



CONNECTED CARE



# Explaining Connected Care

Doing things differently

We turn lives around every day, by putting the individual at the heart of what we do.

Inspired by those we work with, together we help people build a better life.

Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

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**From a Community Researcher**

"I had always worked in sales and warehousing and after 28 years I was made redundant. It was a big shock. My Mum approached me about the Connected Care project. I thought it was a good idea but I was worried it was just another gimmick. After I read the report I was very proud, I felt it was absolutely brilliant and understood the problems people are having.

I look at people differently now, I realise I am not the only one out there with problems. I have got to know a lot of new people and it has really helped me carry on. It has led me to do new training courses, voluntary work. I feel now there are more opportunities for future work, helping people in the community, which is really rewarding."

**Neil, Warrington**



## WHAT IS CONNECTED CARE?

Connected Care is Turning Point's model for community led commissioning; one that integrates health, housing and social care service delivery.

- It narrows the gap between commissioner's priorities and the needs of the community through community engagement.
- It delivers a joined up, user-led approach to health, housing and social care services.
- It ensures 'more for less' by working alongside commissioners to redesign services through a programme of change management with cost savings.

### Connected Care – The Business Case

- **Connected Care saves money.** We work in the knowledge that early intervention and a more integrated approach is not only better for the service user, it also leads to big cost efficiencies. There is a growing body of evidence to suggest that integrated health and well-being services, in particular early intervention and prevention, can realise significant financial benefits. Studies have illustrated that integrated early intervention programmes can generate resource savings of over £2.50 for every £1 spent.
- **Connected Care helps you work with your partners.** As Local Authorities and PCTs are building links, working together, and in some cases actually merging, Connected Care focuses on building closer relationships between agencies.

- **Connected Care is about knowing how to do things differently.** We provide solutions to integrated care that aim to combine and co-ordinate all the services required to meet the needs of the individual.

### How it began

The evidence base for Connected Care originated from research carried out by Turning Point, in conjunction with IPPR in 2004. Our report, Meeting Complex Needs, found that people with multiple needs are often failed by existing health and social care services. It brought to light the gaps in current health and social care services, finding:

- they don't provide joined-up, cost-effective services
- they don't address the whole person
- they don't meet complex need.

The report called for a much more connected approach for all individuals living in deprived neighbourhoods. It called for the voice of the community to be central to the design and delivery of all connected services. This led to Connected Care.

## CONNECTED CARE WORKS WITH COMMISSIONERS

Connected Care meets commissioner's priorities.

- Bringing the voice and views of the community to the table to increase understanding of the needs and aspirations of service users.
- Delivering 'more for less' through a cost benefit model of service integration.
- Delivering service transformations that improve the experience of local residents whilst prioritising available investment.

### Connected Care meets the agenda on health and social care

As commissioners move to operate at world class levels they will need to demonstrate:

- better health and well-being for all
- better care for all
- better value for all.

The issues of integration and user led services fit closely with the Government's drive to give local people and local communities more influence and power to improve their lives.

Connected Care will ensure you meet the needs of your community and ensure cost efficiencies. Specifically, it helps commissioners:

- proactively seek and build continuous and meaningful engagement with the public to shape services and improve health
- prioritise investment according to local needs, service requirements and the values of the NHS
- meet the expectations of comprehensive area assessments
- effectively stimulate the market to meet demand and secure clinical health and wellbeing outcomes
- make sound financial investments to ensure sustainable development and value for money
- prioritise investment according to local needs.





 From a Community Researcher

“The fact that we were from the local area really helped because people opened up. I got to know my area a bit better. I’d lost touch with my community and I got to find out what was available and what people’s struggles are.”  
**Abeda, Bolton.**



## HOW CONNECTED CARE WORKS

Connected Care delivers whole system redesign of health, housing and social care. This is based on community engagement and realising the benefits of integrating services.

**The elements of the Connected Care approach:**

- community engagement
- change management
- cost benefit.

### Community Engagement

**Training**

We recruit and train people from the local community to work as Community Researchers. It is vital that the Community Researchers have access to the most marginalised groups including those with mental health problems, drug and alcohol problems, long term conditions, unpaid carers, older people and those who don’t access or engage with services.

The Community Researchers live in the area they research; they often have had links with, or need for, the local health and social care services. This gives them unique access to the people we want to talk to. We train them, help them and often give them a new direction and confidence in starting something new. They give us time, energy, passion and importantly access to the hardest to reach members of the community. After training they go out into the community and undertake research.

Turning Point’s training programme for the Community Researchers is supported by the Social Care Institute for Excellence (SCIE).

**The Audit**

The Audit is a research process that enables the local community to give in-depth views and experiences of their local services. We use the audit to identify gaps in provision and local community needs. We aim to talk to between 10 and 15 per cent of the local community. Results from the audit are analysed and reported to a Steering Group and local commissioners. We use it to understand and inform the changes needed in health and social care provision.

### Change Management

**Service Redesign**

We work alongside commissioners to design bespoke services and provide support for integrated health, housing and social care services. There are common principles for service delivery that include ease of access, integration of health and social care, and a workforce prepared to work across service boundaries.



### Social Enterprise

We support the development and sustainability of community-led social enterprises in health and social care. Working with commissioners and communities we design and develop social enterprises as part of the service redesign. For example, in Hartlepool we have set up a team of navigators supported by a virtual health and social care team. In Bolton, the social enterprise provides information, signposting to support to services, outreach, health promotion and a Timebank scheme. This supports residents in accessing appropriate services, particularly those that are socially excluded.

### Cost benefit

#### More for Less

We work with commissioners to model the cost benefit outcomes of new decisions based on Connected Care

service specifications. This ensures that the specification for integrated health and social care services is developed in a cost efficient and affordable manner. The cost-benefit model maps the current flow of resources and then models the consequences of new decisions from a commissioners' perspective.

### Evaluation

We develop a Connected Care outcomes framework for each area; this measures the benefits for the individual, the community and commissioners. Alongside this, the community engagement and service redesign programme is evaluated a year after the project is completed. This gives communities and commissioners the information they need to demonstrate the outcomes and effectiveness of Connected Care in their area.

We share good practice and innovative models of service provision across all the Connected Care areas.

## YOUR QUESTIONS ABOUT CONNECTED CARE ANSWERED

What sort of issues is Connected Care uncovering?



### From a resident

"I feel let down by the system. I suffered from domestic violence but no-one could find suitable accommodation for me. I rented a house from a private landlord but the house is being repossessed because he hasn't been paying the mortgage. I was told 'Wait until the day you are evicted and then you can go into a shelter.' Who wants to wait a month not knowing where you will be living? I had to ask my mum to help me out with the deposit to find rented private accommodation again. If I didn't have that back up I would be homeless."

### Across the country similar issues repeatedly come up

- People have difficulty finding out what support is available because services don't actively reach out leaving people confused about what's available.
- People are bounced around the system with no single professional taking charge of the case. This can put people off seeking help for a long time.
- People want more choice in the services that they receive.
- People feel estranged from the decision-making process. Many service users have low confidence, motivation and awareness of what is available and as a result are unable to demand better services.

### How is Connected Care making services better?

Connected Care addresses the root cause of poor outcomes for service users. We use the research results which provide intelligence about the gaps and problems in the local area to design much more integrated services. We look at how factors like transport links, housing problems, social isolation and community issues impact on the whole picture. This is why the audit is so important to commissioners; because it gives grassroots insight into the problems locally, the real reasons why people are missed by the system.



### Case study of a complex needs case

Ian is homeless and has been using heroin for 6 years. Now 27, he is registered as disabled because of his substance abuse problem. He has spent time in prison and received drug treatment but has not kept drug free. He suffers from depression, which he says is caused in part by his partner leaving him while he was in prison, taking their child with them. He lacks the motivation to come off drugs, which he steals to pay for and doesn't know how he'd go about getting a job with a criminal record. He needs support from housing services, substance misuse services, benefits, mental health services and support with employment. The family is known to children services and he is in the criminal justice system. The amount of different services needed to help Ian leads to a fragmented response. This is costly, repetitive, frustrating for Ian and fundamentally ineffective because no single service is looking at him 'in the round'.

Through Connected Care, commissioners are able to ensure that their services are working best for the people that need them. Connected Care starts from the needs of individuals living in the local community. It is an approach done by the community, not to it. Through the audit, considerable time and resources are invested in communicating and engaging with the local community. This ensures their views are properly heard, including the type and range of choices they want, and the delivery of services that address the gaps in provision. The new service specifications that result from the audit make sure that the people who really need services play a large part in designing them.

#### How do cross cutting services work?

Connected Care specifications focus on the particular needs of each area but use common principles for integrated service delivery. Cross cutting services are ones that:

- are easier to access for the service user
- ensure the workforce can work across service boundaries

- provide support so that many more people access services in a more cost efficient way
- provide early intervention
- provide better forms of health promotion
- develop initiatives to build social capital
- bring about joint working for people with complex needs.

For example, our audit in Hartlepool led to services with the following elements:

- navigators that improve access, promote early interventions, support choice, ensure a holistic approach and integrate universal and long term support.
- a complex care team integrating specialist health, social care and housing support
- the development of a range of low level support services that focus on maintaining independence.

## THE CONNECTED CARE TEAM

The team is led by Richard Kramer, Director. Research Managers run our projects, they are expert in approaches to engagement, cost benefit and evaluation. They are supported by Research Assistants, and a Communications Advisor.

The Connected Care team reports to a Steering Group which is responsible for overseeing the implementation of its strategy and development. The Steering Group is chaired by Gerald Wistow, Visiting Professor of Social Policy London School of Economics. Its members are:

**Amanda Edwards**  
Head of Knowledge Services, Social Care Institute for Excellence

**Andrew Cozens**  
Strategic Adviser for Children, Adults and Health Services, IDeA

**David Stout**  
PCT Network Director, NHS Confederation

**Jeni Bremner**  
Director, European Health Management Association

**Jeremy Porteous**  
Integrated Care Network, Department of Health

**Mike Farrar**  
Chief Executive, North West Strategic Health Authority

Please contact us to find out more or to set up a meeting:

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We also run a model for community engagement that supports local authorities and schools in the drive to improve standards and provision in disadvantaged communities. Connected Education brings increased educational aspiration and improves educational and broader well-being outcomes for young people and families.

