

Connect Short-term Service: Description of Current Activity

An extract of client data from Framework-I for June, July and October 2017 was provided by Adult Services to the Public Health Team for analysis. The months were selected to try to capture changes arising from the Three Conversations Model implementation by looking at data before and after the rollout to the first two innovation sites (Persnore & Upton and Redditch Central). However, due to the fact that only data for three months were analysed, the availability of only one month's data from later in the year and possible seasonal effects (summer months may not be comparable to autumn months), caution should be exercised in making statements about trends and possible changes resulting from the Three Conversations rollout.

The extracted data was analysed to better understand the characteristics of the client group accessing the service, the reasons people accessed the service and service processes. The following is a descriptive analysis of the service for the months of June, July and Oct 2017.

Number of referrals June, July & October 2017 = 135 in total

Gender:

62% Male	38% Female
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Age:

18-24	13%
25-64	53%
65-79	18%
Above 80	16%

Care Act eligibility:

Eligible	57%
Not eligible	43%

District:

Bromsgrove	13%
Wychavon	27%
Malvern	15%
Redditch	13%
Worcester	22%
Wyre Forest	10%

Number of clients referred who received a service = 101 (75% of referrals)

Reasons for not progressing on to receive a service (34 clients):

Client declined service	38%
Need met elsewhere	19%
Other reasons	43%

For clients who received a service during the period (101 clients)

Waiting times:

23% of clients contacted within 14 days
39% of clients contacted within 15-28 days
24% of clients contacted within 29-42 days
10% of clients contacted within 42-84 days
4% of clients contacted after 84 days

Time spent in service:

0-14 days	16%
15-28 days	10%
29-56 days	9%
57-74 days	13%
75-88 days	11%
89-102 days	21%
Over 103 days	20%

Breakdown of clients accessing the services by type of underlying need:

No medical diagnosis or underlying condition	25%
Learning Disability	32%
Mental Health	16%
Access & Mobility, Personal Care Support or Sensory Impairment	27%

SERVICE/USER AGREED AIMS

At start of the Connect Service, individuals work with the Service to determine their "expectations"; these are then translated into mutually-agreed 'outcomes'. The Connect Service then offers support to the service-user to achieve these 'outcomes'.

Service-users can set a maximum of up to 10 'outcomes' that they want to achieve.

The number of 'outcomes' set by service-users is outline below:

No of 'outcomes'	No of service-users	Proportion
7 or more	15	15%
6 or more	17	17%
5 or more	17	17%
4 or more	33	33%
3 or more	60	69%
2 or more	77	76%
1 or more	99	98%

98% of service users agreed at least one outcome. About 15% services users agreed more than seven 'outcomes'.

The 'outcomes' service-users were working towards were coded for common themes.

It is understood that the most urgent or important "expectation" expressed by the service-user will be listed as their first 'outcome' and this decreases with the number of 'outcomes'.

The common themes identified in the data are presented in the table below with further descriptive information in the following paragraphs.

Themes	No of service users who had this as one of their agreed 'outcomes'
Access to social/ culture and leisure activities	91
Support for mental wellbeing	81
Housing support	30
Support with physical health problems	36
Budgeting, welfare and debt management	42
Access to education and training	19
Access to employment	8
Help with Transport	15

Access to social/leisure and culture activities:

Individuals reported feeling lonely, bored, lacking structure in their day, social isolation, need to regain physical strength, need for social interaction and sense of community as reasons that prompted them to look for cheap, easily accessible and available social, cultural and leisure activities.

In most instances, the Connect service workers have provided information and signposting to available local leisure and social activities. They helped some service-users to enrol on selected courses/activities and also with outdoor mobility.

It is noted in all cases, information on social and leisure activities have been shared with service-users. The outcomes have been varied with individuals preferring to defer start dates, deciding that it was not appropriate for them and dropping out for a few initial visits. In approximately 50% of the cases service-users indicated that they would attend the sessions.

Housing:

Individuals requested help and support to move into an appropriate housing. The need arose as either they or their family were moving into or away from the area, the present property is not suitable for their needs, were finding correspondence and budgeting for house management difficult or needed help with repair and maintenance of the current property. In a small number of cases, the spouses who were the main carer had passed away or moved to a care home which meant that the remaining spouse needed support to vacate property or look for alternative housing provision.

In a majority of the cases the Connect workers supported clients to access the local social housing bidding system, completing paperwork and attending meetings. In a few instances Connect workers visited strategic housing at district council to ask for an assessment for one of their users and liaised with social housing landlords regards fitting in a new kitchen.

Most referrals to Connect have been closed after the relevant information on how to apply for social housing was passed onto service-users. In a few cases, the service-users have been successful in getting and moving into an appropriate property.

Mental wellbeing:

Underlying mental health problems (depression, anxiety, cognitive concerns like dementia), physical health problems such as dialysis, asthma and COPD which in turn make social interaction difficult, bereavement, relationship problems, either due to relationship breakdown, or lack/loss of close family ties were some of the reasons that individuals said were affecting their mental wellbeing.

People requested support to improve their mental wellbeing by developing and maintaining social contacts, redeveloping hobbies and interests, meeting new people, providing accessibility to volunteering opportunities and developing life skills to enhance independence.

Individuals were supported to access volunteering opportunities in their areas of interest and supported to get their reference and DBS checks, access opportunities to increase confidence which included education and training, befriending and bereavement services, information on local networks and access to 'Mood Master' and other courses.

In most cases, the outcomes have been recorded as achieved when referrals have been made. However, it is difficult to assess impact within a 12 week period especially when

some of the services had waiting times which meant that people would only be accessing those services after the Connect 12 week period was over.

Budgeting welfare and debt management:

Individuals found themselves unable to pay their bills, buy food, renew bus pass or to pay rent to retain their tenancy. Some people wanted help filling in their paperwork, attending assessment and dealing with all correspondence for claiming their PIP, ESA, Carers and Attendance Allowance and even for appeals process. It was also noted that family members of some people wanted the Connect service to help with budgeting tips and help and advice to stay within agreed budgets. Presence of an underlying mental health condition was also noted in a number of individuals who wanted budgeting and debt management advice.

The Connect Service helped and supported the individuals to access the appropriate services, reapply and fill in forms, support and advice with reducing monthly outgoing such as stopping TV payments and claiming for council hardship fund .

In most referrals, the outcomes are set to be achieved when the help required by the service user has been rendered. Data on the success or otherwise of these claims and the consequent impact on the quality of life of individual has not been collected.

Access to employment:

Individuals' need to increase income and manage their finances better were reasons that made them want to access employment opportunities. In a few cases, life events such as recent bereavement and release from criminal justice system meant that the individual was prompted to think and plan for their long-term employment and choose relevant training and education opportunities.

People were referred to voluntary sector agencies, job coaches and the Library Service for help with various aspects of getting employment such as writing a CV and looking for suitable opportunities.

In a few cases individuals attended chosen courses and felt confident to do it on their own going forward. In others, changes in life situations such as a further deterioration in health condition meant that this outcome could not be pursued. In a few other cases, people either disengaged with the service or the review has not been completed to make it possible to see if the outcome was successful.

Access to education and training:

Learning new skills, developing interests, meeting new people, providing a structure and purpose to their day were few of the reasons individuals felt they needed to access education and training opportunities.

The Connect Service offered information on relevant courses that they can attend in their local area including attending college, liaised with agencies to remove barriers to attend courses e.g. cost and travel arrangement and also offered help and support with processes and procedures to access education and training required for employment.

Transport

Individuals were not able to decipher bus and train timetables, needed bus passes and safety processes in place such as a safe place scheme card and travel wallet or not being aware of community transport options. A few individuals had higher transport needs to their mobility issues.

Not being able to access educational and social opportunities, social isolation leading to low mood, not being able to get to medical appointments, increased financial outlay and loss of confidence were some of the ways that lack of transport affected people.

Connect provided information and support on dial-a-ride and community transport and help to plan and use public transport.

In all instances people agreed that their travel need was addressed by the service.

Support for physical health:

Individuals had a range of mental and physical health problems which increased their need for physical support and help with care. There were a few people who had sensory and visual needs.

People were offered help to organise medication, information to access additional support from appropriate agencies, improve mobility within and outside of the home, managing the home environment, personal safety inside the home especially with regards to kitchen equipment, personal hygiene and personal safety.

CLIENT FEEDBACK

Of the 101 people who received the service 56% (57) provided feedback.

Most people felt that the service was "helpful", "supportive" and were "happy" with what they received.

A number of individuals also referred to the "provision of local information", that is "up-to-date" as a strength of the service.

People also refer to consistency in service being delivered by the same person, "frequent visits" and "knowing/having someone" as things they appreciate in the service.

It was noted that a small number of past service-users self-referred themselves to the Connect Service as they had a good experience of the service and felt that the service addressed their needs previously.

FLOW CHART OF 3 MONTHS (NON-CONSECUTIVE) DATA

