

**Open Report on behalf of Glen Garrod
Executive Director - Adult Care and Community Wellbeing**

Report to:	Adult Care and Community Wellbeing Scrutiny
Date:	4 September 2019
Subject:	Wellbeing Service - First Year Update

Summary:

The Wellbeing Service was recommissioned by Lincolnshire County Council and successfully went live on 1 April 2018. The service is delivered by Wellbeing Lincs, a consortium of all seven district councils, as described in the previous report to this Committee on 28 November 2018. East Lindsey District Council is the contracted lead provider.

The service is available to individuals aged 18 years and over who are resident within Lincolnshire and meet the eligibility criteria. The Wellbeing Service is designed to promote confidence and resilience to support individuals to live independently for longer. Following assessment, the range of services offered includes individualised generic support, simple aids to daily living, minor adaptations, 24-hour responder provision and signposting.

The contract started in April 2018 and ends in March 2023 with the opportunity to extend for a further five years pending review.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is asked to note the performance of the first year of the new delivery model of the Wellbeing Service.

1. Background

The Wellbeing Service is available to eligible Lincolnshire residents aged 18 years and over. Provision of the service contributes to the following outcomes for individuals, their families and the wider community:

- timely support which enables and empowers people to live healthy independent lives;
- reducing or delaying escalation into more costly health and care services;
- coordinating and simplifying the process for a person to access the help required, when they need it, in order to remain safe and well in their home;

- increasing the number of people who are able to live independently with support and technology in their own home;
- providing proactive, integrated, quality care delivered through multi-disciplinary working which has the potential to generate a reduction in attendances at A&E, emergency admissions, and length of stay in residential care; and
- improving or preventing the deterioration of service users health and wellbeing and overall quality of life.

The new service is one of the Council's primary methods of discharging its prevention duty under the Care Act 2014, which specifically aims to promote wellbeing; prevent, reduce and delay need; and provide information and advice where appropriate.

The Wellbeing Service consists of the following six components:

1. Assessment.
2. Generic Support - providing up to a maximum of 12 weeks personalised interventions based on the customers self-identified needs during their assessment.
3. Hospital and Care In-Reach - developing effective referral mechanisms to integrate the service into Lincolnshire's hospitals and evolving health and care landscape, supporting discharge pathways and service navigation.
4. Small aids and Adaptations; supporting the provision and/or installation of simple aids and adaptations purchased by the individual based on their assessment and customer choice.
5. Resettlement; a service which meets individuals upon their return home following a stay in hospital or care facility, ensuring initial needs are met and facilitating access to wider service support as appropriate.
6. Telecare Response; a 24 hour response service to telecare alerts where the customer registers and pays for the service. Telecare response provides support to customers needing assistance including those who have fallen, utilising lifting equipment to assist where appropriate.

Referrals are screened for eligibility, using the criteria outlined in Appendix A, predominantly via the Customer Service Centre.

Analysis of the first year of referral and eligibility data has highlighted:

- 6,400 referrals received during the first contract year.
- 99.3% of individuals were eligible for the service following screening.
- The most commonly met eligibility trigger across all customers was difficulty managing a long term condition, identified by 73% of individuals. This was closely followed by stress and low level mental health concerns (71%) and challenges with mobility (70%).
- Across age range 18 to 69 the key eligibility indicators were stress and low level mental health concerns (84%), difficulty managing a long term condition (75%) and issues with managing money (65%).
- Whereas for customers aged over 70 mobility challenges were the highest criteria met (78%), followed by long term conditions (66%) and stress related problems (57%).

All eligible individuals are referred into the East Lindsey District Council Wellbeing Hub, via Mosaic, for initial triage before allocation for a full assessment. The strengths focused assessment process enables individuals to self-identify the aspects of their health and wellbeing that could be improved. The service seeks to supports individuals to achieve positive change across the following key outcomes areas:

- managing money
- participation
- social contact
- physical health
- mental health and wellbeing
- substance misuse
- independence
- staying safe

2. Performance Summary

The Wellbeing Service contract is managed by the Commercial Team - People Services. Contract management meetings are held on a monthly basis to review the performance of the provider against the key performance indicators that measure service user outcomes and service timescale targets. A recent audit deemed this approach to contract management as providing high assurance to the Council of the 'robust monitoring of performance and data analysis of the contract'.

Over the last 16 months performance has consistently demonstrated a positive impact on service users' health and wellbeing. In 2018-19, 96% of customers were successfully supported to achieve an overall improvement in their outcomes, evidencing a high level of service user achievement.

Highlights in the first year of service delivery also include:

- 97% of individuals referred into the service in 2018-19 did not go on to receive long term funded support from adult care in this period.
- Continued growth in referral numbers indicating the service is well embedded within local communities with 6,400 referrals received during the first contract year. The last quarter of 2018-19 saw referrals rise above projected volumes (29 per day) with an average of 32 per day maintained into 2019-20.
- 3,166 individuals supported to increase their independence representing 94% of all those seeking an improvement in this area.
- 2,602 individuals supported to manage their money and/or debt more effectively, which equates to 91% of those identifying this need.
- 1,546 individuals supported to increase their social contact, and/or reduce social isolation; 89% of those requesting this input.
- Strong working relationships established with statutory, commissioned and voluntary services leading to over 330 teams and organisations making referrals to Wellbeing Lincs so far.

- Provider-led analysis of referral volumes, distribution and sources; enabling evidence based service development decisions whilst demonstrating equitable countywide access.
- Wellbeing Lincs being shortlisted for a *Local Government Chronicle Award* in the Public/Public Category only nine months into service delivery. The award sought to recognise public sector bodies and councils joint working initiatives that drive service improvements and/or improved efficiency.

Wherever areas for development have been identified over the last 16 months the service has consistently been responsive, transparent and undertaken a collaborative approach in working alongside the Council to drive forward continuous improvements. Challenges for the service to date have included:

- Consistently meeting service timescales targets for assessment and generic support. This was predominantly due to the legacy of embedding transitioning staff into the new service ethos and ways of working. To improve this Wellbeing Lincs has invested in coaching and brand consultants to work with the teams to drive a one-service culture and increase productivity. Internal structural changes have also been enacted to reinforce this work which has positively impacted on intervention timescales in recent months.
- Utilisation of the resettlement element of the service with in-reach staff experiencing considerable challenge in sustaining referrals from within hospitals. This is largely due to the high turnover of staff within the wards making embedding this pathway ineffective. In response Wellbeing Lincs is reviewing both the hospital in-reach role and resource allocation to re-position its focus in the urgent care landscape to maximise opportunities to embed resettlement as a key component of discharge planning options.
- Consistently achieving the 45 minute response service target across a predominantly rural county. Successfully establishing the service was initially hampered by the disparity between the transitioned customer base and TUPE staff numbers and working locations. The service initiated a consultation with staff to amend their allocated work bases underpinned by intelligence from service demand and growth modelling to identify optimum locations. Working alongside commissioners, the provider also developed a strong partnership with Lincolnshire Fire & Rescue securing agreement for responding staff to be based in four retained stations across the county (Lincoln North, Horncastle, Spilsby and Billingborough). Co-location of staff began on 8 July; initial data indicates this change has led to a significant increase in performance with target levels now being achieved, thus allowing further opportunities for joint working with this key partner to be explored.

As part of the contract management process, case studies and feedback are submitted by the provider on a monthly basis. A small selection has been attached in Appendix B highlighting the individual impact of the Wellbeing Service interventions. The predominant themes of the case studies demonstrate how individuals are effectively supported both directly and through connections to community resources to maintain their independence and ability to self-care for longer.

3. Additional Service Successes

Whilst work has been on-going to improve the response times achieved, performance data shows the telecare response element is continually fulfilling its intended purpose; relieving pressure on emergency services and hospital admissions whilst ensuring customers receive appropriate support to prevent further deterioration and distress:

- 77% of all response call outs in 2018-19 have been to support customers following a non-injury fall or to attend to a no-response activation of a telecare alarm,
- 45% of all responses are for non-injury falls and are consistently the highest reason for dispatching a responder each month. In 2018-19 this equated to over 330 occasions when customers were supported following a non-injury fall at home.
- Responders also supported customers on over 60 occasions whilst awaiting an ambulance attendance, providing updates on customer's condition and offering reassurance.

The annual contract visit led by the Commercial Team in conjunction with Public Health commissioners took place in April 2019 and culminated in the Wellbeing Service receiving an overall 'Good' judgement for quality and contract compliance. Engagement with staff and observation of service delivery provided an extremely positive insight into customer experience and the holistic support provided to individuals in often complex circumstances. Recognition was given to the customer outcome measures which were consistently on or above target during 2018-19 despite the challenges of transition and increasing service volumes. Other key highlights included the clear commitment to service development, partnership working and strong governance through the Wellbeing Lincs Management Board.

4. Future Developments

Wellbeing Lincs is currently constructing an annual report to reflect the first year of delivery and promote the service offer. The first draft is scheduled to be completed by mid-August once all performance data is fully reported for 2018-19. The report will focus on the District partnership, the level and type of outcomes being achieved, falls response interventions, customer testimonials, partnership case studies and the impact on wider services. The annual report will be presented to the Executive Directorate Leadership Team in September.

Although summer is now here, work has begun in recent weeks to explore what Wellbeing Lincs can offer to support the winter pressure agenda for 2019-20. It is envisaged that this may include an urgent 'next day' assessment for those who have fallen and being responded to by the LIVES response service, alongside an urgent equipment provision for falls patients and developments to the telecare response service reach.

In addition, the wellbeing offer and presence in Lincolnshire hospitals will be enhanced by the co-located hospital link workers to enable the service to fulfil its current commissioned role and explore opportunities to support further prevention initiatives alongside health colleagues. Work continues with Pilgrim Hospital to base staff in their emergency department, who would directly track patients through the system and eventually into the resettlement service, reducing readmissions and subsequent costly packages of care.

In October, the Wellbeing Service will begin transition of its full case management system into Mosaic. This will allow assessments, support and equipment provision to be recorded more efficiently and facilitate information sharing between involved teams and services to benefit both individuals and wider partnership working arrangements.

5. Conclusion

The first year of the contract has shown many positive outcomes for service users with a continued theme of early intervention leading to de-escalation of need as individuals are empowered to remain independent for as long as possible. The provider has performed consistently well against performance measures and where needed, has been responsive to addressing areas of improvement whilst showing a clear commitment to service development, working in partnership with designated officers. The continued growth of referrals into the service demonstrates the need for the provision, as well as the successful working relationships the Wellbeing Service has established locally. The annual report due to be shared at the Executive Directorate Leadership Team in September will provide further detail and examples of the positive impacts this service delivers for the residents of Lincolnshire.

6. Consultation

- a) Have Risks and Impact Analysis been carried out? - No
- b) Risks and Impact Analysis – N/A

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Appendix A – Wellbeing Service Eligibility Criteria
Appendix B	Appendix B – Customer Feedback and Case Studies

8. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Rachel West, Senior Contract Officer, and David Clark, Programme Manager, who can be contacted on 01522 555690 or via rachel.west@lincolnshire.gov.uk and davidr.clark@lincolnshire.gov.uk.

Wellbeing Service Eligibility Criteria

The following criteria were put together using current evidence as predictors for future Adult Care and/or Acute Health and Care needs. By working with individuals who display with the risk factors it is predicted that we may be able to manage down demand into more costly statutory health and care services. To be eligible for the Wellbeing Service an individual must meet four or more of the following:

- Is over 65 years old
- Is unable to manage their long term health / medical condition
- Regularly visits the GP for the same medical condition or for non-medical reasons
- Has had an unplanned hospitalisation or A&E attendance in the last 90 days
- Has accessed social care services in the previous twelve months including: assessment, day care, home care, re-ablement or residential care services
- Has had a bereavement (spouse / partner) or divorce in the past twelve months
- Has had a fall in the past three months, either at home or away from the home
- Is unable to manoeuvre around the home safely
- Lacks social support and/or interaction with family, friends or carers, or feels isolated
- Feel stressed, depressed or anxious
- Is unable to sustain work, education, training or volunteering
- Is unable to manage money or is in considerable debt
- Has poor lifestyle management and behaviours which impact on their overall health and wellbeing.

Customer Feedback and Case Studies

Customer Feedback

'A genuine empathy and desire to assist without being patronizing - Wellbeing is a valuable service for those of us who have no clue as to how the system works' (October 2018)

'Many thanks; your web site is very informative. I have used your services for advice on how best to support my mother as she lives alone and has a life limiting condition. Your staff were excellent and went the extra mile making a big difference by clarifying what help I could get when needed' (February 2019)

The Wellbeing Service was highly praised; *'people finally listening and helping the person and seeing beyond the condition.'* (Fibromyalgia Support Group, February 2019)

'A professional team providing realistic advice about what a customer was entitled to and not.' (April 2019)

'Thank you very much to the Wellbeing team for their prompt and reactive help in relation to adaptations to enable my Dad to continue living independently' (May 2019)

'Thank you to your Response Service for the excellent help given to me following a fall. In particular I found it very comforting that a responder stayed with my husband until my stepdaughter was able to get here after I was taken to hospital, he is 92, has dementia and is not steady on his feet. Many thanks for the very efficient service.' (July 2019)

Case Studies

Response Service Intervention

90 year old response customer activated his telecare to advise he had fallen. Responder arrived within 8 minutes and found the customer on the floor, although unhurt. Responder cleared the area and successfully used the Mangar Elk device to raise the customer to his feet. The customer was assisted with emergency personal care and made comfortable before leaving and securing his property. The customer subsequently contacted the Control Centre later that evening to thank the service for their prompt response and the kind and professional way they had dealt with his predicament. The responder noted they had dispatched from their newly designated Fire Service work base in North Lincoln; previously it would have taken at least 30 minutes to reach this particular customer.

Generic Support Intervention

P was struggled with his mental health; he had recently lost both parents whom he had been caring for the previous 15 years. P is in his 60s and had multiple health issues of his own, requested help with sorting out his paperwork and help around the home. P identified as being very isolated and was using chat rooms to keep him company but they were costing a lot of money, he requested information about befriending services as an alternative.

Outcomes - P was supported to access bereavement counselling which reportedly helped him feel more motivated to get more on top of things around the home. The Wellbeing Service put him in touch with the Red Cross who supported with decluttering his home and befriending services. P is reportedly hoping to attend some community events in their area in the coming weeks after information provided by his Wellbeing officer. P was also signposted to a local organisation that is supporting him with organising his paperwork and correspondence.

Generic Support Intervention

S was struggling with getting out into the garden and has not long lost her husband who was her main carer. Her daughter had stepped in to the breach and was struggling with finances since becoming the main carer for S.

Outcomes - With support, an application has been made for a Blue Badge and Bus Pass which will help S when she would like to leave the property. An application has been made to pension's credit which will enable S to have enough money to support her living at home and manage her finances accordingly without getting into debt. Currently daughter has no income, with the advice and guidance; this has enabled her to make the relevant claims for carers allowance so she is able to afford to support her mother. Information was also been provided about Carers First to ensure there is no relationship breakdown in the caring role.

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