

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 13 July 2016, County Hall, Worcester - 10.00 am

Minutes

Present:

Mr T A L Wells (Chairman), Mrs J L M A Griffiths (Vice Chairman), Mr R C Adams, Mr C J Bloore, Mr A Fry, Mrs A T Hingley, Mr C G Holt and Mrs M A Rayner

Also attended:

Richard Keble, Strategic Commissioner, Worcestershire County Council
Jane Longmore, Business Development Manager, Age UK Herefordshire and Worcestershire
Peter Pinfield, Chairman of Worcestershire Healthwatch
Mrs S L Blagg, Cabinet Member for Adult Social Care

Jodie Townsend, Democratic Governance and Scrutiny Manager)

Jo Weston, Overview and Scrutiny Officer

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for Item 5 (circulated at the Meeting); and
- C. The Minutes of the Meeting held on 23 May 2016 (previously circulated).

226 Apologies and Welcome

The Chairman welcomed everyone to the meeting and thanked colleagues for their best wishes following his accident in April.

227 Declarations of Interest

None.

228 Public Participation

None.

229 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 23 May 2016 were agreed as a correct record and signed by the Chairman.

230 Social Impact Bonds

Attending for this Item were:

Worcestershire County Council
Richard Keble, Strategic Commissioner

Age UK, Herefordshire and Worcestershire

Jane Longmore, Business Development Manager

The Strategic Commissioner gave a presentation which outlined the background to Social Impact Bonds (SIBs) and in particular focussed on the SIB in Worcestershire on tackling loneliness. The Business Development Manager provided practical examples of the work being undertaken and the operational aspects of the SIB.

Social Impact Bonds are a way of providing outcome based commissioning, where there are no set up costs, no activity payments and payment is only due when and if outcomes are delivered. Social Investors pay for the activity and are 'rewarded' on delivery of outcomes. This shifts the risk to the Social Investor and its delivery partners.

In Worcestershire, the process of developing the SIB to tackle loneliness was initiated over two years ago. A development grant was awarded in February 2014 and the formal contract with the Social Investor (Reconnections Ltd) started in May 2015. Reconnections Ltd sub contract the delivery of the programme to Age UK, Herefordshire and Worcestershire.

Worcestershire continues to see a rise in the number of people aged over 50 and evidence suggests that loneliness increases the likelihood of deterioration in health and well-being. It is suggested that around 12,000 older people are socially isolated and it is hoped that this programme will provide cost avoidance to the health economy of up to £36m. It was noted that this figure was not a cash saving, rather cost avoidance.

The extent to which any individual is classed as lonely is determined using an internationally recognised scale devised by the University of California Los Angeles (UCLA). In Worcestershire, 4 standard questions are used and these form the baseline for the programme. Participants have to score a minimum of 8 (on a 12 point scale) and be representative of the population of Worcestershire.

Payments are made at 2 points, after 6 months and 18 months of engagement with the programme and the aggregated point score from the cohort is expected to have dropped to achieve payment.

The maximum amount of funding available over the 2 year programme is £2m split between the Public Health

Ring Fenced Grant (25%), the three Clinical Commissioning Groups (25%) and the Big Lottery/Cabinet Office (50%).

To date, 19 individuals had been engaged in the programme and after 6 months, 21 UCLA loneliness points had been reduced. It was suggested that some individuals scored more points from the baseline questions, however, it was recognised that perceptions changed.

Age UK had achieved representative participation and exceeded the target of 20% of referrals being from the areas of highest need. 24% of referrals had loneliness scores of 11 and 12 (out of 12) suggesting that these individuals were chronically lonely.

As the programme is now underway, there is the opportunity to reflect on previous practice. Due to the number of referrals being lower than anticipated, Age UK had changed their marketing strategy accordingly. In addition, the initial assessment and re-assessment was taking longer than anticipated as all of these were completed by telephone and in some cases were tackling complex individual needs. The drop-out rate was higher than expected and Age UK was undertaking evaluation to try and understand why this should be the case.

In relation to payments, the Strategic Commissioner highlighted that this was not a normal contract and there had been challenges liaising with the Big Lottery and Cabinet Office as this was a new way of working for all parties.

In addition, although the Council continues to work with Age UK on other projects, in this particular case, the contract is with Reconnections Ltd and there is substantially less operational involvement and monitoring by Officers at the Council.

In the ensuing discussion, the following main points were raised:

- Members were very interested to hear about this new way of commissioning, especially as payments were only due when outcomes were achieved
- It was estimated that around £12,000 was needed for every individual over 50 to address their mental health and well-being needs, although some Members felt this was vastly underestimated

- The payment by results was not based on individuals, rather the cohort, which enabled some offsetting to be possible
- When asked why there were only 19 participants, it was clarified that a larger number would have started, but after 6 months, the figure was 19. There had been 703 referrals and 304 people had an action plan, which could mean signposting to different organisations and activities. In addition, if an individual was eligible under the Care Act obligations, they could not participate in the Programme
- The Panel strongly supported any initiative which supported mental health and understood that if successful it would likely reduce any physical deterioration, ultimately reducing the impact on the wider health economy
- One Member asked how people are referred, to be told that there were a number of avenues, including self-referrals, health professionals and GPs and from connections with the voluntary and community sector
- The Business Development Manager was asked what marketing had already been undertaken and Members were informed that alongside posters, leaflets and a web presence, word of mouth was invaluable. Members were asked to consider whether anyone in their local area could benefit from the Programme and in general raise the profile of Reconnections
- One Member commented that service sector workers were well placed to highlight possible referrals and asked whether Supermarkets had been receptive to training. In response, it was an area which Age UK was considering and there were good examples across the High Street
- In relation to delivery, although Age UK was subcontracted to undertake the Programme, District partners were best placed to work locally as they were already established and knew their local communities
- Multi agency partnerships were increasing across all sectors as they were proven to work more effectively when resources and funding were pooled
- Life experiences, such as bereavement or financial difficulties often triggered episodes of loneliness and examples of re-engagement could include activities such as lunch clubs, walking groups or taking on an allotment

- The Strategic Commissioner reminded the Panel that there were risks associated with the Programme as results could be manipulated, but assurance was given that appropriate measures were in place to ensure that this was not the case, such as a cap on payments at the 6 month point
- The Chairman of Healthwatch Worcestershire was supportive of the Programme and Healthwatch promoted Reconnections through its channels. He agreed that Councillors and other Community Leaders were well placed to promote the initiative locally and that anything to promote the mental well-being of residents was welcome
- Finally, the Strategic Commissioner added that if the Programme was proven to work and demonstrated cost avoidance to the health economy, then it may be worth looking at extending it beyond the 2 year funding period.

The Panel Chairman thanked everyone present for a very informative discussion and wished to revisit the Item in 12 months. In the meantime, Members were asked to consider Reconnections when acting locally.

The meeting ended at 12.10 pm

Chairman