

## **Isle of Wight**

### **A review of Living Well Services**

#### **Report**

**October 2019**

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## A review of Living Well Services Report

### 1 Introduction

The Isle of Wight Council invited the Institute of Public Care (IPC) to review the services they commissioned under their “Living Well” programme. The review, undertaken by Professor John Bolton, took place on the Island on 8<sup>th</sup> and 9<sup>th</sup> October 2019. The review consisted of interviews with stakeholders, consideration of the data and discussions with the local authority commissioners.

### 2 Summary of findings

The Living Well Services help a wide range of people on the Isle of Wight. The work and the case studies reviewed (including by customers themselves) describe services of a very high standard. These services are taking significant pressures off the statutory services and supporting collaborative work in the voluntary sector.

There are some areas that require clarification as to how the service might meet needs in both low-level hospital discharges and with people recovering from mental ill health.

However, the work that is taking place helping older people, carers and those with learning difficulties is of a high standard and should be sustained for the longer term if the council and its partners can find the resources.

### 3 Background

#### 3.1 The context

There are significant demographic challenges on the Isle of Wight, particularly with an ageing population (one in five of the population on the island is over 80 years of age) and there is a higher than average population of adults with a learning disability (including those within the autistic spectrum). Historically, this has led to a higher proportion of both of these groups of people ending up in residential care – although the Care Close to Home strategy, introduced in April 2017, has resulted in significant reductions in the rates of permanent admissions to care homes for both working age adults and elders, with rates now at national averages. Adult Social Care on the island faces a real challenge in how to help people gain or regain the right levels of independent living relevant to their needs.

Over 55% of older people living on the island do not meet the financial threshold to receive state funded social care so they are required to make their own arrangements. Over 40% of those people who approach adult social care for help are deemed not to be eligible for care. There were other significant challenges in building the optimum “out of hospital” care arrangements, and the Care Close to Home strategy has especially

focussed on building reablement and investing in support for people not eligible for social care, i.e., those people whose needs do not meet adult social care eligibility criteria.

The Isle of Wight was one of the pioneers of Area Community Coordination. Some councils (e.g. Thurrock, Derby City and York City) have used their work in the community to meet the wider needs of their communities and to ensure that people that don't have formal access to adult social care services still receive the support they need. This did not work for the Isle of Wight and, at one level, the Living Well programme can be seen as an alternative way of approaching this same set of conditions. It is different, however, in that it was especially focussed on those people who are not eligible for adult social care.

### 3.2 What is 'The Living Well Service'?

The Living Well Services was established to help the Island address some of challenges described above, and in particular, challenges in adult social care duty teams in meeting the demands of the numbers of people approaching them for help.

The Living Well Services were commissioned by the Isle of Wight Council (Adult Social Care) using monies from the Improved Better Care Fund (iBCF) in 2017: indeed, the Living Well Service account for the single largest item of expenditure against the three year iBCF allocation of funds. The services were contracted out to voluntary organisations on the island by way of a grant which was received on behalf of the other organisations by the Age UK IW Office on the Island. The value of the contract was £599,602 in the first year; £547,268 in the second year and finally £480,321 in July 2019. There are no new resources to fund this programme so the Council will need to decide if it wishes to continue with the scheme using its own resources or if possible in partnership with the local NHS.

The Living Well Services cover four different aspects of the work of the NHS and the Local Authority on the Island. These are:

- A **brokerage service** to assist people who need help in making their own arrangements for packages of care (mostly designed and set up for older people on the Island). This service is run by People Matter IW.
- A **support and advice service for older people** who need practical, financial or other advice in order to assist their daily living and to help people retain their independence. This service is run by Age UK IW.
- A **support and advice service for family carers with relatives** living on the island who are using the NHS Acute Hospital. This is run from a Carers' Lounge in the hospital. This service is run by the Carers IW.
- **Housing and support to independence** for those living on the island that have a learning disability or are within the autism spectrum. This service is run jointly by Osel Enterprises and People Matter IW.

These services work collectively and collaboratively under a single coordinator who helps support their work. Each of the workers report day to day to the organisation in which they are based. The main benefits of the collaboration are that: the organisations triage the precise support they will provide to someone referred to them across all of the

services ; and the sharing of information about what is happening in the community and voluntary sector on the Island. This has led to a very well-informed group of workers<sup>1</sup>.

Currently, over 250 people per month are being assisted by the programme (this has been steadily increasing over time from 150 a year ago). Most of these are older people and that will also include some older carers. Of these 83% report that they got the help they needed. Only 4% are referred back to the formal adult social care services to get the help they need.

Most of the referrals to the services come from Adult Social Care with General Practitioners and Community Nurses making the second highest group of referees. The requests for support for carers came almost entirely from the hospital for this specific service. Overall, about one third of referrals come from the council; one third from the NHS and a further third are either self-referrals or from voluntary or other organisations (including “other”).

The quality of the work with older people and with carers from the information provided was very high and seen by carers themselves as invaluable and supportive both emotionally and practically.

In addition, 120 adults with a learning disability have also been helped many of who with accommodation and helping their independence.

## 4 The participating organisations

Age UK IW has the ability to raise monies through its own charitable efforts and through bidding for monies from national programmes e.g. the National Lottery. There are services already provided under their efforts. These include the Care Navigators Programme that was established in 2015 and funded by the National Lottery with previous match funding from the Clinical Commissioning Group (NHS Commissioning). That match funding has been removed but the lottery funding will continue until the end of this financial year.

There is a strong link with the Living Well programme as their aim is also to assist people to access support that makes living at home easier or to advise on the financial support for people to purchase their own care which is delivered by People Matter IW. In addition, Age UK IW run the ‘Age Friendly Island’ programme that provides an education programme to assist local organisations think about the way they assist people in old age. In particular they look to help reduce social isolation on the island (which is widely reported to be a particular challenge). This is also a Lottery Funded initiative that was started in 2015 and for which the money is now running out.

Age UK IW also run a scheme to recruit and support volunteers to assist older people on the island and another scheme that acts as a handyperson service to help older people with practical tasks including simple maintenance and repairs to aid daily living.

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<sup>1</sup> Their work reminded me of the vision of the 1970’s social worker where their role was to be in the community helping with signposting, information, advice and counselling for people in their local communities.

The **Carers Centre** already has a service to offer advice, information, guidance and emotional support for carers who have relatives on the island. They did not have a presence in the hospital prior to this programme.

**Osel Enterprises** are well established and already provide a range of employment and day care services for adults with a learning disability with a strong emphasis on helping their customers' progress. Whilst, **People Matter IW** is a User-Led Organisation (ULO) that focuses on advocacy, information and advice for their members. They have focused their efforts in this programme on assisting people with housing advice and support.

It is worth noting that all the participants said that it is the collective work of the four organisations working together, sharing ideas and information that has particularly led to their success in meeting the needs of people that are referred to them

All four of these organisations raise monies through charitable works and bids to funding organisations that contribute significantly to the work on the island. These contributions to the island economy should not be overlooked.

## 5 The aim for Living Well Services

The original contract (grant) for the work includes a "Living Well Scheme Specification". It stated that the programme would serve four groups of people, older people, people with a learning disability, people with mental health conditions and for carers.

### 5.1 Support for older people

The evidence that I received from customers, managers and commissioners showed that the role of the Living Well Staff in assisting people within the community who are offered a simple assessment to help them plan their future support arrangements works very well. Their knowledge of the range of activities taking place in the community (in excess of 100 different community or voluntary organisations) was consistently described as "outstanding". One member of staff from Age UK IW sits in the adult social care duty team most days of the week and the staff reported that her knowledge is exemplary and very useful for the duty workers. This member of staff links directly with the workers from People Matter IW who offer the brokerage service for self-funders which again was highly praised by those who used it.

### 5.2 Support for adults with a learning disability

The work of the service for adults with a learning disability has had a rather slow start. Initially some good work was undertaken by helping a cohort (30 people) look to find accommodation in order to move away from residential care. The service will now combine the skills of a worker from Osel who have a lot of experience in helping people move towards greater independence and the People Matter IW worker who will continue to use their expertise in finding accommodation.

It is worth continuing to pursue the right models for this service area. Options include looking for those currently living with ageing carers who will need accommodation in the future as well as continuing to support those who are currently in residential care and able to move on to independence.

### 5.3 Support for carers

The work with carers was highly praised by those who had benefitted from both their advice and their emotional support. They obviously play a very important role in the hospital helping patients and their carers in sorting out arrangements both in the hospital (with the ward staff) and in assisting in the discharge planning. The examples shared with me of the work with carers showed a high standard of support on offer from this service.

### 5.4 Support for people with a mental health condition

As far as I was able to ascertain the service has not had much contact with people who have mental health conditions though there is still an option to develop the services through the joint work of Osel and People Matter IW.

Notwithstanding the positive observations on the work of the Living Well Service, the specification isn't very clearly written in Paragraph 1.2.1 when it describes what it expects the service to contribute to the "out of hospital care" arrangements. The Living Well programme does help self-funders sought out their care arrangements post hospital and in addition it does offer invaluable support to carers to ensure the best possible outcomes are delivered for the people for who they are responsible. However, the Living Well has not played a role that has been developed in other places where the voluntary sector can play a part in assisting older people to settle back at home after a period in an acute hospital. This is an option that could still be considered.

So overall there may need to be further clarity on low level support for hospital discharge and support to those recovering from mental ill health, but the other service areas offer a high standard of support clearly supplementing and complementing the work of the statutory agencies in an excellent way.

## 6 Are these 'preventive services'?

Overall the range of help being provided and the quality of that help in the Living Well Services came across as really impressive. The knowledge about what are the available services (formal or informal) gained by the staff working for this service is invaluable to others working on the Isle of Wight. Some really impressive bits of help and support were noted. There is no doubt that these services are taking pressure from:

- Front line assessment and care management staff in the local authority
- Nursing and the multi-disciplinary staff in the hospital
- Longer term social work and care management staff
- Helping General Practitioners and others address the needs of customers who might not be eligible for formal care.

However, it is hard to define if these are actually 'preventive services', if the definition of prevention is about stopping the need for care and support from arising in the first place. There will be some people who receive advice and guidance that will either lead them into services that they will fund for themselves or they may help people to find some solutions that are outside of the formal statutory services (in their families, their neighbourhoods or in their communities).



Most of the people being helped do require some kind of specific assistance. Sometimes they are helped to claim benefits that will enable them to purchase more for themselves, sometimes they will receive emotional support that may reduce the risks of carer breakdown or to sustain people in the community for longer. So, in this way the Living Well Services could be understood better as “early help”.

In a way, it may not matter the route people take from the Living Well Service in that these are people with clear needs and most of them are getting the right advice and support they need, thereby taking pressure off the formal services. This is how they might best be described and that might be what is always expected of them. Their value to the system is the way in which they can help quite large numbers of people in a very cost-effective way.

## 6.1 Measures

There are a number of measures in place to show the work being undertaken by the Living Well Services. These include:

- the number of people being helped overall
- those being helped that would have otherwise required support from the council
- those who were helped who felt their confidence and ability to sustain their independence had been sustained
- numbers being referred to adult care from the services
- percentage of requests that related in reduced transfers of care
- percentage being helped to make decisions about their care needs
- percentage reporting greater confidence
- the percentage who felt supported through transfers to and from hospital.

This reporting mechanism can be slightly improved, so the following suggestions have been made:

- The total number being supported each month by the Living Well Service
- The number of carers being supported
- The number of people being supported through brokerage
- The number of people being supported through the learning disability services
- The number of people being supported to find their own solutions within the community and voluntary sector
- The number of people (not carers or brokerage) being supported out of hospital

For each of these groups (above) then take:

- The percentage of those people being helped who report that their needs were met
- The percentage of those being helped who reported that they had gained confidence to remain or become more independent living in the community
- The percentage for each of these groups who would otherwise have required help from adult social care or the NHS

I think this approach may enable both the Living Well Services and commissioners to recognise the parts of the services that are working really well and those that may require more thought and attention. It is worth continuing to note the source of the referral for each of the different types of people being helped.

## 7 Conclusion and Recommendations

The Living Well Services help a wide range of people on the Isle of Wight. The work and the case studies shared (including by customers themselves) were of a very high standard. These services are taking significant pressures off the statutory services (adult social care and the NHS) and supporting collaborative work in the voluntary sector.

There are some areas that require clarification as to how the service might meet needs in both low-level hospital discharges and with people recovering from mental ill health.

However, the work that is taking place helping older people, carers and those with learning difficulties is of a high standard and should be sustained for the longer term if the council and its partners can find the resources.

Recommendations going forward:

1. Check the terms of reference for the services and clarify the expected role of the Living Well Team in assisting low level hospital discharges and how they might support adults recovering from mental ill health. It may be a consideration that one or both of these original proposals won't work under the current arrangements with the available resources.
2. Look to sustain the measures being used and keep them simple but focus more on the work of the different services and how each part of the service is meeting the differing customer needs.
3. Council commissioners might want to commence discussions with partners, particularly within the NHS as to the value of these services to both parties and how they might jointly fund all or a significant part of the programme in the future. The priorities should be the work with older people and with carers.
4. The council may want to ensure that the tremendous knowledge that individual workers from the Living Well Team continues to be available to health and care professionals on the Island. One of the ways of assisting with this is to consider the length of contract that might be offered in the future to provide security and to help with staff retention – perhaps repeating the existing three year funding arrangements.

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**October 2019**