Mid & East Antrim agewell Partnership

The Dunhill Medical Trust

IMPACTAgewell

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

SHARING OUR LEARNING

(1ST APRIL 2017 - 31ST MARCH 2019)

WELCOME

We are delighted to share with you the rich experiences and learning Mid & East Antrim Agewell Partnership (MEAAP) and all of our partners involved in the development of IMPACTAgewell® have had since it first began in December 2015.

The last three years have been a challenging time for the third sector, and all of our Health and Social Care colleagues, not helped by the lack of a Northern Ireland Executive. But with challenge, comes opportunity, and we genuinely wish to thank each and every person who has shared in our journey to date, and especially thank The Dunhill Medical Trust for allowing us to put our theory into practice since April 2017.

Would we do it again? Yes, without a doubt. The need for a community development approach to delivering integrated care is evident, with health inequalities continuing to widen, resources already overstretched and real people's lives being negatively affected. We have to look beyond the traditional medical model and build holistic care based on the social determinants of health.

We really want to share the learning from our journey and hope to inspire others to truly see the assets within their local communities, the opportunities they present and the added value of investing in community development, taking a 'whole systems' approach which dispenses with the unproductive arguments about where services' responses should come from.

Back in 2015 when The Dunhill Medical Trust set out on the journey to find and encourage local, asset-based approaches to addressing the health and social care needs of our ageing population, we weren't quite sure where that journey would take us.

We had a fairly solid notion that the answer would lie in services that focused on health rather than ill-health and in finding solutions that could deliver medical and social care support to people in their own homes and other familiar, community settings.

We did not want to get into futile debates about whether the services should be owned by the public, private or third sectors but we did want to gather the evidence to demonstrate how this could work practically and support locally-based partnerships to do so. We now have that evidence – and a fantastically committed and energetic local partnership.

This report aims to share with you the IMPACTAgewell® partners' journey in Mid & East Antrim, together with a robust and honest evaluation of the outcome. We think that they have hit on the right recipe for their community and we're really looking forward to sharing the next stage of the journey so that other communities and even more older people can benefit.

DEIRDRE McCLOSKEY
Mid & East Antrim Agewell Partnership

SUSAN KAY
The Dunhill Medical Trust

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I. BACKGROUND TO IMPACTAGEWELL®

In the winter of 2015, The Dunhill Medical Trust launched a UK-wide call for proposals to deliver a "bottom-up, community asset-based approach to delivering social care for older people". MEAAP decided to build a coalition of willing strategic partners to co-design and co-produce such a service and submit a bid.

Having widely represented the voice of older people and small but vital local older people groups in various partnerships across Mid & East Antrim since 2013 (see Appendix I MEAAP Background), MEAAP was already known and trusted by many of the partners and had a proven track record of being able to work in partnership successfully.

In October 2016, MEAAP and our partners were informed that we had secured an investment of almost £1,000,000 to test out the IMPACTAgewell® model and demonstrate a 'proof of concept' over a 3 year period.

The IMPACTAgewell® multidisciplinary model of care was launched in April 2017 and has been trademarked by MEAAP. Its progress was monitored and managed via the quarterly IMPACTAgewell® Strategic Hub, with all partners supported to openly share the challenges and opportunities we faced, to shape the project in response to local need and learning.

IMPACTAgewell® sits alongside the core projects currently being delivered by MEAAP. This has allowed MEAAP and indeed the many partners involved, to use the feedback gained throughout the implementation of this project, as well as the local knowledge and energy that is evident, to develop and deliver initiatives tailored to meet the emerging needs of some of the most vulnerable within our community.

IMPACTAGEWELL® - OUR JOINT VISION

Improve the quality of life for older people by providing them with person centred services and support to improve the health and wellbeing outcomes that matter most to them – putting wellbeing on a par with medical needs using an integrated healthcare model – thereby reducing dependency on the unscheduled use of primary and secondary health and social care services

IMPACTAGEWELL® - OUR AIMS

1. Put older people at the centre of their care.
2. Improve health and well-being outcomes that matter most to the older person.
3. Build knowledge and diversity within health and social care support.
4. Develop and sustain integrated, valued and safe partnerships.
5. And by doing all of the above, we hope to see a reduction in cost to the unscheduled use of health and social care support.

OUR OBJECTIVES

Over the initial three year "proof of concept" period, the partnership aimed to:

1. Support the creation of 6 IMPACTAgewell® Locality Hubs;
2. Secure 1,100 referrals for older people defined as 'most vulnerable' due to their living circumstances and health conditions (with the exemption of memory loss/dementia due to existing services in the area);
3. Offer Community/Voluntary groups funding support to deliver "funded social prescriptions."

IMPACTAgewell® LOCALITY HUBS

When designing the hubs, MEAAP wanted to prioritise building trust via regular face to face meetings, so the partnership offered some resource to protect the time for each Health Care Practitioner (HCP) to attend.

Initially hosting meetings monthly, this was, for many involved, the first opportunity they had to genuinely spend time learning about what each could provide in terms of services and support, and sharing knowledge about each older person referred.

IMPACTAgewell® Locality Hub Meetings are now hosted on a bi-monthly basis, meeting at the participating GP Practice. The members consist of a Lead GP, a GP Practice Manager or Receptionist, a PACT Community Pharmacist, a Northern Health and Social Care Trust (NHSCT) Social Work Team Member and a MEAAP IMPACTAgewell® Officer.

Together, the members work to identify older people who are most at risk and vulnerable, in line with the agreed referral criteria and secure initial consent. The IMPACTAgewell® Officer begins to visit the older person in their own home to develop a health and well-being action plan.

This action planning takes place over an average period of six months, focusing on having guided discussions with the older person about the social determinants of health, in order to reduce health inequalities.

Onward referrals made to the Community/ Voluntary sector come with the offer of some financial resource to ensure they can continue to deliver their services, often referred to as "funded social prescriptions".

In approximately 50% of cases a one-off home visit/telephone contact has been sufficient to ascertain that the older person feels that they are largely well supported by family/friends/community and only require signposting support for specific queries, rather than ongoing home visits. However, in some cases these clients have requested support having initially turned it down.

OUR ACHIEVEMENTS TO DATE

As at the end of September 2019, IMPACTAgewell® has grown beyond the original 6 IMPACTAgewell® Locality Hubs, securing almost 1,000 referrals via 11 IMPACTAgewell® Locality Hubs (see

Appendix Two – Participating GP Practices). This growth has naturally been facilitated during the implementation of the project, due to the wide range of GP Practice sizes involved, our increased knowledge of this new target audience, and the support of a funder, namely The Dunhill Medical Trust, who has been receptive to allowing us to flex our model as a result of the learning gained.

A further 4 GP Practices have since signed up and are due to host their first Locality Hub in Autumn 2019, meaning there are now 15 participating GP Practices within Mid & East Antrim. There are a further 12 GP Practices located within Mid & East Antrim which are not currently supported by the programme.

It is evident that the opportunities this programme can bring at what is a very challenging time in the Health and Social Care sector, have been encouraging enough for GP Practices to share their experience to date and encourage others to get involved.

2. AN ACTION RESEARCH EVALUATION

MEAAP and its IMPACTAgewell® partners have been keen to ensure that we use this opportunity to build a robust evidence base as part of this "proof of concept" phase. Thankfully, this was a desire shared by The Dunhill Medical Trust, who chose to invest additional funding and appointed the Social Care Institute for Excellence (SCIE) and York Consulting Ltd (YCL) to support MEAAP and partners to complete an action research evaluation of the IMPACTAgewell® Programme.

WHAT IS AN ACTION RESEARCH EVALUATION?

Action research is somewhat different from a fully external independent evaluation, in that the research is conducted locally by the people involved in delivering a service, in this case IMPACTAgewell® staff, older people, community groups and partners. Independent oversight of the action research ensures that all of the processes that are followed for the purposes of evaluation are quality assured, robust and valued.

Action research is a collaborative approach towards problem solving which involves both the researcher as well as the participants. This meant that we could ensure that participants have direct input in co-producing the scope and format of the plans for evaluation and defining the key research questions as they see them. (See Appendix 3 for Evaluation Logic Model)

It is the most appropriate methodology for this style of programme, because it helps to engage the people who are implementing the change. The evaluation feeds back into the program to encourage learning and support practical action. With SCIE's support, the complex action research process has been broken down into a number of different elements, as well as a number of different stages, to ensure that we continually review what works and indeed what doesn't.

It is however not for the faint hearted, as not only were MEAAP and partners trying to embed and establish an evidence based approach, but were also trying to establish and implement a new model of care. However, MEAAP and their partners recognise that this asset-based enablement has allowed the evidence to be used to inform practice in an iterative quality improvement way.

DATA SHARING PROTOCOL

At the outset of the project, MEAAP successfully negotiated access to critical health-related data, held by each GP Practice, NHSCT, Community Pharmacy and the Northern Ireland Ambulance Service (NIAS). This has allowed IMPACTAgewell® to look at change over time, in relation to potential savings made in terms of older people accessing unscheduled health and social care services ie a Fiscal Return On Investment (FROI).

More recently, the Dunhill Medical Trust has commissioned further evaluation works to be completed by the New Economics Foundation (NEF) Consulting Ltd, to enhance the evidence base by carrying out a Social Return On Investment (SROI) analysis. SROI analysis focuses on outcomes that matter to key stakeholders. Once changes in these outcomes are identified, an appropriate monetary value is applied to the changes, bringing all outcomes into the same metric and allowing a calculation of a cost-benefit ratio, a social return on investment

WHERE ARE WE AT IN THE PROCESS?

This report provides a summary of the extensive action research evaluation which has been ongoing and is based on the datasets that were gathered during the first two years of operation (i.e. Ist April 2017 – 3Ist March 2019 with some additional data being gathered during Summer 2019).

IMPACTAgewell® partners are now delighted to share the learning from our work to date, to influence future practice in relation to supporting multi-disciplinary teams using a population health based approach which fully involve, value and resource all partners to provide tailored person centred support to tackle the increasing inequalities being experienced by older people living in our community.

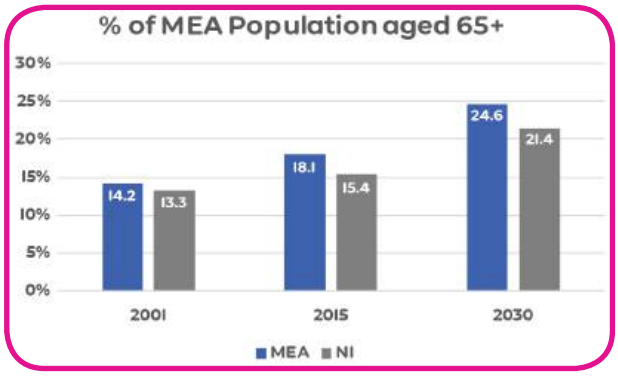
All of the elements of the evaluation work together to assess the service from the perspectives of all of the participants. It doesn't just focus on cost savings but on quality of service and fundamentally, the needs of the person.

3. CONTEXTUAL DATA

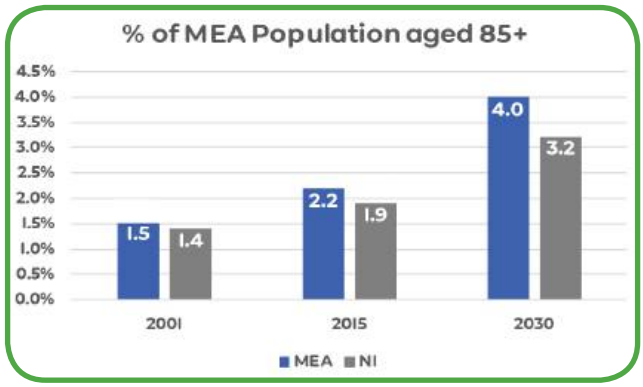
CURRENT DEMOGRAPHICS AND FORECASTS

AN AGEING POPULATION

Mid & East Antrim (MEA) has an ageing population. In 2001, 14% of MEA's population was aged 65 and over, this rose to 18% in 2015 and is projected to increase to 25% by 2030.



Furthermore, the percentage of people aged 65 and over in MEA is higher than that of Northern Ireland (NI) as a whole. By 2030 our borough will have the second highest level of over 65s across all 11 councils in NI, behind only Ards and North Down.



The same is also true of the over 85 population. In 2001, 1.5% of MEA's population was aged 85 and over, rising to 2.2% in 2015 and expected to increase to 4% by 2030.

Given our ageing population it is important that we have a model of care which can support older people to be active, respected and supported in and by their local community.

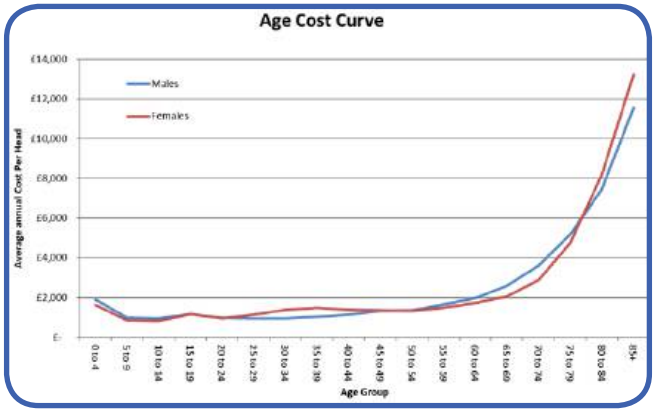
HEALTHY LIFE EXPECTANCY

Improvements in life expectancy rates have slowed down significantly in recent years for both males and females. This is largely attributable to a slowdown in the gains originally secured via, for example, circulatory disease mortality related improvements. Meaning more older people are now experiencing ill-health for almost 25% of their lifespan.

HEALTH AND SOCIAL CARE COSTS

By 2041, it is projected that the 65+ population in NI will be approximately 492,000, an estimated increase of 62% from 2017. By this date one in four people (24.5 per cent) will be over 65.

The NHSCT area, in which MEAAP operates, is due to experience the highest population increase of over 65 year olds of all the 5 Trusts operating within NI, in the next 20-30 years.

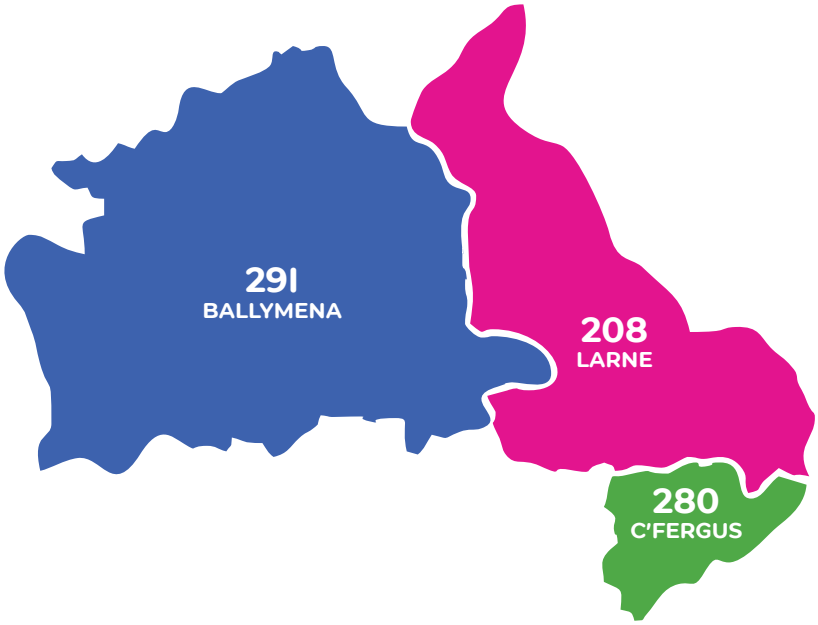


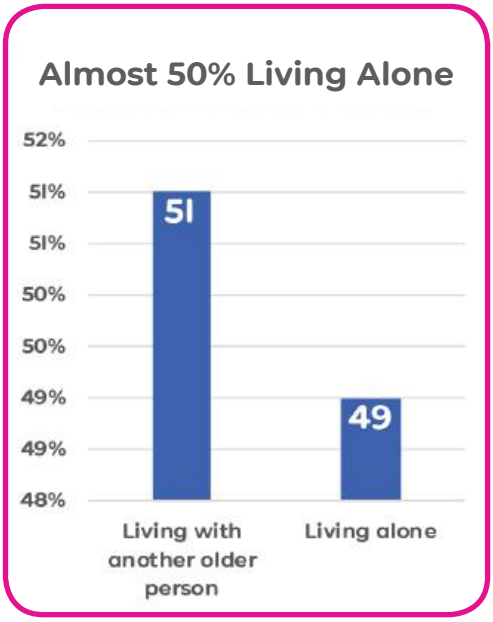
And as can be seen from the graph above, the cost associated with providing health and social care substantially increases for both males and females from 65 years and over.

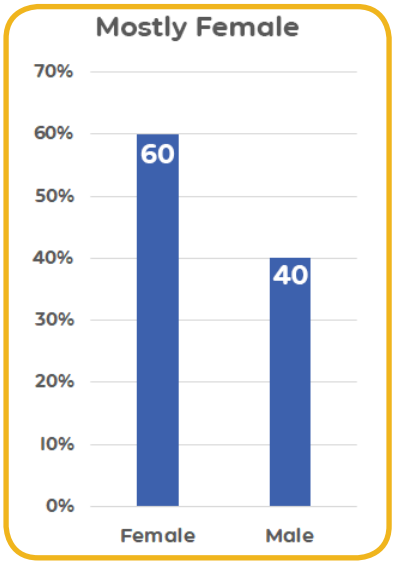
KEY DEMOGRAPHIC FEATURES OF SERVICE USERS SUPPORTED BY IMPACTAGEWELL®

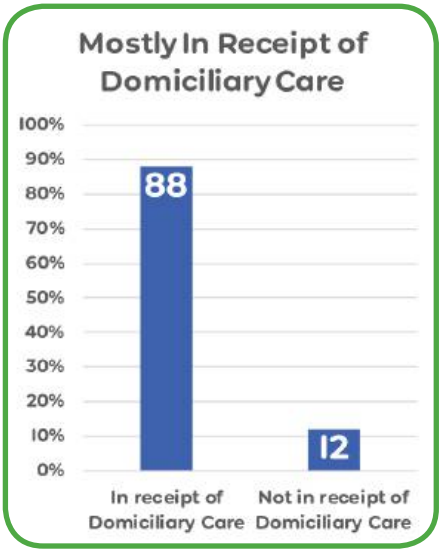
FROM 1 APRIL 2017 - 31 MARCH 2019

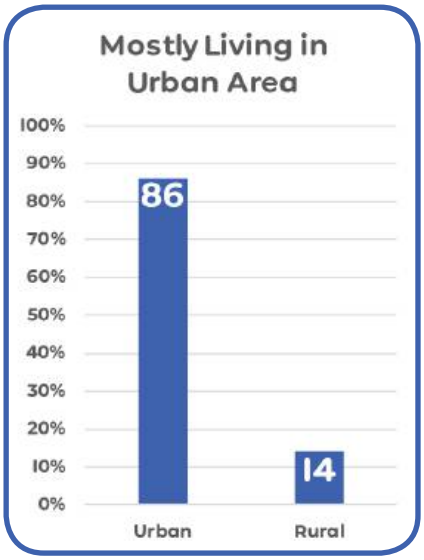
NUMBER OF REFERRALS BY AREA



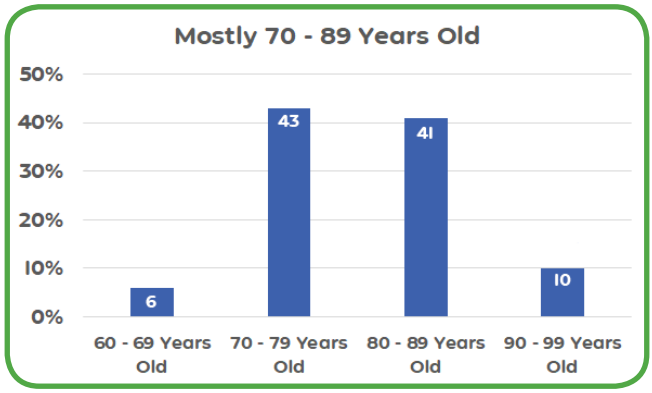








Category	No. of service users
Received one-off support only	401
Full programme of support completed	268
Currently receiving support	95
Pending assessment	15
Total	779



4. FISCAL RETURN ON INVESTMENT

METHODOLOGY

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 (breakdown shown in the table, right) over three time periods:

- **BEFORE SUPPORT** – covers the 181 day period prior to participation.
- **DURING SUPPORT** – covers the period during which the service users were supported by IMPACTAgewell®;
- **AFTER SUPPORT** – covers the 181-day period after each support finished.

York Consulting Ltd (YCL) supported MEAAP to secured standardised "costs to the state", which were derived from a combination of published research and local research. ('Unit Costs of Health and Social Care' published by the Personal Social Service Research Unit (https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2017)

By the end of Year 2 (March 2018), data sets for all three time periods were present for 109 service users. These data were then used by YCL to complete an economic assessment.

Data items included in the analysis

Data item	Grouping
District nurse – no. of new contacts	Community Care
District nurse – no. of review contacts	
Domiciliary care – hours	
No. of GP appointments	Primary Care
No. of GP treatment appointments	
No. of GP home visits	
No. of GP telephone appointments	
No. of GP out of hours telephone appointments	
No. of GP out of hours home visits	
No. of ambulance callouts	NI Ambulance Service (NIAS)
No. of A&E attendances	Secondary Care
No. of hospital admissions	
No. of hospital bed days	
No. of prescriptions	Prescriptions

ANALYSIS

To conduct their analysis YCL first removed two 'outlier' service users who had a very high and atypical number of hospital bed days in the during and after periods. They then removed service users with zero 'before' costs. 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	NIAS	Prescriptions	Grand Total
Total cost – before	£2,688 n=27	£78,952 n=25	£1,984 n=19	£3,220 n=18	£33,048 n=16	£83,504 n=100	£1,666 n=5	£93,990 n=107	**£299,052**
Total cost – during (adjusted to 181 days)	£2,866 n=20	£86,159 n=22	£784 n=8	£1,216 n=6	£25,432 n=5	£91,144 n=98	£1,645 n=3	£92,293 n=107	**£301,540**
Total cost – after	£2,544 n=19	£88,857 n=23	£620 n=5	£280 n=2	£5,049 n=2	£78,796 n=97	£1,428 n=3	£89,859 n=105	**£267,433**

With the exception of domiciliary care, the 'after' costs are lower than the 'before' costs in each category. Proportionately, the largest reductions occurred in the costs of unscheduled hospital admissions (-91%) and, related to that, hospital bed days (-84%).

LIMITATIONS

There are some limitations to the analysis which were necessary to process the data and because it is not ethical or practical to include a comparator group in a project such as this.

- **NORMALISING THE DATA** – The 'during' figures have been adjusted to a 181-day time period so that they are comparable with the 'before' and 'after' categories. This assumes that costs to the state/health service occur evenly over any given time period, which as we know will not happen with such precision in practice. However, has been a necessary assumption to make for the purposes of analysis.
- **ATTRIBUTION** – the evaluation does not include a comparator group for IMPACTAgewell® service users. As such, this report cannot be certain that the changes observed in the data, including reductions in costs to the state, can be fully attributed to IMPACTAgewell®.
- **PREVENTION** – without a comparator group the data is not able to offer any insight on whether IMPACTAgewell® is preventing costs from increasing. It is possible that support offered through IMPACTAgewell® has meant there are fewer costly interventions (e.g. ambulance call outs) than would have happened without the programme. If that were true, then IMPACTAgewell® would have prevented additional costs from occurring.

ESTIMATING A FISCAL RETURN ON INVESTMENT (FROI)

AVERAGE DELIVERY COST PER SERVICE USER

Based on a cohort of 363 service users (i.e. those who had signed up to ongoing support during the first two years) and a total delivery cost of £349,746, the IMPACTAgewell® average annual cost per service user was calculated to be £963.

AVERAGE COST REDUCTIONS TO UNSCHEDULED HEALTH AND SOCIAL CARE PER SERVICE USER

Calculating the cost saving per service user is not straightforward because of variance in the number of service users with costs in each of the categories the table above. To account for these differences YCL calculated the average number of service users in each category (35.08) and used this as the number of service users to which savings apply.

Taking this approach, the average annual cost reduction per service user is £1,802:

Total reduction in costs = £31,619
Number of services user to which the savings apply = 35.08
Average cost reduction per service user in the six-month 'after' period = £901
Average cost reduction per service user – annualised = £1,802

The estimated financial return on investment, is calculated by dividing the Average Cost Reductions to Health and Social Care Costs per service user by the Average Delivery Costs per service user, i.e.

$$\frac{\text{Average Cost Reduction per Service User (annualised)} = £1{,}802}{\text{Average Cost of IMPACTAgewell® per Service User (annualised)} = £963}$$

This means that for every £1 invested in the service, an estimated £1.87 was saved (or a net or additional £0.87 was saved).

We cannot say that all of these savings are directly attributable to IMPACTAgewell®. Other factors, interventions or actions taken by anyone associated with the service users in either the 'during' or 'after' periods could also have resulted in cost savings.

However, it is equally important to note that the data set does not give any indication of the preventative effects of IMPACTAgewell®, for which some savings in terms of unscheduled use of health and social care are likely to have occurred but are difficult to accurately calculate.

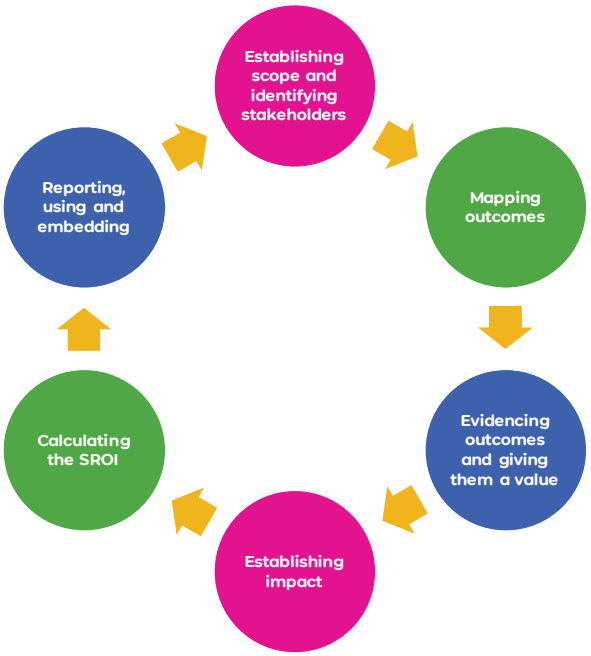
Furthermore, the average delivery cost has been calculated using 363 service users who accepted ongoing support and does not account for the further 401 who had one off support but still represent a cost to the service; and the costs include the investment of almost £65,000 paid towards HCPs to assist with protecting their time for being involved in the programme.

5. SOCIAL RETURN ON INVESTMENT

METHODOLOGY

During Year 3, The Dunhill Medical Trust provided further funding for MEAAP and IMPACTAgewell® partners to carry out a Social Return On Investment (SROI) study supported by NEF and SCIE.

SROI as a methodology helped us to better understand the intangible, hard-to-measure social value created by the IMPACTAgewell® Programme. It diverts the focus from solely looking at cost savings and aims to account for the full range of impacts that matter to key stakeholders. Once key changes are identified, an appropriate monetary value is applied to these changes, measuring all outcomes by the same metric and so allowing the calculation of a cost-benefit ratio, a SROI.



OUTCOME MAPPING

As much of the stakeholder engagement had been ongoing throughout the implementation of the project, there was a reduced need for NEF to undertake primary stakeholder engagement to map stakeholder outcomes.

Instead, NEF reviewed a sample of ten service-user case files, randomly selected, including several who only had one-off support, and had access to the various interviews and surveys which had been completed as part of the local action research evaluation.

NEF also had the opportunity to join the IMPACTAgewell® Strategic Hub in April 2019, to verify the programme's existing logic model and enhance it accordingly. An outcome map was developed for each stakeholder, i.e. service users, health care practitioners and carers.

Outcomes for service users:

- Knowledge of services available.
- Increased independence,
- Improved mental well-being.
- Improved social well-being.

Outcomes for healthcare practitioners:

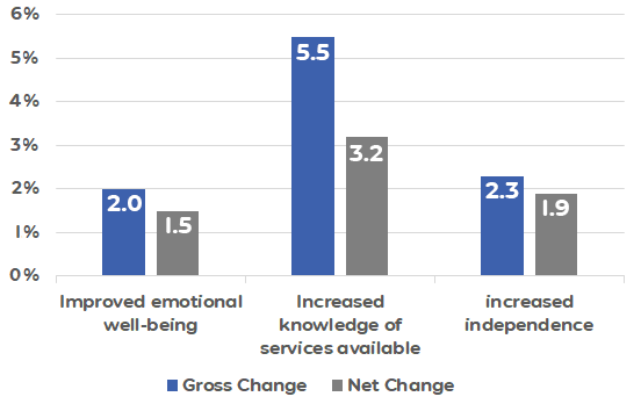
- Increased knowledge and awareness of activities and services.
- Stronger partnerships and networks.
- Increase in time pressure.

Outcomes for carers:

- Increased knowledge and awareness of activities and services.
- Reduced stress.
- Improved social well-being.
- Improved emotional well-being.

NEF also estimated counterfactual values and attribution for outcomes through the use of additional survey questions and secondary sources.

OUTCOMES FOR SERVICE USERS (ONGOING SUPPORT)



The biggest impact for service users was increased knowledge of services available, although this was relatively small: 5.5% for gross change and 3.2% net change (net change takes into account the attribution and counter-factual issues).

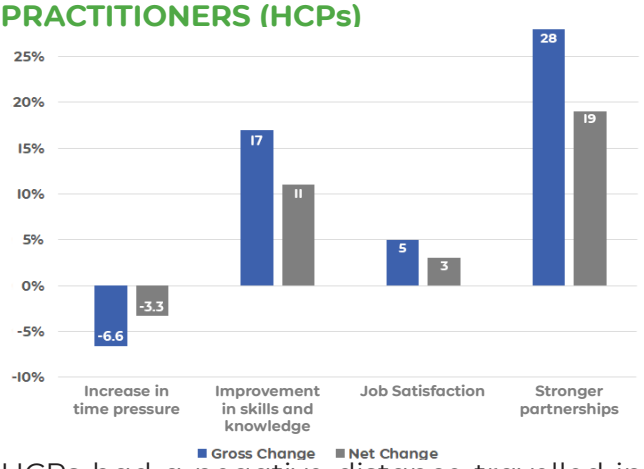
There were impacts on improved emotional well-being and increased independence outcomes for service users. Although relatively small, even a minor improvement in well-being can have a large impact on people's lives and a high monetary value.

OUTCOMES FOR SERVICE USERS (ONE-OFF SUPPORT)

While IMPACTAgewell® supported 363 service users in its first two years, the programme also provided one-off support for 401 people, who then declined the option for ongoing support. Qualitative evidence suggests this group achieves outcomes similar to service users who are supported further, if not to the same extent.

Whilst no data was collected for this group, it is possible to include a conservative estimate into the SROI. Here, it was assumed that this group achieved 10% of the change in outcomes achieved by service users who received further support.

OUTCOMES FOR HEALTHCARE PRACTITIONERS (HCPs)



HCPs had a negative distance travelled in relation to "increase in time pressure" (-6.6% gross), which comes as no great surprise given the current state of crisis being felt within local health and social care services. However, when net change is considered, this negative distance travelled is -3.3%.

Despite this negative result for time pressure, HCPs, reported a big positive change in relation to the "creating stronger partnerships" outcome (28% gross, 19% net), followed by a reported improvement in relation to "increased skills and knowledge" outcome. There was also a marginal increase in "job satisfaction" for health care practitioners.

OUTCOMES FOR CARERS

Practical considerations and time limitations prevented engagement with carers directly within the scope of this work, so NEF used recent local research to inform the impact map and give an indicative analysis of the potential impact created to this stakeholder group is presented later in this report.

A carers' survey has since been designed and is now being issued to carers of service users. In the time-frame available for the SROI only limited responses for carers were available. Therefore the ratio including carers, below, is provisional.

SROI RATIOS

Four ratios were produced by NEF on the basis of the data available.

The first ratio in the table below includes only the groups that we had the most robust data for, service users and healthcare professionals. It excludes older people who received one off support and carers. As such it could be considered the lowest likely estimated SROI, but the one which is most robust.

The second and third SROI ratios presented below add in estimated data for carers and older people who had one off support.

The fourth and final SROI ratio below includes estimated data for both those groups, as well as older people who received ongoing support and health care practitioners. As such it is the most complete SROI ratio, because it includes all key stakeholders, but for now we should treat it with some caution because it is based on more limited data. As we gather more data we hope to produce a more robust estimate.

Scenario	SROI value
Supported service users (363) and healthcare practitioners	£1.38
Supported service users (363), healthcare practitioners and carers*	£2.37
Supported service users (363), healthcare practitioners and those who had one-off support* (401)	£1.53
Supported service users (363), healthcare practitioners, those who had one-off support* (401) and carers*	**£2.52**

***Based on estimates, does not include benefits to the Community Voluntary Sector / Community Partners**

6. IMPACTS AND OUTCOMES FOR OLDER PEOPLE

METHODOLOGY

Each service user who consented to ongoing support was given the opportunity to consent and participate in evaluation elements of the programme, including surveys issued at three time points (entry, exit and 6 months follow up) as well as recorded interviews.

At end of Year 2, almost 500 surveys had been received, with 49 received for all three time-points as shown in table below and 9 service users had completed a recorded interview.

Service User Survey Responses	
Time-point	**No. of responses**
Entry	268
Exit	152
Follow-Up	59
All three time-points	49

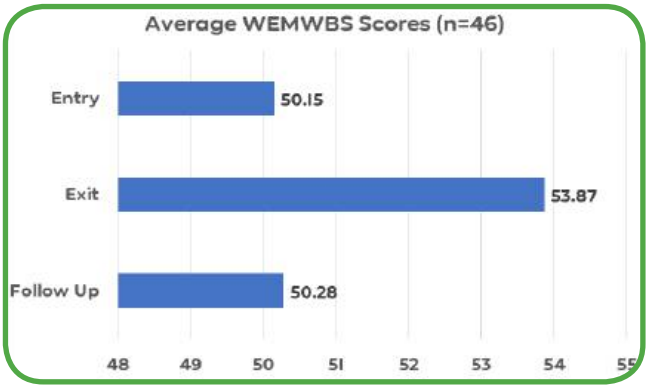
Across the majority of the items measured in the survey, scores increased at the exit point, indicating that IMPACTAgewell® has had a positive impact. At the point of the follow up survey, scores typically return to near, or just higher than, entry scores. Rather than being seen negatively, this finding may indicate that over the longer term IMPACTAgewell® is having a preventative effect, given that the population are at a point in their lives where health conditions are likely to be worsening and having a greater impact on their lives.

SERVICE USER WEMWBS SCORES

As noted from the graph below, the general trend in the Warwick-Edinburgh Metal Well-being Scale (WEMWBS) responses mirrors the general trend in the survey results as a whole, i.e:

- Average scores at exit are typically higher than at entry;
- Average scores then typically reduce at the six-month follow-up, in most cases to a level that is reasonably similar to the entry score.
- Most positive increase was seen in relation to 'service user centric' scores e.g. 'I've had energy to spare', 'I've been feeling interested in new things', and 'I've been feeling relaxed'.
- Least positive increase was seen in relation to 'service users' relationships with others' scores e.g. 'I've been feeling close to other people', 'I've been feeling loved', and 'I've been feeling interested in other people.'

The Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) is one of the most commonly used scales for measuring mental wellbeing. It has been validated for use in a wide range of geographical locations and contexts.

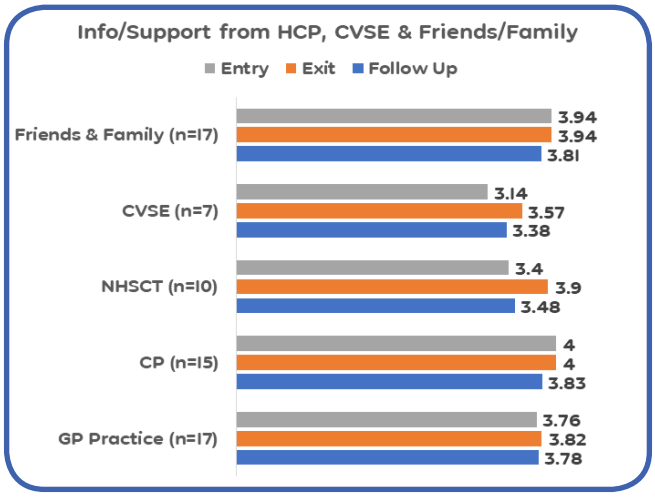


"Just to say many thanks to all the support in the caring and thinking of me. I loved my IMPACTAgewell® visits, having the time to talk quietly in the world today. Everyone is in a rush and being elderly I can't hurry any more. It makes me nervous."
(IMPACT346, Female, 80-89)

"Lots of useful information and friendly advice regarding benefits, wellbeing and services available relevant to my needs."
(IMPACT307, Male, 80-89)

SERVICE USER VIEWS ON SUPPORT FROM HEALTH CARE PRACTITIONERS (HCPs)

The scores across all categories were universally high (4 = fully met my needs), however where there was more room for change, service users on average reported feeling increasing satisfaction with the Northern Health and Social Care Trust (NHSCT) and the Community/Voluntary/ Social Enterprise (CVSE), which could suggest service users were accessing sources of support they hadn't previously.

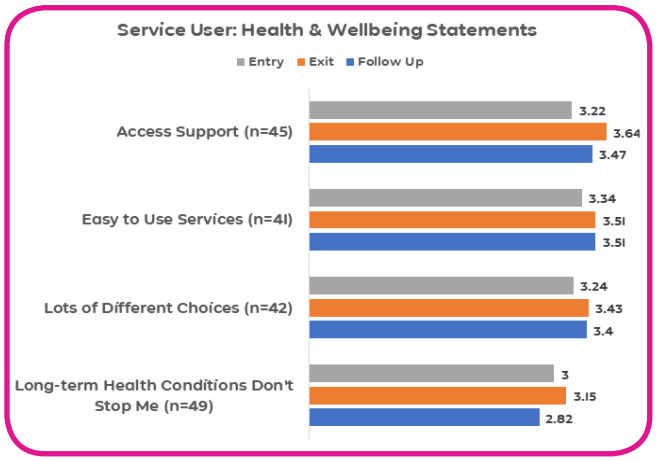


SERVICE USER VIEWS ON MANAGEMENT OF HEALTH AND WELL-BEING

A wide range of statements were asked of Service Users in relation to the extent they agreed with various health and well-being statements. The results mirrored the theme that runs throughout the service user survey, whereby the average scores rose between entry and exit and then typically fell at follow up.

However there are several key points:

- **Access to support:** Several statements indicated that service users reported sustained increases in knowing how to access support when needed, easy to use services that they are interested in, and have a lot of different choices about what they want to do.
- **Long Term Health Conditions:** The response would indicate that for some service users at least, long-term health conditions are more likely to deteriorate than improve over time.

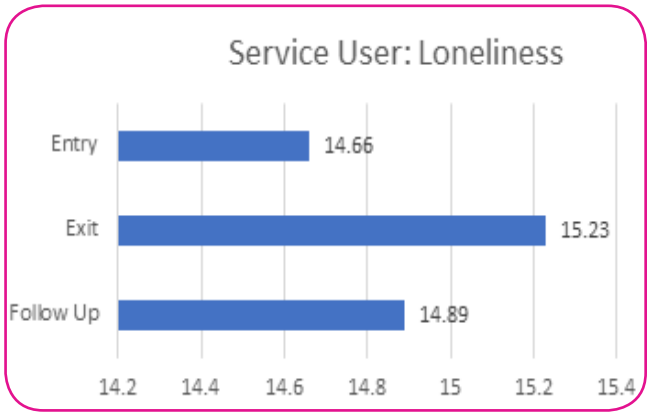


"It was very reassuring to have someone to advise and support me, through a very difficult time, both health-wise and emotional trauma. My confidence is now coming back and my health is on the up-turn. Thank you." (IMPACT232, Female, 60-69)

"For old people with long term illnesses one of the most important things is the ease of accessibility of the professionals. This has been something for which I have been personally appreciative." (IMPACT159, Male, 80-89)

SERVICE USER - DE JONG GIERVELD 6-ITEM LONELINESS SCALE

This question asked service users to rate themselves against a range of positive and negative statements pertaining to loneliness.



Whilst the changes are small, the results, as seen in the graph above, do show positive changes which have been partially sustained six months after exit, especially for the statements "I miss having people around me".

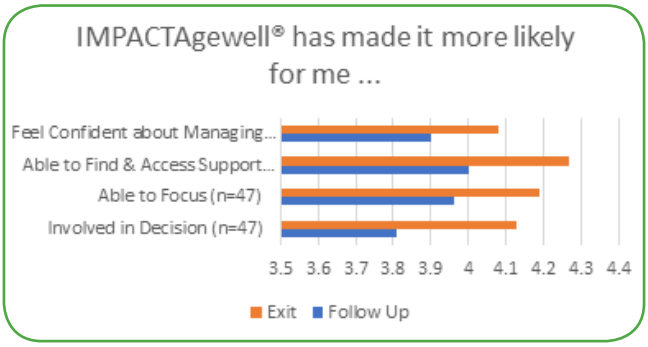
Interestingly, male service users remained significantly higher at follow-up than at entry (+1.39), compared to female service users (-0.58), which could suggest that male service users are more at risk of loneliness and addressing this may be a core benefit of participating in the IMPACTAgewell® programme.

The De Jong Gierveld scale was designed for measuring loneliness in older people. It is widely used and has been validated in a range of contexts

SERVICE USER RATING OF IMPACTAGEWELL® SUPPORT

This question captured service users' views at the exit and follow-up timepoints only, asking them to rate the support they had received from IMPACTAgewell® in relation to the four key statements.

The scores were universally high at exit and reduced a little at follow-up six months later. However, for service users who lived alone, the reduction at follow up was approximately double that of the sample wide average.



"Since being involved with IMPACTAgewell®, I have discovered new things open to me and I now feel more confident and positive about the future."
(IMPACTI67, Female, 60-67)

"My experience has been exciting. I was put in touch with many services and groups that I wasn't aware of and for that I am most grateful."
(IMPACT263, Male, 80-89)

"I felt a lot of comfort knowing the IMPACTAgewell® Officer was coming or if I got confused with things knowing the IMPACTAgewell® Officer will point me in the right direction."
(IMPACTII8, Female, 60-69)

THE IMPACT OF ONGOING SUPPORT

As Sir Michael Marmot has noted throughout his work, the need to identify and tackle the social determinants of health is key in terms of tackling health inequalities, improving health literacy and of delivering high quality care.

IMPACTAgewell® allows time for both the older person and the Health Care Practitioners involved in the project, to look at the context in which people are born, grow, live work and age, and how these fundamentals are drivers of factors within health conditions.

Meet Jimmy and Sarah...

Jimmy and Sarah were identified and referred by the GP Practice as a couple whom might need some additional support. Both suffer from multiple long-term health conditions, and Jimmy is the main carer for his wife, but both have been showing signs of struggling with their health deterioration over recent years.

The IMPACTAgewell® Project Officer suggested completing some further home visits, explaining that if Jimmy and Sarah felt at any time that the visits were of no benefit, they could chose to leave the programme.

Income

One of the first referrals completed was to the local Citizens Advice team for a benefits check, despite Jimmy initially thinking it was a waste of time as they "probably wouldn't be entitled to any further help". With some encouragement, a volunteer from Citizens Advice attended their home to help complete the appropriate paperwork. A few weeks later, Jimmy called to say that he was delighted as he was entitled to another £36 a week, which was going to be backdated and would allow him to put extra oil in the tank to help heat his home over the winter.

Housing

Sarah had been increasingly worrying about getting her home broken into, especially with the dark nights approaching. A home visit from the PSNI Crime Prevention Officer offered some reassurance, and this was followed up by the local Handyperson Service who fitted security lights, as well as door bars to both exit doors.

Medication

During a home visit, Sarah had a chesty cough and was planning on calling her GP to see about getting an appointment. Sarah was encouraged to contact her local Community Pharmacist in the first instance for advice. The Community Pharmacist returned her call, discussed her symptoms, recommended some medicine and much to Sarah's delight, even arranged for delivery at 4pm that same day. This simple act was the encouragement both Jimmy and Sarah needed to accept the support of a Medication Use Review by the local Community Pharmacist, which helped dispose of a lot of out-of-date medication but also meant they had the chance to ask questions about when best to take the medication etc.

Falls Prevention

Sarah has had several concurrent chest infections within the last year and becomes short of breath when walking. Jimmy had booked a surprise short trip over the holidays, but as her carer he was worried about his wife's mobility, especially the risk of her falling. A referral was made to her local NHSCT Occupational Therapist, who much to Jimmy's surprise arranged to visit on a Saturday morning! Jimmy's concerns were found to be valid, and a rollator was delivered to their door just few days later, providing peace of mind for their much-needed break away.

Transport

Neither Jimmy nor Sarah drive, and as they live within a rural area, tend to rely on using local taxis to get them about. This has been increasingly becoming more expensive, especially given that Sarah has had several hospital appointments. We provided them with information on the local Community Transport Scheme, something they never knew existed, and Jimmy was delighted to discover that they are much cheaper than a taxi and you get a great bit of chat from the drivers!

7. IMPACT AND OUTCOMES FOR HEALTH CARE PRACTITIONERS

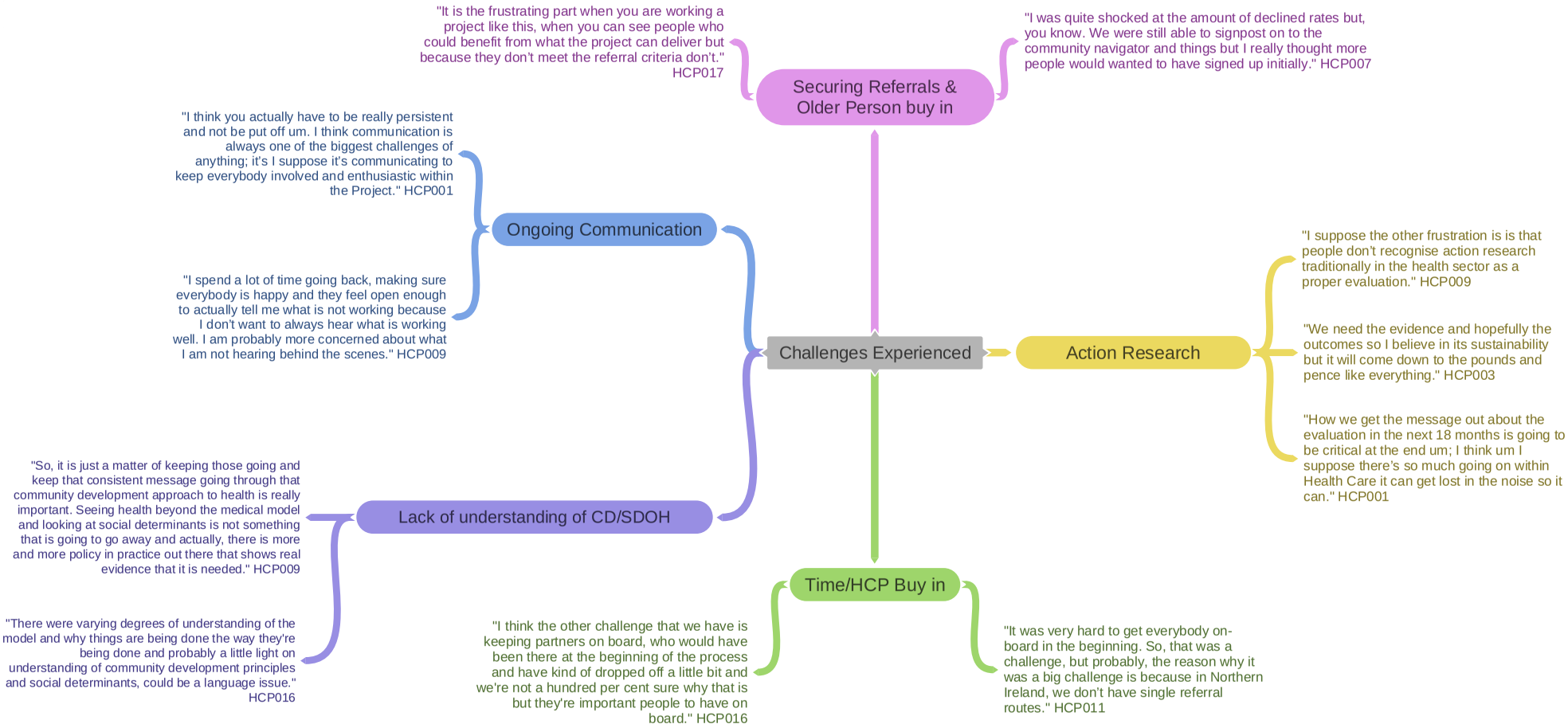
METHODOLOGY

Progress and Feedback was sought via a wide range of methods including: Baseline Scoping Interviews (n=13); Baseline Survey (n=28); Recorded Interviews (n=17); and a Follow Up Survey (n=31).

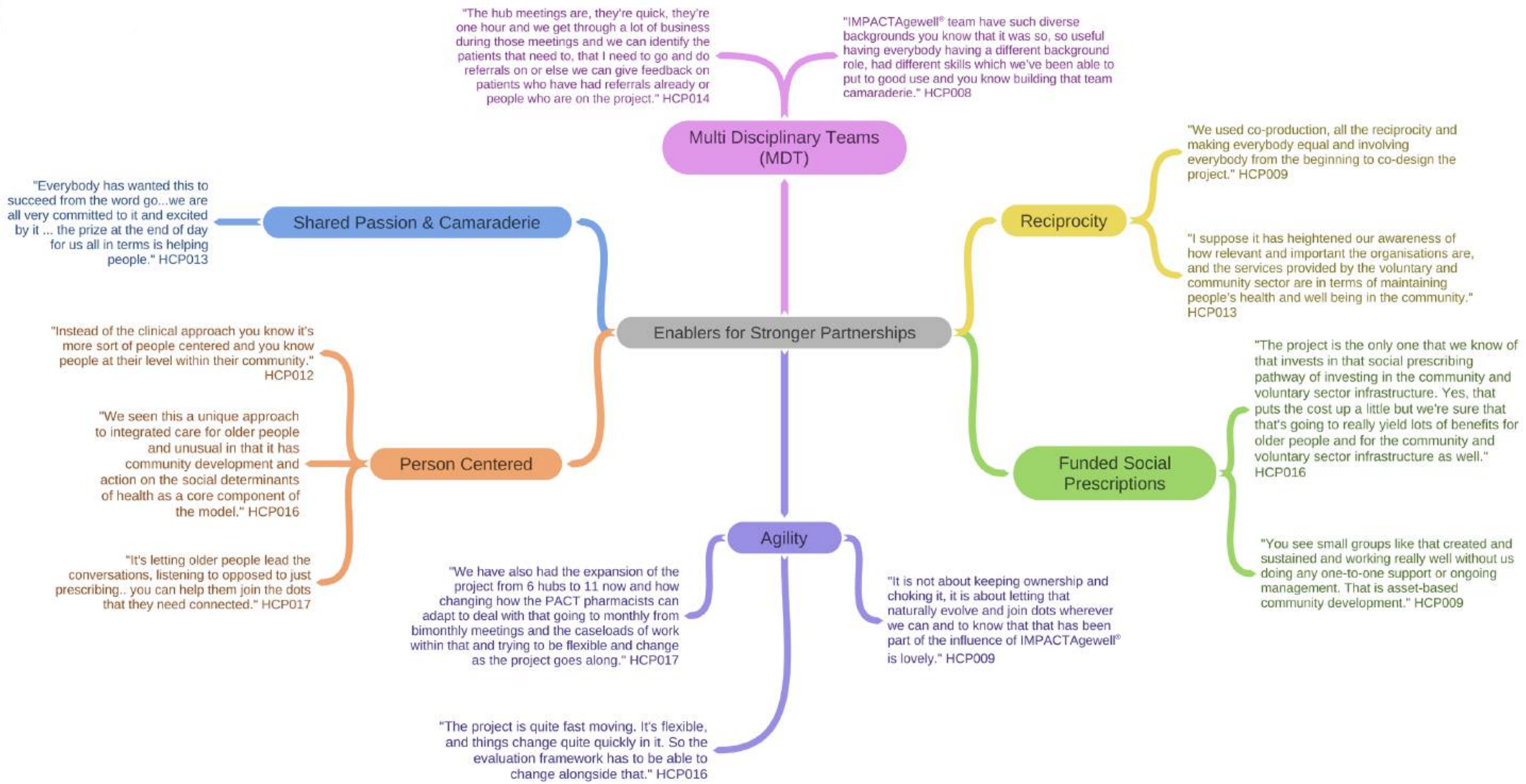
As previously highlighted by the analysis completed by NEF, Health Care Practitioners reported a positive change in relation to the following outcomes: "creating stronger partnership"; "increased skills and knowledge"; and "job satisfaction", despite a small "increase in time pressure".

We have presented the analysis via mind maps based on the interview analysis, which highlight the common challenges and enablers referenced during the various evaluation methods.

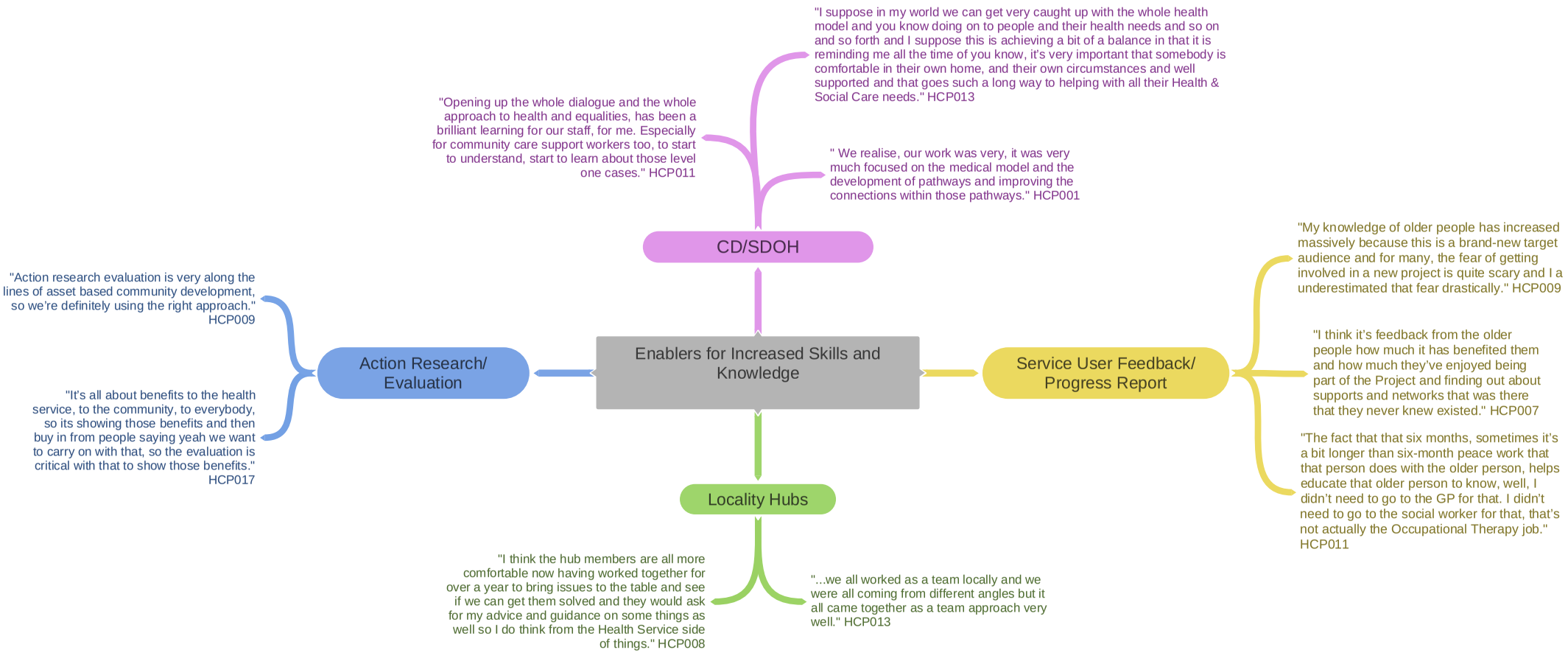
CHALLENGES EXPERIENCED



ENABLERS FOR "STRONGER PARTNERSHIPS"



ENABLERS FOR "INCREASED SKILLS AND KNOWLEDGE"



8. IMPACT AND OUTCOMES FOR COMMUNITY PARTNERS

METHODOLOGY

IMPACTAgewell® aims to encourage older people supported via the programme to look at opportunities to get involved in local community activities. To help ensure the community groups are supported, unrestricted funds have been included within the programme to support community group activities on a per person per activity basis.

An initial focus group was jointly hosted by MEAAP and SCIE in Spring 2017 to raise awareness of the project with local community groups across MEA. Members of the focus group helped co-design the partnership process, evaluation reporting and claims process associated with community groups supporting older people via "social prescriptions".

A follow up focus group was hosted in Summer 2018, independently chaired by the Community Development & Health Network (CDHN), to secure feedback as to the ongoing process and look at future opportunities.

KEY LEARNING

- **"SOCIAL PRESCRIBING"** – Many of the community partners remain unfamiliar with this term and given that there is no agreed definition it makes it difficult to build capacity.

- **LOW REFERRALS TO COMMUNITY ACTIVITIES** – It was noted that referrals to community groups had been much lower than anticipated, with several older people declining the service following a referral. MEAAP recognise this and have noted that IMPACTAgewell® has allowed access to a new target audience, with many older people who have been disengaged from community for long periods of time and lack the confidence to attend despite support being available.

- **OPPORTUNITIES** included connecting more older people to community groups, and providing a financial resource to support community groups to continue with services, as well as increasing the knowledge of Health Care Professionals, especially GP Practices, about the type of activities available in the community and the positive impact they have had for older people.

- **OBSTACLES** included low capacity of volunteer led groups and a lack of reliable volunteers. For many understanding the paperwork associated with claiming the unrestricted funds was daunting and many smaller communities, despite reassurances, were concerned about duplicate funding.

COMMUNITY PARTNERSHIPS

I4 Current Partnership Agreements

- MEAAP Handyperson
- MEAAP TrueCall
- South Antrim Community Transport
- North Coast Community Transport
- Good Morning Larne
- Good Morning Ballymena
- Good Morning Carrickfergus
- Cruse Bereavement Care
- Red Cross
- Carnlough Community Association
- Mid & East Antrim Community Advice Service
- Northern Ireland Chest Heart and Stroke
- Diabetes UK Northern Ireland
- Royal Osteoporosis Society

IN-KIND SUPPORT

MEAAP would also like to recognise the in-kind support they have received from various community groups as part of the IMPACTAgewell® programme. Larger charities have offered support, such as RNIB, Radius Housing, Parkinson's, and Versus Arthritis to name a few, without seeking recompense.

The IMPACTAgewell® Officers have received free training support from Cruse Bereavement Care, Women's Aid, Macmillan Cancer Support etc to build upon their knowledge of health conditions and health inequalities.

9. COMMUNITY PHARMACY EVALUATION

Primarycare and Community Together

WHAT IS PACT?

Primarycare And Community Together (PACT) is an innovative new community interest company which delivers targeted patient centred public health initiatives that address some of the most entrenched health issues facing society. PACT use the unique network of community pharmacy outlets to deliver programmes in partnership with local host communities. This new "model of care" for the community pharmacy network allows a PACT pharmacist to represent ALL the community pharmacists within a locality.

This is a new concept of community pharmacies working together to provide a population model of care. It is clear that the traditional "silo" model of community pharmacy service provision would need to change and adopt to newer integrated ways of working. Community pharmacy needs to organise and transform if it is to deliver services in a modern, integrated, population approach to health and wellbeing. PACT provides a solution to this problem.

INVOLVEMENT IN IMPACTAGEWELL®

PACT represents the roughly 20 community pharmacies within the MEA area and thanks to the investment made available via the IMPACTAgewell® model to support the costs of HCPs, PACT initially facilitated six community pharmacists to represent the surrounding network of pharmacies on the IMPACTAgewell® locality hubs.

These PACT pharmacists advise the locality hubs on pharmacy related issues and also ensures that there are no gaps in provision of commissioned community pharmacy services.

Such is the opportunity that Community Pharmacists have via the IMPACTAgewell® model, PACT Directors have also secured grant funding from The Northern Pharmacies Trust Ltd to help support all community pharmacists involved in the project. This has included networking and training opportunities to build capacity and learning across the sector.

An additional evaluation will complement and add value to the overall action research evaluation. PACT is now working with MOIC to deliver a two year independent evaluation of the community pharmacy element of IMPACTAgewell® which commenced in April 2018.

EVALUATION OBJECTIVES:

- Effectiveness of the PACT Pharmacist working within the IMPACTAgewell® Locality Hubs
- Effectiveness of the community pharmacies delivering community pharmacy services referred via IMPACTAgewell®

METHODOLOGY

All referrals to community pharmacy services and pharmacist interventions within the project have been captured to inform the evaluation. Clinical interventions made by both the PACT pharmacist and the local network of community pharmacists delivering commissioned services were assessed via application of the document classification system.

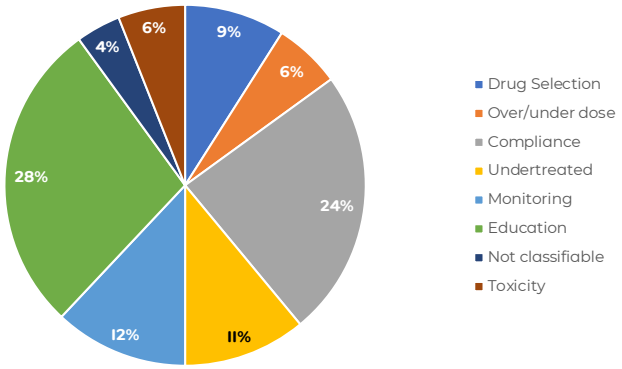
This enabled classification of both activity and the clinical significance of pharmacist interventions.

INTERIM SUMMARY

Evaluation period was from Ist January 2018 until 3Ist December 2019 (inclusive of a 9 month follow up) 66 referrals into community pharmacy services.

EVALUATION OF SERVICE DELIVERED

DRUG RELATED PROBLEM CLASSIFICATION



ACCEPTANCE OF RECOMMENDATIONS

- 319 recommendations were made by community pharmacists.
- Recommendations were sent to GP and IMPACTAgewell® hubs, the majority accepted (96%) and actioned.

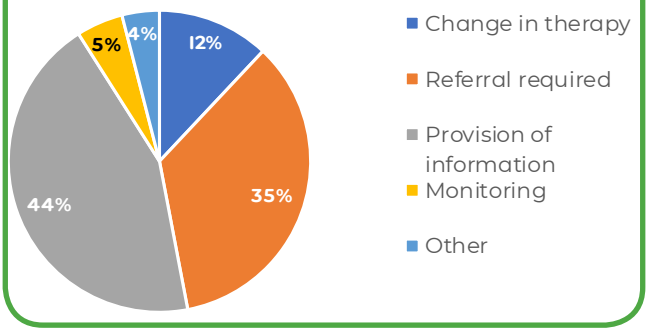
Using the University of Sheffield, School of Health And Related Research (ScHARR) model, cost avoidance related to the pharmacists' clinical interventions were calculated.

Interim results - Costs avoided by the Health Service up to **£37,020.97** per annum*
*a further 9 referrals are pending evaluation.

This means that for every £1 spent on community pharmacists within the project they delivered an invest to save return of £3.86

CLINICAL SIGNIFICANCE		
Intervention Score	Grade	Number (%)
Intervention which is detrimental to the patient's well-being	I	0 (0.0)
Intervention is of no significance to patient care	2	2 (0.6)
Intervention is significant but does not lead to an improvement in patient care	3	II (24.8)
Intervention is significant and results in an improvement in the standard of care	4	227 (73.0)
Intervention is very significant and prevents major organ failure or adverse reaction of similar importance	5	5 (1.6)
Intervention is potentially lifesaving	6	0 (0.0)
		Total 311

COMMUNITY PHARMACIST INTERVENTIONS



Cost avoidance/year

Potential Harm	Mean Estimate Cost of Harm ScHARR £	Eadon Criteria	No. of interventions	Cost avoidance £
Severe	£1959.70	6	0	0
Moderate	£1341.11	5	5	£6705.55
Minor	£131.46	4	227	£29841.42
Unlikely	0-6	1-3	79	0 - 474
TOTAL			**311**	**£36 546.97 - £37 020.97**

10. SUMMARY OF FINDINGS

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

FROI RATIO

£1.87 : £1

This means that for every £1 invested there has been at least £1.87 of savings generated in terms of unscheduled health and social care.

SROI RATIO

£2.52 : £1

This means that for every £1 invested, there has been at least £2.52 of a social return on investment when considering all service users, health care practitioners and carers.

This is a provisional ratio based on a small sample of carers. Though we do not anticipate that the ratio will change significantly as we add more data

COMMUNITY PHARMACY RATIO

£3.86 : £1

This means that for every £1 spent on community pharmacists within the project they delivered an invest to save return of £3.86.

OLDER PEOPLE

- Well-being and Loneliness scores were, on average, typically higher at exit than at entry, reducing at the six-month follow-up in most cases to a level similar to the entry score.
- Reported feeling increasing satisfaction with the NHSCT and the Community/ Voluntary Sector, which could suggest that older people were accessing sources of support they hadn't previously.
- There is a greater impact on loneliness scores for males than females. This fits with evidence that older males are at risk of greater loneliness than older females and suggests that this could be a core benefit for males participating in the programme.
- The positive effects of support felt by service users who lived alone, reduced during the 6 months follow up at almost double the rate of those who lived with someone.

HEALTH CARE PRACTITIONERS

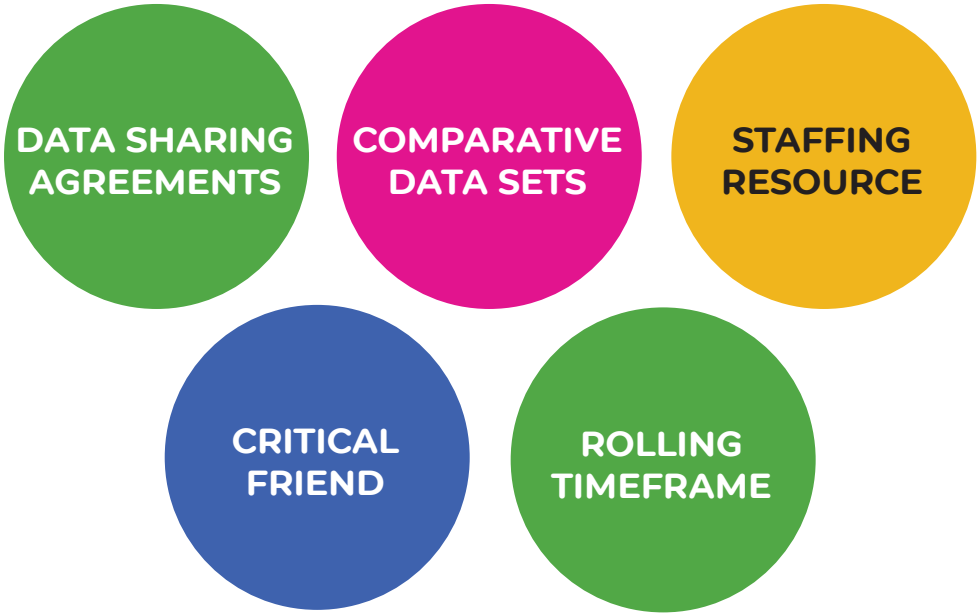
- Reported a significant increase in "Stronger partnerships" (15% net) and "Improvement in Skills and Knowledge" (11% net), with a marginal increasing in "increasing job satisfaction" (3% net). This was despite a small "increase in time press" (-3.3% net).

COMMUNITY/VOLUNTARY SECTOR

- There is a lot of confusion/disagreement amongst the sector in relation to the term "social prescribing". Many fail to realise that this does not mean that they have to deliver new activities, but rather is a new 'buzzword' for community based activities. We would prefer to see it as a way for existing community assets to be used more effectively.
- The opportunity to receive "payment" for providing a "social prescription" was for some organisations confusing. Many were worried, in most cases unnecessarily, that it would jeopardise their current funding.

II. KEY LESSONS LEARNED

The following are key lessons learned through carrying out an action research evaluation for this type of integrated community development project:



- **DATA SHARING AGREEMENTS:** It is essential that agreements are in place from the outset of the project, ideally with a test data sweep completed prior to implementation, to allow all partners to identify gaps in evidence and issues experienced when farming the data.

- **COMPARATIVE DATA SETS:** It has proved very difficult to secure any truly comparative data sets. Equally, for practical and ethical reasons it is difficult, if not impossible, to set up a control group for the purpose of evaluating a project like this. This is unavoidable, but does limit how much we can prove that impacts measured in the evaluation are due only to IMPACTAgewell®, and not other factors in people's lives over the same period.

- **STAFFING RESOURCE:** An action research evaluation is considerably different to that of a traditional independent evaluation, requiring much more staff time which needs to be resourced, building and maintaining new staff/volunteer skill sets and encouraging everyone within the team to realise that evaluation is part of their daily role.

- **CRITICAL FRIEND:** It is essential that in order for the evaluation to remain as robust and systematic as possible, that a highly skilled consultant is appointed to act as your 'critical friend', and gaining such a skill set 'in-kind' from partners is very unreliable, hence it needs to be adequately resourced.

- **ROLLING TIMEFRAME:** Action research evaluation needs systematic project management to learn from the evidence gathered throughout the programme. The learning needs to be incorporated throughout the programme in a plan, do, study, act continuous improvement cycle.

12. APPENDICES

APPENDIX ONE: MEAAP BACKGROUND

When looking at IMPACTAgewell® as a project, it is important to understand the context in which it was developed and is currently being delivered.

MEAAP is the lead partner, and is a registered charity and company limited by guarantee, established in 2011. MEAAP's vision is for "Mid & East Antrim to be a place where everyone can actively agewell together, being involved heard and valued."

We generally support older people aged 60 years and over but can in some cases extend the support to 50 years and over (in line with the United Nations definition of older age) for those who are particularly vulnerable. This is subject to how the project is commissioned.

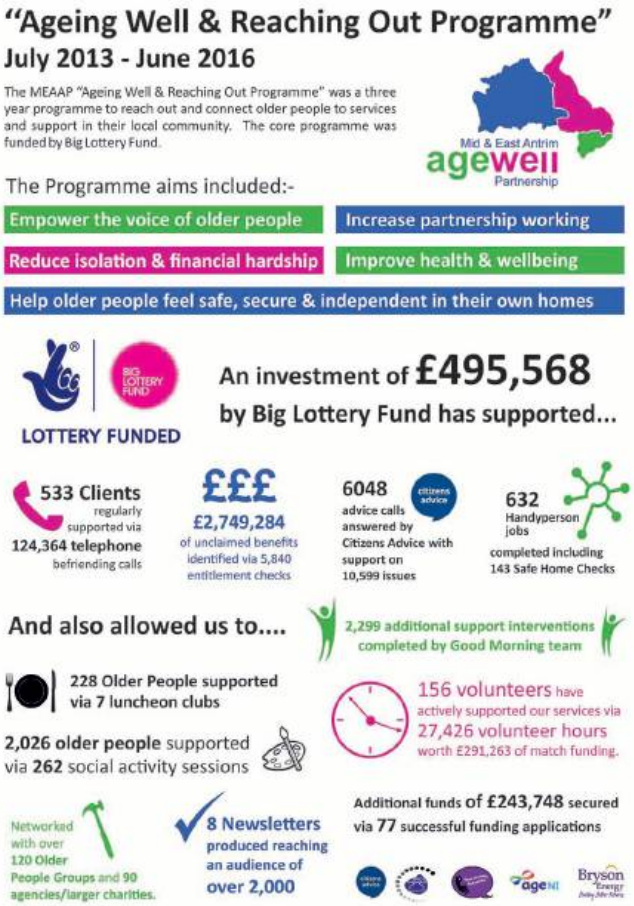
Created prior to the Review of Public Administration, with initial support from Age NI, MEAAP want to prioritise taking time to listen to older people's lived experiences, sharing learning, exploring challenges and pursuing opportunities that will improve the health and wellbeing for the ageing population in our community now and in the future.

AGEING WELL AND REACHING OUT

MEAAP were successful in applying to and securing funds of £495,568 from the Big Lottery Fund Reaching Out Connecting Older People Grant. And in July 2013 launched their first flagship project, namely "Ageing Well & Reaching Out Programme" in July 2013.

With the leadership from their first employee, namely Deirdre McCloskey and the support of a passionate Voluntary Board, MEAAP in the first 3 years successfully built upon the initial network of 30 older people groups and now regularly engages with over 120 older people groups in the local community via quarterly themed meetings, bi-annual newsletters, an annual calendar, monthly community group e-zines and annual celebrations.

Taking a community development approach, MEAAP supported the original partners to use this core funding to leverage in additional funds of almost £250,000, all of which added to the opportunities available within the local community to support more older people.



AGEING WELL

Elements of this flagship project continue today, with MEAAP having successfully won a tender offered by the MEABC Community Planning Partnership to deliver "Ageing Well", which includes part-funding the Good Morning telephone befriending service, as well as subsidising the Handyperson and Home Security services.

COMMUNITY NAVIGATOR

The final core programme which is still ongoing at MEAAP, is the partnership with Age NI to deliver the Community Navigator service which has been commissioned by the NHSCT.

Working in partnership with Age NI, allowed MEAAP as a charity to overcome the difficulty of the local Trust Locality Teams not matching the footprint of the Council boundaries. For example, MEAAP only covers Ballymena, Larne and Carrickfergus, whereas the Health and Social Care Services are organised with Antrim/Ballymena and East Antrim (Larne, Carrickfergus and Newtownabbey).

This service has allowed us to work much closer with the NHSCT teams, and offer older people and their families/carers as well as Health Care Professionals and Statutory agencies the opportunity to secure information on the wide range of support that is available via the community/ voluntary sector as well as join the dots between agencies.

PEACING AGES TOGETHER

MEAAP has also led on delivering the Peace IV Older People's Strand in partnership with MEABC, investing over £80,000 in 30 local community groups across Mid & East Antrim to participate in their Peacing Ages Together. This project finished in June 2019, with over 350 older people sharing their experience and learning at a Celebration Event which ended with a Boogie Bouncing/ Conga Line Extravaganza.

SMALL BUT VITAL PROJECTS

As well as supporting the core projects, MEAAP is well known for many of their smaller initiatives including for example, Retired Older Men Eating Out (an older men's brunch club), Healthy Steps to Ageing (a Building Community Pharmacy Project to support older people identified as being frail and in need of support) and most recently 'Ready, Steady, Agewell' (a small pilot encouraging older people who are housebound to participate in regular activity through the use of an Amazon Echo Dot device).

It is MEAAP's continued energy and ability to use the feedback, local knowledge and data gathered to develop and deliver initiatives tailored to meet the needs of our local older population that makes it unique as an organisation.

APPENDIX TWO: PARTICIPATING GP PRACTICES

JOINED IN YEAR ONE (APRIL 2017 - MARCH 2018)

- The Surgery, Ballymena
- Bernaghmore Medical Practice, Ballymena
- Old School Surgery, Carrickfergus
- Scotch Quarter Practice, Carrickfergus
- Corran Surgery, Larne
- Victoria Surgery, Larne

JOINED IN YEAR TWO (APRIL 2018 - MARCH 2019)

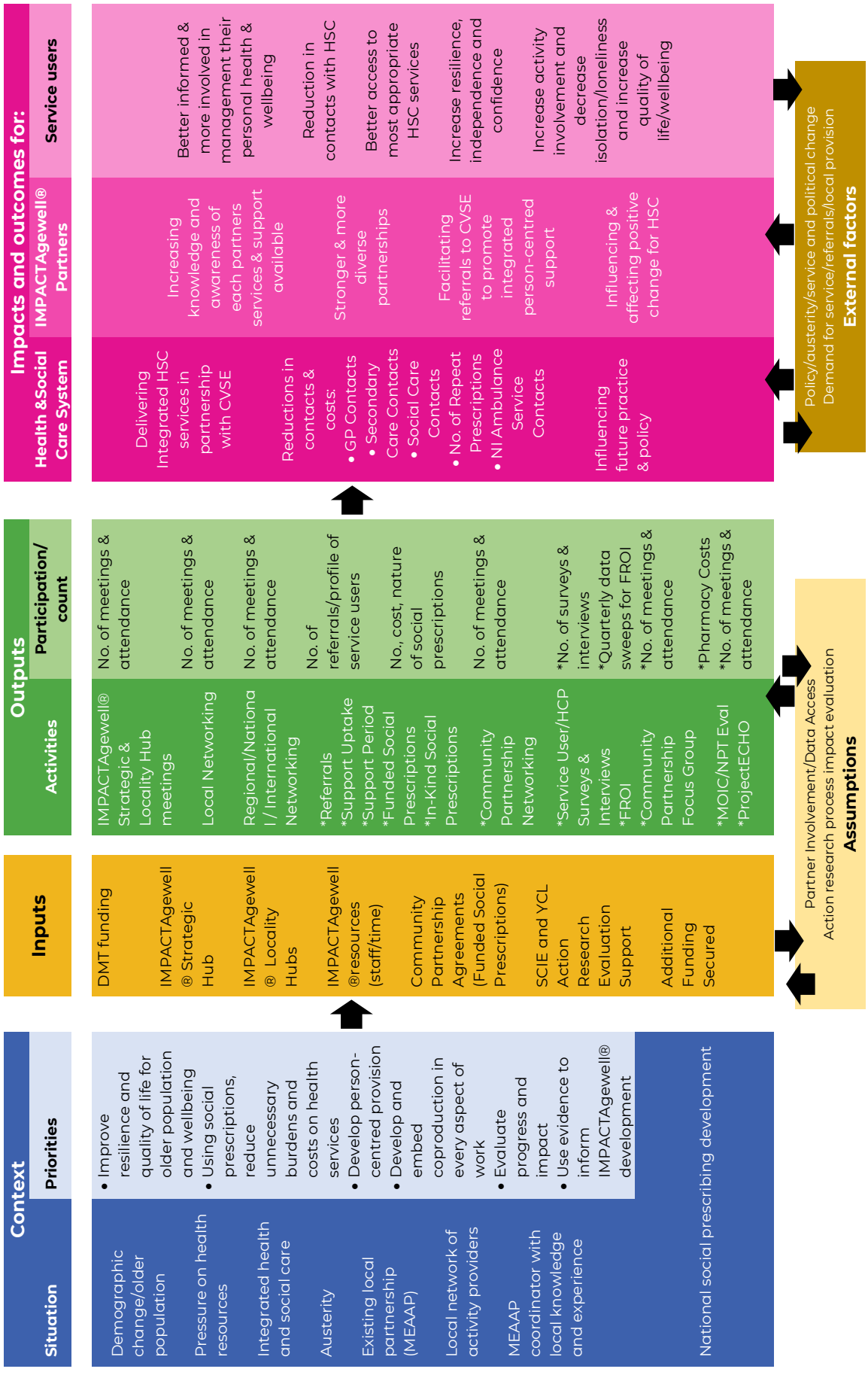
- Smithfield Medical Centre, Ballymena
- Broughshane Medical Practice, Ballymena
- Waveney Medical Practice, Ballymena
- Glens Of Antrim (Carnlough) Surgery, Larne
- Meadowbridge Surgery, Carrickfergus

JOINED IN YEAR THREE (APRIL 2019 - MARCH 2020)

- Portglenone Health Centre, Ballymena
- Cullybackey Medical Practice, Ballymena
- Drs Black and Lalsingh, Larne
- The Castle Practice, Carrickfergus

APPENDIX THREE: EVALUATION LOGIC MODEL

The diagram below depicts the various strands of works that have been completed in terms of measuring outcomes and success using an action research evaluation model.



13. GLOSSARY

A&E – Accident & Emergency

CD – Community Development

CDHN – Community Development & Health Network

CP – Community Pharmacy

CVSE – Community/Voluntary/Social Enterprise

FROI – Fiscal Return On Investment

GP – General Practitioner/General Practice

HCP – Health Care Practitioners

HSCB – Health & Social Care Board

ICP – Integrated Care Partnerships

MEA – Mid & East Antrim

MEAAP – Mid & East Antrim Agewell Partnership

MOIC – Medicines Optimisation Innovation Centre

NEF – New Economics Foundation Consulting Ltd

NHSCT – Northern Health & Social Care Trust

NI – Northern Ireland

NIAS – Northern Ireland Ambulance Service

MDT – Multidisciplinary Team

PACT – Primarycare And Community Together

PSNI – Police Service of Northern Ireland

RNIB – Royal National Institute of Blind People

SCIE – Social Care Institute of Excellence

SDOH – Social Determinants of Health

SROI – Social Return On Investment

WEMWBS – Warwick-Edinburgh Mental Wellbeing Scale

YCL – York Consulting Ltd

THANK YOU TO ALL OUR PARTNERS

Integrated Care Partnerships
Health and Social Care

HSC Health and Social Care Board

scie social care institute for excellence

Mid & East Antrim Borough Council

YORK Consulting

Mid & East Antrim agewell Partnership

Community Development & Health Network

IMPACTAgewell

The Dunhill Medical Trust

Primarycare and Community Together

moic
Medicines Optimisation Innovation Centre

NEF CONSULTING

Northern Pharmacies Trust

HSC Northern Health and Social Care Trust

NIAS Northern Ireland Ambulance Service

Pharmacy in Focus Enterprise within Pharmacy Award (January 18)

20th Northern Ireland Healthcare Community Pharmacy Collaborative Working Award (March 19)

CO3 Leading Forward in Transformation across Health and Social Care Award (March 19)

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Remarkable research for healthy ageing

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IMPACTAgewell

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

SHARING OUR LEARNING

Year 3 Evaluation Update

(1ST APRIL 2017 – 31ST MARCH 2020)

WELCOME

Our first 'Sharing our Learning' Report was published in January 2020, captured our extensive action research evaluation based on datasets secured during the first two years of operation. (https://www.meaap.co.uk/impactagewell2020)

IMPACTAgewell® partners are delighted to share with you the learning which now incorporates the datasets from Year 3, thereby providing a robust evidence base for the benefits of supporting a community led integrated care approach. It is important to note this is our Year 3 update. 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 the Learning" Report.

As before, the elements of the evaluation complement each other to assess the service from the perspectives of all of the partners involved. We are also pleased to include the final report from our partners PACT on their 2 year independent evaluation of the community pharmacy element of IMPACTAgewell® which commenced in April 2018.

Our focus is on improving the health and wellbeing of our ageing population, with great efforts made to improve the quality of services available by building local knowledge and diversifying services to meet the emerging needs of older people in the Borough. It is hoped that this integrated approach will not only improve the lives of older people and the health care practitioners involved, but will also help achieve cost savings in terms of the use of unscheduled health and social care support at a time when financial resources are increasingly limited.

IMPACTAgewell

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IMPACTAgewell

I. 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 3 (March 2020), data sets for all three time periods were present for 279 service users. This data was 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®

Category	No. of service users
Received one-off support only	577
Full programme of support completed	480
Currently receiving support	108
Pending assessment	112
Total	1,277

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	£8,736 n=73	£182,982 n=52	£4,464 n=49	£7,560 n=41	£75,276 n=35	£209,692 n=268	£228,335 n=277	**£717,045**
Total cost – during (adjusted to 181 days)	£10,452 n=49	£190,411 n=44	£2,356 n=18	£2,940 n=12	£46,818 n=11	£205,421 n=252	£219,621 n=276	**£678,019**
Total cost – after	£11,292 n=48	£191,617 n=46	£2,728 n=17	£1,960 n=8	£23,409 n=7	£195,000 n=252	£213,654 n=274	**£639,660**

Most significantly, the grand total in the 'after' period is lower (by £77,385) 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 £77,385.

It is also the case that, with the exception of district nurse contacts and domiciliary care, the 'after' costs are lower than the 'before' costs in each category. Proportionately, the largest reductions occurred in the cost of hospital admissions (-74%) and, evidently related to that, hospital bed days (-69%).

The average annual cost reduction per service user is £1,358:

TOTAL REDUCTION IN COSTS TO THE STATE = £77,385

NUMBER OF SERVICE USERS TO WHICH THE SAVINGS APPLY = 114

AVERAGE COST REDUCTION PER SERVICE USER IN THE SIX-MONTH 'AFTER' PERIOD = £679

AVERAGE COST REDUCTION PER SERVICE USER – ANNUALISED = £1,358

The estimated financial return on investment, is calculated by dividing the Average Cost Reductions to Health and Social Care Costs per service user by the Average Delivery Costs per service user, i.e.

$$\frac{\text{Average Cost Reduction per Service User (annualised)} = £1,358}{\text{Average Cost of IMPACTAgewell® per Service User (annualised)} = £901}$$

THIS MEANS THAT FOR EVERY £1 INVESTED IN THIS SERVICE, £1.51 WAS SAVED.
(OR A NET OR ADDITIONAL £0.51 WAS SAVED)

This figure is a much more robust figure as it is not based on estimates but rather on definite data and still reveals a very positive figure going forward.

We cannot say that all of these savings are directly attributable to IMPACTAgewell®.

However, it is equally important to note that the data set does not give any indication of the preventative effects of IMPACTAgewell®, for which some savings in terms of unscheduled use of health and social care are likely to have occurred but are difficult to accurately calculate.

2. SOCIAL RETURN ON INVESTMENT

During Year 3, MEAAP were able to secure 14 further survey responses from carers of people receiving the service. This allowed us to revise the tentative SROI figure included in last year's report, which included only a very small number of carers responses.

Overall, the updated analysis shows a combined SROI value of £2.22 for supported service users, those who had one-off support, healthcare practitioners and carers, i.e. for every £1 spent on the service, it delivered £2.22 of social value.

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.

Scenario	Updated SROI value
Supported service users (363) and healthcare practitioners	£1.38
Supported service users (363), healthcare practitioners and carers	£2.07
Supported service users (363), healthcare practitioners and those who had one-off support* (401)	£1.53
Supported service users (363), healthcare practitioners, those who had one-off support* (401) and carers	**£2.22**

* Based on people who received one off support receiving an estimated 10% of the benefit of those receiving full support.
* Does not include benefits to the Community Voluntary Sector / Community Partners

As well as providing us with a more reliable SROI ratio, the 18 responses to the carers survey indicates that IMPACTAgewell® has a significant positive impact on carers of those receiving the service.

Carers were asked about changes in their awareness of services, levels of stress, loneliness and happiness, before and after their partner received IMPACTAgewell®. All of these showed a positive change following IMPACTAgewell®:

- 49% increase in awareness of services for themselves
- 35% increase in awareness of services for the person they care for
- 23% reduction in reported level of general stress
- 22% reduction in loneliness scores on the De Jong Gierveld scale
- 23% increase in reported level of happiness

The sample was comparatively small, and respondents were asked to retrospectively rate changes in these domains, nevertheless, these results indicate that IMPACTAgewell® has likely had a significant positive impact on the carers and partners of those who receive support.

"My experience with IMPACTAgewell® has been very positive. I have been put in touch with people and services that have been most helpful, and would recommend the service to all carers."
IMP263, Female 66-80

3. IMPACTS AND OUTCOMES FOR OLDER PEOPLE

Each service user who consented to ongoing support was given the opportunity to consent and participate in evaluation elements of the programme, including surveys issued at three time points (entry, exit and 6 months follow up) as well as recorded interviews.

At end of Year 3, well over 800 surveys had been received, with 126 received for all three time-points as shown in table below and 9 service users had completed a recorded interview.

Service User Survey Responses	
Time-point	**No. of responses**
Entry	417
Exit	255
Follow-up	151
All three time-points	126

Across the majority of the items measured in the survey, scores increased at the exit point, indicating that IMPACTAgewell® has had a positive impact. At the point of the follow up survey, scores typically return to near, or just higher than, entry scores.

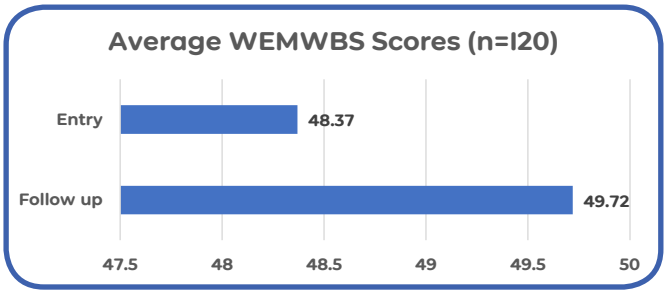
Rather than being seen negatively, this finding may indicate that over the longer term IMPACTAgewell® is having a preventative effect, given that the population are at a point in their lives where health conditions are likely to be worsening and having a greater impact on their lives.

"The IMPACTAgewell® officer was a big help by just listening. She was very understanding, sympathetic and respectful and not patronising. She was very helpful. I am more aware of help I can access and how to get it." IMP380 Female 80-85

SERVICE USER WEMWBS SCORES

As show in the graph below the general trend in the WEMWBS responses mirrors the general trend in the survey results as a whole, i.e.:

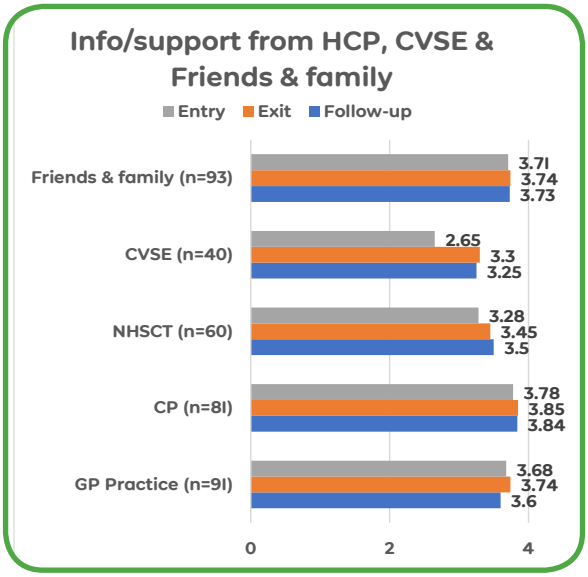
Average scores at exit are typically higher than at entry;
Average scores then typically reduce at follow-up, in most cases to a level that is reasonably similar to the entry score or slightly higher.



This shows IMPACTAgewell®'s continued positive impact on service users 6 months after follow up.

SERVICE USER VIEWS ON SUPPORT FROM HEALTH CARE PRACTITIONERS (HCPs)

The scores at exit and follow up ranged between 3 and 4 (3 =partially met needs, 4= fully met needs) across all categories. The largest increase in entry and exit was in the scores of the community and voluntary sector, with 40% of service users reporting a positive change in their lives.



SERVICE USER VIEWS ON MANAGEMENT OF HEALTH AND WELL-BEING

Service Users where asked about the extent to which they agreed or disagreed with various statements to do with their health and well-being . The results mirrored the theme that runs throughout the service user survey, whereby the average scores rose between entry and exit and then typically fell slightly follow up.

Importantly though, two thirds of the statements, the average score at follow up exceeds the average score at entry, which indicates IMPACTAgewell® could be having a long term positive impact on health and wellbeing.

The positive changes are more focused on service users' awareness and understanding of accessing support, while the negative changes are more about how they feel they are being treated and included in their health care plans and decisions by healthcare professionals.

"I must admit that I did not know half the things that are available until we got your IMPACTAgewell® officer started visiting and their assistance was valued." IMP101 MALE 70-75

Positive:

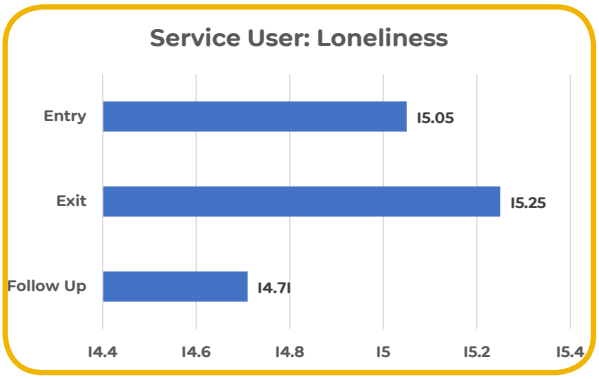
- I know how to access the support I need;
- My long-term health condition(s) don't stop me from doing things I want to;
- I have support whenever I need it.

Negative:

- I feel valued, respected and treated with dignity by my Health Care Professionals.
- I feel involved in decisions about my healthcare.

SERVICE USER - DE JONG GIERVELD 6-ITEM LONELINESS SCALE

This scale is a common way of measuring loneliness. Service users rate themselves against a range of positive and negative statements pertaining to loneliness.



Whilst the changes are small, the results, as seen in the graph above, do show positive changes between entry and exit across all of the items.

Older people often voiced their wish for support and visits from our IMPACTAgewell® Officers to continue despite being made aware at the outset and during support that this was not a long term style of support. The results at follow up may show those who miss the companionship they built up with their appointed officer and hence report a higher level of loneliness in that period.

"I enjoyed the visits from Agewell and I miss them. I found them very helpful." IMP04 Female 75-80

There is growing evidence that shows loneliness is a growing problem for all ages, especially older people in our modern world and despite countless government initiatives including a Minister for Loneliness.

In NISRA's first report on Loneliness published in February 2020, almost two -thirds of respondents who described their health as "bad" or "very bad" felt "more often lonely"(66%) Over half (55.2%) of people who reported having a limiting long-standing illness were "more often lonely".

SERVICE USER RATING OF IMPACTAGEWELL® SUPPORT

This question captured service users' views at the exit and follow-up timepoints only, asking them to agree or disagree with the four statements to do with their support they had received from IMPACTAgewell®

The scores were universally high at exit and reduced a little at follow-up six months later.

Average scores across two-time points IMPACTAgewell® has made it more likely for me...	Exit average score	Follow-up average score	Change between exit and follow-up
To be involved in decisions about managing my Health and Wellbeing (n=124)	4.10	3.73	-0.38
To be able to focus on things that are most important to me in managing my health and wellbeing (n=122)	4.16	3.81	-0.34
To be able to find and access the support I need when I need it (n=125)	4.16	3.83	-0.33
To feel confident about managing my health in the future (n=124)	4.02	3.76	-0.27

A score of 4 means that a user agreed with the statement, 5 would mean that they strongly agreed. So the results suggest that, on average, each service user selected 'agree' or better in their response to each statement.

"Although I may have been aware of some of the services available to me and my husband, at times I felt completely overwhelmed by my husband's illness and its progression and the effort of finding information was just too much. Sometimes admitting that you are struggling and that outside help is needed is very difficult. The IMPACTAgewell® officer helped me get some perspective and had information on various organisations and how they might help and often made the first call to gauge what assistance might be given enabling me to take things further. It was great to have that continuity with someone who came to know us over those months."
IMP372 , Female 50-65

"I have enjoyed my times with the IMPACTAgewell® officer. They have shown me how to access help if I need them, and it is reassuring to me to know I can contact them if needed."
IMP61 Female 90-95

"This scheme has helped me by introducing me to various activities and options available to me. I enjoyed getting to meet others at breakfast and I am waiting for them to start again."
IMP244 MALE 60-69

4. COMMUNITY PHARMACY EVALUATION

Primarycare and Community Together

Primarycare and Community Together (PACT) represents the roughly 20 community pharmacies within the MEA area and thanks to the investment made available via the IMPACTAgewell® model to support the costs of HCPs, PACT initially facilitated six community pharmacists to represent the surrounding network of pharmacies on the IMPACTAgewell® locality hubs.

These PACT pharmacists advise the locality hubs on pharmacy related issues and also ensure that there are no gaps in provision of commissioned community pharmacy.

PACT worked with the Medicines Optimisation Innovation Centre (MOIC) to deliver an additional two-year independent evaluation of the community pharmacy element of IMPACTAgewell® which commenced in April 2018. This additional evaluation complements and adds value to the overall action research evaluation. We are now happy to be able to share the final report's findings with you in summary so far.

EVALUATION OBJECTIVES:

- Effectiveness of the PACT Pharmacist working within the IMPACTAgewell® Locality Hubs
- Effectiveness of the community pharmacies delivering community pharmacy services referred via IMPACTAgewell®

EVALUATION OF SERVICE DELIVERED

ACCEPTANCE OF RECOMMENDATIONS

- 426 recommendations were made by community pharmacists
- Recommendations were sent to the GP and IMPACTAgewell® Hubs the majority 96% were accepted and actioned

Using the University of Sheffield, School of Health And Related Research (ScHARR) model, cost avoidance related to the pharmacists' clinical interventions were calculated

Costs avoided by the Health Service up to **£58,158** per annum

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

The majority of clinical interventions by Community Pharmacists were classified as Grade 4 (71%) using the Eadon scale (i.e. Intervention is significant and results in an improvement in the standard of care)

There were 8 grade 5 clinical interventions (intervention is very significant and prevents major organ failure or adverse reaction of similar importance) These were all reviewed and independently validated

This evaluation has allowed community pharmacy to demonstrate an enhanced delivery of clinical expertise within a new service model developed in collaboration with IMPACTAgewell®. The benefits of the programme of care, as highlighted in the body of the report clearly demonstrate the value of community pharmacy via the PACT model of care in providing this service to both the service users and community pharmacy as a whole.

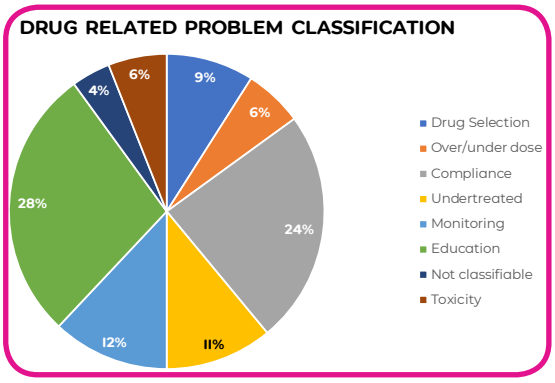
Cost avoidance (reduction in healthcare utilisation) associated with community pharmacist interventions				
Potential Harm	**Mean Estimate Cost of Harm ScHAAR**	**Eadon Criteria**	**No. of interventions**	**Cost avoidance**
Severe	£1,085-£2120	6	0	0
Moderate	£713-£1,484	5	8	£5,704-£11,872
Minor	£65-£150	4	304	£19,760-£45,600
Unlikely	0-6	1-3	114	0 - 684
TOTAL			**426**	**£25,464–£58,158**

VIGNETTE

John and Kathleen were referred by their IMPACTAgewell® Officer for a medicine use review. John was the main carer and organised the medicines for both. He was beginning to struggle with this which led to them both running out of tablets. Kathleen wasn't keen on taking a fluid tablet at lunchtime as she had difficulty making it to the toilet. The PACT Pharmacist resolved this by suggesting an increased dose of fluid tablet in the morning, therefore removing the need for a lunchtime tablet.

John was forgetting his diabetes tablets and his blood sugars were poorly controlled. The PACT pharmacist resolved this issue by introducing a long-acting tablet, thereby removing the need for multiple doses throughout the day.

The PACT Pharmacist reconciled what medicines they had at home and ensured they were synchronised to run out at the same time - making reordering prescriptions much easier for John.



FEEDBACK FROM COMMUNITY PHARMACISTS

"I am a lot more familiar with colleagues in the GP surgery due to meeting with the staff on a bimonthly basis. When I ring the surgery they know who I am and maybe respect my position a bit more and respect that what I am recommending should be followed through."

"It has definitely Increased my awareness of what goes on in our community, I was more aware of different groups in some areas but less aware of areas further afield. This has now given me a better understanding of what is available to support patients."

"I contacted the social worker involved in our project, they contact me a lot more if there is a problem with a patient, not necessarily from this Pharmacy. There is a pathway of communication that wasn't there before."

5. SUMMARY OF FINDINGS

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

FROI RATIO

£1.51 : £1

This means that for every £1 invested there has been at least £1.51 of savings generated in terms of unscheduled health and social care.health and social care.

SROI RATIO

£2.22 : £1

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 carersadd more data

COMMUNITY PHARMACY RATIO

£5.81: £1

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

6. PLANS FOR THE NEXT FIVE YEARS

As we embark on the next five years of IMPACTAgewell® we do have plans to reduce the level of evaluation due to the comprehensive evidence base gathered in the initial three-year proof of concept phase.

We are however continuing to work with our partners gathering our data sets to inform our continued Fiscal Return on Investment figures however throughout this year (2020) and perhaps next these will be affected by the ongoing Coronavirus pandemic.

We have already started to pilot a more Social Determinants of Health focussed reporting system to allow us to see which themes our support can be targeted to in the future.

Of course, the views of our service users are always paramount to us, so we will be drafting a light touch evaluation entry and exit survey to continue to capture their thoughts and feelings through their IMPACTAgewell® journey.

THANK YOU TO ALL OUR PARTNERS

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Photos from our IMPACTAgewell® 2020 Sharing Our Learning event in January 2020








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SHARING OUR LEARNING
Year 4 Evaluation Update

(1ST APRIL 2017 – 31ST MARCH 2021)

CONTENTS

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.meaap.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
Total	**1,758**

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
Total costs	**£175,396**	**£169,554**

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	**£1,053,712**
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	**£915,952**
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	**£899,177**

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
Average number of service users for all categories	**166**

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.

$$\frac{\text{Average Cost Reduction per Service User (annualised)} = £1,862}{\text{Average Cost of IMPACTAgewell® per Service User (annualised)} = £781}$$

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

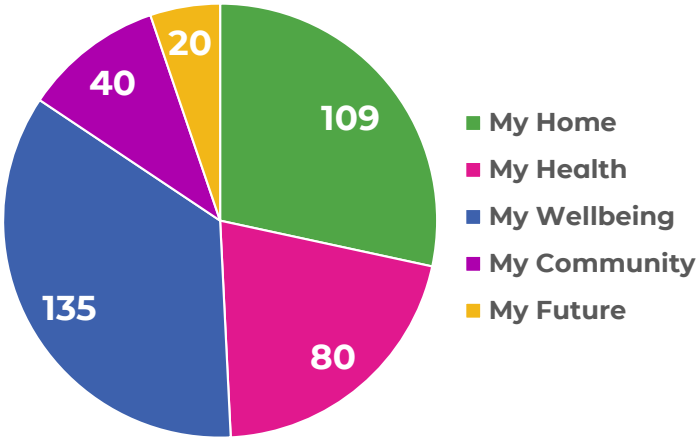
Since November 2020, the IMPACTAgewell® Team followed the themes of My IMPACTAgewell® Plan, My Home, My Health, My Wellbeing, My Community, and, My Future to tap into the main Social Determinants of Health (SDOH) which were emerging within the needs of our ageing population.

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;

Number of Actions Carried Out



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.

'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.

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.

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.

Mid & East Antrim agewell Partnership

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 keysafes 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.

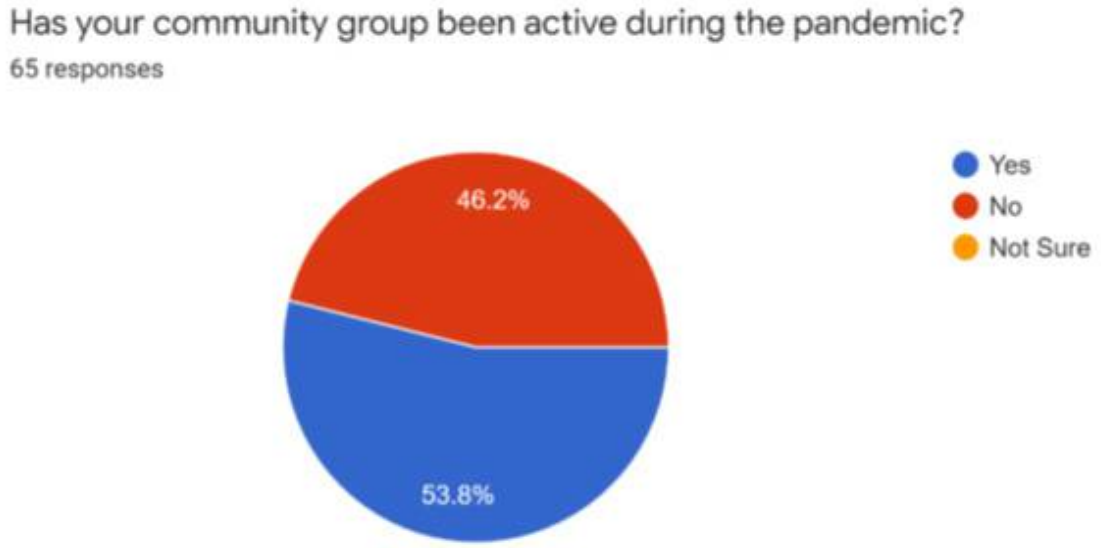
The Dunhill Medical Trust · The Community Foundation · HSC Northern Health and Social Care Trust · Mid & East Antrim Borough Council · Putting People First · Halifax Foundation for Northern Ireland

Contact MEAAP on 028 2565 8604

@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.



* 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 form 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 carersadd 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

Integrated Care Partnerships
Health and Social Care

Community Development & Health Network

scie social care institute for excellence

Mid & East Antrim Borough Council

Mid & East Antrim agewell Partnership

HSC Health and Social Care Board

Remarkable research for healthy ageing
THE DUNHILL MEDICAL TRUST

IMPACTAgewell

Primarycare and Community Together

moic
Medicines Optimisation Innovation Centre

NEF CONSULTING

YORK Consulting

HSC Northern Health and Social Care Trust

NIAS Northern Ireland Ambulance Service

Northern Pharmacies Trust

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IMPACTAgewell

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HSC Health and Social Care Board

Remarkable research for healthy ageing
THE DUNHILL MEDICAL TRUST

IMPACT
Improving Adult Care Together

Northern Ireland Implementation of Lessons from the IMPACTAgewell® Demonstrator

IMPACT is a UK wide programme that aims to spread learning and best practice in adult social care. It is based in the University of Birmingham, with demonstrator projects in all four UK nations. The programme is funded by ESRC, the Economic and Social Research Council and the Health Foundation.

The Northern Ireland IMPACT Demonstrator in 2022/23 was IMPACTAgewell®, a project that facilitates the use of community assets to support older adults with impaired health. It achieves this by IMPACTAgewell® officers meeting service users in their own homes, assessing their personal needs and using social prescribing to connect them with community services that improve their social and physical wellbeing.

This summary document extracts the core learnings from the project and makes recommendations on how those learnings can be embedded in practice in Northern Ireland. While many of the lessons apply to all of the UK, there are specific challenges that face service delivery in Northern Ireland, given its unique health and social care structure and public sector governance situation.

Key points of learning and recommendation for Northern Ireland

1. The IMPACTAgewell® demonstrator model for supporting older adults works well and should continue and be replicated across Northern Ireland.
2. Tackling isolation and loneliness is core to improving health outcomes and quality of life, especially for older adults.
3. The Integrated Care System is the structure for taking a coherent approach to planning and delivery of care, recognising the wide range of services and departments that impact on care.
4. The voluntary and community sector is integral to the delivery of social care. It requires funding certainty and strategic influence, including through ICS partnership boards.
5. Social prescribing is a valuable process for supporting the VCS delivery of care services, yet there is no policy, strategy or statutory funding for social prescribing in Northern Ireland.
6. There needs to be a clearer strategy in relation to pharmacy provision, including the re-establishment of funding for community pharmacy.
7. Community transport is a core service for health and social care outcomes for vulnerable people without personal transport. Its importance for the Department of Health will increase as the programme of hospital reforms accelerates, yet the services are funded by another department.
8. People who have moved into Northern Ireland from outside the UK would benefit from explanations soon after arrival with regard to the health, social care, social housing and welfare benefits systems.
9. Government value for money service assessments should consider inputs and outcomes across the public funding spectrum, not be limited to a single departmental budget.
10. Staff morale, churn, vacancies, recruitment and pay need to be addressed in the public and related health and social care sectors as a matter of urgency.
11. The absence of government and forward budget certainty undermines confidence, planning and efficiency in the public and voluntary and community sectors.

What needs to be done?

An exemplar to be replicated

IMPACTAgewell® has demonstrated that using the assets of the voluntary and community sector to provide support to vulnerable and isolated older adults is an important, effective and cost-effective means of mitigating ill health and preventing higher levels of demands on GPs and hospital services.

The programme operates across traditional public and voluntary sector boundaries. Audits of its costs show strong value for money outcomes, with savings that accrue across various budget heads and departments. This is an illustration of why coherent, cross-departmental decision-making is essential, while being operationally difficult to achieve.

Implications for the Integrated Care System (ICS)

All governments struggle with the challenge of silo decision-making and budget setting. A core function of the new ICS will be to bring greater coherence and co-operation to service delivery in the health and social care sectors. It will need to bring together a broad range of sector representatives, including from the voluntary and community sector (VCS). Given the lack of a common outlook and set of interests within the VCS, this will be challenging to achieve. Selecting genuinely representative voices of the VCS to sit on ICS partnership boards will be difficult, yet essential.

ICS partnership boards may need to consider the role of bodies and agencies operating outside the health and social care sector, yet whose activities affect health and social care outcomes. An example would be floating support services funded through the Supporting People programme, administered by the Housing Executive, which deliver services that should ideally dovetail with social care. It is unclear whether Supporting People funded floating support services are delivered in ways that fully align with, complement and support other social care services.

Within Northern Ireland there are multiple examples of where budgets and policies overseen by one department have outcomes and impacts that affect other departments. Public services that affect health and social care outcomes include libraries, community centres. lifelong learning, sports and leisure facilities, as well as community transport. Taking a holistic view of how these services influence health and social care outcomes might form part of the role of the ICS partnership boards.

Voluntary & Community Sector should be a core partner

Valuing the role of the VCS needs to go beyond the funding of their services. VCS organisations and their representatives need to be involved in strategic decision making, including policy development. Among other things, this will help to address the silo approach of departments, given that the operations of VCS organisations seldom fit neatly within the remit of any single department.

IMPACTAgewell® uses community assets to improve the wellbeing of older adults. It does this by employing officers with strong interpersonal skills whose role is to develop relationships with both service users and service providers, acting as a link between services and people who need them. Those interpersonal skills are essential for this approach to be effective. The use of social prescribing is an effective way of facilitating this and can be used as a system to distribute payments for services that are provided.

Community transport is essential

IMPACTAgewell® demonstrates clearly how tackling isolation and loneliness improve the mental and physical wellbeing of service users and patients. Older adults who may have disabilities, reduced eyesight, physical impairments, or who have never passed their driving tests are reliant on community and disability transport arrangements to access community resources. Without these, their mental and physical capacities can deteriorate quickly. The service is funded by an external funding stream, from the Department for Infrastructure.

Moreover, the Department of Health's dependence on community transport to achieve its objectives is set to increase. The health reforms recommended by the Bengoa review are leading to greater specialisation within hospitals and less use of smaller general hospitals. This can require patients to travel further for treatment. Yet some hospitals – Antrim, Craigavon and Enniskillen, for example – are very difficult to access by public transport, while private taxi journeys can be too expensive for people on low incomes to use. Community transport infrastructure (or expanded public transport) is therefore central to the roll-out of the hospital reform programme.

Support for social prescribing

The current absence of any policy on social prescribing is a barrier to its use in Northern Ireland. Northern Ireland is the only part of the UK without such a policy, with the other UK nations having not only policies but also funding structures in place to support social prescribing. The limited use of social prescribing in Northern Ireland has required some groups to rely on lottery funding to meet the costs.

There is widespread evidence of the benefits of social prescribing, yet this has not been sufficiently taken into account in policy development in Northern Ireland. This raises broader questions about Northern Ireland governmental decision-making and whether it is sufficiently evidence based. This is a matter that might usefully be considered within a wider context of Northern Ireland policy-making.

The use of social prescribing is in part intended to address issues around the social determinants of ill health. An absence of policy related to social prescribing raises questions as to whether there is sufficient consideration within policy-making of the social determinants of ill health and shorter life expectancy amongst the sections of the population who live in deprived communities.

People new to the UK require system explainers

The increasing presence of migrant workers and refugees in Northern Ireland requires consideration of how existing policies and practices affect these sections of the population. This includes those who arrive from other parts of Europe, for example, are likely to have experienced very different types of health care.

Few of them will have had experience of the NHS ‘gatekeeper’ model of GP and may expect to be able to immediately access a specialist, without needing to see a GP and then have to be on an often long waiting list. Providing information on how the NHS works, how to access social care and social housing, benefits processing, and other services, would be of significant assistance to new arrivals to Northern Ireland.

Crisis in government has negative effects for all services

It is evident that the absence of the Northern Ireland Executive and ministers undermines the ability of departments to enter into forward commitments and set policies beyond the current financial year. It equally prevents the development of reforms and multi-year strategies. In particular, this undermines the use of what might be regarded as ‘invest to save’ initiatives – including spending on preventative social care that reduces demand on GPs and hospital admissions.

In the 2023/24 financial year, many voluntary and community groups were uncertain at the onset of the financial year whether they had funding beyond the initial months. This damaged not only their planning and sustainability, but also staff retention.

Staff and professional ‘churn’ is a massive problem in the health and social care sectors in Northern Ireland. This has to be resolved in order to improve health outcomes, support older and disabled people, and to cut waiting times and waiting lists. The high level of staff vacancies and sickness absence is related to low morale, which is also linked to staff complaints of low pay. These grievances exist across the health and social care sectors, including GPs, their staff, nurses and medical professionals within hospitals. There are similar challenges within pharmacy, given the cuts to community pharmacy funding and uncertainty resulting from reforms of the pharmacy sector. It is essential that these challenges are grasped and resolved as a matter of urgency.

Stable government, medium term budgets and strategic policy coherence are the central elements of the delivery of any public service. This applies with regard to social care provided by both the statutory sector and the voluntary and community sector – and even with regard to contracting with the private sector. While this is an obvious challenge across all of Northern Ireland government, it nevertheless has to be noted as an impediment to the efficient and effective delivery of social care.

Table 1: Summary of Learning

PROFESSIONAL ENGAGEMENT	REFLECTING DIVERSITY
Professional engagement requires continual focus due to changes in personnel, structures and operational environments. Demonstrating value of asset-based approaches in different situations helps professionals to appreciate relevance to their work. In-person contact between professionals and link workers facilitates trust and builds confidence in collaboration. Professional networks facilitate access to professionals and provide credibility for approach.	Comparing referral data to population level data helps to pinpoint communities who are not accessing support. Developing partnerships with bodies which represent different communities identifies barriers and potential solutions. Training and support may be necessary for project officers to develop skills and confidence in supporting people from different cultures. Community development activity must consider the needs of minority communities. Awareness must be developed of indirect and passive discrimination in process and practices.
EXPANDING REACH	**SYSTEM FACTORS**
Direct approaches to community groups proposing service partnerships are more effective than open calls. Backing social prescribing with fees per individual prescription helps to build capacity and meet costs of community sector Facilitating opportunities for community groups to meet with each other and project officers help to build relationships, encourage joint work, and developing new assets. Alternative funding models such as social finance can result in additional investment alongside public sector contracts	Community organisations should be involved in wider changes to structures, roles, and processes to maintain joint working and enable effective communication. Strategic investment in community resources and navigator services needs to be co-ordinated across health and social care and complementary sectors. People who are new to a country will benefit from guidance on how the health and social care system and other services function. Instability in government and strategic decision-making limit the capacity, morale and planning processes of the community and statutory sectors.

IMPACT
Improving Adult Care Together

How to embed asset-based approaches in health and social care: integration across public and community sectors

An asset (or strengths) based approach is a generic term which describes a fundamental shift in the design and delivery of health and social care services. Rather than focussing on the challenges which people face and how professionals and care services can address these challenges, an asset-based approach starts with what is important to the individual and explores the personal, family and community resources available to achieve their chosen outcomes.

Formal services look to complement but not replace or duplicate these informal resources. Professional opinion is considered alongside (but not above) the person's own view of their challenges and opportunities.

Asset-based approaches recognise the importance of communities - geographic, faith, lifestyle, and/or condition-based - for promoting wellbeing and developing resilience. They facilitate people's access to relevant community-based networks and organisations, and work alongside and invest within communities to create new supports to address unmet needs.

An asset-based approach enables funding to be invested more preventatively so that wherever possible people's conditions and social situations do not deteriorate to the point of crisis. This is better for the person and their family and results in more effective use of resources.

The rationale for asset-based approaches have been endorsed by governments across the UK. Embedding this in practice has though proven to be extremely challenging. This report provides insights from the IMPACT Demonstrator project on how asset-based principles can be implemented and sustained.

What is the research evidence?

Research regarding asset-based approaches with older people can be drawn from different fields of practice and study – these include strengths-based working in adult social work and social care, community development and social prescribing. There are differences in the contexts, focus and practice models used, yet reviews of research within these fields report similar insights. While the evidence base is not yet conclusive, there are strong indications of positive impacts regarding people's mental wellbeing, self-confidence, and reduced isolation. Outcomes are less clear in relation to reducing people's access to, and long-term reliance on, formal health and social care services, and the comparative benefits of different asset-based models.

Implementation should take a developmental and whole systems approach, engaging community members, strengthening social connections, and building trusting relationships over time. Professional and organisational cultures are not always receptive to sharing power and knowledge - this must be addressed pro-actively with greater accountability to people with lived experience and to communities. Alongside relatively few studies having been undertaken, there are also common issues relating to the methodological challenges of evaluating a preventative approach.

Definitions

Community development:
when people come together to act on what is important to them based on principles of inclusion, social justice and collective action.

Community sector:
organisations which are independent, value-driven, voluntary orientated, and seek public good.

Demonstrators:
IMPACT projects which use evidence to improve strategic decision making in health and social care.

Link workers:
skilled practitioners who connect people to community resources and collaborate with professionals.

Return on investment:
a calculation through which the value of an initiative can be compared with its costs.

Theory of change:
a process which maps out the thinking behind a change project and what outcomes are expected.

World Café:
a collaborative event in which participants discuss topics of shared interest.

Common elements of asset-based approaches

- Link workers who know local resources; have necessary connections & relationships; and can communicate effectively with professionals, voluntary organisations and people and families.
- Efficient process through which professionals can connect people to link workers supported by digital resources and record systems.
- Sufficient range of affordable, accessible, and responsive community- based activities.
- Emotional and practical support for people engaging with community activities.
- On-going development of resources through engagement with communities and local inter-agency collaboration.

IMPACTAgewell®

IMPACTAgewell® is an asset-based community development project located in a rural area of Northern Ireland. It is run by Mid and East Antrim Agewell Partnership (MEAAP), a community charity which was developed to respond to the needs and interests of older people.

IMPACTAgewell® Officers meet older people in their own homes to learn what matters to them and discuss options to improve their social situation and health conditions. Where appropriate and with their agreement, the older person is connected with community groups and statutory bodies which provide relevant services and support.

These include lunch clubs; walking groups; home maintenance; keep warm packs; meal services; benefit reviews; energy advice; internet safety; security and safety checks; telephone call blockers; decluttering; and bird feeders. When a community group engages with an older person, they are provided a fee to help cover their costs.

Referrals come from GPs, social workers, community pharmacies and others. Locality Hub meetings bring together these professionals with IMPACTAgewell® Officers to share information and learn lessons relating to individual older people and the population needs of their area.

"It's very beneficial for patients and doesn't involve an awful lot of work from a GP perspective. It's a fantastic service, appreciated by the service users and the patients, reducing the pressures on the practice."

- General Practitioner

"We did our own evaluation because we thought it was important to capture. The outcomes were excellent … All the soft indicators were very good and the hard indicators as well."

- Community Pharmacist

"I just wish we had them in our teams to work alongside them. It's a service that we need to grow and know. They're very much a holistic service, because they are going in and seeing the person as that person"

- Social Work Manager

Example of individual impact

An older person found herself socially isolated and without friends when her husband died unexpectedly, soon after they moved to the town.

IMPACTAgewell®'s officer introduced her to two lunch clubs, one of which is organised by Good Morning Carrick, which also makes early morning phone calls twice a week to ensure she is well and without problems, and to provide frequent social contact.

A telephone bereavement counselling service has been extremely beneficial in enabling the older person to adapt emotionally to her husband's death and a handyman service has repaired a shed and a door.

The IMPACTAgewell® Officer also provided a list of exercises for the older person to carry out at home.

The older person described these connections as transforming her life by providing social contacts that were absent before.

"I'm very shy and I find it very hard to go into a place where I don't know anybody and I just don't find it comfortable, but I'm fine now. As soon as the IMPACTAgewell® Officer says anything, she does her homework. Every single time. Brilliant. Absolutely brilliant. I couldn't fault them."

The Demonstrator Project

The project was led by two steering groups – a Community Group involving older people and voluntary sector organisations, and a Practice Group involving professionals, health and social care organisations, funders, and networks.

The steering groups set out key implementation questions to be explored initially through research, practice and lived experience evidence. Insights from evidence were discussed at a World Café event involving professionals, older people, and community groups.

A theory of change was developed following the event which identified these areas for development: engagement from professionals, including GPs, social workers and pharmacists; accessibility to older people from minority communities; strengthening collaboration with and across the community sector; and widening learning and impact.

At the end of the project, a second World Café enabled stakeholders to reflect on the progress and learning. Through these discussions recommendations for future practice and policy were developed.

Return on Investment (ROI)

The Social ROI estimated that every £1 spent on IMPACTAgewell® generated a saving of £2.38 through reduced demand on GPs and A&E.

The collaboration with community pharmacies to improve use of prescribed medication had an even higher SROI of £5.81 for every £1 spent.

(York Consulting Limited 2021)

Learning through the Demonstrator project

The Demonstrator project has highlighted the importance of all core elements of the IMPACTAgewell® approach -– locality hubs, skilled and empathetic link workers, a community development approach, and activity-based funding for community organisations to support individuals.

Home visits by IMPACTAgewell® Officers provide multiple benefits: tackling isolation, assessing living conditions, and providing a holistic view of an older person's wellbeing. It has also confirmed stakeholders' belief in the positive outcomes including reducing demand on health and social care services and lightening of workloads.

The inter-professional hubs enable discussion about individual and community needs and sharing of best practice between professionals.

Respectful relationships between professionals, the asset-based service, and the community organisations is key to successful outcomes.

To enable a community development approach to foster, there needs to be integration at a strategic level. This involves a shared approach to investing resources and how to balance issues of equity and individual need, and co-ordination of the different community initiatives.

The community sector should be seen as a partner within strategic policy decisions. Secure funding for core infrastructure services such as community transport and to provide capacity for professional engagement is essential to ensure continuity of support and sustained collaboration.

Asset-based approaches in hospital discharge

Recognising the challenge of delayed hospital discharges, IMPACTAgewell® initiated a pilot project in partnership with social workers at the Inver Intermediate Rehabilitation Care unit in Larne. The pilot aimed to support patients from admission to prepare them for safe discharge.

An IMPACTAgewell® Officer attended weekly meetings with Community Discharge Facilitators to discuss people who might benefit from support. The older person was then visited in the ward environment to have the first conversations around potential options. The aims of the pilot are to reduce time spent in rehabilitation wards and increase patients confidence in returning home. Following discharge they are supported for up to six months by the IMPACTAgewell® Officer.

An example of the support is an older man for whom IMPACTAgewell® arranged for the delivery of pre-cooked meals to be heated up by visiting carers with the installation of a key safe to enable carers to access the house. The daughter explains:

"It was really good and helpful, because you don't know what's available. Just getting those meals [delivered], I thought they were a really good idea."

Engaging with minority communities

The World Café event in 2022 recognised that members of the growing ethnic minority population in Mid and East Antrim were not accessing support from IMPACTAgewell®. Criteria for the service were adjusted beyond older people living alone or with another older person, as older people from minority communities were isolated within the family home due to lack of local networks. Staff at IMPACTAgewell® were given training by the specialist local community agency, the Inter Ethnic Forum, on the composition and characteristics of the black and minority ethnic populations in the district.

IMPACTAgewell® in turn provided information sessions to the Forum's staff. The collaboration has led to the first referrals of older people from these communities. Many of them are facing multiple health conditions, and have a lack of understanding of how the NHS operates, and do not have the language skills needed to easily access services.

The manager of Inter Ethnic Forum, said:

"They're a great organization. They have passion, they have commitment, and they really, really want to help our minority ethnic communities, which is great…. I find that the partnership is very, very open to listening to that and understanding and then trying to tailor what they've got to respond to those particular needs."

Embedding asset-based approaches: overall learning about what makes a difference

PROFESSIONAL ENGAGEMENT

Professional engagement requires continual focus due to changes in personnel, structures and operational environments.

Demonstrating value of asset-based approaches in different pathways helps professionals to appreciate relevance to their work.

In-person contact between professionals and link workers facilitates trust and builds confidence in collaboration.

Professional networks facilitate access to professionals and provide credibility for approach.

REFLECTING DIVERSITY

Comparing referral data to population level data helps to pinpoint communities who are not accessing support.

Developing partnerships with bodies which represent different communities identifies barriers and potential solutions.

Training and support may be necessary for link workers to develop skills and confidence in supporting people from different cultures.

Community development activity must consider the needs of minority communities.

Awareness must be developed of indirect and passive discrimination in process and practices.

EXPANDING REACH

Direct approaches to community groups to develop service partnerships are more effective than open calls.

Backing social prescribing with fees per individual prescription helps to build capacity and meet costs of community sector

Facilitating opportunities for community groups to meet with each other and link workers builds relationships, encourages joint work, and develops new assets.

Alternative funding models such as social finance can result in additional investment alongside public sector contracts

SYSTEM FACTORS

Community organisations should be involved in wider changes to structures, roles, and processes to maintain joint working and enable effective communication.

Strategic investment in community resources and navigator services needs to be co-ordinated across health and social care and complementary sectors.

People who are new to a country will benefit from guidance on how the health and social care system and other services function.

Instability in public governance and strategic decision- making limit capacity, morale and planning processes of the community and statutory sectors.

IMPACT
Improving Adult Care Together

About IMPACT

IMPACT is a £15 million UK centre for implementing evidence in adult social care. It is funded by the Economic and Social Research Council (ESRC) and the Health Foundation. Our Leadership Team is made up of 13 individuals, led by Professor Jon Glasby at the University of Birmingham. This team includes academics, people who draw on care and support, and policy and practice partners. We have also involved a broader consortium of key stakeholders from across both, the sector, and the four nations of the UK.

IMPACT works in local sites across the UK with four different types of projects (our 'delivery models'). These provide four different ways to support evidence-informed changes for the different issues, challenges, and opportunities that adult social care faces. We also work to embed what we've learned in national policy and practice.

REFERENCES & RESOURCE LINKS

Resources

Create Your Space Wales

Mid & East Antrim Agewell Partnership

National Academy for Social Prescribing

Nesta: Asset-based community development for Local Authorities

Nurture Development

Scottish Community Development Centre

Social Care Institute for Excellence

World Health Organisation

References

Effect of social prescribing link workers on health outcomes and costs for adults in primary care and community settings: a systematic review (BMJ Open 2022)

Can social prescribing foster individual and community well-being? A systematic review of the evidence (International Journal of Environmental Research and Public Health 2021)

Implementing asset-based integrated care: a tale of two localities (International Journal of Integrated Care 2021)

Asset Based Community Development: a review of current evidence (Leeds Beckett 2021)

What approaches to social prescribing work, for whom, and in what circumstances? A realist review (Health and Social Care in the Community 2020)