



Age UK Croydon Personal Independence Coordinator Service

Independent Evaluation Summary

Dr Alex Evans

This is a summary of the full independent evaluation of the Age UK Croydon PIC Service, undertaken in 2022 by Dr Alex Evans. It was commissioned by Age UK Croydon, and funded by NHS South West London. The evaluation combined analysis from interviews, NHS friends and family surveys, and a contributory survey by Healthwatch Croydon.

The full report, which includes full sources, methodology, and more detailed analysis/information, can be accessed at:

<https://www.ageuk.org.uk/croydon/about-us/news/articles/2022/pic-evaluation/>

Contacts

Author

Dr Alex Evans
Alex Evans Community Consulting
alexevansconsulting@gmail.com

Age UK Croydon Lead

Susan Underhill, Programmes Director
Age UK Croydon
info@ageukcroydon.org.uk

NHS Service Commissioner

Daniele Serdoz
NHS Croydon Health Services

Introduction

“Lack of those [non-health] issues being sorted out makes or breaks issues with medical complexity. If people aren't managing, and it is not sorted out, then they end up in hospital and in institutional care.” - GP

The Age UK Croydon Personal Independence Coordinators Service (PICS) provides person-centred care coordination, informal emotional support, and advocacy for people over 50 across Croydon. In 2021, the programme underwent an independent evaluation, and this document summarises the results. The service has worked with more than 3,000 clients since its inception, and is funded by South West London NHS, and forms a key part of the One Croydon Alliance Integrated Care Network model (ICN), a partnership between health, social care, and voluntary sector services. It is part of a move towards a more patient-centred, holistic view of patient care, and to reduce the impact of non-medical issues on healthcare. The service is based in all 48 GP practices across the Borough and within the ICN+ Multi Disciplinary Teams.

PIC clients tend to suffer from a wide range of problems. Many are directly health-related: all have multiple long-term conditions, and most have age-related disabilities. But alongside this, health professionals see intractable non-health-related problems which have significant negative impact. Patients are usually isolated, and often largely housebound, with limited mobility. Poor living conditions, financial difficulties, and issues with day to day administrative tasks (including dealing with NHS bureaucracy) leave many ‘trapped,’ while healthcare professionals feeling powerless to help. The majority of PIC clients suffer from depression or anxiety, due to their poor quality of life; meanwhile, many clients have become distrustful of professionals who ‘don't listen.’ Many have given up on attempts to self-manage or get the care they need. Therefore, the goal of the service is to help clients solve key problems to improve their quality of life, which will in turn have a positive effect on their health and wellbeing.

How it works

Working alongside GP Huddles and Multi-disciplinary teams, Personal Independence Coordinators (PICs) take referrals from health professionals and the wider community, and undertake a home visit, sometimes jointly with NHS/ social care staff. Through an initial ‘guided conversation’ (a holistic, open-ended discussion with some key starting points), they help clients identify goals to improve quality of life. These can include better management of conditions, increasing mobility, dealing with debt, better navigation of care systems, or reconnecting with social networks. Importantly, there are no fixed, prescribed interventions – for some, help to attend a garden centre, or to get a haircut, has as significant impact on quality of life as changed medication. AUKC also refers to its own services, and offers a gateway to services offered by the wider voluntary and community sector.

The PIC works with the client for 8, 12 or 16 weeks to achieve those goals (with no fixed number of hours specified). They collaborate with other members of the

“I've found myself thinking, is there anything more that we can do? [...] There's nothing more medically that we can do. And [the patient] may not get a care package. So what can you do? The PICs give you *something you can actually do.*” - GP

“To have someone to speak to who understands 'the systems' and listens and supports.” – PIC Client

“I felt understood. Someone had the patience to listen and hear what I was saying.” – PIC Client

“It's got me out of the ditch and back on the right path. It's given me clarity and I couldn't have done it on my own.” – PIC Client

huddle and MDT to coordinate health and social care, and undertake a wide range of tasks and advocacy themselves. They build strong interpersonal relationships with their clients, offering informal emotional support, especially to the more isolated. The key to the service is a holistic approach which takes account of the preferences, perceptions, and feelings of the client, rather than offering a set series of interventions or treatments. The combination of emotional support, especially by simply listening, alongside practical support to solve personal challenges, is key to the model's success.

Patient experience

Clients spoke of the service in transformative terms: "I wouldn't be here without your support. I have been lifted out of a deep, dark well," and some described it as "life-changing." There was strong evidence of increased independence and motivation, and clients widely reported improvements with confidence and 'coping'. Patients contrasted the proactive nature of the support they received with their experiences of statutory care, alongside the fact that they felt listened to, and not 'judged'. They also appreciated the breadth of the support available, and its multi-faceted nature. PICs were able to reduce the confusion, distress, and sense of overwhelm that patients felt when dealing with bureaucracy across statutory services, and build up motivation and confidence for clients to re-engage, and actively manage their care and conditions.

"[PICs] are not constrained by contractual obligations to provide a very clearly defined service. They have the flexibility to just sort what needs sorting." - Pharmacist

Health and social care professionals' experience

Health professionals said the service reduced their sense of powerlessness when presented with non-medical issues which they knew hugely impacted patients' medical outcomes. GPs believed the service reduces inappropriate attendances, while ensuring improved care for their patients. As one put it, "It's given us an outlet that we never had before," to think about "what would make a difference to people's quality of life." Professionals thought it was particularly effective for patients who had seemed 'stuck' on a negative trajectory. They contrasted the long-term, flexible length of the service, and the more rigid, tightly time-bound approaches in the NHS. They appreciated the patient advocacy role that PICs were able to take as team-members with some independence, which often led to more timely care for patients.

Learning for Primary Care

Many of the people using the PIC service were suffering from situational depression, caused by their poor quality of life. Rather than starting with the depression (by medication or counselling), the service starts with the situation, and this has proved highly effective at improving mental wellbeing. Patient feedback suggested that a holistic combination of very practical support, alongside strong interpersonal relationships was especially valued and effective. Case studies showed that joint working between statutory and VCS services (including on joint home visits, and with shared action plans) had significant benefits that could not have been otherwise realised – for example, a Community Pharmacist discovering an older patient who had limited access to food as well as problems with medication.

Learning for Commissioners

Health professionals noted that because the service was "not constrained by contractual obligations to provide a very rigidly defined service, it could be truly patient-centred and driven by what the patient wants, "not by the service commissioned." Commissioners, alongside front-line staff, felt

that working with voluntary sector partners could help drive culture change in approaches to patient care within the statutory health and social care sector.

Measuring for real patient outcomes

In order to monitor the efficacy of the service, PICs use the internationally recognised Shorter Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) at the beginning of the intervention, at the end, and 2 months after. They also measure the number of wellbeing goals that clients achieve. Alongside 98% of clients experiencing improvement at the end of the service, 78% maintained their mental wellbeing or improved further in the 2 months after the end of the intervention, with 44% improving up to 4 further points.

While clear cost-saving metrics are unlikely to be evident at this scale, the outcomes-based performance metrics such as SWEMWBS, and achievement of patient-identified goals puts the service ahead of most primary care interventions, which are monitored only by activity. Medical professionals and commissioners felt that the balance of service flexibility, alongside some clear outcomes and metrics, provided the right balance to demonstrate effectiveness without necessarily limiting the service that could be provided. However, PICs often found the SWEMWBS scale impractical to administer at the outset with clients who were not inclined initially towards self-reflection – there was always a danger that the monitoring itself would disrupt the vital relationship they were trying to build.

Future Development

In terms of future development, the service has sometimes suffered from inappropriate referrals, especially of clients with serious mental illness. The development of a second PIC service by Mind in Croydon is intended to provide more tailored support for people in that cohort, but more responsible referring by health and social care professionals will be vital. Management of caseloads for PIC staff was also an area where extra support was needed, given the flexible nature of the timescale and contact hours in the service. Finally, as with all time-limited helping relationships (however flexible and extended), termination requires strong planning, and clear, incremental routes to alternative and sustainable social networks and emotional support (such as through befriending or other social groups). Over time, the service is developing a wide range of rich data which can be used to further understand effective ways of working – although capture and analysis of data may need additional resource and training for voluntary sector partners.

Conclusion

The Age UK Croydon PIC service has had a significant, sustained and often transformative impact on the health and wellbeing of its service users. Its mixture of practical problem-solving, knowledgeable care coordination, and a strong, patient-centred, supportive relationship over a relatively extended period of time, offers a model of effective holistic care working across health and social care. It also presents a strong example of the significant value that the voluntary sector can offer to statutory services.

Dr Alex Evans
5th April 2022