

HEALTH AND WELLBEING BOARD

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DEVELOPING AND EMPOWERING RESOURCES IN COMMUNITIES (DERIC)

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Summary

Developing and Empowering Resources in Communities (DERiC) is an innovative approach to improve outcomes for vulnerable people of all ages by enhancing the quality of support through community based volunteers.

It is envisaged that this approach will result in reduced demand on social care and health base budgets by utilising social capital that will reduce latent demand on traditional services as well as increase uptake of existing and new services. The communities chosen to initiate this approach were Walderslade and the Hoo Peninsula.

The purpose of this report is to note the progress in Walderslade (WALT) and Hoo Peninsula (wHoo Cares), and to propose opportunities for WALT and wHoo Cares to build on the current range of support offered.

1. Budget and Policy Framework

- 1.1 Since November 2013 Medway Council has been working with DERiC which is a national Community Interest Company (CiC). The overarching aim of this initiative is to establish an innovative and creative new model of support for vulnerable people and their carers. This is achieved by both creating and using existing links in communities; thereby mobilising social capital in communities, strengthening neighbourhoods and building resilient communities.
- 1.2 In November 2014 two areas within Medway were chosen in consultation with Portfolio Holders, and others, to progress the development of these community projects; the areas selected were Walderslade and the Hoo Peninsula. Subsequently Walderslade CiC registered with Companies house

as “Walderslade Together” CiC (WALT), and Hoo Peninsula Cares CiC operating as “wHoo Cares”.

- 1.3 In April 2016 WALT and wHoo Cares secured funding of £150K per CiC, this is administered by DERiC on behalf of Big Society Capital and covers the initial staffing costs, set up costs and operational expenses. Additionally, Medway Cabinet agreed in April 2016 to guarantee the loan for both CiC’s with DERiC and added legal requirements as set out in side agreements between the Council, WALT and wHoo Cares. WALT and wHoo Cares set up their offices, recruited staffing and started to accept referrals in September 2016.
- 1.4 The impact monitoring of WALT and wHoo Cares are stipulated in a Memoranda of Understanding between the Council and CiCs that sets out the dates for quarterly review meetings at which WALT and wHoo Cares discuss the impact and the support (financial and other) they might require from the Council. Adult Social Care (ASC) have designed a dividend arrangement to ensure that a proportion of any spend prevented by WALT and wHoo Cares is redirected to the CiCs. This aims to support their sustainability in delivering these outcomes. However, an arrangement with ASC alone is not enough to ensure long term sustainability and the CiCs are seeking additional partnership arrangements to ensure their sustainability moving forwards.

2. Background

- 2.1 Since April 2016, WALT and wHoo Cares has been working to deliver their strategic aims to develop innovative and personalised solutions to reduce and manage health and social care needs; reduce the need for care and support through early intervention and delay the development of long term care needs, and the associated costs to the health and care system overall.

Scenario 1 : Care navigator referred Mrs AB to WALT on 18/9/2017 due to frequent GP calls (2 to 3 times a day). WALT completed life planning and introduced her to activities in her community. As result she now attends coffee morning, rollator dance and is taken to another coffee morning on a Thursday where she made friends who now take her to church on a Sunday. She also now attends healthy eating groups on a Friday. She really likes to exercise. She calls 111 frequently in the night due to pain in her legs. The number of 111 calls have not stopped, however the Care navigator said it has made a significant difference and she no longer calls the GP service. Next steps are going to swim fit on Thursdays and trying new medication to see if it makes a difference for the pain in her legs. She brings medical letters to WALT to read and explain to her what it means. She now bought an answerphone as she never is home anymore! Well-being scores have increased by 200% and Duke by 566%.

Scenario 2. Mr CD is 90yrs, unable to manage public transport or afford taxis but is able to manage personal care using a shower. Assessments say he is at risk of falls and there is no reliable family support. He cannot manage shopping on his own. wHoo Cares takes him shopping regularly and to ad hoc hair cuts and medical appointments. He has not been in contact with Adult Social Care for 12 months. He has not had any falls as he is staying mobile by going out regularly with a Community Supporter. If this service was not available it is very likely that he would have received a service to support with shopping. At his review, he said: “I haven’t been this happy since before my wife died” (and his wife passed away over 20 years ago).

- 2.2 The overarching focus of the CiCs is primarily on building sustainable community support (volunteers) by matching them with vulnerable people (both known and those not known to Social Care). In addition, the CiCs work to introduce people to the existing services in their area, along with support to access them as required, thereby establishing strong relationships that strengthens neighbourhoods and builds resilient communities.
- 2.3 These programmes support the delivery of Medway Council's plan of supporting people in Medway to realise their potential, working in partnership with communities and the Health and Wellbeing Board's theme of Developing Healthy and Active Communities.
- 2.4 It also supports Medway's vision for Adult Social Care to support the people of Medway to live full active lives, to live independently as long as possible and to play full part in their local communities.
- 2.5 Both organisations established themselves in their communities and operate in strong partnership with other local groups and organisations. For example, combining volunteers from St Peter & St James' church (Pips and Jims) in Walderslade with WALT volunteers, it was possible for a carer to go for a week's respite break. Her husband knew all the volunteers and the week went really well. For the first time she was confident to leave him and was very pleased with his positive state of mind when she returned.
- 2.6 The process in which support is arranged is that the CiC will arrange for a life planning meeting(s) to take place with the Community Life Planning Co-ordinator. Our Community Life Planning Co-ordinator will meet with an individual and assist him/her to identify things that will make a difference in his/her life and promote independence. Working together, a person-centred life plan is created. We will match the individual with volunteers who will work in partnership with that person to achieve the goals identified in the Life Plan. We will continuously monitor, review and evaluate to ensure the best outcome for that individual.

Scenario 3 EF is carer for her husband and struggling to cope with the demands of her role as a carer. She declined traditional agency support. A referral was made to wHoo Cares. Following life planning and a better understanding of her needs, she was assisted to find a local cleaner and introduced to someone at her local library. She now feels confident enough to go by herself. Her comments "I feel very happy that this is resolved and get to read again so don't need a befriender!" " She has also been given ad hoc support to get to hospital appointments.

- 2.7 WALT and wHoo Cares have also created events in their local area to link people too i.e. Smart Shopping, Healthy Eating funded by Involving Medway, a Time to Talk (Peer Support Group) funded by Medway CCG at the Net, a weekly coffee morning and chair based exercise class (in partnership with The NET Community Hub), Rollator Dance Classes at the Walderslade Social Club funded by Comic Relief and Big Lottery Reaching Communities Fund. WALT have supported all three strands of the Involving Medway initiative through Smart Shopping Healthy Eating via Small Grants scheme, implemented Time Credits with Volunteers and members and through our Community Health Researchers, who have been participating in a significant amount of community research for the CCG. This has included 15 interviews and 4 panels at community consultations providing invaluable feedback to the

CCG. wHoo Cares supported Rural Kent to promote a coffee caravan morning in Hoo that offers information and advice to communities.

- 2.8 One of the unique aspects of WALT and wHoo Cares is that community supporters (volunteers) are matched to the people they support which results in strong, sustainable relationships for both the volunteers and those being supported. This in turn ensures longevity in volunteering.

Scenario 4 GH – Feedback from one carer: *My husband really likes going out with his volunteer. The carer didn't know how much longer she could cope as husband's condition was deteriorating. She further said: (his volunteer) is really patient and gets on with him really well. When (her husband) goes out I can feel I can potter around and take some time to work in the garden that I love.*

- 2.9 Both CiC's also offer and deliver a comprehensive training package for all their volunteers. This gives confidence in the quality and ability of volunteers.
- 2.10 WALT and wHoo Cares measure their impact by using WHO- 5 Well-being Index, Duke Social Support Index and Goal Attainment Score (GAS) that provides evidence of their impact and the quality of community support they offer.
- 2.11 WALT and wHoo Cares have now been supporting individuals within their communities for 16 months and are in a position to discuss new partnerships with other organisations (other than ASC). The discussions will focus on how their unique approach to community support can benefit organisations to achieve their identified priorities.

3. Advice and Analysis

- 3.1 In the 1st year WALT trained 25 and wHoo Cares 29 volunteers and this active volunteer pool is ever growing. Combined, both CiCs have provided individuals with over 2500 hours of support in the first 16 months. Both CiCs have demonstrated an ability to retain and also attract new volunteers, with some volunteers offering more than the national monthly average of 11.5 hours in any given week. The permanent and full-time role of a Volunteer Co-ordinator is vital in ensuring volunteer based services can be maintained.
- 3.2 Requests for CiC support are received via referrals from Social Care, health services including care navigators, physiotherapist, MCH, friends and family and self referrals. This open referral system makes the CiCs accessible to the whole community and all services. To date, the majority of referrals have been from ASC but WALT and wHoo Cares are keen to explore referrals from health services and to discuss and agree outcomes attached to referrals, for example, reducing the number of did not attend appointments.
- 3.3 The benefit of the way WALT and wHoo Cares operate is that they tailor their support to the individual i.e. some people need ad hoc support whilst others require more frequent contact. They build and maintain relationships with individuals and the community. This often results in continuous engagement with normally, hard to reach individuals.

Scenario 5 : Referral to WALT who completed life planning and supported IK to attend: the time to talk peer support group; the fibromyalgia support group; Monday morning coffee morning; Smart Shopping Healthy Eating course; Rollator Dance; outings organised by WALT and Supported to Attend a friends' wedding out of area. IK previously experienced difficulty in social situations and often became alienated from various community activities. IK is now making appropriate connections with other people in the community receiving peer direction and support in a safe environment to manage her socially unacceptable behaviour (due to Learning Difficulties). IK has improved her social skills dramatically even supporting other members from the community on a regular basis. She is now ready to be linked to do shopping with a community supporter. As result of WALT interventions and through discussion with ASC officer it was confirmed that she was also entitled to day centre support. IK has chosen not to attend but rather engage with WALT's various activities. IKs morning calls have now been cancelled due to receiving adequate support from WALT.

3.4 Of the support provided, befriending represents the most used type of support followed by support and transport to attend health appointments (see below table). The need for assistance with transport highlights the issue of unavailable accessible transport in both areas.

Support (Sept 2016 – December 2017)	wHoo Cares	WALT
Befriending at home (incl telephone)	682.74	159.25
Befriending in Community/Drop-in Befriending	9.5	383.25
Access Community	93.50	182.75
Health Appointments	26.25	135.75
Foodbank	NA	30
Community Events	Not counted	285
Meals	26.45	N/A
Shopping	7.75	155.25
Practical support	52.44	47
Transport	303.41	
Transport – Shopping	136	32.75
Transport – Community	65.5	64
Transport – Health Appointment	47.07	120
TOTAL	1450.61	1595
SUPPORT Specific from staff		
Life planning	277.12	425.15

3.5 There are also opportunities for WALT and wHoo Cares to build on the current range of support by exploring the potential with the Council and the CCG to develop support in some of the following areas:

- i. Reducing the numbers of 'did not attend' health appointments through personalised community support;
- ii. Supporting uptake of annual health checks in primary care for Learning Disability patients from these areas. The CICs can also help identify why uptake is low, if it is. This will assist with future planning.
- iii. Agreeing outcomes on pathways of frailty/COPD/Diabetes and mental health to support primary prevention;
- iv. Helping to support more effective discharges from hospital and working in alignment with the current programme of Home First and or the launch of the frailty pathway.
- v. Preventing early admission to hospital.
- vi. Support the outcomes of the Transforming Care programme for people living with learning disabilities;

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Financial	WALT and wHoo Cares are unable to afford repayments and the Council is forced to make these by guarantee	Refocusing existing business plans. Financial forecasts include obtaining external grant funding and projections of potential community dividends	Medium
Quality Assurance	WALT and wHoo Cares do not provide high quality support to vulnerable individuals	High quality volunteer induction, screening and training programmes. Due diligence with Medway Social work teams. Ongoing reviews and feedback from community.	Low
Reputational Risk	Council perceived to not honour its intentions in the Council Plan in supporting resilient communities and the Adult Social Care Strategy, which supports the development and extension of the DERiC programme.	Financial guarantee is in place to evidence intention. Close joint partnership working between CiC's, Medway Council and Health.	High

Sustainability	The success of the DERiC programme is dependent on the identification of cost avoidance savings within health and social care and reinvestment into the programme.	Identification of robust measurements evidencing the impact and savings generated via the DERiC programme.	Medium
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5. Consultation

- 5.1 The WALT and wHoo Cares CICs feature a high level of ongoing consultation and engagement with the communities they operate within. WALT has a small team of Community Health Researchers trained through the Involving Medway initiative. Both organisations have worked with the Involving Medway Project and other organisations to consult on various issues.
- 5.2 Board membership consists of local community members on a rotating basis, and Council representation. Future plans will involve engaging with health partners operating within the CIC areas.
- 5.3 Annual General Meetings are held for both areas and these will be actively engaging with a wide range of local people and organisations.

6. Financial implications

- 6.1 WALT and wHoo Cares Boards have secured a formal loan of £150K per CiC administered by DERiC on behalf of Big Society Capital. This covered the initial staffing costs, set up costs, and other expenses. Both CIC's are required to repay the DERiC loan over a 6 year period through a combination of income generation derived from external grant funding and community dividends generated from achieving cashable savings on existing social care and health costs.
- 6.2 Medway Council Cabinet agreed on 5th April 2016 to act as Guarantor for the loan from DERiC to each CiC (WALT and wHoo Cares). A side agreement is in place for each CiC, drafted by Medway Council's legal team. As a result WALT and wHoo Cares Loans were in place from May 2016.
- 6.3 Arrangements exist between Adult Social Care and WALT and wHoo Cares outlining requirements that must be satisfied to provide base payment funding and dividend sharing arrangements. Evidence is provided via quarterly reports, presented five weeks prior to each meeting and verified through an agreed process.
- 6.4 The financial benefits to the Council for the first 3 years of operation were expected to be around cost avoidance in the form of preventing and delaying the need for support packages funded by the Council. It is also possible that support packages will be less intensive if and when they are required.
- 6.5 Additionally from around year 3 onwards it was envisaged that the Council would see a cashable saving as a result of the savings generated through reductions to council funded care packages. There will need to be further

negotiations regarding the ratio of how any savings achieved are split between the Council and the CiCs.

7. Legal implications

- 7.1 As the CiCs are providing social care services for the benefit of vulnerable people and their carers in the Council's administrative area, the Council has a general power of competence to guarantee the CIC's obligations under the loan agreement in furtherance of its social care functions. A certificate under the Local Government (Contracts) Act 1997 is provided to certify that the agreement is lawful.

8. Recommendations

- 8.1 The Health and Wellbeing Board are asked to note the progress of WALT and wHoo Cares to date and to consider the further opportunities to build on the range of support offered.

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Appendices

None.

Background papers

None.