

**IMPACTAgewell**

**AN INTEGRATED COMMUNITY DEVELOPMENT  
APPROACH TO IMPROVING THE HEALTH & WELL-BEING  
OF OLDER PEOPLE**

**SHARING OUR LEARNING  
Year 4 Evaluation Update**

**(1<sup>ST</sup> APRIL 2017 – 31<sup>ST</sup> MARCH 2021)**

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# WELCOME

## IMPACTAgewell® Sharing Our Learning Year 4 Evaluation Update 1st April 2020 – 31st March 2021

Welcome to our Year 4 update to the IMPACTAgewell® "Share Our Learning" report first published in January 2020.

The 'Share Our Learning' report and the Year 3 update published in Nov 2020 captured our extensive action research evaluation based on datasets secured during the first three years of operation.

This report looks at the data from Year 4 and builds on results from previous years to provide an overview of savings to date. We would like to thank our funders The Dunhill Medical Trust for their continued support in this evaluation.

To view the full methodology, background to project and action research evaluation we would direct you to the link above which will take you to the full 'Sharing Our Learning' Report

<https://www.meap.co.uk/impactagewell2020>



IMPACTAgewell

# FISCAL RETURN ON INVESTMENT

Following an informed consent process with service users who received ongoing support, MEAAP secured data sets from the various partners, relating to each service user's personal use of unscheduled health and social care services over three time periods: Before, During and After the support.

By the end of Year 4 (March 2021), data sets for all three time periods were present for 407 service users. This data were then used by York Consulting Limited (YCL) to complete an economic assessment comparing the "costs to the state" for these service users with the cost of IMPACTAgewell®.

When the datasets were supplied to York Consulting in July 2021, IMPACTAgewell® had supported or had offered support to 1,758 service users (Table 1.1). However, the economic assessment requires a 'before', 'during' and 'after' record to be present in order that changes over time can be tracked. At the time of doing this work, all three records were present for 407 service users.

Category	No. of service users
Received one-off support only	759
Full programme of support completed	737
Currently receiving support	159
Pending assessment	103
<b>Total</b>	<b>1,758</b>

## COSTS

Due to the pandemic, costs in Year 4 decreased in comparison to those in Year 3 as the asterisk marked figures show in the table below.

Cost Category	Year 3	Year 4
Staffing	£100,385	£97,884
Professional	£33,349	£27,254
Offices	£9,006	£16,937
Travel	£11,957	£1,703*
Telephone	£3,	£2,730
Independent Chair	£4,000	£0
General PR & Postage	£588	£463
Monthly Hub meetings	£3,272	£0*
Meetings and Events	£464	£2,238
Alternative Care Prescriptions	£4,450	£14,444*
Stationery	£2,166	£856
Training	£1,049	£2,679
Insurance	£500	£870
Auditing and Bank Fees	£500	£1,496
<b>Total costs</b>	<b>£175,396</b>	<b>£169,554</b>

With the change from home visiting to telephone support you can see that costs for officer's mileage was hugely reduced. The restrictions on people entering GP Practices also meant that our bi monthly hubs are now carried out via zoom, which has proven a cost effective, more efficient way of communicating within our Hubs. Additionally we now receive the services of our IMPACTAgewell® Strategic Chair "in kind" from Community Health Development Network.

These savings have mostly been redirected into the IMPACTAgewell® Social Prescription Activity Packs. Our officers have been creating monthly themed packs which are then delivered in a safe socially distant manner. These were developed as a short-term replacement for the social activities which unfortunately closed due to the pandemic.

## ANALYSIS

To conduct their analysis they excluded service users who had no costs to the state in the 'before' period. This is arguably the fairest approach, as it only includes service users for whom a cost saving was possible. The analysis then tracks each of the service users through the 'during' and 'after' periods.

Table below shows the number of service users in each category (n=) and the change over time

Service users with a potential saving in the 'before' period								
Category	District Nurse Contacts	Domiciliary Care	A&E	Hospital Admissions	Hospital Bed Days	Primary Care	Prescriptions	Grand Total
Total cost – before	£13,920 n=106	£234,210 n=70	£7,812 n=82	£11,200 n=58	£151,929 n=54	£309,364 n=389	£325,277 n=405	<b>£1,053,712</b>
Total cost – during (adjusted to 181 days)	£14,306 n=74	£241,379 n=59	£3,338 n=28	£3,098 n=16	£47,886 n=14	£295,572 n=368	£310,374 n=403	<b>£915,952</b>
Total cost – after	£14,988 n=65	£265,147 n=60	£3,534 n=25	£2,940 n=13	£38,097 n=10	£265,204 n=359	£309,267 n=403	<b>£899,177</b>

So, we can see that the grand total in the after period is lower (by £154, 353) than in the "before" period. In other words, amongst those service users for whom a cost saving was possible given their 'before' data, the costs to the state / health service have reduced by £154,353.

Average number of service users with 'before' costs by cost category	
Category	Number of service users with 'before' costs
District Nurse Contacts	106
Domiciliary Care	70
A&E	82
Hospital Admissions	58
Hospital Bed Days	54
Primary Care	389
Prescriptions	405
<b>Average number of service users for all categories</b>	<b>166</b>



# ESTIMATING A RETURN ON INVESTMENT

Based on a cohort of 896 service users and a total (four-year) delivery cost of £699,505, the IMPACTAgewell® average cost per service user is £781.

If it is assumed that the service supports a broadly equal number of service users each year, then this can also be taken as the annual average unit cost.

## YEAR ON YEAR REDUCTION OF COSTS

### Year 4 costs £781

The average annual unit cost has decreased since year 3 £901 by 13.3%. This follows a similar line of decreasing costs since the start of the programme.

### Year 3 costs £901

The average annual unit cost decreased since year 2 £983 by 8.1%.

THE AVERAGE NUMBER OF UNIQUE SERVICE USERS WITH ANY COSTS TO THE STATE IN THE 'BEFORE' PERIOD (166) HAVE BEEN USED AS THE DENOMINATOR.

**TOTAL REDUCTION IN COSTS TO THE STATE = £154,535**

**NUMBER OF SERVICE USERS TO WHICH THE SAVINGS APPLY = 166**

**AVERAGE COST REDUCTION PER SERVICE USER IN THE SIX-MONTH 'AFTER' PERIOD = £931**

**AVERAGE COST REDUCTION PER SERVICE USER – ANNUALISED = £1,862**

**The estimated Financial Return on Investment is calculated by dividing the Average Cost Reductions to the Health and Social Care Costs per service user by the Average Delivery Costs per service user i.e.**

Average Cost Reduction per Service User (annualised) = £1,862

Average Cost of IMPACTAgewell® per Service User (annualised) = £781

**THIS MEANS THAT FOR EVERY £1 INVESTED IN THIS SERVICE £2.38 WAS SAVED. (OR A NET OR ADDITIONAL £1.38 WAS SAVED)**

It is important to note that it is unlikely that all of the savings are directly attributable to IMPACTAgewell®. However it is equally important to note that the data does not give any indication of the preventative effects of IMPACTAgewell® for which some savings in terms of unscheduled care are likely to have occurred but are difficult to accurately calculate.

# SOCIAL DETERMINANTS OF HEALTH THEMES

Since November 2020, the IMPACTAgewell® Team followed the themes of My IMPACTAgewell® Plan, My Home, My Health, My Wellbeing, My Community, and, My Future to tap into the main Social Determinants of Health (SDOH) which were emerging within the needs of our ageing population.

From every referral into the project we capture the main Social Determinants of Health theme in the actions which were carried out on behalf of the older person to allow us to gather this information to tailor and develop our work in the future.

Further than that we have also developed subcategories from the main themes to enable us to dive deeper into the needs emerging from our work.

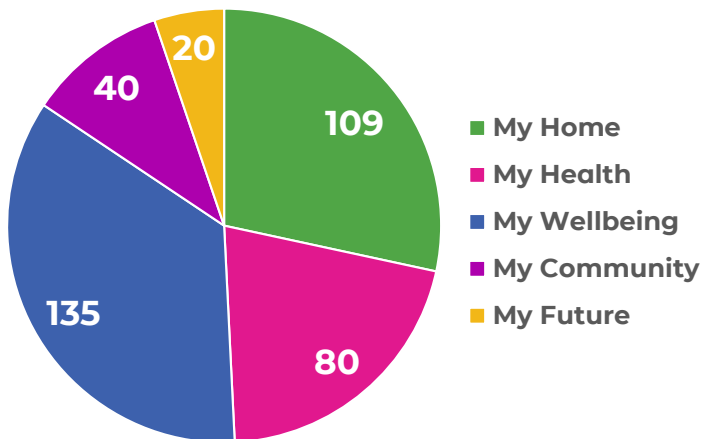
In the first year of tracking the needs of the older people in our community the following was uncovered;

'My Wellbeing' would include subcategories such as Self Care, Mental Health, Financial Help, Life Changes and Relationships. From those categories keywords such as addiction, anxiety, Isolation and Carers support are some which have been highlighted.

The second most common need identified was 'My Home' a theme which relates to home safety, aids/adaptions, energy efficiency, poverty and home maintenance, From those categories keywords such as cleaning, falls, hoarding , and scams are some which have been highlighted.

One of the lowest identified needs was 'My Community' which includes the subcategories of Transport, Community Groups, Neighbourhood and Crime Prevention and keywords like Digital Inclusion, Community Transport and Ethnicity.

## Number of Actions Carried Out



We feel that this result from our sample highlights strongly the need for the work that has to be carried out to shore up the community and its assets to ensure that we continue to reconnect our older people with their community and shore up these vital smaller groups.

From this breakdown we can see that 'My Wellbeing' came out as the most actioned need identified by our service users. Under these headings we developed subcategories and key words which will enable us to delve deeper into the needs of the community in the coming years.

### SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Source: NHS Health Scotland

# COVID-19 - THE EFFECT OF THE PANDEMIC ON THE PROJECT

Due to the COVID-19 pandemic, many of the GP appointments recorded in the Year 4 data have taken place via telephone or video call rather than face-to-face.

The effect of this on the results of the cost saving analysis – and indeed the effect of any reduction in GP appointments as a consequence of the pandemic – will be negligible.

GP appointments are, in themselves, low cost when compared with the more influential variables in the analysis, namely community care and hospital stays. Even a relatively large increase or decrease in the number of GP appointments recorded in the data will have only a marginal effect on the overall results.

The delivery of the project however was completely changed by the crisis and we found ourselves having to adapt very quickly.

Vignettes from our service users to show the impact of our project and the outcomes for older people.

During this time of crisis these case studies showed how older people coped during this time.

## EMERGENCY RESPONSE

IMPACTAgewell® as an official project was stood down from 23rd March 2020 until the 3rd May 2020.

Our team were redeployed to our emergency response team answering 1150 emergency calls from older people in isolation and in need of essential services and volunteer help during the first 6 weeks.

Despite this change of role we continued to screen for IMPACTAgewell® clients and processed 87 referrals during that time and reviewed 161 active cases. We also worked closely with our PACT and CDHN partners to coordinate a mass delivery of prescriptions to isolated older people through a volunteer network.

Because no official project delivery work took place during this six-week period, it is possible that the outcomes for some service users may not have been as positive as under a business-as-usual scenario. Were that the case, it is also possible that a business-as-usual scenario would have generated a higher return on investment. However, it is very difficult to state with any confidence the extent to which this holds true in practice.



**"I just want to let you know that you have made a difference to us that is difficult to explain but to know that someone cares about us and has helped us made us feel more hopeful during this time. My husband has taken on a new lease on life that I could not achieve but it coincides with our contact with you so I blame you (smiley face). That is something I can't put a price on and I am so glad I filled in that first form. I think we both feel more positive so I would like to give you a very big thank you." IMPACT 543**

MEAAP have worked hard to provide our members & local community with support as part of our COVID-19 Emergency Response.



## Our response over the six weeks...

(23rd March 2020 – 3rd May 2020)

### Opening hours extended for telephone enquiries

We opened Monday – Sunday 9am to 9pm for telephone enquiries



**1,502** calls answered, including **80** over the Easter Bank Holiday weekend



**1,055** successful calls made

**216** additional voluntary hours provided by our staff team



**161** active IMPACTAgewell® cases reviewed

**160** individuals & **32** local groups have agreed to volunteer



**149** People have received support with prescriptions, groceries and dog walking from volunteers

**71** referrals to Good Morning Services for telephone befriending



**87** potential new IMPACTAgewell® referrals identified



**10** COVID-19 Advice text alerts funded by MEABC PCSP issued

**58,000** flyers delivered to each household in partnership with MEABC

**7** Community Pharmacies signed up for mass deliveries via CDHN project

**3,000** letters sent to our members along with scam awareness advice

**8** Pocket Hugs sent

**686** prepared meals delivered

**15** emergency key safes fitted

**3** Doorstep Bingo Sessions benefitting 70 people

We owe a huge thank you to our funders, existing and new, who have given us the support and space to redesign our services to continue supporting older people throughout Ballymena, Larne & Carrickfergus. MEAAP are returning to a 'new' norm, with plans to include telephone based Health & Wellbeing Planning, Doorstep Social Activities, At Home Activity Packs, Counselling Support and much more.



Contact MEAAP on  
**028 2565 8604**

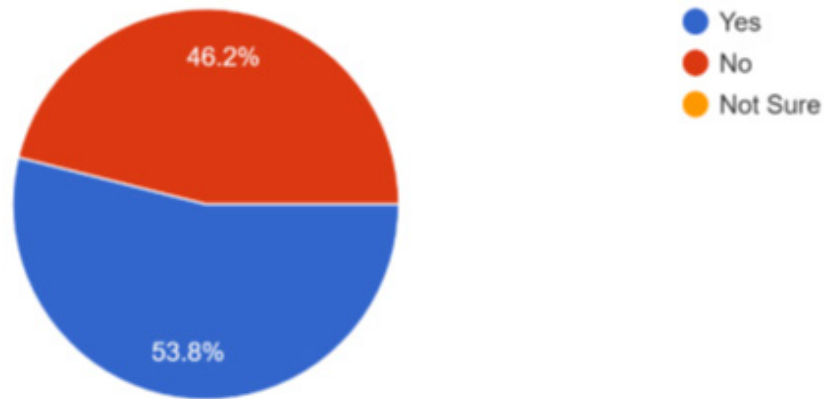
**f** **t** **@meaapni**

# OUR CHANGING COMMUNITY LANDSCAPE

During the initial phase of the pandemic we witnessed the relative collapse of the local community group network, effectively cutting off lines of connecting our older people to the community.

Has your community group been active during the pandemic?

65 responses



\* August 2021 MEAAP Community needs consultation of registered MEAAP Member Groups

The community groups who remained in operation concentrated their efforts on

- Delivering food packs
- Zoom meetings
- Coordination of Volunteers
- Phone calls

Our officers had to find innovative ways of reconnecting our older people, enabling them to access online activities, events and provide activity and purpose for them through themed activity packs.

Working with partners we developed packs which encouraged physical movement, cognitive agility, creative pastimes and nutrition and hydration information. Officers were able then to visit clients on their doorstep and replace their previous social prescriptions to community groups with a worthwhile pastime.

**"I've always been the strong one... the one others depended on ...until I lost my husband . You all came along at a time when I had no strength and were there to help me. I know that I am still grieving and still have more bad days than good days but I feel that I've come on from where I was. I can't thank you enough for all that you've done for me."**

IMPACT 658

**"The activity packs were greatly appreciated by one couple. They enjoyed the afternoon tea pack and the gentleman built the small bird house kit and passed this onto his grandson. They both learned the importance of keeping well hydrated and using our reusable water bottles to keep topped up!"** IMPACT 543

# COVID-19 AND MENTAL HEALTH



From early March 2020 we started to hear from our older adults about their fears and anxieties around the COVID-19 media reports and from their loved ones about the dangers of the virus.

As the weeks and months went on, staying at home protected older people from catching the virus however it increased the risks of other health issues, e.g. risk of falls from low mobility, worsening of long term health conditions and the impact of the psychological stress of loneliness and isolation.

Quickly we knew we had to quickly expand and adapt our services to address the issue of mental health support. MEAAP colleagues were successful in applying for funding from The Legal & General COVID-19 fund to establish our own counselling service from 'LEAD Counselling' in September 2020, since then 150 sessions have been carried out. More funding was secured to continue this vital service from Mid and East Antrim Borough Council in January 2021.

Creating this pathway to an independent counselling service has created a critical pathway for our partners in IMPACTAgewell® at a time when mental health services are under immense pressure.

In Summer 2021 the team designed a mental health resource 'Life after Lockdown' which aims to help our service users to return to life with confidence and provide them with coping strategies to deal with low level anxieties.



**87 year old's only son died during COVID-19. When she heard the news she collapsed and spent the next few days in hospital. As a result she could not attend the funeral and felt she has been unable to grieve properly. We discussed all of these issues together and I suggested the MEAAP counselling service to her, which would allow her to talk about what she was feeling without feeling like she was being a burden on her close friends. IMPACT 596**

**71 year old's husband passed away in September 2020. Initial support was by telephone but had progressed to a door step visit and home visits. Conversations revealed that she was struggling with her loss and was often tearful and felt lonely. She was dreading Christmas and had lost weight as she didn't feel like eating or just cooking for herself. We were able to call out in December with a Christmas Dinner which she really enjoyed and thanks to funding from MEABC we also were able to arrange a week of free preprepared meals delivered to her over the Christmas holiday. IMPACT 658**

**67 year old lives alone in Fold accommodation. She had recently lost 3 close friends due to illness since the start of the COVID-19 pandemic and found things very difficult mentally when she had to shield. After our initial telephone conversation, we established that she was feeling very low and could benefit from our counselling service. She was very glad of the opportunity to chat about how she was feeling and look at ways to improve her mood. IMPACT 544**

# SUMMARY OF FINDINGS

Below is a brief summary of the key findings from the evaluation activities which have been completed to date:

## FISCAL RETURN RATIO

**£2.38 : £1**  
Dec. 2021

This means that for every £1 invested there has been at least £2.38 of savings generated in terms of unscheduled health and social care. health and social care.

## SOCIAL RETURN RATIO

**£2.22 : £1**  
Nov. 2020

This means that for every £1 invested, there has been at least £2.22 of a social return on investment when considering all service users, health care practitioners and carers.

This is a small reduction from the SROI value in NEF's report, but that was highly provisional because of the small number of carers included. We can be much more confident that this SROI is based on an accurate assessment of the impact on carers add more data

## COMMUNITY PHARMACY RATIO

**£5.81: £1**  
Nov. 2020

This means that for every £1 spent on community pharmacists within the project they delivered an invest to save return of £5.81

## PLANS FOR THE NEXT FIVE YEARS

And so to the next 4 years of IMPACTAgewell®. We plan to continue to work with our partners to gather our data sets to inform our continued Fiscal Return on Investment.

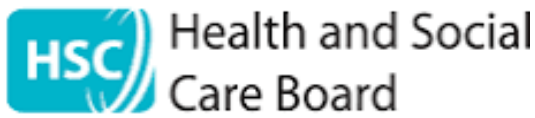
The data we have gathered since 2017 and the solid FROI figure of £1: £2.83 in this year's report continues to show how the need for a community development approach to delivering integrated care is evident, with health inequalities continuing to widen, especially since COVID19 and resources continuing to be hugely overstretched.

As the Department of Health embarks on the Future Planning Model and the development of a new Integrated Care System model, we feel we are already showing how local communities and partnerships can come together to plan, manage and deliver care for their local population based on a population health approach.

# THANK YOU TO ALL OUR PARTNERS



Community Development  
& Health Network



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## Mid & East Antrim Agewell Partnership

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