Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Social Isolation Project
Board Lead:	John Green
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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- x Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☐ Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- ☐ Priority 7: Reducing avoidable hospital admissions
- ☐ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The Social Isolation Project, managed by the Adults Social Care (ASC) Strategy and Commissioning Team is a one year project providing outreach support, in the form of Community Navigators, to socially isolated Older Adults in the Community.

The project is working with Older Adults who are in receipt of an Adult Social Care service to test whether, by providing direct practical support, the Older Adults can develop meaningful community engagements to improve wellbeing. The project will also test the hypothesis that, by making lives more full, care packages could be reduced.

RECOMMENDATIONS

The project will continue to work with clients until November and a report of the project's findings will be produced, with recommendations for future service development and the role of the Community Navigator within the care pathway.

REPORT DETAIL

1.0 Introduction and Background

1.1 This Project is aligned with the Health and Wellbeing Strategy; THEME A: Prevention, keeping people healthy, early identification, early intervention and improving wellbeing, and specifically Priority 1: Early help for vulnerable people to live independently for longer.

1.2 It has been set up to respond to the increasing issue of social isolation and loneliness in our Older Adult community. Adult Social Care, Strategy and Commissioning, has responded to this issue through the recruitment of the Social Inclusion Coordinator, to lead on the project.

1.3 The work has led to significant intelligence that is contributing to an evidence based commissioning approach. This aligns with the Health and Wellbeing Strategy objectives to: *Tackle isolation and support vulnerable people to help maintain independent living. We will do this by commissioning innovative and targeted volunteer-led schemes that focus on befriending and supporting vulnerable people.*

1.4 The Social Isolation Project has taken an outreach approach to supporting Older Adults in the community, with the team recruiting two Community Navigators to work alongside the older adults as enablers.

1.5 This approach focuses on addressing the barrier to overcoming social isolation. This enabling approach supports the person to access services that are meaningful, outcome focused and increases their social networks.

1.6 Additionally, this approach is reviewing the current services available within Havering to understand whether they provide the right types of opportunities to meet the needs of the socially isolated Older Adult community.

1.7 The project has clear outcomes set to test the approach from a preventative perspective;

- Cost Effectiveness of Personalised Social Isolation Intervention – The cost of the Adult Social Care Packages and impact on the draw on health services.
- Effectiveness of Personalised Social Isolation Intervention - The change in the service user's perception of their social isolation.
- Assess the potential of the existing wider community resources as a method to address social isolation.
- Identify gaps in existing community resources to inform future market shaping to address social isolation with wider cohorts.

1.8 The Project Steering Group agreed that a cohort of Older Adults who were in receipt of long term care support in the community would be most appropriate

to test this approach against the project objectives. These Cohort members were recruited through operational health and social care staff referring into the project.

1.9 The initial project plan was to identify and work closely with 100 Older Adults. The Community Navigators would support these Older Adults through a process of change toward increased engagement in meaningful community activity. Additionally a control group of 100 Older Adults would be used to monitor the effectiveness of the approach, through comparison in changes in use of health and social care services.

2.0 Project Progress to date

2.1 The project has been accepting referrals since November 2015 and has received 275 referrals to date. The project will run until October 2016 and is now closed to new referrals.

2.2 Of the 275 referrals, 137 have been screened as not eligible. Of 138 eligible referrals, 68 have progressed to active cases that the Community Navigators have been able to support through the change process.

2.3 Due to the number of clients who have been unable to engage for the duration of the intervention, the Project Steering Group has agreed that a cohort of 50 will be reported on in the final evaluation.

2.4 The Community Navigators have gathered importance intelligence regarding the barrier to community engagement, and the range and quality of community resources. This intelligence is contributing to the ASC Voluntary Sector Co-production re-commissioning of services.

2.5 The project is also contributing to ASC commissioning understanding of the profile and needs of the socially isolated older adults and this will enable future planning to meet these needs.

3.0 Emerging Themes

3.1 The project has provided detailed evidence of a number of key barriers which impact on the older adult achieving a positive change to their routine and engagement in the wider community. The Community Navigators are working through these barriers with the Older Adults and the timescale to achieve change has been evidenced as a prolonged process.

3.2 The effectiveness of the Community Navigator role in realising reduction in care packages and use of health services is dependent on a prolonged period of involvement to work through the current barriers experienced by older adults.

3.3 Some of these barriers to engagement are being considered as areas for service development through ASC commissioning with the voluntary sector:

- Home Based Support. There is a lack of options to refer older adults to who are limited in their ability to leave their homes, either due to physical disability or cognitive impairment. They function within their home with an appropriate level of support but report low mood, loneliness and social isolation due to these limitations.

- Enhanced Personal Assistant market to respond the Social Needs of Older Adults. Service users in receipt of Personal Budgets which includes Social Isolation need support to understand what their options are and the PAs need to be skilled in how they can assist and motivate clients.

- Transport +. Transport options do not provide the level of support needed for older adults to access the wider community resources. Chaperoned transport to community activities is required to bridge the gap between the Older Adult and the community group.

- Collaborative approach to providing groups. Older Adults that want to attend groups but are limited by need to have accessible facilities. Community Groups could come together in one Community location with accessible facilities and PA support.

- Bringing People Together. Supporting Older Adults with similar interests to connect. A coordinator who can enable peer support groups to be established. An example of this has been support we have given to ex-servicemen and women to come together through SSAFA (The Armed Forces Charity), who are establishing a lunch club to meet this need.

3.4 Additionally the timescale for change, and complexity of barriers to change, experienced with some of the cohort, has provided an understanding of where the Community Navigator role is best placed in the care pathway for Adults. The stage at which the adult is supported to develop meaningful and sustainable relationships in the community will have an impact to the preventative nature of this approach.

3.5 The project is also developing a broad understanding of the wider community resources and compiling a spread sheet to populate 'Earthlight, which is mapping software to collate geographic information. This will be transferred to business as usual

4.0 Emerging Outcomes

4.1 The method being used to measure impact on people's lives is through the 'outcomes star'. This basically asks a set of questions around well-being at the outset of the engagement with the older person and quantifies the responses against a scale. This exercise is repeated after a set period of engagement with the person. We are just reaching the stage where second interviews about perceptions of well-being are being conducted. There are very low numbers to evaluate but where they have been done outcomes are positive. This is too

early, however, to make assertions or claims about impacts on people's lives. We will however continue to gather data.

4.2 In regard to the reduction in the cost of ASC packages there is little evidence as yet that the interventions have led to reduced dependence. The learning is that the complexity involved, once you start to work with people on a one to one basis, is significant and that once dependency is embedded it is very difficult to change perceptions of need. We are considering, time allowing, working with a small cohort of people who are not yet receiving Adults Social Care to see if the impact is different and would suggest value in earlier prevention.

BACKGROUND PAPERS

- Social Isolation Project PID
- Havering Health and Wellbeing Strategy 2012-2014