

		AGENDA ITEM 5	
		PAF/11/15	
Committee:	People and Families Scrutiny Committee		
Date:	21 <sup>st</sup> May 2015		
<u>Outstanding Items</u>			
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**Purpose of the Paper:** To update the People and Families Scrutiny Committee on the Community Agent Essex scheme. The report covers:

- Progress against the implementation plan
- How the scheme fits within the Strengthening Communities activity
- Who has been supported
- Outcomes for those people supported so far

A number of appendices have been included to support this report:

- Appendix 1 – Case Studies
- Appendix 2 - Description of the scheme
- Appendix 2 - A list of agents and contact details

## **Introduction**

The Community Agent Essex scheme was commissioned to support delivery of our Commissioning strategy for Outcome 7 to help people to live independently and exercise choice and control over their own lives. It is a voluntary sector led solution to support frail older people and their informal carers. The scheme is delivered by a partnership of four organisations:

Rural Community Council of Essex  
British Red Cross  
Age Uk Essex  
Essex Neighbourhood Watch

Its aim is to provide an alternative solution to traditional social care support for frail older people and their informal carers and as a result manage demand into social care. In line with the business case agreed by Outcomes Board, the scheme needs to demonstrate savings of:

2015/16 £625,912  
2016/17 £1,257,001

These savings will be achieved by providing an early intervention response, supporting people to access alternative solutions, thus reducing the numbers of people referred for a social care community assessment, delaying the need for low level domiciliary packages, or residential care.

The scheme is an integral element supporting delivery of the new Carers strategy, and through proactively identifying and supporting more informal carers will help meet requirements of the Care Act.

The model is based on 36 agents working part time (10 – 15hrs a week) across Essex in both urban and rural areas supported by volunteers, by the Age UK Essex Voice Network and Neighbourhood Watch. The service aims to support 6000 people a year, with 3000 of these being social care referrals and the remainder being community referrals via health or other voluntary sector organisations and from targeted outreach.

### **Progress against the implementation plan**

As this is a new scheme a phased approach has been taken with the implementation. Between July and October 2014 the agents were recruited and trained. During this period the agents made links with their local CVS and other voluntary sector groups to learn more about the communities they were supporting and they began to take referrals from the community. Between October and December, a process for social care referrals was implemented and the scheme was introduced to the CCGs to define locally appropriate referral routes. From January 2015 the scheme has been receiving 40 – 50 referrals a week from social care and has been building capacity.

The scheme aims to respond to enquiries quickly, with an agent being in touch within 3 days of an enquiry being made and a visit at home within 5 days. At the moment, over 90% of people receive a first contact call within 2 days of the enquiry having been made.

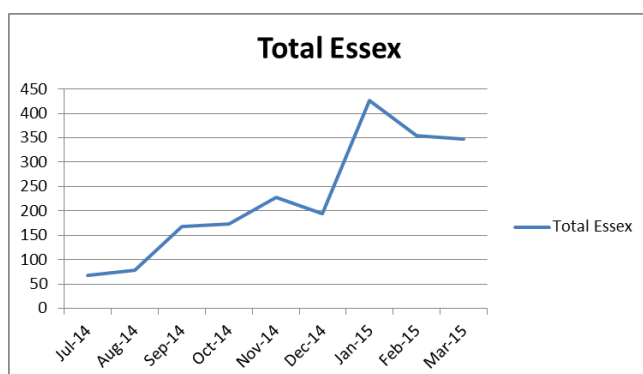
There has been some turnover of agent staff during this period, and the recruitment of volunteers has not progressed as quickly as expected. This is being reviewed through the monthly Community Agent board meetings. Capacity to take referrals across all districts has been maintained through this period, by agents being flexible and working additional hours.

### **Strategic and local engagement.**

The scheme reports into the Essex Partnership Board via the Strengthening Communities board and aligns with the wider landscape of community mobilisation schemes such as Social Prescription, time banking and parish safety volunteers. At a local level the agents are linking and connecting to existing support and schemes to ensure no duplication of activity. Meetings have been held with each CCG to plan referral routes into the scheme. In West and Mid the referrals routes are embedded. In South and North East, some further work is required to fully embed the scheme.

### **What has the scheme delivered so far and what difference is it making**

The graph below shows the patterns of monthly referrals into the scheme since it started in July 2015



Breakdown of referrals by district for this period is as follows:

<b>Data 1/7/14 to 31/3/15</b>				
	<b>West</b>	<b>Uttlesford</b>	<b>Harlow</b>	<b>Epping</b>
New Clients	367	110	104	153
	<b>Mid</b>	<b>Braintree</b>	<b>Chelmsford</b>	<b>Maldon</b>
New Clients	822	317	327	178
	<b>NE</b>	<b>Colchester</b>	<b>Tendring</b>	
New Clients	426	150	276	
	<b>SW</b>	<b>Basildon</b>	<b>Brentwood</b>	
New Clients	238	158	80	
	<b>SE</b>	<b>Rochford</b>	<b>Castle Point</b>	
New Clients	184	100	84	
<b>Total new clients</b>	<b>2037</b>	Other		10

Patterns of referrals are changing as the scheme becomes established and the numbers of referrals increase. Data for the quarterly period January 2015 to March 2017 show that Tendring has the highest rate of referrals

<b>Data 1/1/15 to 31/3/15</b>				
	<b>West</b>	<b>Uttlesford</b>	<b>Harlow</b>	<b>Epping</b>
New Clients	245	65	77	103
	<b>Mid</b>	<b>Braintree</b>	<b>Chelmsford</b>	<b>Maldon</b>
New Clients	335	135	124	76
	<b>NE</b>	<b>Colchester</b>	<b>Tendring</b>	
New Clients	273	97	176	
	<b>SW</b>	<b>Basildon</b>	<b>Brentwood</b>	
New Clients	152	100	52	
	<b>SE</b>	<b>Rochford</b>	<b>Castle Point</b>	
New Clients	122	70	52	
<b>Total new clients</b>	<b>1129</b>	Other		2

A number of different tools are being used to evaluate how well the scheme is delivering better outcomes for people and to test that the model is fit for purpose.

- Evaluating how well the goals set by individuals are being achieved. Goals are the things that people want to change or achieve
- Evaluating how people's health and wellbeing, independence and resilience is improving using a recognised measure called ASCOT which asks people a series of questions at the beginning of the support and at the end.
- Tracking people whose support has ended to identify whether they are still at home and maintaining their independence to demonstrate delaying the need for social care support

Data collection for the period January to March 2015 shows that:

- A total of 1189 (1129 new people and 60 returning) people have received support from an agent during this period.
- Half the referrals to the scheme came from social care with the remainder a mix of referrals from GPs, other health partners, neighbours and friends and other voluntary sector groups.
- 72 carers have been identified along with 32 couples where both individuals have a caring role
- 61% of the referrals are for people with 2 or more presenting needs
- Only 6% of cases supported have resulted in a referral back to social care
- Of the referrals from social care 51% of referrals are for people over the age of 80, with the largest proportion between the ages of 80 to 84

This indicates that the scheme is supporting the target group and patterns of referrals are as they should be.

For 481 people where support has now ended, (ie where cases are recorded as closed), data is available to demonstrate the impact of the service.

- Of the goals agreed with the agent 76% have been recorded as having made progress and 64% were fully met. (For the remaining people the data is not yet known)
- 321 people were still known to be living at home at the end of the support and 6 were not living at home
- Where the distance measuring tool was used to demonstrate improved outcomes for people, of the 10 cases with fully complete data, the data shows that the situation for 8 people has improved and for the other 2 it remained the same.

As part of planned follow-up activity, a sample of 44 people have been interviewed whose support had ended by November 2014. All these people are still living at home 4 months later. Specific quotes from individuals were:

- From a lady living alone 'the community agent was really helpful and gave me my confidence back to stay living at home'
- A couple who were beginning not to cope said ' How much more in control they feel as a result of the support from the agent and that it has enabled them to stay at home'

## **Appendix 1**

### **Case Studies**

Mr P was referred to Community Agents by his local council. He has a mobility scooter, but was dependent on his neighbours to open the garage door. The agent helped Mr P find a local company to supply and fit remote control garage doors which were installed. Mr P regained his independence and was no longer dependent on his neighbours.

Mrs M referred by a local deputy mayor who lives alone in a first floor flat and who had fallen recently. As well as helping Mrs M get all the benefits she was entitled to, the agent helped get some additional equipment meaning Mrs M was more confident in her home. Contact with the Royal British Legion resulted in a grant for a stair lift.

Mr F with failing eye sight is caring for Mrs F and is in his late 70's. Mrs F is worried about her husband as he is becoming very tired. The agent was able to arrange for some equipment for the kitchen so that she could help with preparing their meals again and they agreed to a pendant alarm system so that Mr F didn't worry quite so much when he left her at home. The couple are coping much better and are completing their attendance allowance forms so that they can get additional support.

Mr X had a stroke a couple of years ago and wasn't able to get about very well and safely. This was causing him to be very frustrated and his wife was finding it difficult to cope. The agent was able to advise that a walking frame could help Mr X get out and about. Mr X is now using the frame and is able to get out and about and is far less frustrated. Mrs X told the agent that their relationship had dramatically improved and they had even been out to dinner together. 'It was wonderful,' she said, 'I feel I have my lovely husband back again'

# Community Agents Essex



## Support and General Referral Process

### Appendix 2 Description of the Scheme

Community Agents Essex support frail older people and their informal carers to gain and regain independent living skills. An agent will visit people in their own home, help them to identify what it is that needs to change and support them to help themselves and connect back to community networks.

#### Who can Community Agents help?

- An older person or an informal carer for an older person  
*(no specific age definition of older person but probably over 65, isolated, more vulnerable or struggling to cope)*
- They must be open/willing to receive help

#### We can help and support older people with things such as:

- Getting out and about
- Independent living skills
- Home adaptations
- Money worries
- Filling in forms
- Meeting people
- Healthy Living
- Caring for someone

Community Agents offer a **free visit** to help with all of these and more...

#### Community Agents DO NOT provide but can offer information and options to access:

- Home support services
- Personal care
- Home or garden maintenance
- Befriending visits

#### Community Agents DO NOT provide:

- Long term interventions (maximum intervention 6 weeks)
- Transport home from hospital
- Mental Health specialist services
- Emergency response service

## Community Agents Essex



## Support and General Referral Process

### How to refer a patient to a Community Agent:

- Direct telephone: 0800 9775858 or 01376 574341
- Email: [enquiries@caessex.org.uk](mailto:enquiries@caessex.org.uk)

*(Only include the client's name in the email. Please include your contact details and we will call you back to obtain the clients details.*

*We will accept protected word document attachments with a pre-agreed password)*

### What we need to know at point of referral?

- Patient name and telephone number *(can be mobile)*
- Age
- Village, town or postcode they live in *(no address unless they have no phone)*
- Need type, such as:
  - Mobility Issues, including home adaptations
  - Practical independent living skills
  - Social inclusion to reduce isolation
  - Meal preparation
  - Caring for someone
  - Personal safety
  - Information and advice
- Any known **risk** or other **existing services** related to the client
- Confirmation that the client knows that we will be contacting them

Area	District	Name	Email Address	Phone number
West	Epping Forest	Glenda Templeman	glenda.templeman@caessex.org.uk	07710386999
West	Epping Forest	June Bevan	june.bevan@caessex.org.uk	07872 839866
West	Epping Forest	Martine Wartnaby	martine.wartnaby@caessex.org.uk	07710916753
West	Harlow	Jane McSweeney	jane.mcsweeney@caessex.org.uk	07764970772
West	Harlow	Laura Parr	laura.parr@caessex.org.uk	07764970816
West	Harlow	Margaret Carter	margaret.carter@caessex.org.uk	07764970723
West	Uttlesford	Jenny Mayhew	jenny.mayhew@caessex.org.uk	07860267747
West	Uttlesford	Vacancy	Awaiting recruitment	
West	Uttlesford	Sally Austin	sally.austin@caessex.org.uk	07540720602
South East	Castle Point	Jennifer Mason	jennifer.mason@caessex.org.uk	07710386078
South East	Castle Point	Leanne Knatchbull	leanne.knatchbull@caessex.org.uk	07710916761
South East	Rochford	Janet McKay	janet.mckay@caessex.org.uk	07710385952
South East	Rochford	Marion Paterson	marion.paterson@caessex.org.uk	07710386077
South West	Basildon	Natalie Reid	natalie.reid@caessex.org.uk	07710916756
South West	Basildon	Judith Stevens	judith.stevens@caessex.org.uk	07710 916760
South West	Basildon	Rita Carlyon	rita.carlyon@caessex.org.uk	07764970770
South West	Basildon	Helen Woodhall	helen.woodhall@caessex.org.uk	07710916755
South West	Brentwood	Ben Lacey	ben.lacey@caessex.org.uk	07710389166
South West	Brentwood	Alan Allwood	alan.allwood@caessex.org.uk	07710386108
Mid	Braintree	Chivonne Claydon	chivonne.claydon@caessex.org.uk	07540720603
Mid	Braintree	Jayne Laken	jayne.laken@caessex.org.uk	07540720607
Mid	Braintree	Lydia Howat	lydia.howat@caessex.org.uk	07540720606
Mid	Braintree	Richard Ould	richard.ould@caessex.org.uk	07540720610
Mid	Chelmsford	Vacancy	Awaiting recruitment	
Mid	Chelmsford	Jo Pike	jo.pike@caessex.org.uk	07540720609
Mid	Chelmsford	John Peart	john.peart@caessex.org.uk	07540720611
Mid	Maldon	Christine McDonald	christine.mcdonald@caessex.org.uk	07540720608
Mid	Maldon	Laura Stacey	laura.stacey@caessex.org.uk	07540720613
North East	Colchester	Clive Wakeford	clive.wakeford@caessex.org.uk	07450 720604
North East	Colcheter	Jan Hawkins	jan.hawkins@caessex.org.uk	07540720605
North East	Colchester	Vacancy	Awaiting recruitment	
North East	Colchester	Tony King	tony.king@caessex.org.uk	07711 556759
North East	Tendring	Dawn Bostock	dawn.bostock@caessex.org.uk	07711 556754
North East	Tendring	Melanie Wakeford	melanie.wakeford@caessex.org.uk	07711 556757
North East	Tendring	Sasha Street	sasha.street@caessex.org.uk	07711 556756
North East	Tendring	Suzanne Howe	suzanne.howe@caessex.org.uk	07525807262