


HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

09 July 2018

Subject:	Tackling Loneliness and Social Isolation
Cabinet Portfolio:	Adult Social Care – Ann Shackleton
Director:	David Stevens – Executive Director – Adult Social Care, Health and Wellbeing
Contribution towards Vision 2030:	
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DECISION RECOMMENDATIONS

That :

The Health and Adult Social Care Scrutiny Board considers and comments upon the report and presentation.

1 PURPOSE OF THE REPORT

This report will provide an update on the Community Offer which was a third sector initiative funded through the Better Care Fund which focussed on providing befriending support to vulnerable older people. This report also includes details of alternative support options for older people that have been commissioned since the Community Offer project ceased at the end of March 2017 to support the well-being of older adults and enable them to live independent lives within their own homes and communities.

2 **IMPLICATIONS FOR SANDWELL'S VISION**

- 2.1 Ambition 2 - Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for.
- 2.2 By providing opportunities for vulnerable adults to stay connected to their local communities and to maintain social contacts supports the reduction of loneliness and social isolation in older age.
- 2.3 Ambition 5 – Our communities are built on mutual respect and taking care of each other, supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods.
- 2.4 Ambition 10 – Sandwell now has a national reputation for getting things done, where all local partners are focused on what really matters in people's lives and communities.

3 **BACKGROUND AND MAIN CONSIDERATIONS**

- 3.1 The Community Offer was a pilot project that was operational in Sandwell from October 2014 until March 2017. The Community Offer was funded through the Better Care Fund, a pooled budget, which aims to drive the integration of health and social care services on a local level.
- 3.2 The initial phase (Phase 1) of the project consisted of six pilot schemes lead by voluntary and community organisations in Sandwell that collectively covered 13 of the 24 wards within Sandwell. These schemes represented a range of delivery models, which informed our ideas on how best to deliver the service transformation required in the longer term.
- 3.3 Phase 2 of the project built on the lessons learnt, to take the project borough-wide and to deliver a more consistent 'core' offer, based on the interventions that are deemed to have been most effective. Phase 2 was also shaped by academic research which has encouraged a more focused approach to the desired outcomes of the project.
- 3.4 Lead voluntary sector providers co-ordinated all the relevant organisations in a locality, across the voluntary, community and statutory sector, to work together for the benefit of the community.

3.5 *Service Outcomes*

- 3.5.1 The aim of the Community Offer was to prevent or delay the need for older people to access more acute health and social care services.

3.5.2 The outcomes of the Community Offer were:

- increased take up of preventative services and social activities that help older people
- improved quality of life for people receiving the Community Offer
- reduced social isolation for people receiving the Community Offer.

3.6 **SCOPE**

3.6.1 The Services provided under the Community Offer shall be made available to people aged 65 or over, who live within Sandwell or are registered with a GP in the borough.

3.7 **Evaluation**

3.7.1 The Community Offer was independently evaluated using resources from the Government's "Delivering Better in Neighbourhoods" funding. Although the evaluation identified many positive outcomes for individuals it was not able to demonstrate that the original investment had resulted in sufficient savings across the health and social care economy to cover this cost. A decision was therefore made to cease this service from March 2017. An event to review the learning from this project was held with key stakeholders. It identified the difficulties in evidencing the impact of low level prevention services, which are recognised by all academics and that a longitudinal study may better assess the longer term impacts and potential savings to the health and social care economy.

3.7.2 The evaluation suggested that there were opportunities to use the legacy of the Community Offer to use a community development approach. The report recommended that voluntary and community sector (VCS) providers collectively consider if and how greater efficiencies could be delivered through increased partnership working. Additionally the report urged VCS providers and representative bodies to do more to promote their services to secure greater referral numbers from community care professionals, principally GPs and social workers.

4 **THE CURRENT POSITION**

4.1 The Sandwell Better Care Fund has offered the 3rd sector an opportunity to receive grant funding to provide services that support timely and effective discharges for people leaving hospital as well as providing support to vulnerable people to avoid unnecessary hospital admissions and readmissions. The Joint Partnership Board has identified resources of up to £350,000 to fund this initiative, which has been very well received by the sector and resulted in bids from around twenty potential providers. The focus for this piece of work is on supporting flow between hospitals and community-based services, which supports the dual national mandates to reduce delayed transfers of care and lengths of stay

in acute beds. This clear focus will help to ensure better use of resources across the health and care system whilst reducing the length of time spent in hospital unnecessarily by our most vulnerable citizens. The initiative will involve the provision of a number of interventions aimed at supporting people home from hospital and helping people to remain well whilst maintaining independence at home following discharge.

4.2 Grant applicants were asked in March to submit their proposals to the BCF team based on delivery against the priorities set out within the current Better Care Fund Policy. Specifically, this is the reduction of delayed transfers and supporting the wider system to implement the High Impact Change Model, which sets out eight key characteristics of highly performing health and social care systems. The BCF team was particularly interested in receiving applications that focused on one or more of the following areas:

- Community Dementia Support
- Assisting with Family Choice of accommodation
- Reduction in Delayed Transfers of Care
- Support to Carers to maintain a stable home environment
- Avoidance of admission to Hospital
- Avoidance of readmission to hospital

4.3 The BCF team is working with potential providers to develop an innovative outcomes-based model co-designed between commissioners and providers in consultation with users and delivered through a provider alliance. This approach will encourage closer collaboration between providers and empower the sector to offer the kind of personalised and responsive services that traditionally commissioned services often fail to deliver.

4.4 In putting together the current grant offer to the sector, the BCF team wanted to ensure that the recommendations of the Community Offer evaluation were used to help shape a more collaborative and user-guided approach to the provision of community support in which VCS providers would be empowered to deliver services in innovative ways that will result in the best outcomes for individuals and their communities. The sector has responded very well to the opportunity and six successful providers will shortly be invited to jointly develop a collaborative model of support that is expected to be implemented around September with delivery of real benefits to the system ahead of winter 2018.

5 **CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)**

5.1 During the Community Offer project there was on-going engagement with providers and service users. The feedback regarding the impact on the

quality of life of individuals was positive and the providers were very enthusiastic and committed to delivering a range of support options which enabled individuals' ongoing community engagement.

- 5.2 The Joint Partnership Board, the governance for the Better Care Fund, was updated on the progress of the pilot and supported the cessation of the Community Offer.
- 5.3 The Joint Partnership Board has now committed resources to support low level prevention services through a grant process agreed with the community and voluntary sector.

6 ALTERNATIVE OPTIONS

See section 4.

7 STRATEGIC RESOURCE IMPLICATIONS

- 7.1 Any allocation of resources from the Better Care Fund is based on a business case which includes a projected return on investment. As the Community Offer was ultimately not able to evidence this the funding was withdrawn and the project ceased. The Joint Partnership Board is committed to supporting the prevention agenda and as such has committed on -going resources to support third sector and community organisations.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

These were addressed within the Community Offer project.

9 EQUALITY IMPACT ASSESSMENT

These were addressed within the Community Offer project.

10 DATA PROTECTION IMPACT ASSESSMENT

These were addressed within the Community Offer project.

11 CRIME AND DISORDER AND RISK ASSESSMENT

These were addressed within the Community Offer project.

12 SUSTAINABILITY OF PROPOSALS

These were addressed within the Community Offer project.

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE).

These were addressed within the Community Offer project.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND.

These were addressed within the Community Offer project.

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 15.1 The Community Offer social prescribing model based on reducing isolation and loneliness was predicated on an assumption that the investment in low level social and practical support would generate long-term savings across the health and social care system through avoided hospital admissions and readmissions, and delays in permanent admission to care homes. The evaluation report recognised the success of the Community Offer programme in reducing isolation and loneliness but pointed to a lack of evidence linking the interventions to reduced use of health and social care services.
- 15.2 The Sandwell Better Care Fund has now offered the 3rd sector an opportunity to receive grant funding to provide services that support timely and effective discharges for people leaving hospital as well as providing support to vulnerable people to avoid unnecessary hospital admissions and readmissions.
- 15.3 In putting together the current grant offer to the voluntary and community sector, the BCF team wanted to ensure that the recommendations of the Community Offer evaluation were used to help shape a more collaborative and user-guided approach to the provision of community support in which VCS providers would be empowered to deliver services in innovative ways that will result in the best outcomes for individuals and their communities.

16 BACKGROUND PAPERS

n/a

17 APPENDICES

n/a

