitates discussion around action required to support better ageing. And whilst the Lifecurve is about ageing – we know there is some evidence that patterns of physical activity laid down in early life tend to support those followed in adulthood (4)– so the Lifecurve has importance across the life course. There are clear parallels with the levels of prevention described above – as early intervention/prevention can occur at each stage on a persons’ Lifecurve. Within the AHP National Lifecurve Survey there are 3 broad lines of enquiry: i) those people who are ‘left’ of their Curve – what keeps them there for as long as possible, ii) those who are on a sub-optimal trajectory – how do they move to an optimal trajectory and iii) what are the opportunities for moving everyone ‘left’ on their Curve – or at the very least keeping them at the point they are on for as long as possible.



The Survey results once linked with participants’ costed health and social care service usage (via ISD SOURCE and Scottish Government data) will enable AHPs to harness individual and community resilience factors, link with the right partners, using the best intervention for the Lifecurve stage to lead, support and contribute to different approaches for prevention, early intervention and supported self management.

Impact of costed Lifecurve data

- Understand our population better to inform preventative and early intervention approaches
- Articulate the cost consequence for intervention at each Lifecurve point

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- Develop the economic argument for intervening earlier and differently
- Lead on the development of independence orientated rather than care orientated interventions
- Support development of outcomes based metrics to inform outcomes based commissioning and procurement
- Provide people with the right support to live well, age well and to flourish

To support the AILP research and innovation ambition, the Programme has established an AILP Lifecurve Research Collaborative with a range of academic and national partners. The aim of the collaborative is to identify future research opportunities in prevention and early intervention. The collaborative will also identify possible funding opportunities to undertake such research initiatives.

For more information on any aspect of the Lifecurve Survey work contact your AHP Director or Associate Director and/or contact ailip.info@nhs.net

Lifecurve Background

Newcastle University Institute for Ageing has developed a Model of Compressed Functional Decline which describes the hierarchical order of loss of physical functioning as we age. The Lifecurve is an algorithmic articulation of this model which has been developed in an industry/academic partnership by ADL Smartcare Ltd and the University. Separate from the National Lifecurve Survey, ADL Smartcare Ltd provide a range of software options which aim to support self help and self management at earlier points in peoples' Lifecurve. Whilst ADL Smartcare Ltd are key partners in analysing the Survey data to place people on their Lifecurve, purchase of or use of the software is outwith the scope of the Survey work.

ADL Smartcare Ltd

The ADL Smartcare Ltd pricing structure is based on the procuring organisations' population size and the company are on the UK Government G-Cloud Suppliers list. Their software is available on any digital platform and an electronic version of the Lifecurve is offered as part of the software package options. Across Scotland, there are currently five local partnerships that have purchased the software.

References

1. AHPs Co-creating Wellbeing with the People of Scotland (2017): <http://www.gov.scot/Publications/2017/06/1250>
2. Evaluating Prevention: http://www.evaluationsupportscotland.org.uk/media/uploads/evaluating_prevention.pdf
3. Kingston A, Collerton J, Davies K, Bond J, et al. (2012) Losing the Ability in Activities of Daily Living in the Oldest Old: A Hierarchic Disability Scale from the Newcastle 85+ Study: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0031665>
4. Childhood and adolescent predictors of leisure time physical activity during the transition from adolescence to adulthood: a population based cohort study <https://ijbnpa.biomedcentral.com/track/pdf/10.1186/1479-5868-8-54?site=ijbnpa.biomedcentral.com>
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