

Open Report on behalf of Dr Tony Hill, Executive Director of Public Health and Community Wellbeing

Report to:	Adults Scrutiny Committee
Date:	28 October 2015
Subject:	Wellbeing Service - First Year Evaluation

Summary:

To examine the first year of the Wellbeing Service being in operation, highlighting areas of high performance and areas for improvement. The report considers future recommendations and project developments, whilst aiming to continue to deliver a high performing service during times of funding uncertainty, to the population of Lincolnshire.

The report also looks to inform future recommissioning intentions whilst also informed negotiations with partners regarding the extension of the current provision.

Actions Required:

The Adult Scrutiny Committee is asked to consider and comment on the progress of establishing a multi-agency Wellbeing Service for adults in Lincolnshire.

1. Background

An evaluation report of the Wellbeing Service (WBS) has now been completed. The intention of the evaluation was to undertake an assessment of the WBS following the first full year of implementation (from 1st April 2014 to March 2015) and has looked at the processes and systems as well as the outputs and outcomes. It looked to inform future re-commissioning decisions in regard to the services and to inform negotiations with the current providers for improvements and efficiencies to the services during the third year of the contract.

Lincolnshire WBS was launched as a new service to promote confidence in living independently and ensure that the authority is compliant with the Care Act 2014, which places a huge emphasis on preventative care, rather than reactive care. Services include offering simple aids to daily living, minor adaptations, Telecare, a response service, Home from Hospital and short term (six weeks) generic support. The service is delivered by Lincolnshire Independent Living Partnership (LILP) consortium in the districts of South Kesteven, South Holland, Boston, City of

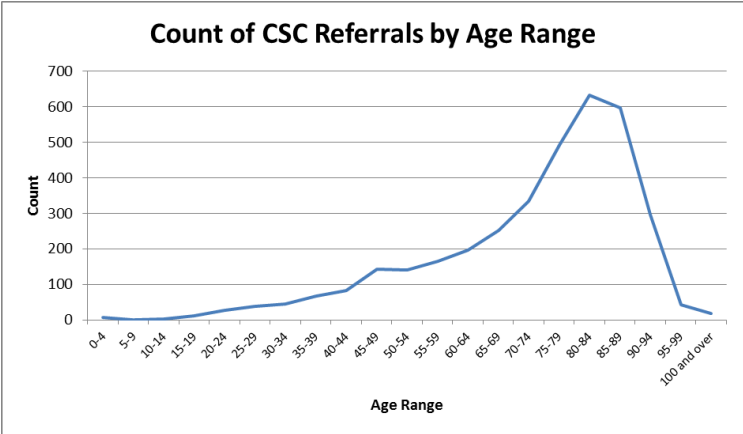
Lincoln and West Lindsey. East Lindsey District Council (ELDC) and North Kesteven District Council (NKDC) are two other providers, independent of LILP and they deliver their own WBS in their respective districts. In addition, there is a countywide monitoring centre for Telecare and community alarms provided by Mears Care Ltd with the above providers.

To receive the service, a person needs to be aged over 18 and meet three of 11 triggers, including recent hospitalisation, bereavement, isolation or a fall in the home. Many parts of the service may be available free of charge while others cost a small regular fee. Referrals are made to the Council’s Customer Service Centre (CSC) who perform an eligibility check and make a referral to the providers Wellbeing Trusted Assessors, who visit the client to determine their needs in more detail and explain more about the service options available to them.

The WBS was designed to increase the number of people who are able to live independently with support and technology in their own home. By providing more proactive, integrated, quality care delivered through multi-disciplinary working it was assumed that the service could create a reduction in attendances at A&E, emergency admissions, entry into Adult Care and length of stay in residential care. The theoretical basis of joining up information and advice services and making equipment, minor adaptations and assistive technology available quickly on a low level preventative basis, the outcome will be that people avoid coming into high cost statutory services and limiting the number of inappropriate hand-offs for the individual.

The evaluation has assessed a number of areas:

- Service transition from Supporting People to the WBS. This mobilisation period was more extensive and complicated than expected. 2,684 reassessments were undertaken across the three providers: LILP 1949, NKDC 505, and ELDC 60. For the new provider, LILP, the scale of the reassessments has adversely affected performance generally. The district providers had a better transition from old to the new.
- Referrals – 3,683 referrals were made into the CSC, with 96% being eligible for a service. The majority of the client group are 75-84 years old. Two thirds of referrals are female and there were very low numbers of 18-25 year olds.



715 referrals (19%) declared they had been referred to other services, e.g. Adult Care, District Nursing, and Physiotherapy, of whom 49% were in receipt of services.

	NKDC	ELDC	LILP	Total
New Referrals (% of Total)	734 (20%)	1,010 (27.4%)	1,939 (52.6%)	3,683

- Triggers – there are major and minor triggers:

Three or more types of prescription medication being taken	86.5%
Experiencing feelings of isolation and/or experiencing feelings of depression or anxiety	84.6%
Limited social support networks	78.3%
Unable to manoeuvre around the home safely	69.9%
Social support systems and relationships cannot be sustained	59.8%
A fall in the past three months (either at home or away from the home)	56.6%
Bereavement of spouse or partner within the past year	51.3%
Hospitalisation within the past six months	44.7%
Family and social roles and responsibilities cannot be met	43.3%
The individual's unpaid carer cannot fulfil roles and responsibilities	33.4%
Work or education cannot be sustained	17.2%

Further analysis is underway to determine where there are common clusters of triggers.

- Performance – measured through assessment, response and completion times for the various products. In terms of assessments and short-term interventions both ELDC and NKDC performed well. LILP's performance was less than expected. An assessment highlighted poor performance in Quarters one and two for LILP due to the high number of re-assessments of existing clients into the new service and the limited capacity to respond. Variations in performance are being analysed further.
- Telecare – 3,985 referrals were made (some multiple referrals within the timeframe) and with the additional Wellbeing reassessments there were 4,182 installations for 2014/15. Performance across providers is described below:

Performance Target	ELDC	NKDC	LILP
% of urgent telecare installations completed on or	92% (68/74)	79% (42/53)	69% (208/303)

before planned installation date			
% of non-urgent telecare installations completed within 5 working days	85% (350/411)	84% (485/577)	77% (1032/1346)

Telecare processes and systems have been a substantial component to the WBS. The change from old to new contracts has generated challenges across the dual-run, multi-agency services, which still need to be resolved.

- Generic Support – data systems have been constructed to report upon assessment and completion times:

Service element	NK	EL	LILP
Assessments 5 Days of Referral	80% (571/717)	88% (736/832)	67% (252/375)
Short-term intervention – start 10 days of assessment	96% (699/728)	97% (805/832)	40% (211/523)
Short-term intervention – end 6 weeks of start	80% (407/506)	100% (788/788)	42% (146/344)

An example of the type of support offered:

A resident of Lincoln was referred to the WBS for support following the loss of his Employment and Support Allowance (ESA) benefits and mounting debt. Mr H has disabilities (with Personal Independence Payments), medical conditions (physical and mental health) and agoraphobia.

The ESA appeals process had overwhelmed the client leaving him without income, food, electricity and increasing levels of ill-health and depression. Actions taken with the client:

- Lincolnshire Community Assistance Scheme (LCAS) support re: access to food parcels and electricity vouchers
- Engagement with the client's GP to manage medications and pain management. A letter of support for an appeal to HM Courts and Tribunals Service (HMCTS)
- An appeal to HMCTS
- Communication with debtors and an agency supplying an expensive contract for a mobility car (that utilises the bulk of the Personal Independence Payment [PIP]).

Outcomes after four months of support:

- A successful appeal re: ESA resulting in over £2,000 benefits arrears paid
- Outstanding debts paid off
- Mobility car contract concluded without charges
- Better medications management
- Improved mental health and wellbeing

- Wellbeing Response – 794 clients utilised this fee based service. 713 service users activated a Wellbeing Response call out. 93% of responses were attended in less than 60 minutes. Peak times for response calls are 5 am, 11.30 am and midnight.
- Home from Hospital – Home Safe is the transport and resettling service for isolated individuals with no support at home. 316 users utilised the WBS component between July 2014 and April 2015. In comparison, 2,913 use the transport-only service. The volume of the WBS component is low (and costly).

Providers utilise an outcomes survey to capture client satisfaction and expressed outcomes. 3,331 outcomes have been reported (multiple outcomes are possible), including the generic support components:

Outcomes	Achieving Outcomes
Did the client need assistive technology/aids and adaptations to maintain independence	820
Did the client need support to maximise their income including receipt of the correct welfare benefits	501
Did the client need support to establish contact with external services/groups	447
Did the client need support to better manage their physical health	428
Did the client need support in developing confidence and ability to have greater choice and/or control and/or involvement	409
Did the client need support to better manage their mental health	208
Did the client need support to participate in leisure/cultural/faith and/or informal learning activities	158
Did the client need support to reduce their overall debt	83
Did the client need support to establish contact with friends or family	59
Did the client need support to secure/obtain settled accommodation	59
Did the client need support to maintain their accommodation and avoid eviction	45
Did the client need support to participate in training and/or education (participated in training/education)	39

An exercise has been undertaken to assess the potential impact on Adult Care of the WBS. Adult Care and Public Health staff have sought to analyse any differences between people who were ineligible for Adult Care services but were given "information and advice" and then came back into Adult Care in a short period of time after this point (pre data 2013/14); against people who had gone through the WBS and subsequently been referred to Adult Care in a short period of time after the Wellbeing referral (post data 2014/15). The outcomes of the analysis are as follows:

- Data Set 1 (pre 2013/14) - following information and advice being given:
 - 824 people came back to Adult Care

- 428 clients (52%) went on to receive 936 services
- 396 received no services (48%)
- Data Set 2 (post 2014/15) - following referral to WBS:
 - 409 people returning to Adult Care
 - 185 clients (45%) went on to receive 354 services
 - 224 received no service (55%)

243 less clients in receipt of services.

This suggests that the introduction of the WBS has reduced the number of people returning to Adult Care.

The WBS contract is to be extended to March 2017.

2. Conclusion

The Wellbeing Service has been in place for one year now and has engaged with 34% of the estimated audience who may have qualified for the service. There are variations in the process and systems for the variety of services available.

Performance is being monitored and the analysis underway has identifying delays in the mobilisation and the early implementation phases of the services. Outputs and outcomes are promising for the majority of the work areas. The models of service provision will be reviewed and will form the basis of any service improvements / recommissioning.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

None

5. Background Papers

The following background papers were used in the preparation of this report

Document title	Where the document can be viewed
Full Wellbeing Service Evaluation	Please contact Simon Evans, Health Scrutiny Officer on 01522 553607 or at simon.evans@lincolnshire.gov.uk

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