

# Prevention and Enablement Model (PEM)

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## A test and learn project

Early, indicative insights and progress after six months of working, all undertaken through the Covid-19 pandemic.

3<sup>rd</sup> March 2021

# Summary



- The first 6 months of PEM has seen *Whole System Change* achieved during challenging (Covid-19) conditions.
- Through the development of Logic Models, short term outcomes, such as mental health & wellbeing, were identified alongside longer term outcomes that could deliver cost savings through reduced use of NHS / Council health services. This was a challenging process, but its learnings are now embedded in the Local Delivery Pilot (LDP) system and progressive web app (PWA) survey tool for service users, which enables ongoing evaluation of PEM through its first year.
- Covid-19 has disrupted planned delivery, however, there is abundant evidence of workforce ability, agility, adaptability, and a willingness to test, learn and implement PEM across all workstreams.
- Of those staff exposed to early PEM training, we saw a sixfold increase in the confidence of Occupational Therapists advising service users on the impact of inactivity.
- From early, indicative data we see that PEM has the potential to lift the wellbeing and activity levels of a disabled person to levels similar to those reported by non-disabled persons. PEM service users also self-reported health levels higher than disabled people in the Active Lives survey.
- Our early findings also suggest PEM has the potential to be a socially positive investment, with an encouraging economic impact from the reduced use of health and social care services associated with PEM participation.
- We strongly suggest this review process be conducted again in Autumn 2021. This will allow for larger datasets to be interrogated and will provide more accurate and robust findings on the full first year of PEM implementation.

# 1. What is PEM and why is it different?

- PEM is a Test & Learn, Whole System Change social care initiative aimed at improving the lives of people living with disabilities and/or long term health conditions.
- Its overarching theme is to encourage and support people to move more, and this is delivered via a system of unique partnerships across the county's Adult Social Care (ASC) sector.
- PEM focuses on 4 key workstreams covering the three LDP areas of Tendring, Colchester and Basildon.



Community Partnerships  
(Reconnect)



Strength and Balance



Physical Activity in  
Occupational Therapy



Care Homes

Test, learn and understand the health and wellbeing value of the interventions

## 2. Why PEM can help us bounce back better

Addressing physical inactivity is a global public health priority. In the UK, the Department for Digital, Culture, Media & Sport's (DCMS) *Sporting Future* strategy and Sport England's 2021 10 year strategy both have health and wellbeing as the key outcomes for sport and physical activity. It must also be acknowledged that people with disabilities and/or long-term health conditions are far less active than the general population.

The Essex Council Tracker survey has also demonstrated how Covid-19 has compounded and perpetuated these inequalities in health and physical activity. Now, more than ever, there is a need to innovate when supporting disabled people and people with long-term health conditions to move more.

Such an approach shifts adult social care from conventional care and intervention-focused practice to more preventative approaches. The economic value of preventative health is also enormous - **UK Government reports suggest for every £1 spent there is £14 of benefit\***.



There is a massive focus [within health and social care] on how we shift from long term care and support to prevention and early intervention, and obviously social care has a legal responsibility to promote wellbeing, as part of the Care Act.

PEM Design and Delivery team member

\*<https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

# 3. PEM Objectives & Whole System Change

The 4 PEM objectives reflect the steps in Professor Rob Copeland's *Whole System Change* description. This approach involves bringing multiple system stakeholders together to collaborate around a shared vision. Support for PEM has been received from local authorities, health partners, Active Lives, Essex LDP, amongst others.

## SYSTEM



To develop system led opportunities for disabled people and those with long term health conditions and to encourage them to be active in their local community, reconnecting them to their local area.

## EMBED



To embed physical activity in this system, and to redesign a targeted pathway to achieve this.

## WORKFORCE



To create practice based learning opportunities that transform ways of working by increasing the confidence and capability across the integrated workforce in using physical activity as a tool for health.

## IMPACT



To test and learn the impact of this transformation and build a case to scale up across Essex-wide systems.

# 4. PEM Workforce Interview Highlights



[User] lives in a remote location and due to physical ability relies on support to access the community. If it had not been for Covid-19, virtual sessions might not have been started up. There is a need for virtual sessions to continue, once lockdown eases. This service is vitally important to this person.



The opportunity to be involved with PEM has widened my network of contacts and relationships with colleagues in other system settings. This has given me the confidence that by building trusted relationships things do happen.



Working in partnership with Sfc and PEM has meant that we were able to facilitate community based activities, in a 7 week long program for 10 men, such as fishing and golf. Enabling clients to engage in different community activities and empowering clients to access these independently. We have received positive feedback from those that participated in the group and they have said they will continue to use community based physical activities.



# 5. Workforce Survey – First PEM Training Session

Impact on Occupational Therapist (OT) Staff of the first SfC November 2020 training sessions.

STATEMENT	PRE-TRAINING (% of OTs agreeing with statement)	POST-TRAINING (% of OTs agreeing with statement)
I am <b>VERY CONFIDENT</b> in <b>APPLYING</b> the use of physical activity and physical interventions in my OT practice	5%	40%
I am <b>VERY AWARE</b> of the <b>EVIDENCE</b> about sport and physical activity as a way to help people achieve their goals and lead better lives	15%	60%
I am <b>VERY CONFIDENT</b> in <b>ADVISING</b> the impact of inactivity to the people I support	10%	66%
I am <b>VERY CONFIDENT</b> in OT approaches of adapting task, activity and environment to give people <b>OPPORTUNITIES</b> to engage and participate	20%	72%

“ And I think the more that I've become involved... and the more we express about us wanting it to be something that's sustainable, the more I engage with it [...] it feels something that is more natural [as an occupational therapist], or should be something that's more natural... less of a project... this is purely just about reconnecting back to our OT roots... this is what we do.

# Workforce Survey Summary

- The survey revealed an OT workforce that has the opportunity, desire and motivation to deliver advice on Physical Activity to service users across Essex.
- It also reveals a workforce that is skilled and therefore capable of carrying out this task, but one that would benefit from greater resources and support.
- Giving OTs more time to deliver and more on-the-job training hours would address their most pressing concerns and positively impact patient/service user satisfaction.
- The roll out of training for PEM has been hampered significantly by the pandemic. That said, there was a rapid and agile response: training was adapted for on-line delivery, and this was especially useful in the care home setting.





# 6. Data Analysis: Health, Wellbeing, Economic Value

- Limited data from the first 6 months shows PEM participation lifts the wellbeing and activity levels of a disabled person to levels similar to those reported by non-disabled persons. The caveat is that this is based on a sample of 20 - if by September 2021 the sample is 200, then PEM will be having a transformational impact.
- Based on the data from the first 6 months, we can estimate the economic impact to Essex from the reduced use of health and social care services associated with PEM participation (for at least 7 months) of £1,220 per person per year.\*

Outcome	PEM Data	Active Lives (AL) data	AL – with limiting disability
Life Satisfaction	7.45	7.18	5.86
Happiness	6.85	7.22	6.02
Anxiety	3.65	3.23	4.28
Worthwhile	7.65	7.43	6.39
General Health	3.10	3.87**	2.93**
Achieve Goals	4.20	3.8	3.32
Trust Goals	3.45	3.39	3.2
Loneliness	1.74	1.55	1.82

\*The improvement in life satisfaction associated with PEM participation can be monetised using wellbeing valuation techniques. We use the Treasury's Green Book estimate for the value of a QALY and research from Frijters and Krekel (2021) to arrive at a unit cost of £10,000 / WELBY. This means that if PEM participation were to increase participants' wellbeing (life satisfaction) by 0.1 on a 0-10 scale, the monetary value of this increase would be £1,000 per person per year.

Notes: AL - Active Lives Survey (2015-2019), TP - Taking Part Survey (2005-2019), USoc - Understanding Society Survey (2009-2019)

\*\*Different answer options are used in this survey for this question

# 7. Cost and Net Benefit



PEM has the potential of being a **socially desirable investment, delivering about £3 of social value per each £1 invested**. This is a hypothetical scenario that relies on the following assumptions:

- The scale of PEM goes up as Covid-19 subsides, raising the numbers of unique yearly participants.
- The wellbeing impact of PEM participation is proven to be at least 0.1 WELBY.

AREA/ BENEFITS	TOTAL
South (all)	£75,200
North (all)	£105,200
Total	£180,400
Total Benefits	£559,329
Net Benefit	£458,833
Benefit-cost ratio (SROI)	3.10

The actual a) number of PEM participants, b) average wellbeing impacts of PEM, and c) average level of service use reduction as a consequence of PEM may be different.

In this situation, the social value, net benefit and SROI ratio will also be different. **We hope that in the autumn review, more data will help us refine these estimates and increase their accuracy and validity.**

# 8. What next?

## Continue to deliver on the visible potential

- The PEM project went 'live' in August 2020, in the middle of the Covid-19 Pandemic. This meant that the depth and breadth of the rollout was severely disrupted.
- That accepted, 85% of user survey respondents have been in the PEM programme for 7 months or more, meaning they have had sufficient exposure to assess its effects. A key finding from the user surveys is that **PEM helps mitigate the gap in wellbeing, health, self-efficacy and trust, and brings people with disabilities closer to the outcome levels experienced by non-disabled people.**
- This supports the hypothesis that **the objectives of PEM are already being achieved**, and the 6 month data also shows us **this is a socially beneficial investment**. Continuing in a Covid-19 free world, the impact of PEM has the potential to be transformational.
- We are half way through a 'test and learn' project with positive learnings and results. The direction of travel is good. As we emerge from the pandemic, PEM is primed to make an even more significant impact on the lives of disabled people and those with long-term health conditions.



# Thank you

If you have any questions or any opportunities for collaboration, please email Ben Page (PEM Programme Manager) – [ben.page@essex.gov.uk](mailto:ben.page@essex.gov.uk)