GLOUCESTERSHIRE VILLAGE & COMMUNITY AGENTS

Cost/Benefit Analysis

GRCC

An analysis of the benefits, including financial, accruing to clients and to Health and Social Care services as a result of the work of Gloucestershire Village and Community Agents between 2012 and 2014

Gloucestershire COUNTY COUNCIL

NHS Gloucestershire Clinical Commissioning Group

November 2014

Executive Summary

This is an excellent scheme and a valuable addition to supporting the local populace and their many and various needs which Village Agents with their special skills and approach can often help where we and others cannot.

GP in Stroud

GRCC has managed the Gloucestershire Village and Community Agents since the launch of the scheme in 2006. The Agents provide information and support to people aged 50 and over, raising awareness of preventative measures, services and assistance which can help them remain independent in their own homes. Specialist Cancer Agents provide support to people aged 18 and over who have been affected by cancer.

Overall Return on Investment

Between 2012 and 2014, the Agents' activities resulted in savings to Gloucestershire Health and Social Care services totalling £1,290,107.42, and financial benefits to individual clients totalling £818,207.24. The cost of the scheme over the same time period was £680,000.

For every £1 that the scheme cost, the return on investment is calculated to be £3.10. This breaks down further as:

- **£1.90 savings to Gloucestershire Health and Social Care services;**
- **£1.20 financial benefits to clients**

12,961 records (known as 'gateways') were analysed against a series of themes where savings to services resulting from the Agents' activities could be identified:

- Falls Prevention
- Income Maximisation
- Retaining Independence
- Loneliness and Social Isolation
- Fuel Poverty
- Specialist Cancer Agents

A literature review was conducted to identify relevant economic evidence and statistical indicators to use for the calculations. Reports were sourced from Government departments, local authorities, university studies, charitable organisations, and peer-reviewed journal articles. Toolkits developed by or on behalf of Government departments were also used.

Calculations and supporting literature are referenced throughout the full report.

Activities and economic calculations by theme

Each theme was further broken down into sub-categories which result in savings to Health and/or Social Care services, and benefits to clients. While elements of some themes overlap, care was taken to avoid duplication of activities in the analysis. For the full summary of savings to Health and Social Care services and benefits to clients, see table overleaf.

Copies of the full analysis are available from:
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VILLAGE & COMMUNITY AGENTS' ACTIVITIES	SAVINGS TO SERVICES				FINANCIAL BENEFIT
INTERVENTION	HEALTH	SOCIAL CARE	JOINT HEALTH & SOCIAL CARE	TOTAL	TO CLIENTS
FALLS PREVENTION					
Grab rails	£3,119.92	£11,204.08	£28,665	£42,989	-
Mobility aids	£3,119.92	£2,168.08	£56,745	£62,033	-
Small repairs	£6,239.84	£11,834.16	£28,080	£46,154	-
Wet rooms	-	-	£113,490	£113,490	-
Stairlifts	-	-	£113,490	£113,490	-
Sub total	£12,479.68	£25,206.32	£340,470	£378,156	-
INCOME MAXIMISATION					
Lower rate Attendance Allowance	-	-	-	-	£299,676
Higher rate Attendance Allowance	-	-	-	-	£17,576
Carer's Allowance	-	-	-	-	£54,709.20
Pension Credit	-	-	-	-	£26,549.64
General benefit checks	-	-	-	-	£372,291.40
Sub total	-	-	-	-	£770,802.24
RETAINING INDEPENDENCE					
Gloucestershire Telecare	£52,670	£116,725	-	£169,395	-
Community Alarms	£11,088	-	£84,240	£95,328	-
OT assessments	£8,579	£25,311	£113,490	£147,380	-
Social Care assessments	£6,870	£17,940	£28,665	£53,475	-
Carer's Needs assessments	-	-	£248,559	£248,559	-
Reablement	-	£48,772	-	£48,772	£2,352
Support in the homes	-	-	£1,795.84	£1,795.84	-
Home Safety Checks	-	-	£6,637.34	£6,637.34	-
Sub total	£79,207	£208,748	£483,387.18	£771,342.18	£2,352
LONELINESS AND SOCIAL ISOLATION					
Befriending services	-	-	£22,680	£22,680	-
Social Groups and Activities	-	-	£29,066.24	£29,066.24	-
Transport	-	-	£27,950	£27,950	-
Volunteering	-	-	£4,860	£4,860	£4,453
Sub total	-	-	£84,556.24	£84,556.24	£4,453
FUEL POVERTY	-	-	£4,393	£4,393	£15,000
SPECIALIST CANCER AGENTS	-	-	£51,660	£51,660	£25,600
TOTALS	£91,686.68	£233,954.32	£964,466.42	£1,290,107.42	£818,207.24

Contents

Introduction

The Gloucestershire Village and Community Agents scheme was the first of its kind in the country when it was launched as a pilot project in 2006. Initially focused on 96 of the most rural parishes, the scheme has grown to cover the whole county, including the urban centres of Cheltenham and Gloucester. This cost/benefit analysis examines the Agents' activities, calculating and estimating the economic benefits to Health and Social Care services and to the Agents' clients.

In 2010 the first cost/benefit analysis of the scheme was produced[1]. The areas of activity covered were limited and much of the work of the Agents highlighted in the report was uncosted, although it still demonstrated substantial benefits to Health and Social Care services. An Economic Impact Assessment of the work of the Specialist Cancer Agents was produced in 2012[2].

Since 2010, changes in reporting methods have made it possible to capture far more detail of the Agents' work. This report will use the nearly 13,000 gateways submitted between 2012 and 2014 to demonstrate savings to Health and Social Care services of £1,290,107. It will provide a comprehensive analysis of the economic impact of the Village and Community Agents scheme during the first two years of full county coverage, including the work of the Specialist Cancer Agents. In addition, it will highlight the importance of the scheme in the context of the current economic, health, and social care climate.

Please note, totals in the calculation tables may not sum due to rounding.

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CASE STUDY

A GP referred Mr K (56) to me. He had just been moved to this area by the council into more suitable accommodation for his needs – severely disabled by osteoarthritis, with poor balance and mobility. He has no family contact and no friends in the area, no transport, and was feeling very isolated. Mr K also suffers some mental health issues and is almost housebound, living on means-tested benefits and DLA care component.

I was able to help Mr K apply successfully to the Barnwood Trust for a grant to obtain an electric scooter. This has given him some independence, allowing him to get out of his home and get into the village to do shopping and meet people.

I believed Mr K satisfied the criteria for a DLA mobility award and asked Age UK to help him make the claim. This was successful and resulted in him receiving an extra £52 per week. I also helped Mr K apply for a Blue Badge for disabled parking for when he is taken out by car drivers.

My contact with Mr K is ongoing. He has recently contacted me again because he was in a panic about a letter he had received from the DWP, believing his Incapacity Benefit was being stopped and that the DWP had found him fit for work. When I visited to look at the letter the DWP were advising him that his Incapacity Benefit was to change to Employment and Support Allowance (ESA), and that there would be no change made to the amount of money he would receive. They were also letting him know that they were going to send him forms to complete to assess his capacity for work. I was able to refer him to the CAB for help to deal with the forms and the assessment. So far this has had a positive outcome and he is still receiving his ESA.

1.0 The Ageing Population and Changing Health and Social Care Climate

The Gloucestershire Village and Community Agents scheme has proved to be a perfect fit in terms of recent changes to Public Sector services. From the 2007 launch of 'Putting People First' and the personalisation agenda, through to the requirements for information, signposting, and advice provision under the Care Act 2014, the Agents' individual approach to clients' needs and the breadth of information and signposting provided encapsulates the spirit of the reforms.

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1.1 Gloucestershire's Ageing Population

The increasing age of the general population continues to pose a challenge to both central and local government across the UK. Projections by the Office for National Statistics (ONS) indicate a rapid rise in the percentage of older people as a proportion of the population in coming years. Official figures show an increase of 1% in the population aged 65 and over in the 25 years from 1984 (15%) to 2009 (16%)[3]. Within three years, by 2012, the ONS reported that those aged 65+ comprised 17% of the population[4].

Gloucestershire has a slightly older population, on average, than the rest of the country. In 2008, the ONS mid-year population figure for Gloucestershire showed that there were 106,800 people aged 65 and over in the county, 18.2% of the population[5]. By 2011 this figure had increased to 112,400 (18.8%) and is projected to reach 143,000 (22.2%) by 2021[6].

A projected population increase by the different age categories is shown in Table 1.

Connected with the higher than the national average age of the population in Gloucestershire is a higher than average rate of dementia. The incidence and prevalence of dementia rises exponentially with age, affecting one person in five over the age of 80. It is the most common cause of morbidity in older people, and the estimated health costs relating to dementia in Gloucestershire in 2008/09 were £82.6m.

According to the Joint Strategic Needs Assessment Gloucestershire Dementia Profile, the number of people aged 65 and over in Gloucestershire with a form of dementia was around 8,500 in 2012. This number is projected to grow by over 70% to over 14,000 people by 2030 (see Table 2).

	2012	2014	2016	2018	2020
People aged 65-69	35,700	37,600	38,500	36,100	35,400
People aged 70-74	26,400	28,800	31,300	35,100	36,500
People aged 75-79	21,400	22,800	23,400	25,100	27,300
People aged 80-84	16,500	17,000	17,500	18,600	19,700
People aged 85-89	10,700	11,000	11,500	12,200	12,800
People aged 90 and over	6,100	6,700	7,400	7,900	8,700
Total population aged 65 and over	116,800	123,900	129,600	135,000	140,400

Table 1: Gloucestershire population by age group (aged 65 and over), projected to 2020[7]

LOCALITY	2012	2015	2020	2025	2030	% increase
Gloucestershire	8,618	9,275	10,602	12,458	14,714	71
Cheltenham	1,709	1,767	2,016	2,263	2,644	55
Cotswold	1,428	1,540	1,773	2,070	2,449	71
Forest of Dean	1,204	1,333	1,557	1,850	2,248	87
Gloucester	1,385	1,437	1,597	1,890	2,206	59
Stroud	1,674	1,776	2,099	2,473	2,970	77

Table 2: Number of people aged 65 and over projected to have dementia in Gloucestershire 2012-2030[8]; Tewkesbury figures not provided in data source.

An increasing age profile both nationally and locally inevitably has implications for Health and Social Care provision. The need for preventative services, which intervene early to ensure individuals retain their independence and ability to look after themselves in their own homes, has never been greater.

This report aims to demonstrate the value of the Gloucestershire Village and Community Agents scheme to clients through enabling them to stay independent and in their own homes for longer. It will also illustrate that the savings to Health and Social Care services resulting from the work of the Agents far exceed the costs of the scheme.

1.2 Changes to Health and Social Care – a Brief Overview

1.2.1 The Health and Social Care Act 2012

The Health and Social Care Act 2012 has been described as the biggest shake up of the NHS since its founding. Primary Care Trusts were replaced by Clinical Commissioning Groups, putting GPs and other clinicians in control of buying health services to meet the needs of local people. At the same time, the Act enables greater integration and so better handovers between Health and Social Care services through the introduction of Health and Wellbeing Boards, and the requirement to produce a Joint Health and Wellbeing Strategy for each area.

The replacement of the Local Involvement Networks, or LINks, with Healthwatch was another of the reforms under the Act. The Agents have formed a strong working partnership with Healthwatch Gloucestershire since it came into being in April 2013. Healthwatch Gloucestershire gathers the views and experiences of people across the county which are then passed on to the commissioners of services to help identify trends and plan for changes and improvements in service provision. The Agents pass on the views and experiences of their clients as part of this process, ensuring that older people have their voices heard and can help influence the planning of future service provision.

Healthwatch Gloucestershire also provides information and advice to people to help them make the right choice about their Health and Social Care needs. A comprehensive information database is maintained on the Healthwatch Gloucestershire website, and they also have an advice line. Their Information Advisers will refer callers to the Village and Community Agents where the Agents can be of help. This allows for early intervention, enabling clients to receive support to prevent an issue becoming critical.

Gloucestershire Clinical Commissioning Group (GCCG) ran a consultation process called 'Joining Up Your Care' in early 2014. As part of the move towards Health and Social Care integration, GCCG is developing community teams to include GPs, social care, nursing, and physiotherapy. Emphasis is placed on prevention, self-care, and the joining up of services and support across Health and Social Care, to try and provide more care, treatment and support at home and in the local community as an alternative to hospital.

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Village and Community Agents have extensive experience in the delivery of coordinated support services, bringing in different agencies as required to meet clients' needs, as well as identifying community-based solutions where appropriate.

Their interventions increase older people's awareness of preventative measures and services, and the assistance which can help them remain independent in their own homes, much of which involves low cost but vital social interaction.

One initiative being trialled by the GCCG is 'Social Prescribing', a means of supporting people who go to their GP surgery but who do not have a clear medical need.

The Village and Community Agents scheme has been involved in the social prescribing pilots from the beginning, and the model of referring to appropriate local services is closely aligned with the work the Agents have been doing with older people for the last eight years.

1.2.2 The Care Act 2014

The Care Act 2014 sets out new responsibilities for local authorities which will come into force in April 2015. Under the terms of the Act, local authorities such as Gloucestershire County Council (GCC) are required to ensure people in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- can get the information and advice they need to make good decisions about care and support; and
- have a range of high-quality care providers to choose from.

While planning preventative services, Local Authorities are also required to consider what services, facilities and support are already available, including in the Voluntary and Community Sector (VCS), and how these services may help local people. This would avoid unnecessary duplication of services, save money, and also identify any potential gaps in service provision which may need to be addressed.

Information provision is a key element of the Care Act 2014, and the Village and Community Agents can help deliver it.

The Agents already provide an assisted information service, ensuring that older and more vulnerable adults have easy access to a wide range of information which will enable them to make informed choices about their own wellbeing, as well as supporting them in accessing services. Agents also support carers by providing them with information and referring them to services, and information can be provided to family members concerned about elderly relatives. Provision for carers' entitlement to support has also been set out in the Care Act 2014.

1.2.3 NHS England Five Year Forward View

October 2014 saw the publication of NHS England's 'Five Year Forward View'. Developed jointly by NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission, and the NHS Trust Development Authority, it provides a collective view on how the Health Service needs to change over the next five years in order to close the widening gaps in the health of the population, quality of care, and funding of services. In doing so, it sets out the reasons why change is necessary, possible new models of care (with examples of where some are already working in practice), and how change might be achieved.

Key elements of the Forward View include:

- a move away from the traditional model of hospital-based care towards a strengthening of primary care and 'out of hospital' care;

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- greater integration of and breaking down the barriers between health services such as GPs and hospitals, mental and physical health, prevention and treatment, and Health and Social Care;
- greater personalisation of care, giving patients more control over their own care and treatment, and looking at patient care in a more holistic sense rather than individual elements separately;
- engagement with communities and the voluntary sector.

Funding issues and efficiency savings are also emphasised, along with an acknowledgement that there is a need for the country as a whole to increase focus on prevention and public health. The 2002 Wanless report 'Securing Our Future Health: Taking a Long-term View' is cited as having warned of the rising burden of avoidable illness and stressing the need to take early intervention and prevention seriously. The Forward View acknowledges that this still has not been adequately tackled and supports Public Health England's strategy which sets out priorities for tackling obesity, smoking, and harmful drinking, as well as reducing the risk of dementia through tackling lifestyle risks.

The 'Five Year Forward View' also argues for better support for carers, to be built on the new rights for carers established in the Care Act 2014. In particular, it stresses supporting the most vulnerable carers, both the 225,000 young carers and the 110,000 carers over the age of 85. To do this, the report suggests working more closely with GPs and with voluntary organisations to both identify the vulnerable carers and provide them with support.

The Agents are very aware of the need to support older carers, and have a track record of doing so – this may be through arranging respite if needed, helping them find out what support might be available to make things easier for the person being cared for and assisting them to access it, or even simply making sure they are receiving all the benefits to which they are entitled.

The Forward View highlights the need to provide more support for frail older people living in care homes, as well as more active rehabilitation and support that could reduce permanent admission to care homes following a stay in hospital, allowing more people to return to their own homes and their independence. Agents will check up on existing clients when they are aware that the client has been in hospital. There have been several cases of clients being discharged from hospital without a reablement package. Interventions from Agents in these cases ensured reablement was put in place. Reablement has been demonstrated to reduce readmission to hospital, help people return to independence, and has better outcomes in terms of social care needs as well. This analysis will be examining reablement in detail in section 6.4.5.

A repeated theme is the need for better connectivity between services, both within health so that different aspects of health care are coordinated around the patient rather than treated in isolation, and between Health and Social Care services, as well as Health and existing Voluntary Sector services. In Gloucestershire, GCCG is already making moves in this direction as mentioned in section 1.2.1 with the social prescribing trials and the development of community teams. Specialist Agents working with people affected by cancer help them access the support and services they may need above and beyond their medical treatment. Agents generally have developed relationships with GP surgeries and district nurses who will refer patients for support and to whom the Agents can report concerns they may have about clients.

While the process of change, not just in Health but also in Social Care, may take several years, it is to be hoped that the outcomes will be better for the individual, for communities, and also for the services themselves. Village and Community Agents are already bringing services together around a client and will continue to do so as the services themselves adapt to meet the changing requirements of service users who increasingly want more information about their conditions and treatment, as well as more control over how their needs are met.

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1.3 Gloucestershire County Council – 'Meeting the Challenge'

As these legislative changes have been taking place, GCC has also been faced with the challenge of cuts in funding from central government. In 2010 a large-scale consultation process, 'Meeting the Challenge', was launched to determine local priorities as the Council sought to find savings of £114m by 2015. Some services were cut or altered, while others were contracted out to the voluntary sector. A second phase 'Together We Can' was launched with a consultation in June 2014, with the aim of saving another £75m over three years. Further changes to service provision are therefore inevitable, and there will be increasing pressure on voluntary sector services and local communities to fill the gaps.

As with the GCCG priorities, GCC is focusing on early intervention, prevention, self-care, and provision of help and support in the community to enable people to stay in their own homes. The draft policy paper 'Growing Older in Gloucestershire', produced as part of the basis for the next stage of the 'Together We Can' consultation process, summarised the results of the initial consultation and set out a series of principles to guide the Council's approach[9]:

- Promoting well informed self-help – information provision
- Maximising independence – including connecting older people to their communities
- Prevention and early intervention – quick response to signs someone needs help, or to prevent people's needs getting worse
- Choice and control – people deciding on their support needs and provision
- Doing the right thing – plans and solutions to be based on what keeps people safe and promotes independence
- Quality care that keeps people safe and promotes dignity – working with care providers who recognise that the quality of care received matters.

Link Worker comment

Just thought I would drop you an email to say what a great service the Village Agents offer. In the current climate with people wanting to blame and criticise I wanted to praise!

I have had contact with Carol Lake and Lynn Saunders who have offered invaluable advice to me on behalf of my clients – and they have answered immediately to my constant pestering for help, always friendly and approachable. They are a credit to the Village Agents! They have both proved that linking in with other agencies can work well for the benefit of the client.

So, just to say a big 'thank you' to them and I hope we can continue with the excellent links – Village Agents are a brilliant resource who I now think of initially to contact with any community issues.

Email from Community Link Worker, Headway

The Village and Community Agents already deliver on all of these principles – providing high quality information to their clients, arranging support that enables their clients to retain their independence and prevents more severe situations developing, helping clients determine the support that would be best for them, helping to keep clients safe, and providing a service which dignifies the clients by regarding each one as an individual with their own needs. As this report will demonstrate, the preventative service provided by the Agents helps significantly reduce costs to Health and Social Care services. The scheme is recognised within the 'Growing Older in Gloucestershire' document as one of the existing initiatives which is helping GCC achieve the changes talked about.

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The report on phase 1 of the 'Together We Can' consultation process also demonstrated the public endorsement and appreciation of the work of the Village and Community Agents. As part of the consultation, the public were asked about the good work already going on in communities across the county and for their views as to how people could be encouraged to play a positive role. The comments were categorised with the most commonly occurring themes and ideas set out in the report. Third on the list was:

Extend Village and Community Agents scheme[10]

2.0 Background to Gloucestershire Village & Community Agents

2.1 What is a Village & Community Agent?

Gloucestershire Village and Community Agents are trusted members of the community who provide information and support to people aged 50 and over across the county. The concept developed from research conducted by Gloucestershire Rural Community Council (GRCC) on behalf of Gloucestershire County Council (GCC) looking at why older people in the most rural areas were less likely than those in urban centres to contact the GCC Adult Social Care Helpdesk to ask for advice, support, and help. As the research indicated a preference for talking to a known and trusted local person over calling a telephone helpline, the idea of providing a trusted individual on the ground in communities was born.

- There are 38 Village & Community Agent areas or communities covering the whole of Gloucestershire.
- Each Village Agent has a geographic area in which they work. The majority of Agents live within their areas.
- Five Community Agents work with the Black and Minority Ethnic (BME) communities across the county. Two Polish-speaking Agents work with the largely Eastern European Migrant Community; one Agent each works with the African Caribbean, Bengali, and Gujarati Communities.
- Four Agents work specifically in Cheltenham and Gloucester, with two in each locality. They are supported by the Village Agents working on the borders of the urban centres, and the Community Agents working with the BME communities.
- Agents work part-time. The majority are contracted for ten hours per week, although four of the Agents cover more than one area and so work additional hours. Between them, the Village & Community Agents are contracted for 418 hours per week.
- Twelve Agents have received additional training to work with people aged 18 and over who have been affected by cancer. The Specialist Agents receive an additional time allowance of ten hours per month to carry out this part of the role.

It should be noted that many of the Agents, due to the level of demand for their services, work over and above their contracted hours. In 2013, for example, each Agent worked on average an additional 8.67 hours per month.

This means that the Agents do the work of the equivalent of another 6.8 Agents per year unpaid. The Agents are not paid for these additional hours worked, nor is it a requirement of the role for them to work above their contracted hours.

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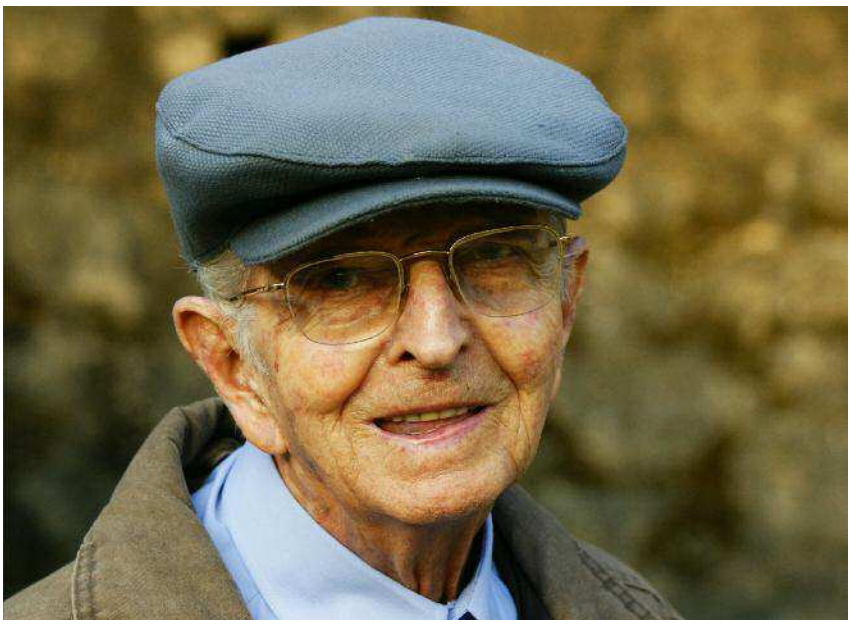
2.2 Scheme Objectives

- To help older people in Gloucestershire to feel more independent, secure, cared for, and have a better quality of life.
- To promote local services and groups, enabling the Agent to provide a client with a community-based solution where appropriate.
- To give older people easy access to a wide range of information that will enable them to make informed choices about their present and future needs.
- To engage older people to enable them to influence future service planning and provision.
- To provide support to people aged 18 and over who are affected by cancer.



CASE STUDY

A day in the life of a Village Agent

On a damp, cold Cotswold morning my day started with a phone call from sunny Spain. My calls generally don't come from overseas so I was keen to learn how I could possibly be of help to a young man living hundreds of miles away in Valencia (bearing in mind my role is to provide older people in Gloucestershire with easier access to information and services). Well..... This particular young man was concerned about his mother, who lived in a North Cotswold village and was in a Gloucestershire hospital. He was flying to the UK to visit his mother and wanted information on arranging care at home for when she was discharged. He had discovered my number from our website. I advised him who to speak to at the hospital, emailed him relevant information and arranged to meet him at his mother's on his arrival in the UK later that week.

After allowing myself a very quick cuppa, I left home for one of the villages on my 'patch' to meet with a group of community volunteers to discuss how best to tackle current issues faced by older people in the North Cotswolds. Their support, advice and local knowledge is invaluable to me. We met as always in a local coffee shop (choosing coffee but NO delicious looking cake). Topics that we chatted about included a) transport to social groups/leisure clubs; b) loneliness and isolation; c) existing groups for older residents in the village. Between ourselves we agreed to take away various 'actions' to work toward better provision of services.

Next I was off to visit Mr and Mrs A, who live a few miles away. They had called me after they saw one of my articles in a local parish magazine. Mrs A has mobility issues and wanted to talk about a Blue Badge. I explained the process for applying and offered to have an application form sent to their home. I also established that Mrs A may be entitled to Attendance Allowance. Due to her disabilities it was clear that she would need help to apply, so I agreed to arrange for the benefits agency to contact her. During our conversation (with another cuppa and this time a chocolate biscuit!) other issues came to light and I made arrangements for free smoke alarms to be fitted and suggested that I make a referral to the Adult Helpdesk to discuss the provision of various pieces of equipment in the home.

Later I completed the relevant confidential referrals for Mrs A and checked my emails. One of the emails contained information relating to funding support for local organisations. I forwarded this to my group of contacts/volunteers/charities within my 'patch'. Whilst doing this I received a call from Mr S who simply wanted the dates for the next Hard of Hearing sessions in the area. Mr S is a regular at the quarterly sessions, although he was away for the last one. We had a chat about his holiday and how his arthritis is and then finally I called it a day.

2.3 Scheme Outcomes

- Older and more vulnerable adults will have easy access to a wide range of information which will enable them to make informed choices about their own wellbeing.
- Older adults, especially those who are older, frail and vulnerable, feel more secure, cared for, and thus have a better quality of life.
- Older adults to have a better awareness of and to be in receipt of preventative measures and any service or assistance which can help them remain independent in their own homes.
- Older adults feel part of a supportive community where social networks are supported and promoted.
- Older people will be engaged to enable them to influence both the transformation of social care and future service provision in the area.

2.4 Management and Funding

The Village and Community Agents are recruited, employed and managed by GRCC. Funding for the scheme is provided by Gloucestershire County Council and Public Health. Additional funds to run the Specialist Cancer Agents part of the scheme is provided by Gloucestershire Clinical Commissioning Group (GCCG). Annual funding is as follows:

- **£320,000** for Village & Community Agents
- **£20,000** for Specialist Cancer Agents
- Total annual funding **£340,000**

2.5 Reporting Activity

Whenever an Agent visits a client at home, attends a lunch club or social group, holds an information event or surgery, or completes any activity to do with a client or community, they are required to complete a form called a gateway to record the details. The gateways are held on a secure online system and provide a full record of each Agent's activities. Research, information provision, and liaison with agencies and partners are also recorded.

Any gateway which requires action by an agency is known as a referral. Some partner agencies can access the referral electronically on the gateway system, following notification by email. Other agencies require the completion of their own referral forms, and an Agent would also record the referral in a gateway. No personal data is sent by email from the gateway system. Agencies can only access referrals made to them through the system by logging into the secure website, and Agents can only see the gateways they themselves have completed. The majority of gateways are not referrals to agencies, but instead record community-related activity, community-led solutions, signposting, information finding, supporting clients, and other activities.

- 2012/13: 22% of gateways were referrals, 78% recorded all other activities
- 2013/14: 19% of gateways were referrals, 81% recorded all other activities

The gateway system forms part of the monitoring and reporting process. Statistics are compiled for the quarterly and annual reports to funders, including demographic information as well as evidence that the scheme is delivering the outcomes set out in the Gloucestershire Village and Community Agents Service Specification. Case studies are also used to illustrate the effect that an Agent's intervention on behalf of a client can have over and above financial considerations.

Agent Comment

We make a real difference, we really do, and that's what I love.

Village Agent, 2013

GP Comment

We are very grateful for the support of the service and very much look forward to working collaboratively for the good of our local community with Christine, Sue and other colleagues. This is an excellent scheme and a valuable addition to supporting the local populace and their many and various needs which Village Agents with their special skills and approach can often help where we and others cannot.

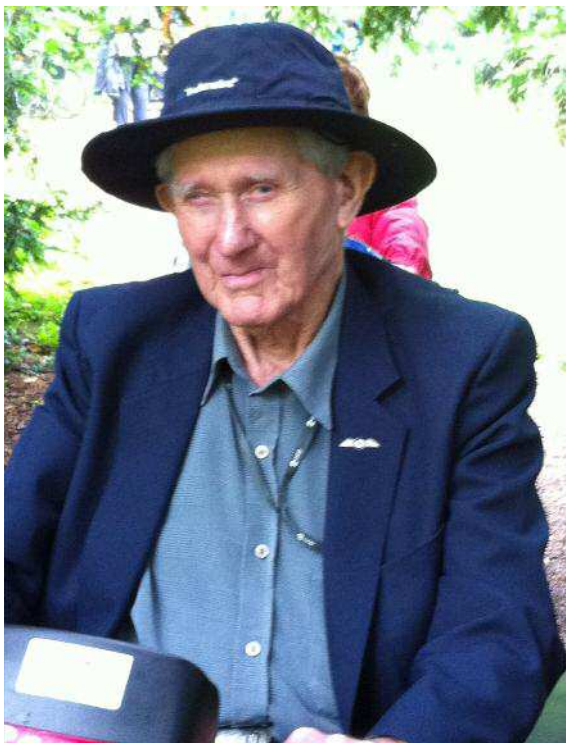
GP in Stroud District

3.0 Cost/Benefit Analysis – The Overall Approach

Given the diversity of direct and signposting activities, as well as the broad range of expected and actual impacts, the almost 13,000 gateways completed by Village and Community Agents between 2012 and 2014 have been examined against a series of themes:

- Falls Prevention
- Income Maximisation
- Retaining Independence
- Loneliness and Social Isolation
- Fuel Poverty
- Specialist Cancer Agents

Each theme was broken down further into sub-categories. While some themes overlap – Income Maximisation, for example, could come under Retaining Independence – it was considered important to examine them separately. Care has been taken to avoid duplication of activities across the themes.



The activities of the Specialist Cancer Agents, for example, were kept completely separate from the calculations relating to the main scheme, so referrals for benefit checks requested on behalf of cancer patients are not included in the section on Income Maximisation.

A literature review was conducted for relevant economic evidence and statistical indicators on which to base the calculations of benefits to clients, and to Health and Social Care services. Reports were sourced from Government departments, local authorities, university studies, charitable organisations, and peer-reviewed journal articles. These sources are indicated within the text with the references available at the end of the report.

Toolkits developed by or on behalf of Government departments have been used where available to determine financial benefits to Health and Social Care services. It should be noted that these toolkits underestimate the impact of the Agents' work so additional calculations have been made to give a more accurate figure.The underestimate results from the difference between the demographic profile used in the toolkits and the demographic profile of the Agents' clients. For example Foundations, the national body for Home Improvement Agencies in England, created the Handypersons Toolkit at the request of the Department for Communities and Local Government to demonstrate the cost effectiveness of a handyperson service. It calculates savings to Health and Social Care services through an estimated reduction in the annual use of sheltered housing, hospital admissions, and social work intervention. The assumptions made are set out in the guidance notes[11]:

> **Toolkits developed by or on behalf of Government departments have been used where available to determine financial benefits to Health and Social Care services**

- Age cohort differences are not reflected, e.g. the impact on people aged 75 and over as opposed to under 75-year-olds. People aged 75+ are more likely to have falls at home and so are more likely to need hospital treatment. It is also more likely that they will need residential care on discharge from hospital. The toolkit calculations are based on figures for people under the age of 75.
- All figures are rounded down, so 16.7 falls would be calculated as 16.
- When calculating benefits, one household equates to one person – the toolkit calculates outcomes as if only one person is affected, whereas an Agent's intervention could benefit both partners in a couple.
- Where evidence suggests a range of outcomes (e.g. falls reduction could be calculated as between 21% and 66% depending on the research cited and activities involved) the calculations of benefits are based on the lower end of the scale, which would be 21% in this example.
- Benefits are only calculated 'in year', so there is no calculation of benefits which may continue to accrue in second and subsequent years.

3.1 Analysis of Gateways

As part of the monitoring and reporting process, the Agents are required to record demographic information about their clients, as well as recording new clients and the origin of referrals. The demographic fields are not compulsory since Agents also record attendance at groups and other activities within the gateway. It may not be appropriate to request full personal details for a client, for example if someone has only asked for the telephone number of an agency. As set out in Data Protection legislation, Agents are required to ask the client's permission before recording personal data and before making referrals to other agencies, which requires the sharing of data.

3.1.1 Gateways by Age Group

Gloucestershire Village and Community Agents mainly work with people aged 50 and over, although there is scope to work with particularly vulnerable people below the age of 50. The Specialist Cancer Agents work with people aged 18 and over. Clients of the Community Agents tend to be younger on average than those of the Village Agents. However, the majority of the Agents' clients are in the 'older old' age groups:

Age group	Clients 2012/13	% 2012/13	Clients 2013/14	% 2013/14
100+	2	0.08	6	0.24
90-99	124	5.15	176	6.96
80-89	402	16.68	479	18.95
70-79	294	12.20	323	12.78
60-69	137	5.68	163	6.45
50-59	81	3.36	97	3.84
Under 50	44	1.83	48	1.90
Age Unknown	1,326	55.02	1,236	48.89
Total	2,410	100	2,528	100

Table 3: Total number of clients by age group, 2012/13 and 2013/14

Date of birth is not a compulsory field, and many gateways are completed anonymously. The number of Age Unknowns is therefore high, although it is possible that the proportion of each age range will be similar to those where a date of birth is known.

However, where clients need and request action to be taken on their behalf, the Agents are more likely to capture full personal details including date of birth. If a referral is made to another agency this information would need to be passed on. Excluding the 'Age Unknown' category gives a clearer idea of the age range of clients who need support accessing services.

Of those clients for whom a date of birth has been recorded, 48.7% of clients in 2012/13 and 51.2% of clients in 2013/14 were aged 80 and over, rising to 75.8% in 2012/13 and 76.2% in 2013/14 for clients aged 70 and over.

3.1.2 Gateways by Gender and Living Status

Roughly one-third of Village and Community Agents' clients live alone. In 2012/13, 31% of clients were recorded as living alone, with the figure for 2013/14 slightly higher at 36%. The remaining clients were seen as part of a couple, live with a relative or friend, or live in a care home environment.

Around a quarter of clients were male (see Table 4). Men are considered harder to reach, especially as regards engaging them in social activities. The Agents are reasonably successful in reaching male clients through their network of community contacts.

	2012/13	% 2012/13	2013/14	% 2013/14
Male	585	24	638	25
Female	1,358	56	1,443	57
Couple	41	2	62	2
Not recorded	426	18	385	15
Total	2,410	100	2,528	100

Table 4: Total number of clients by gender, 2012/13 and 2013/14

	2012/13	% 2012/13	2013/14	% 2013/14
New clients	1,298	54	1,306	52
Repeat clients	1,112	46	1,222	48
Total	2,410	100	2,528	100

Table 5: Numbers of new and repeat clients by year, 2012/13 and 2013/14

3.1.3 New and Repeat Clients

Although the scheme had been running for six years by 2012, the expansion into the urban areas of Cheltenham and Gloucester brought a new client base and so a high number of first time clients. The Agents also keep their profile high in the areas where they are well established. As a result, in both 2012/13 and 2013/14 over half of their clients were new (see Table 5).

Unlike other support services, the Gloucestershire Village and Community Agents scheme is not time-limited. An Agent can continue to work with a client for as long as necessary. Many Agents will make a welfare check telephone call to more vulnerable clients if they have not had contact with them for a while, or if the Agent is aware the client has had a hospital stay or been unwell. Some people will need a higher level of ongoing support than others.

In many cases, the Agent becomes a key point of contact for an individual. Where in the past someone may have accessed their GP surgery if they were worried about a situation, the Agent may now fill that role. This can help prevent a client from reaching a crisis point. With the Agent able to assist by consulting appropriate agencies or health professionals the client is enabled to remain independent and living a safe and healthy life.

CASE STUDY

I was contacted by the community mental health team; they had been helping a lady who was finding life difficult following the death of her husband. She needed to be involved with more meaningful activities locally and I put her in touch with some social groups.

A couple of weeks later I visited a gentleman across the road from this lady. I established that following a couple of falls he had really lost his confidence to go out and about. He needed a companion, so I have put him in touch with the lady and they meet up for cups of tea and a slow steady stroll up the road.

A result!

PCSO Comment

I wanted to drop you a quick email to commend the service provided by one of your team. I recently met Jane at a multi-agency evening and discussed an ongoing case that had me stumped. Jane was quick to point out a number of options that she, as a Village Agent, could provide and facilitate.

The case involved a vulnerable older lady who was potentially at risk of financial exploitation but would not interact with police at all. Jane was able to speak to the lady in her capacity and advise her. She has also brought into play Social Services and Trading Standards as well as supporting the individual's existing support network of neighbours, friends and her current estate manager. She did this in a very short time frame to prevent the client coming to any further harm.

I could not have been more impressed with her from start to finish and have encouraged all my peers to work with her as much as possible. She is a real credit to the Village Agent scheme.

Email from PSCO at Tewkesbury Police Station

3.1.4 Referrals to Village and Community Agents

By far the biggest source of referrals to Village and Community Agents is word of mouth recommendation and self-referral. The Agents have built up trust and gained the respect of clients throughout Gloucestershire for their timely, accurate information and informal, caring approach. Clients are happy to refer friends and family who need support to the Agents because they know that the Agents deliver.

Referrals are also received from health professionals, including GPs and district nurses, and from Social Care services, including the Adult Social Care Helpdesk, occupational therapists, and community teams. Other partner agencies such as Age UK, Mears Safe at Home, PCSOs, and Gloucestershire Fire & Rescue also refer clients to the Agents. This ensures that the client receives all they should in terms of community-led support and income maximisation, as well as knowing that there is someone they can turn to.

Referrals	2012/13	% 2012/13	2013/14	% 2013/14
Health professionals	208	15	477	19
Social Care	88	6	324	13
Word of mouth	977	69	1,622	64
Other agencies	146	10	105	4
Totals	1,419	100	2,528	100

Table 6: Breakdown of referral sources by year, 2012/13 and 2013/14

Note that not all gateways include information about the source of the referral, which is why the figure for 2012/13 in Table 6 differs from other recorded numbers of gateways. It may be that the 991 excluded were self-referrals, although judging from the figures for 2013/14 there may well have been social care and health professional referrals in that number.

4.0 Falls Prevention

Summary of benefits accruing to Health and Social Care services resulting from the intervention of Gloucestershire Village and Community Agents. The joint Health and Social Care figure is given where the split in benefits between the two is unclear.

INTERVENTION	HEALTH	SOCIAL CARE	JOINT HEALTH & SOCIAL CARE	TOTAL
Grab rails	£3,119.92	£11,204.08	£28,665	£42,989
Mobility aids	£3,119.92	£2,168.08	£56,745	£62,033
Small repairs	£6,239.84	£11,834.16	£28,080	£46,154
Wet rooms	–	–	£113,490	£113,490
Stairlifts	–	–	£113,490	£113,490
TOTAL	£12,479.68	£25,206.32	£340,470	£378,156

Table 7: Benefits accruing to Health and Social Care services by intervention type

> In the UK, around 400,000 older people are admitted to hospital each year with falls-related injuries

4.1 Background

A fall can have a serious impact on an individual's health and wellbeing. Aside from any injury, there are psychological effects caused by damaged confidence which can lead to social withdrawal. Increased social isolation and possible loneliness makes repeated falls more likely, and so the cycle continues. Repeated falls also increase the likelihood that an individual will choose early admission to residential care.

- The risk of falls steadily increases in people aged 65 and over, as does the severity of outcome. In the UK, around 400,000 older people are admitted to hospital each year with falls-related injuries.
- The Gloucestershire Joint Strategic Needs Assessment Falls Profile estimates that almost 32,000 people in Gloucestershire will have a fall this year, a figure projected to increase by 53% over the next 15 years.
- People with dementia also have an increased risk of falls and fractures: 40-60% of people with dementia have falls, and 25% of fallers with dementia suffer a fracture as a result.
- Between 5 and 10% of falls result in significant injuries. According to RoSPA, almost 75% of falls among those aged 65 and over result in arm, leg, and shoulder injuries[12].
- One of the most serious consequences is hip fracture (in medical terms 'fractured neck of femur' (NOF)). This is associated with a high rate of death and disability – up to 14,000 people per year in the UK die as a result of a fall and fractured NOF.
- The annual cost to Health and Social Care in Gloucestershire of fractures sustained in falls among people aged 65+ is approximately £35m. In addition, there are personal costs to the individuals, their families and carers, which can be both financial and emotional.

Table 8 shows hospital admissions for falls among people aged 75 and over in Gloucestershire per 1,000 population for the period 2006 to 2011. In total, there were 9,370 admissions without a NOF fracture and 3,316 with a NOF fracture.

	Gloucestershire	Chelt	Cots	FOD	Glos	Stroud	Tewkesbury
Without NOF fracture	29.8	34.5	37.2	23.4	25.6	26.8	29.6
With NOF fracture	10.5	11.3	10.0	9.3	10.0	11.7	10.4

Table 8: Admissions to hospital following a fall, age group 75+, 2006-2011. Rate per 1,000 population[13]

According to a 2003 Help the Aged report, around 90% of falls not requiring medical treatment go unreported or unrecorded[14]. There is an element of fear behind non-reporting. Older people worry about losing their independence or being forced into residential care. That fear has a negative impact on their wellbeing, and combined with the accompanying social withdrawal increases the likelihood of further falls, which may have more serious outcomes. Even where an individual has not fallen, increasing age and unsteadiness can lead to reluctance to go out, and so make it more likely that falls will occur.

4.2 Falls Prevention Interventions

4.2.1 Grab Rails

The 149 referrals made by Village and Community Agents for the installation of grab rails resulted in benefits amounting to £42,989 accruing to Health and Social Care services between 2012 and 2014.

Agents visit clients in their own homes and so are able to see where extra support may be needed. If a client has difficulty with steps, for example, the Agent could suggest a grab rail and arrange for one to be installed, delivering rapid results and improvements for the client. There are many examples of the Agents, having arranged a home visit to discuss a specific concern, identifying other issues and suggesting solutions.

The majority of referrals were for hand rails in the garden, grab rails to help with a step by a door, or grab rails to help a client get into and out of the bath safely. According to the Handyperson Toolkit, the Agents were thereby responsible for savings to Health and Social Care amounting to £14,324 (see Table 9).

The Toolkit does not differentiate between the age cohorts so this figure is too conservative. The majority of Agents' clients are aged 75 and over (around 65%), meaning falls would have more severe outcomes than the Toolkit suggests. Preventing a fall leading to a hip fracture saves on average £28,665, while the average saving per person of postponing the need for residential care by a year is £28,080.[15]

Since around 50% of clients are aged 80 and over, it could be argued that at least 74 of the 149 referrals for grab rails are likely to be for clients aged 80+. These clients are at the highest risk of falls, and suffer the most severe injuries. It is therefore probable that, on top of the benefits calculated by the Toolkit, at least one of these clients would have broken a hip in a fall if their Agent had not acted to have grab rails installed, saving £28,665. The total benefits accruing to Health and Social Care services as a result of the Agents' referrals for grab rails is therefore calculated as £42,989.

> The 149 referrals ... for the installation of grab rails resulted in benefits amounting to £42,989

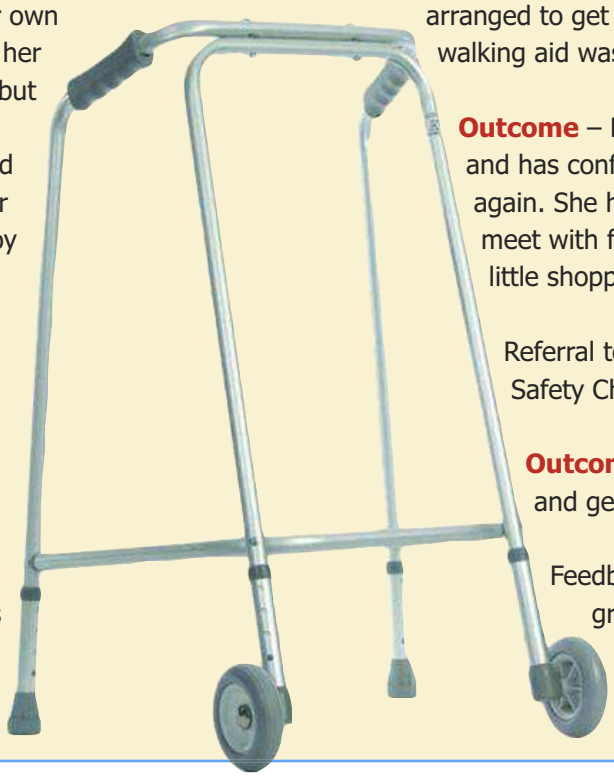
Benefit	Incidence rates w/o intervention	Reduction in incidence w intervention	Savings to Social Care	Savings to Health	Total Savings
Reduced falls	22	4	£2,618.08	£3,119.92	£5,738.00
Improved/maintained independent living	20	1	£7,498.00	-	£7,498.00
Reduced use of social services	32	1	£1,088.00	-	£1,088.00
TOTALS	74	6	£11,204.08	£3,119.92	£14,324.00

Table 9: Handyperson Toolkit calculation for savings resulting from grab rail referrals; savings based on 2013/14 figures

CASE STUDY

Mrs P's granddaughter contacted me to see if I could help to get her Grandma an outdoor walking frame. She was finding walking increasingly difficult and was losing her confidence to go out of doors alone; consequently she was becoming more isolated. I arranged a home visit to see Mrs P and her granddaughter.

Mrs P is 90, a widow and lives in her own bungalow with regular support from her family. She was managing very well but agreed that getting out of the house was becoming more difficult. She had given up trying to get to a local older persons' group that she used to enjoy and was missing her friends.



We discussed the possibility of Attendance Allowance (AA). Mrs P satisfied criteria and agreed I would make a referral to the Pension Service for AA claim, Pension Credit, and also Council Tax benefit.

Outcome – a few weeks later AA was awarded, and the Pension Service will follow up claims for Pension Credit and Council Tax Benefit.

Social Care referral also made for handrails in bathroom and front door, plus blocks to raise armchair.

Outcome – a few weeks later all aids were fitted and Mrs P was managing better.

Referral made to Community Physiotherapy Department for outdoor walking frame. I arranged to get Mrs P to the local group until walking aid was received.

Outcome – Mrs P received walking frame and has confidence to go out of doors again. She has visited the local group to meet with friends again and is doing a little shopping on her own.

Referral to Fire Service for Home Safety Check.

Outcome – smoke detectors fitted and general safety check made.

Feedback from Mrs P's granddaughter is that Mrs P has a new lease of life and is extremely happy with the help she has received.

CASE STUDY

Mr D is 96 and extremely active but has very arthritic knees. He called me about the hand rails on steps leading to his back garden. The posts and bars on the steps are wooden. One post has rotted away so much that as soon as he puts his hand on the bar for support the whole thing swings outwards, meaning he could easily fall over.

I contacted the Adult Helpdesk, they made contact with him and he was pleased with the quick response.

4.2.2 Mobility Aids

The total benefits accruing to Health and Social Care from the Agents' 87 referrals for mobility aids amounts to £62,033. Provision of mobility aids helps maintain a client's confidence and independence, as well as being a falls prevention measure.

While the Handyperson Toolkit does not specifically cover mobility aids, outcomes as regards falls prevention would be similar to, if not higher than, those resulting from the installation of grab rails. The starting point for calculating benefits accruing to Health and Social Care from mobility aid referrals is therefore £2,644 (see Table 10).

When an older person needs a walking frame to help them get around safely they are already unsteady on their feet and losing confidence. They are also more likely to be in the 'older old' age range. The probability of suffering a fall is therefore much higher than the Toolkit allows for, so actual benefits accruing to Health and Social Care will be greater.

According to the Toolkit, two falls were prevented by the Agents arranging mobility aids. Given the higher client age range and existing mobility issues this is probably a significant underestimate. If it is assumed that four falls were prevented this would mean an accrued benefit to Health and Social Care of £5,288.

With the likelihood that at least one fall resulting in serious injury was prevented by the Agents' actions, an additional benefit of £28,665 is accrued. These clients already had mobility issues and were likely to be in the age range where falls have the most serious outcomes.

The positive effect on clients' confidence and independence should also be considered. Without the intervention of the Agents it is probable that at least one client could have opted for an early move into residential care. If a single client deferred their move for a year as a result of a referral, the Agents' involvement will have accrued an additional benefit of £28,080.

Taking these three considerations together, the total benefits accruing to Health and Social Care as a result of the Agents' referrals for mobility aids is £62,033.

> The total benefits accruing to Health and Social Care as a result of the Agents' referrals for mobility aids is £62,033

Benefit	Incidence rates w/o intervention	Reduction in incidence w intervention	Savings to Social Care	Savings to Health	Total Savings
Reduced falls	13	2	£1,084.04	£1,559.96	£2,644
Improved/maintained independent living	12	0	-	-	-
Reduced use of social services	19	0	-	-	-
TOTALS	44	2	£1,084.04	£1,559.96	£2,644

Table 10: Handyperson Toolkit calculation for savings resulting from mobility aid referrals; savings based on 2013/14 figures

4.2.3 Small Building Repairs

Alongside arranging minor adaptations such as grab rails, or major adaptations such as wet rooms or stairlifts, the Agents are a source of support and assistance for people who need to arrange small repairs. They made 106 referrals to agencies for small repairs, with an additional 153 gateways recording provision of information about repair services. The Agents' work in this area is calculated to have accrued benefits of £46,154 to Health and Social Care services between 2012 and 2014.

Many everyday maintenance tasks can become too much for elderly people, and the deterioration of their home environment can cause feelings of depression. By arranging for repairs to be made or providing information on local tradespeople, the Agents help maintain independent living, improve the quality of life and wellbeing of their clients, and so help reduce the risk of falls.[16]

CASE STUDY

The client had a problem with the adjoining housing association property. Its roof leaked onto her property and made her doorstep green and slippery.

I spoke with the housing association and arranged a site visit with myself, the client and the client's daughter.

The problem was accepted by the housing association with apologies for the two year delay, and has now been fixed.

Agents made 106 referrals to Home Improvement Agencies (HIAs), housing associations, and council housing offices for small repairs. Gateways also recorded 153 instances of providing information on repair services to clients. The total benefits accruing to Health and Social Care as a result of the Agents' interventions amount to £18,074 (see Table 11).

The Toolkit calculates that eight falls would have been prevented. This may be down to the removal of trip hazards, or preventing injuries caused by clients attempting the work themselves.

An argument could be made that at least one of these falls would have resulted in serious injury. It seems more likely, however, that the problems of maintaining a property would result in a client moving into residential care earlier than necessary.

If a single client postponed a move to residential care for 12 months as a result of the Agents' intervention, then an additional benefit of £28,080 would accrue, giving a total accrued benefit of £46,154.

Benefit	Incidence rates w/o intervention	Reduction in incidence w intervention	Savings to Social Care	Savings to Health	Total Savings
Reduced falls	39	8	£4,336.16	£6,239.84	£10,576.00
Improved/maintained independent living	36	1	£7,498.00	-	£7,498.00
TOTALS	75	9	£11,834.16	£6,239.84	£18,074.00

Table 11: Handyperson Toolkit calculation for savings resulting from small building repairs; savings based on 2013/14 figures

4.2.4 Major Home Adaptations

Summary of benefits accruing to Health and Social Care from the Agents' work with clients on the two most frequent forms of major home adaptations:

Intervention	Joint Health & Social Care
Wet rooms	£113,490
Stairlifts	£113,490
TOTAL	£226,980

Table 12: Benefits accruing to Health and Social Care from major home adaptations

4.2.4.1 Background

Sometimes a major adaptation is needed to enable an older person to stay in their own home. An adaptation in this sense is a modification which removes or reduces the disabling effect that the home has on an older person. This may not be just a matter of independence, but also personal dignity. Heywood notes that, given the option of a carer to come in every day and help them to wash or a level-access shower so they can wash when they please, people will normally "choose the solution that offers more dignity and autonomy"[17].

A common package is a stairlift and level-access shower, which could be covered by a Disabled Facilities Grant (DFG) of £6,000, the average amount for a DFG. The equipment would last at least five years. By contrast, that same £6,000 would only provide a home care package of 6.5 hours per week for one year and three months[18]. While the initial outlay for a major home adaptation is substantial, the evidence strongly indicates that for the average older person the adaptation will pay for itself during their lifetime.

An Audit Commission review of assistive technologies, adaptations and equipment expressed the cost of adaptations in terms of the equivalent care staff hours the money would buy. Replacing a bath with a shower costs an average of £2,625, for example, the equivalent to only nine hours of care staff time in the course of a year.

CASE STUDY

I had a referral from the Neighbourhood Warden. A couple were struggling to stay in their own home. Their physical health was failing and the wife had mobility problems due to a spinal injury and arthritis. When I visited it was soon clear that they really wanted to stay put but they were finding things very difficult. There are stairs at both the front and the back doors, and indoors the staircase is steep and narrow. There was also a significant problem with rising damp.

We put a plan together to start to sort things out. First I made a referral to Care and Repair, who assessed the rising damp and then obtained a government loan for essential repairs. I made a referral for an OT assessment which led to a stairlift being fitted and some alterations being made to the front step and a rail. The couple were also struggling with cooking as neither of them could reach into the oven. I helped make an application to RAFA and there is now a lovely new eye level cooker which has helped enormously. Mrs R has started to bake cakes again, much to Mr R's delight!

This is rather less than would be necessary if a care worker was needed to assist with bathing[19].

Benefits accruing from major adaptations do not just result from prevention of injury, alternatives to residential care, or more rapid discharge from hospital. A stairlift or level-access shower can also lift the burden on family members who provide care. The potential improvements in wellbeing of a whole household, both mentally and physically, should not be underestimated.

4.2.4.2 Wet Rooms

Agents submitted eight referrals to the Adult Social Care Helpdesk about assessments for wet rooms or assistance with installation costs, with another two referrals made to the Royal British Legion and to Barnwood Trust for grants towards the cost of installing wet rooms. Their work in this area is calculated to have accrued a benefit of £113,490 to Health and Social Care services.

With their knowledge and experience, and the advantage of seeing clients in their own homes, the Agents can make suggestions that clients may not have thought of. This includes

> A stairlift or level-access shower can also lift the burden on family members who provide care. The potential improvements in wellbeing of a whole household … should not be underestimated

major adaptations such as the installation of a level-access shower or wet room in place of a bath. The Agents can advise a client on possible help with costs, as well as initiating the process on their client's behalf.

An illustration from the London Borough of Newham demonstrates how benefits accrue to Health and Social Care from the installation of a wet room or level-access shower. The saving was calculated based on the estimated cost of providing care assistants to help with bathing at home if the adaptations had not been made.

In 2009, the Home Adaptations Consortium estimated that 20 level access showers installed in the London Borough of Newham at a cost of some £110,000 had produced a five year saving of £1.86 million[20].

An estimate of benefits accruing from the Agents' work with clients on wet room installation can be calculated using the Newham figures:

- Cost of each installation c. £5,500 (£110,000/20)
- Annual saving per service user £18,600 (£1.86m/5 years)/20 showers)
- Year one saving £13,100 (£18,600 annual saving – £5,500 installation cost)
- Benefits accruing to Gloucestershire Health and Social Care in Year One £104,800 (8 wet rooms x £13,100 year one saving)

This may appear to be too high an estimate, but it only calculates savings as a result of not having to provide home care assistance with bathing. It also assumes that only one client benefits from each wet room, whereas up to 16 people may benefit if all eight clients have partners.

As an alternative, calculations can be made based on Heywood's illustration of the chain reaction of events whereby installing a shower in the bathroom prevents a fall in the living room. The evidence[21] is linked thus:

- Older people confined through lack of adaptations and unable to take a bath or shower report that this causes depression.
- Older women suffering from depression are more likely to have a fall and have a 30% increased risk of a hip fracture.
- Once adaptations have been fitted, service users report improved mental wellbeing.

Struggling in and out of the bath is both undignified and potentially hazardous, with the water and slippery surfaces increasing the risk of falls. If two severe injuries from falls are prevented and two clients put off moves to residential care as a result of the Agents' assistance, then a benefit of up to £113,490 accrues to Health and Social Care.

> Struggling in and out of the bath is both undignified and potentially hazardous, with the water and slippery surfaces increasing the risk of falls

4.2.4.3 Stairlifts

Agents made 21 referrals for the installation of stairlifts between 2012 and 2014. Having a stairlift can give an older person greater independence and confidence in their ability to cope, as well as minimising the risks of falling down the stairs. Benefits accruing to Health and Social Care services as a result amount to £113,490.

Stairs can be the single most disabling aspect of a home. In a house with two or more storeys, especially where there is no downstairs bathroom, most people will go up and down the stairs several times a day. As an older person becomes frailer they may not have the strength for repeated climbs, or their balance may be a problem. A fall down the stairs is more likely than a fall on the flat to cause serious physical injuries, and is also more likely to

be fatal. RoSPA reports that the most serious accidents involving older people usually happen on the stairs or in the kitchen, with the largest proportion of accidents being falls from stairs or steps.[22]

Without the Agents' assistance, it is likely that some of these clients will have had falls on the stairs potentially resulting in serious physical injuries, if not death. Assuming the prevention of two falls resulting in serious injury, the actions of the Agents accrue a benefit to Health and Social Care of £57,330.

Being unable to climb the stairs in their own home, or fearing they could not do so safely, raises the probability that someone might move to residential care. Installing a stairlift removes that need to move. The Agents' assistance may therefore have persuaded two clients to stay in their homes for longer, saving an annual residential care cost of £56,160.

CASE STUDY

A Cheltenham councillor asked if an Agent could help a lady who had a broken stairlift. I made an appointment with the councillor to visit Ms A, who lives in a second floor flat (no lift facilities).

Her stairlift had been broken for two months. I was given copies of communication between Ms A and the stairlift company and, after reading through the paperwork, I telephoned the company and asked to speak to a manager.

At first he didn't believe me that a customer of theirs had been left for two months with a broken stairlift, but he agreed to send an engineer out that afternoon.

He later rang me to say that I had been right and that he would be dealing with this matter personally. This was a Friday afternoon. By Tuesday the company had sent two engineers to Ms A's home, repaired the stairlift and apologised to her.

In total, then, the benefits accruing to Health and Social Care from the Agents' interventions to arrange the installation of stairlifts amounts to £113,490.






5.0 Income Maximisation

Summary of the additional benefits accruing to clients resulting from the intervention of Gloucestershire Village and Community Agents for 2012 to 2014:

BENEFIT TYPE	TOTAL BENEFIT INCREASE FOR ALL CLIENTS
Lower rate Attendance Allowance	£299,676.00
Higher rate Attendance Allowance	£17,576.00
Carer's Allowance	£54,709.20
Pension Credit	£26,549.64
General benefit checks	£372,291.40
TOTAL	£770,802.24

Table 13: Benefits accruing to clients by benefit type

According to the calculations, the Agents are responsible for bringing an extra £770,802.24 in benefits into Gloucestershire between 2012 and 2014.

5.1 Background and Assumptions

Arranging for clients' benefits to be checked and new applications made has always been an important part of the Agents' work. They frequently encounter clients who are unaware of the support to which they are entitled. The final report on the pilot project found that the Agents were directly responsible for bringing an extra £6,015 per week in benefits into the county, amounting to £312,780 in the course of a year[23]. Agents refer to the Department for Work and Pensions (DWP) visiting service, Age UK Gloucestershire, the CAB, and others to conduct benefit checks for clients and to assist clients with applications.

Older people tend to be on fixed incomes, whether they have work-related pensions or rely on the state pension, so finances can be a major concern. Worries about money can manifest in reluctance to turn heating on in the winter, withdrawal from social activities, or inability to pay for services to help with daily living. Where the Agents have ensured clients receive all the benefits they are entitled to,

CASE STUDY

A GP contacted me with concerns about a 62 year old gentleman who lived alone in his own property. I went to visit and found he had no income whatsoever, having been living on savings for seven years since he had been made redundant from full-time work.

By May 2013 his savings were all gone, and neighbours were giving him some food and money. He was depressed, had very little interest in life, and was living in a very poor state.

He had very little social contact, no food in the house, some debts, no transport, and no phone. Bailiffs had visited but found no household goods to take.

I arranged an appointment for him with Citizens Advice Bureau to help with a claim for Pension Credit, and to negotiate repayment of debts with creditors. I went with him to the CAB appointment, and also arranged support from the Food Bank.

Now he has an income of £145 per week Pension Credit and the CAB is helping with his debts. I am also making a grant application to Barnwood Trust to see if they will consider covering the cost of a TV.

their clients have used the additional income to increase social contact such as attending lunch clubs, to pay for services such as a cleaner or a meals service, and, importantly, for home care support they might otherwise struggle to afford.

Agents receive regular training and updates from the DWP regarding changes in the benefit system. They have a high level of knowledge as to eligibility criteria and the likely success of applications. Therefore, the calculations relating to benefit referrals will be based on the following assumptions:

- The success rate for new applications is assumed to be 50%.
- Since it is not known when benefit applications would have been approved, it is assumed that successful applicants received payments for an average of 52 weeks in the period 2012 to 2014.
- Where benefit rates change between 2012/13 and 2013/14, the lower rate will be used in calculations, e.g. lower rate Attendance Allowance will be calculated at £51 per week (2012/13), as opposed to £53 per week (2013/14).
- It is assumed that all new Attendance Allowance applications were for the lower rate.
- It is assumed applications for higher rate Attendance Allowance are made for existing lower rate recipients, therefore the difference between the lower and higher rates (£26) will be used for the calculations.
- A benefit value of £48.05 per week will be used to calculate figures for successful referrals for general benefit checks – this is the mean average of the weekly lower and high rate Attendance Allowance, Carer's Allowance, and Pension Credit payments.

=A word of explanation is needed on Pension Credit. Unlike the other benefits, Pension Credit is not a fixed weekly figure; the amount received depends on the person's income. There are two parts to Pension Credit: Guarantee Credit tops up the weekly income; and Savings Credit is an additional payment for people with some retirement savings. In 2012/13 the allowances for Pension Credit were:

- **Guarantee credit** – tops up income to £124.70 per week for a single person, or £217.90 for a couple.
- **Savings credit** – £18.54 per week for a single person, or £23.73 for a couple.

The DWP Work and Pensions Longitudinal Study[24] gives the average weekly amounts of Pension Credit received by claimants in 2012/13 as:

- Guarantee credit only – £87.17
- Savings credit only – £11.93
- Guarantee & savings credit – £49.97
- All claimants – £56.73

For the purposes of these calculations, the average weekly Pension Credit payment for all claimants – £56.73 – will be used.

> The Agents are responsible for bringing an extra £770,802.24 in benefits into Gloucestershire between 2012 and 2014

5.2 Calculations

Based on the assumptions set out on p29 and covering the period 2012 to 2014.

Lower Rate Attendance Allowance	226 referrals 113 successful	113 x £51 x 52 = £299,676
Higher Rate Attendance Allowance	26 referrals, 13 successful	13 x £26 x 52 = £17,576
Carer's Allowance	37 referrals, 18 successful	18 x £58.45 x 52 = £54,709.20
Pension Credit	19 referrals, 9 successful	9 x £56.73 x 52 = £26,549.64
General Benefit Checks	298 referrals, 149 successful	149 x £48.05 x 52 = £372,291.40
Total Additional Benefits 2012-2014		£770,802.24

5.3 Uncosted Benefit Referrals

Agents also made referrals in respect of other benefits. The value to clients from these referrals cannot be easily quantified since the level of benefits paid varies widely, so these benefits are not included in the overall calculations. To give the fullest picture of the Agents' work in this area, these referrals are detailed below:

- Assistance with appeal against benefit refusal **26**
- Assistance with Child Tax Credits **4**
- Working age benefits (e.g. JSA, ESA) **20**
- Council Tax and/or Housing Benefit **30**
- Council Tax benefit (dementia-related) **8**
- Winter Fuel Allowance **15**

In addition, Agents submitted 102 gateways recording the provision of information about available benefits and eligibility criteria, while 59 referrals were made for assistance in completing benefit application forms.

Agents submitted 102 gateways recording the provision of information about available benefits and eligibility criteria, while 59 referrals were made for assistance in completing benefit application forms

CASE STUDY

My client's husband had passed away in January without making a will. They had no joint bank accounts, and they lived in a council property for which he received Housing Benefit and Council Tax Benefit. When he died the payment of rent and council tax reverted in full to her and she was required to pay it. She had very little to live on except her small pension and she was extremely worried about how she would make ends meet. His affairs would need to go to probate.

I visited her and we first went to the bank to get statements as she was very anxious about her finances. I then helped her fill in a form for Housing Benefit and Council Tax Benefit, and dropped off the forms at the council on my way home. I was worried about what she would eat that night as I had noticed that there wasn't much in her fridge. I told her I would go to the Food Bank the next day and get her some provisions – which I did.

She heard back fairly rapidly from the Council and was eligible for both Housing Benefit and Council Tax benefit, so she was relieved. I later helped her fill in a form for DWP to see whether she was eligible for Pension Credit.

6.0 Retaining Independence

Summary of benefits accruing to Health and Social Care services resulting from the intervention of Gloucestershire Village and Community Agents:

Intervention	Health	Social Care	Joint Health & Social Care	Total
Gloucestershire Telecare	£52,670	£116,725	—	£169,395.00
Community Alarms	£11,088	—	£84,240.00	£95,328.00
Occupational Therapy Assessments	£8,579	£25,311	£113,490.00	£147,380.00
Social Care Assessments	£6,870	£17,940	£28,665.00	£53,475.00
Carer's Needs Assessments	—	—	£248,559.00	£248,559.00
Reablement	—	£48,772	—	£48,772.00
Support in the home	—	—	£1,795.84	£1,795.84
Home Safety Checks	—	—	£6,637.34	£6,637.34
TOTALS	£79,207	£208,748	£483,387.18	£771,342.18

Table 14: Benefits accruing to Health and Social Care services by intervention type

In addition, there is a benefit accruing to clients of £2,352 from the services provided under the heading of Reablement.

GCC's 'Meeting the Challenge – Together We Can' expresses the intention of increasing the use of Telecare as a preventative measure. Agents are ideally placed to inform clients about the service

6.1 Background

One of the key outcomes identified for the Village and Community Agents scheme is:

> **Older adults to have a better awareness of and to be in receipt of preventative measures and any service or assistance which can help them remain independent in their own homes.**

Falls prevention contributes to this outcome, although it was considered separately as a specific area of interest, and there is an overlap with the 'Loneliness and Social Isolation' section of this report. The distinction being drawn here is between practical support and services which have a direct, demonstrable impact on a client's ability to continue living independently, as opposed to the more subjective benefits accruing from activities intended to reduce a client's sense of isolation.

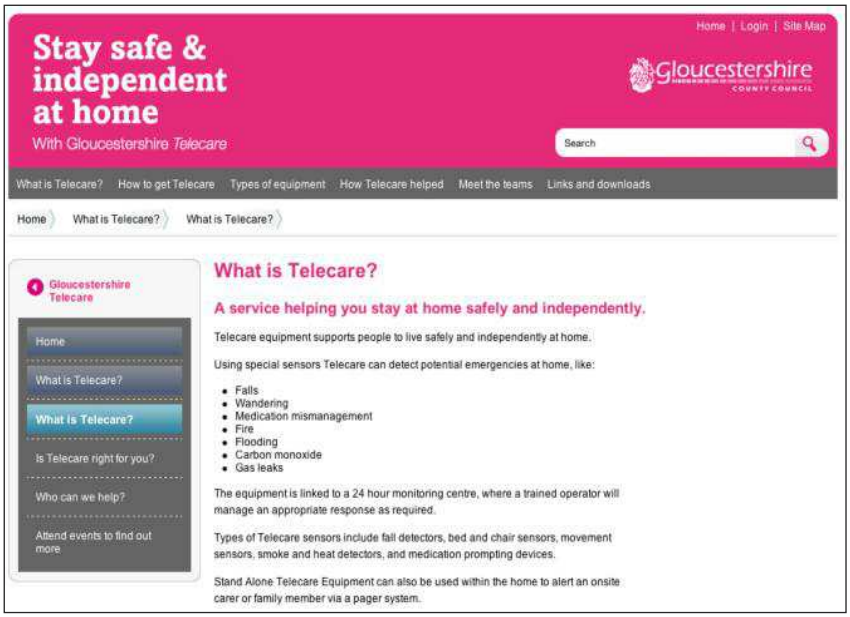
6.2 Gloucestershire Telecare

The 23 referrals made by Village and Community Agents for Gloucestershire Telecare equipment are calculated to have accrued benefits totalling £169,395 to Health and Social Care services between 2012 and 2014.

GCC's 'Meeting the Challenge – Together We Can' expresses the intention of increasing the use of Telecare as a preventative measure. Village and Community Agents receive training from Gloucestershire Telecare on the equipment and criteria for support, so are ideally placed to inform clients about the service. The idea is to provide assistive technology and monitoring systems tailored towards clients with higher needs, such as those who have already had falls, or people with advanced dementia, to enable them to continue to live safely and independently.

While the technology is undoubtedly useful and, as will be shown, accrues substantial benefits to Health and Social Care services, actual numbers of referrals by the Agents to Gloucestershire Telecare are relatively low. On a few occasions where a client has had a high level of need, the Agent's referral has been turned down by Telecare. For example, a man with Parkinson's caring for his wife who had advanced dementia was referred for a falls monitor. He was concerned that he was becoming increasingly likely to fall as his illness progressed, with his wife's condition meaning she would be unable to call for help. The referral was rejected on the grounds that he had not, as yet, had a fall resulting in unconsciousness, and Telecare instead referred him for a community alarm.

Between 2012 and 2014, Agents submitted 60 gateways relating to Gloucestershire Telecare (see Chart 1). Only 23 gateways requested assessments, split between clients with a history of falls, those with dementia or memory-related issues, medication reminders, home communications for bedridden clients, and two gateways where the need was not specified.



Gloucestershire County Council's Telecare webpage

A 2008 analysis of the first two years of the TeleG project, which established Gloucestershire Telecare, assessed benefits accruing to Health and Social Care[25]. Using this analysis, the benefits accruing from the 23 referrals made by the Agents can be extrapolated as in Table 15 (p34), giving a total of £169,395.

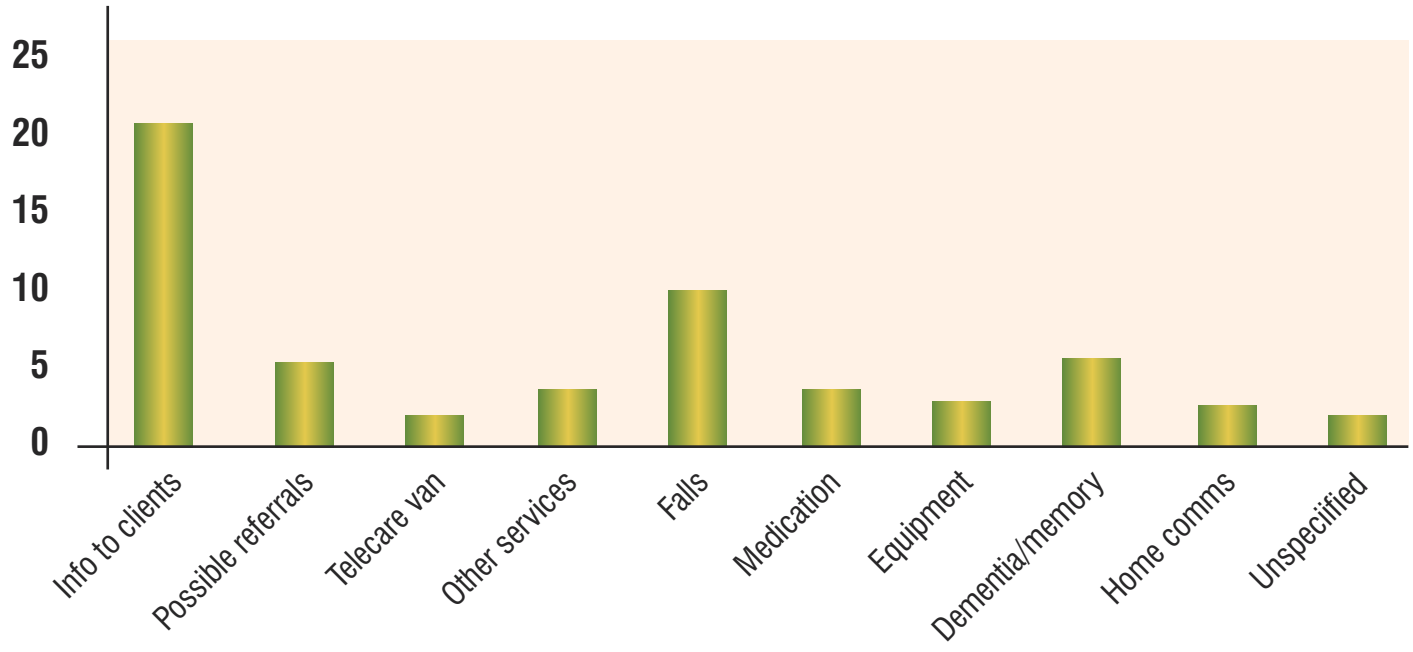


Chart 1: Breakdown of gateways relating to Gloucestershire Telecare, 2012-2014

Cost savings from 55 users (net of supplying, fitting and monitoring costs)	%	£ saving	Cost savings from 23 users (net of supplying, fitting and monitoring costs)	£ saving
SOCIAL CARE			SOCIAL CARE	
Residential Care	71	198,189	Residential Care	82,874
Meals on Wheels	5	13,957	Meals on Wheels	5,837
Home care	19	53,036	Home care	22,177
Intermediate care	5	13,957	Intermediate care	5,837
Total Social Care	100	279,139	Total Social Care	116,725
HEALTH			HEALTH	
Ambulance call outs/ hospital admissions	100	125,949	Ambulance call outs/ hospital admissions	52,670
Grand Total		405,088	Grand Total	169,395

Table 15: Benefits accruing to Health and Social Care from Agents' referrals to Gloucestershire Telecare. Figures based on 2008 costs.

6.3 Community Alarms

Between 2012 and 2014, Agents made 156 referrals for demonstration visits by community alarm services with a view to installation, while 113 gateways recorded provision of information about the service. Interventions by Village and Community Agents relating to community alarms for their clients are calculated to have accrued benefits totalling £95,328 to Health and Social Care services.

A community alarm provides reassurance to clients who may not have significant needs, but who are becoming unsteady on their feet and need the reassurance that they can call for help in the event of a fall. It could be installed alongside grab rails or it may be all that is needed at that time. Community alarm systems are responsive rather than preventative, but they are very effective. According to an Audit Commission report[26], a study of over 100 users found that the introduction of a community alarm scheme led to a 25% drop in the number of hospital admissions, and the average number of hospital in-patient days fell from 9.2 to 5.7, a reduction of 3.5 days.

Aside from the Audit Commission data, attempts to find studies relating to savings from the use of community alarms as opposed to Telecare have been unsuccessful. There are studies which indicate that actual usage of community alarms is low – one study of 3,091 adults aged 65 and over with community alarms noted that only 180 (6%) self-reported actually using it[27]. The same study also recorded that older people living alone were nearly five times more likely than those living with others to use the alarm.

Using these figures, a conservative calculation of the benefits accruing from the Agents' activities in this area can be attempted.

Client Comment

Just to thank you for all you've done. For what you've sent us and for putting us in touch with people. We had a splendid directory of care services.

Mike Godwin has been twice and fitted A's Careline up so we now have our red light flashing. We are very grateful to you, and it was lovely to meet you, and thank you for coming to see us.

Message left on Agent's voicemail

The assumptions made in this calculation are:

- 90% of the 156 clients who have a demonstration will have the community alarm installed **= 140 clients**
- 50% of the 113 clients who receive information about community alarms will go on to have one installed **= 56 clients**
- 6% of the 196 clients who install a community alarm will use it **= 12 clients**

The use of community alarms reduces the average number of hospital in-patient days by 3.5 days, as per the Audit Commission. According to the Department of Health, each excess bed day in hospital costs £264[28]. If each of the 12 clients would have required 3.5 additional days in hospital without the alarm bringing prompt assistance then the Agents' work accrued a benefit to Health services of £11,088. No assumptions are made about savings from the likely lower level of social care support at home post-discharge.

The major benefits, however, result from maintaining the clients' confidence in their ability to live independently. While they may not need to use the alarm, the reassurance provided by knowing that help can be called if needed will persuade clients, especially those who live alone, to stay in their homes for longer. If the Agents' intervention results in only three of the 196 clients who installed community alarms postponing a move to residential care for another 12 months, a benefit of £84,240 will have accrued to Health and Social Care, giving an overall total of £95,328.

6.4 Adult Social Care Helpdesk

6.4.1 Background

The Adult Social Care Helpdesk is the main entry point for accessing social care. Agents frequently assist their clients through the whole process, from the initial referral for assessment through to support being put in place. Many older people do not know about the support Social Care can offer or how to go about arranging it, so the information and help provided by the Agents is invaluable.

Intervention	Health	Social Care	Joint Health & Social Care	Total
Occupational Therapy Assessments	£8,579	£25,311	£113,490	£147,380
Social Care Assessments	£6,870	£17,940	£28,665	£53,475
Carer's Needs Assessments	—	—	£248,559	£248,559
Reablement	—	£48,772	—	£48,772
TOTALS	£15,449	£92,023	£390,714	£498,186

Table 16: Benefits accruing to Health and Social Care resulting from Agents' referrals through the Adult Helpdesk

Between 2012 and 2014, Agents submitted 963 gateways to the Adult Social Care Helpdesk. This section will specifically focus on referrals made by the Agents for assessments to identify and arrange the social care support that their clients needed:

- 244 referrals for Occupational Therapy (OT) assessments
- 83 referrals for bathing and toileting aids
- 49 referrals for aids to assist in the home
- 89 referrals for Social Care assessments
- 29 referrals for Carer's Needs assessments
- 15 referrals for reablement support

In Gloucestershire, financial support to meet social care needs is only available in cases of substantial or critical need where an individual has an income and savings below a certain level. Under the Care Act 2014, a national minimum eligibility threshold will be introduced to help people better understand whether they are eligible for support from the local authority. Changes are also being made to the way that care is paid for, introducing greater financial support from the state. A cap on lifetime social care costs to individuals of £72,000 is being brought in, with care needs

over and above this figure being paid for by the state.

Where Agents can make a substantial difference to Health and Social Care costs is by helping a client identify and arrange support before their needs reach substantial or critical levels. Preventative support delays and can reduce the need for more expensive and intensive interventions. The benefits accruing to Health and Social Care as a result will vary greatly, but since many people pay for at least some, if not all, of their care themselves, putting support in place early can substantially reduce later expenditure.

6.4.2 Occupational Therapy (OT) Assessments

Between 2012 and 2014, the Agents made 244 referrals for OT assessments. These were general referrals, with an additional 83 referrals made for bathing and toileting aids, and another 49 referrals for aids to assist in the home. A total benefit of £147,380 is calculated to have accrued to Health and Social Care from these referrals.

A conservative calculation of benefits accruing to Health and Social Care can be made using the Handyperson Toolkit. An OT may recommend and arrange adaptations, such as grab rails, ergonomic domestic appliances, and bathing aids. Some clients may require major home adaptations, such as a level-access shower or a stairlift.

CASE STUDY

Mrs B is an 80 year old widow with terminal cancer. She had been coping well with her illness and a back condition, but recently found she was getting wobbly and struggling to get about. Standing to cook caused difficulties and she was getting anxious about being able to manage the stairs. There would not be room for her to move her bedroom downstairs. Mrs B had been given a trolley walking aid but it appeared to be flimsy, and so she wasn't getting outside to her garden or round the corner to the shop. She was also worried about money because she only had her state pension. When we met, Attendance Allowance had been applied for by her Oncology nurse.

It was clear Mrs B needed some aids in the home, so I requested an OT assessment through the Adult Helpdesk. We agreed I would visit again in two weeks, and when I did I was delighted to see the old trolley had been replaced by a new, sturdy model. Mrs B's OT assessment had been carried out speedily; fitters had already installed handrails in the bathroom and another fitter was expected that afternoon to install a secondary stair rail to help her get up the stairs. She was very much cheered at having 'hung on' to her independence a bit longer.

The starting point for this calculation will be the assumption that only minor adaptations resulted from the Agents' referrals (see table 17). If any major adaptations resulted, then the overall benefits would be higher than those calculated here.

Additional calculations will be made based on the age profile of the Agents' clients since, as has been stated previously, the Toolkit's assumptions are based on clients being under 75, whereas 50% of the Agents' clients are aged 80 and over.

Benefit	Incidence rates w/o intervention	Reduction in incidence w intervention	Savings to Social Care	Savings to Health	Total Savings
Reduced falls	56	11	£5,963	£8,579	£14,542
Improved/maintained independent living	52	2	£14,996	—	£14,996
Reduced use of Social Services	83	4	£4,352	—	£4,352
TOTALS	191	17	£25,311	£8,579	£33,890

Table 17: Handyperson Toolkit calculations for savings accruing to Health and Social Care from OT referrals; savings based on 2013/14 figures.

Of the 11 falls projected to have been prevented it is assumed that two would have resulted in severe injury such as a hip fracture. The prevention of these injuries accrues a benefit of £57,330 to Health and Social Care services.

Of the 135 incidents affecting independent living or requiring Social Services involvement, taking into account the age profile of the Agents' clients, some of these incidents would have resulted in clients concluding they were not safe living independently.
If only two clients moved to residential care 12 months before they really needed to this would cost £56,160. Added to the Handyperson Toolkit calculation and the prevented hip fractures, this would give a total of £147,380 in benefits accruing to Health and Social Care.

6.4.3 Social Care Assessments

Agents made 89 referrals for Social Care Assessments on behalf of their clients between 2012 and 2014. These referrals are calculated to have accrued a benefit of £53,475 to Health and Social Care services.

A service which potentially results is some form of home care. This involves care staff coming into the home to provide a client with direct assistance such as help getting in and out of bed, or with bathing.

The need for home care is associated with long-term conditions and advanced old age. In the 2011 census more than half of those aged 85 and over in England indicated that their day-to-day activities were limited a lot owing to old age, a long-term health condition, or disability[29]. Of those aged 65 and over, around a third reported the need for help with at least one activity of daily living, and around a quarter need help going up and down stairs.

The Centre for Housing Policy calculated weekly costs for different forms of support, based on a gentleman in his 80s living on state pension and benefits[30]. While the report is focused on care provision in Scotland, the costs in Table 18 are a useful illustration. It is assumed that the older person has limited savings, is reliant on state pension and benefits as his only income, and has no source of reliable unpaid care, so all costs fall on the social care system.

Table 18 presents the total cost of adaptations per week over one calendar year. Duration of use of, for example, a stairlift would be longer than one year, reducing the weekly cost. Enabling an individual to remain in their own home, or potentially move to sheltered or extra care housing, is substantially less expensive than residential care. The Agents can provide information about and talk through housing options with clients, and in some cases have accompanied clients to visit a

Table 18: Comparison of weekly costs of social care support; please note, the costs in the table relate to the costs of each separate element in the cell above, with the total cost shown in **bold**.

Level of need	Support in own home	Sheltered Housing	Extra care housing	Residential care
Physically frail with personal care needs and limited mobility	Telecare (monitoring) - floating housing support services (1 hour) - adapted bathroom and stairlift - home care (3 hours)	Sheltered housing services - floating support (1 hour) - home care (3 hours)	Extra care able to manage level of need that previously required residential care	Residential care service. Able to manage most pronounced physical needs
Estimated costs	£14 - £10 - £203 - £64 **(£291)**	£169 - £10 - £64 **(£243)**	**£360**	**£475**
Intensive support needs including poor physical health, limited mobility, dementia	Telecare (monitoring) - floating housing support services (3 hours) - adapted bathroom and stair lift - home care (10 hours) - weekly visit from community nurse	Sheltered housing services (monitoring) - visits from home care (10 hours) - weekly visit from community nurse	Extra care housing providing monitoring, support, and care	Specialist residential care re dementia. Able to manage & support people with highest levels of need, which may not be practical in other settings
Estimated costs	£14 - £30 - £203 - £214 - £27 **(£488)**	£169 – £214 - £27 **(£410)**	**£360**	**£845**

sheltered housing scheme. Many older people, however, prefer to remain in their own homes for as long as they can.

While the Social Care Assessment might be the first intervention a client has needed, many are likely to have minor adaptations such as grab rails in place, or possible a community alarm. Following assessment, adaptations and monitoring equipment may be arranged at the same time as home care staff are brought in, making attribution of accrued benefits resulting from specific services problematic. Since calculations of accrued benefits for other interventions are made elsewhere in this report, a very conservative calculation will be made here based on the following assumptions:

- Of the 89 referrals by Agents for Social Care Assessments, 59 result in the involvement of home care staff.
- Home care staff assist clients with personal care tasks they could not manage safely alone, e.g. getting in and out of bed, bathing, preparing meals.
- Without this assistance, 4 clients would have an accident or illness resulting in hospital admission, one of which would have been a hip fracture or equivalent at a cost of £28,665.
- Using the figures in the Telecare analysis (Table 14), the cost of an average ambulance call out and hospital admission is calculated as £2,290 (£125,949/55).

This gives an accrued benefit of £35,535 ((3 x £2,290) + £28,665) resulting from prevention of illness or injury.

The main benefit of arranging for care staff, though, comes from enabling that client to stay in their own home.

Using the figures from Table 18, and assuming that five of the 59 clients now receiving social care support postponed a move from their homes to extra care housing as a result, a conservative calculation can be made as follows:

- Extra care housing costs £69 per week more than support in own home for a physically frail person with personal care needs and limited mobility.
- If a person delays a move to extra care housing for a year, this would be a saving of £3,588.

For five clients this would amount to an accrued benefit of £17,940.

Including the benefit from accident and illness prevention, this gives a total benefit accruing to Health and Social Care from the Agents arranging for Social Care Assessments of £53,475 in 2012 to 2014.

6.4.4 Carer's Needs Assessments

Agents made 29 referrals for Carer's Needs Assessments between 2012 and 2014. By ensuring that carers receive support, whether that be respite, registration with the Carers Emergency Scheme or additional services to support the person cared for, Agents help them to continue in their caring role while reducing the potential negative effect on the carer's own health and wellbeing.

The cost savings to Health and Social Care services are huge. According to Carers Gloucestershire, unpaid care and support provided by around 63,000 carers saved the county £540 million in the last year alone[31]. To put it another way, each carer in Gloucestershire saves Health and Social Care services £8,571 (£540m/63,000 carers) on average every year. By referring these 29 carers for a Carer's Needs Assessment so that they were given support to continue to care for their partners or other family members, the Agents benefited Health and Social Care services to the tune of £248,559 (29 x £8,571).

According to Carers Gloucestershire, unpaid care and support provided by around 63,000 carers saved the county £540 million in the last year alone

This may seem like rather a crude calculation but benefits accruing from Carer's Needs Assessments are hard to quantify. Savings made by services due to an unpaid carer providing support are not usually direct and obvious. It can be the difference between the cared for person staying in their home and having to move into residential care. If an older carer looking after a partner can no longer cope, for example if the partner has advanced Alzheimer's or physical disabilities, then the alternative options are potentially intensive home care support (the example in table 18 sets this at 10 hours per week), or residential care. Heywood highlights this need to be aware of indirect benefits accruing from services, adaptations, and support:

> **There are savings to be made, but for many cases the route is through support to informal carers so that residential care is avoided, not because of direct cuts in the cost of home care.[32]**

For the first time, under the Care Act 2014, carers will now be recognised in law in the same way as those they care for. Local authorities are made responsible for assessing a carer's needs for support where the carer appears to have such needs – currently the carer has to provide a substantial amount of care on a regular basis to qualify for an assessment.

It will also be possible, where both carer and cared for agree, to undertake a combined assessment of both their needs. These changes are to provide clarity, give a proper framework for carers' entitlement to support by making it a legal obligation on local authorities for the first time, and recognise the importance and value of the work that the millions of unpaid carers across the country do.

The work of caring for someone can be unrelenting, exhausting, and damaging to the health and wellbeing of the carer. Many of the carers that the Agents encounter are elderly and not in the best of health themselves. The assessment of needs is of vital importance in such cases – if the health of the carer collapses then both the cared for person and their carer would require health and social care support, incurring far higher costs to services than if the carer had been adequately supported in the first place.

> If the health of the carer collapses then both the cared for person and their carer would require health and social care support, incurring far higher costs to services than if the carer had been adequately supported in the first place

6.4.5 Reablement Services

Reablement is short-term intensive support to help someone back to independent living following illness, a hospital stay, or a stay in residential care. It is provided by Gloucestershire County Council at no cost to the individual and is intended to rebuild their confidence to enable them to regain their independence. Agents made 15 referrals for reablement between 2012 and 2014, resulting in a benefit of £48,772 accruing to Social Care services over two years.

While the intensive nature of the support makes reablement an expensive short-term service, the long-term benefits are reduced reliance on social care. A study for the Department of Health in 2007 found that up to 68% of people no longer needed a home care package after a period of reablement, with up to 48% still not in need of home care two years later[33]. GCC, in 'Meeting the Challenge: Together We Can', has acknowledged the need to increase the use of reablement as a means of getting people back to independence.

As Health and Social Care services have become more closely integrated, the hospital discharge system has improved so that the majority who need it receive care services for a period of time on returning home. There have been some instances, though, where people have slipped through the net. Several reablement referrals were made after Agents had checked on clients they knew to have been in hospital and found that they had been discharged with no support package in place.

A toolkit[34] developed for the Department of Health calculates a top-level indication of the benefits of home care reablement. It includes an average hourly cost for home care of £15, and calculates outcomes over two years, based on changing care needs over time. This will be used to calculate the accrued benefits resulting from the Agents' referrals for reablement.

CASE STUDY

A phone call from a concerned friend resulted in me visiting a lady living in Cirencester. She had fallen out of her mobility scooter whilst walking her dog and sustained a badly broken wrist. The lady lives alone and managed very well until her fall.

She had been treated in hospital and discharged with a plaster on her arm. A week following discharge, her friend was very concerned as the client could not care for herself, including washing, dressing, and preparing meals. No one had contacted her and the Social Care Team in Cirencester had not been alerted to her predicament.

I contacted the Adult Social Care Helpdesk on her behalf, who referred her to the Social Care Team in Cirencester. They acted promptly and carers were put in place to assist her with her basic needs. If her concerned friend had not contacted me, this client would have struggled on and possibly put herself at risk of another fall.

The Re-ablement Toolkit makes the following calculations for the 15 referrals by the Agents:

- 7 clients would not require an ongoing care package
- 2 clients would require a reduced ongoing care package
- 2 clients would require no change in their ongoing care package
- 1 client would require an increased ongoing care package
- 1 client would not complete the reablement period (withdrawn, moved to long-term care or hospital, or died)
- 2 clients would be deemed not to require reablement
- In Year 1, 1,160 fewer ongoing care hours would be required, calculated by the Toolkit as a reduction in care costs of £17,403
- In Year 2, 2,091 fewer ongoing care hours would be required, calculated by the Toolkit as a reduction in care costs of £31,369.

The total benefit accruing from the Agents' intervention in referring 15 clients for reablement is therefore £48,772 over two years. Calculations are based on care hours only – the toolkit makes no calculations for possible benefits accruing to health services.

6.4.5.1 Age UK Home From Hospital

In addition to the reablement service provided by Adult Social Care, clients can access free support with domestic tasks through VCS services. Age UK runs a Home From Hospital (HFH) service, with offices based in both Cheltenham General and Gloucestershire Royal Hospitals, providing support for up to four weeks post-hospital discharge. The support is similar to that of their paid-for Clean Sweep Plus service.

Between 2012 and 2014, Agents provided five clients with information about HFH, and referred another 21 clients to the service. For the purpose of this calculation the following assumptions are made:

- The cost of the HFH service is equivalent to Clean Sweep Plus, which is around £14 per hour.
- Each referral to HFH resulted in two hours of support per week.
- The HFH service lasts for four weeks.

Calculation: ((2hrs x £14) x 4 weeks) x 21 referrals = £2,352 financial benefit to clients.

6.5 Daily Living

Not every Agent contact with a client requires a major intervention. Some of the apparently smaller actions have the biggest overall impact on a client's wellbeing. This section looks at miscellaneous items under the general heading of 'Daily Living' where the Agents have either provided information to clients regarding potential sources of help in the home, or where referrals have been made to Gloucestershire Fire & Rescue for home safety checks including the installation of smoke alarms.

Summary of benefits accruing to Health and Social Care services resulting from the work of the Village and Community Agents in this area:

Intervention	Joint Health & Social Care
Support in the Home	£1,795.84
Home Safety Checks	£6,637.34
TOTAL	£8,433.18

Table 19: Benefits accruing to Health and Social Care services by intervention type

6.5.1 Explanation of Calculations

Identifying the financial benefits accruing from the actions of the Agents in providing information to their clients and making referrals on their behalf in this section is difficult, but not impossible. Since clients do not necessarily act on the information they have requested it would be unreasonable to assume large scale savings. However, information provision does have a value in itself. The Economic Impact Assessment of the Specialist Agents' scheme identifies a value to the NHS of information provision by the Agents through improving health literacy among clients, for example[35].

The Rural Community Council of Essex (RCCE) also runs a Village Agents scheme, based on the Gloucestershire model. In developing their scheme RCCE produced a set of model assumptions, including a set of Economic Rate of Return Benefit Values. These values were based on the 'reduced risk of high cost care or damage to a person's home or the increased spending power in the local economy'[36]. Included in this was a figure calculated for each of three activity categories – Basic, Detailed, and Premium, the three bands based on the type of activity and the number of people affected. The definition for the Basic activity category is:

> **Attending meeting to explain service and access to information, providing general information and form filling assistance etc.**

The value placed on this category is £7.36, so this will be used for the calculation of accrued benefits resulting from information provision.

6.5.2 Support in the Home

Between 2012 and 2014 the Agents submitted 488 gateways concerning either information provision or referrals in this category. It is likely that some clients will have required more than one piece of information or referral, so an assumption is made that the gateways relate to 244 clients. The accrued benefit of contacts in this category is therefore calculated as £1,795.84 (244 x £7.36).

Many requests for information are for additional support in the home. The Agents do not make personal recommendations for commercial service providers, but they do have a great deal of knowledge about services available in their areas. In some cases, Agents obtain lists of local gardeners or cleaners from other agencies such as Home Improvement Agencies.

In terms of domestic help, requests for information about services breaks down as:

• Cleaning	**120** gateways
• Gardening	**101** gateways
• Help with paperwork	**77** gateways
• Meals	**72** gateways
• Shopping	**34** gateways
• Chiropody/podiatry	**26** gateways
• Pet care	**15** gateways
• Ironing/laundry services	**10** gateways
• Bathing services	**9** gateways
• Mobile hairdresser	**9** gateways
• Mobile/housebound library	**8** gateways
• Tailoring/curtains	**3** gateways
• Locksmith	**2** gateways
• Window cleaner	**1** gateway
• Fencing contractor	**1** gateway

Agents have assisted clients with paperwork, including questions over energy bills and help with understanding official correspondence, but if a client needs long-term support in this area then the Agent must refer on to an appropriate service. The floating housing support agencies P3 and GreenSquare can assist in some cases, as well as Citizens Advice Bureau (CAB), County Community Projects (CCP), and others.

Enabling a client to receive a hot meal each day helps with maintaining a client's sense of wellbeing, not to mention their health. Community Meals, arranged through the County Council, can be provided as hot, ready-to-eat meals or as frozen meals for people assessed as having a need for them. Of the gateways covering meals services, 41 were referrals for or information about Community Meals. Another 31 gateways covered the frozen meal providers Wiltshire Farm Foods and Oakhouse Foods, as well as Age Concern Forest of Dean, which delivers a three-course hot meal to clients in the district.

The personal care services coming to a client's home – mobile hairdresser, chiropody/podiatry, bathing services, ironing/laundry services, or help caring for a beloved pet – also help maintain a client's sense of wellbeing. Raising awareness of and enabling access to such services may seem like a small matter, but it can make a real difference to a client.

6.5.3 Home Safety Checks

The Agents made 307 referrals for home safety checks by the Community Safety Team at Gloucestershire Fire & Rescue between 2012 and 2014. Of these, 131 were new referrals and 152 were requests to check or replace existing smoke alarms. The remaining 24 referrals were for smoke alarms designed for people with hearing impairments. RCCE calculated a benefit value under the Referral Category 'Community Safety' which will be used to calculate accrued benefits here. The Community Safety category was defined as:

> **The value of the reduced cost to society from a Fire Safety Check and working smoke alarms. (Expected cost x reduced risk)/property**

This value was given as a first year benefit of £21.62, making the accrued benefit value of the Gloucestershire Agents' referrals £6,637.34.

The Agents help the Community Safety Team due to their identification of and access to particularly vulnerable older people who would benefit from a Home Safety Check, including those who may be housebound. Community Agents are effective at enabling contacts with some of the harder to reach members of BME communities.

The personal care services coming to a client's home – mobile hairdresser, chiropody/podiatry, bathing services, ironing/laundry services, or help caring for a beloved pet – also help maintain a client's sense of wellbeing

CASE STUDY

My client was 72 and living in a very run down house with numerous piles of paper and possessions. Part of the house had been secured by her husband, who would be absent for days and return with bags of shopping which were stockpiled in his part of the house. There was a very old electric cooker, plus some old electric fires and other electrical household implements, all adding to a potential serious fire hazard.

The husband had schizophrenia, and my client had early onset dementia. This made it very difficult to explain to her the dangers of using these hazardous items. There was little family support but a very caring community who called me frequently to request help for the couple.

My immediate referral was for smoke detectors and a home safety check. I was very impressed at how this delicate and difficult situation was handled by the Fire Service. The husband's mental health condition caused him auditory hallucinations and the smoke alarms could appear to him to pose a threat to his safety. I needed to be present to reassure my client and ensure she was at home, as her dementia meant she couldn't remember when appointments had been set up.

The couple were treated with respect and consideration by the Fire Service, who were very understanding about the need to rearrange appointments.

According to an analysis[37] by Greater Manchester Fire & Rescue Service, those involved with fires within the home predominantly fall into one or more of the following categories:

- Older people
- Those living alone
- Those with health issues
- Substance or alcohol use
- Those with mobility issues
- Those affected by socio-economic deprivation

The analysis also states that older people are at increased risk of experiencing accidental domestic fire. The larger proportion of fatal fires (19%) involves people aged 80 and over, while 63% of fires involve people aged 50 and over. With an increasing number of people living longer in their own homes, in many cases with health and mobility issues, the risk to life from house fires could be considerable. A statement from the Chief Fire Officers Association (CFOA) in March 2013, relating to a Welsh Assembly bill making domestic sprinklers compulsory in new and converted residential properties, included the comment:

> **The evacuation policy of 'get out, stay out, call us out' is becoming increasingly less appropriate as a result of an ageing demography.[38]**

The majority of the Agents' clients are in the 'older old' age range (75+), and many suffer from ill health, making them particularly vulnerable in the event of a house fire. For this reason, the Agents will suggest a Home Safety Check early in a relationship with a client.

7.0 Loneliness and Social Isolation

Summary of benefits accruing to Health and Social Care services resulting from the intervention of Gloucestershire Village and Community Agents:

Intervention	Joint Health & Social Care
Befriending services	£22,680.00
Social Groups & Activities	£29,066.24
Transport	£27,950.00
Volunteering	£4,860.00
TOTAL	£84,556.24

Table 20: Benefits accruing by intervention type

In addition to this, a benefit of £4,453 is calculated as having accrued to clients as a result of the Agents' activities in this category.

7.1 Background

Concerns about the impact of loneliness and social isolation on older people have grown in recent years. Numerous studies have demonstrated that loneliness has a detrimental effect on both physical and mental health.

The Campaign to End Loneliness[39] has collated research in this area and summarised the health threats posed by loneliness as:

- increased risk of high blood pressure;
- higher risk of the onset of disability;
- greater risk of cognitive decline – one study concluded that lonely people have a 64% increased chance of developing clinical dementia;
- more prone to depression;
- more GP visits, higher use of medication, higher incidence of falls, and increased risk factors for long term care;
- earlier entry into residential or nursing care.

Loneliness and social isolation are not the same thing – it is possible to be isolated and not lonely, and vice versa. The concepts are, however, linked. Age UK's Loneliness and Isolation Evidence Review suggests that one of the most effective ways of combating loneliness is to reduce isolation.

A study by the Joseph Rowntree Foundation showed the positive benefits of even low-intensity support services providing emotional, social, practical, and housing support, such as those to which the Agents refer clients. Service users felt that these services add something to their lives and help them approach life in a more positive way.[40] This was reflected in the evaluation of the Village Agents pilot project, which reported that 86.3% of clients said their quality of life had improved either a little or a great deal as a result of contact with an Agent[41]. It does not require high levels of intervention, but direct, human contact does make a difference.

Gloucestershire's 2013 Strategic Needs Analysis Team report on social isolation identified 18,770 vulnerable households, of which one-third (c. 6,257) are represented by older people[42]. Both loneliness and social isolation increase with age and among those with long-term health problems[43], so with population projections indicating an increasing number of people aged 65 and over in Gloucestershire expected to live alone (see table 21), the number of vulnerable households could potentially rise substantially.

> 86.3% of clients said their quality of life had improved either a little or a great deal as a result of contact with an Agent

	2012	2014	2016	2018	2020
Males aged 65-74 predicted to live alone	5,960	6,380	6,700	6,840	6,920
Males aged 75+ predicted to live alone	7,616	8,194	8,670	9,384	10,234
Females aged 64-74 predicted to live alone	9,660	10,350	10,890	11,130	11,190
Females aged 75+ predicted to live alone	19,703	20,435	20,984	22,121	23,485
Total population aged 65-74 predicted to live alone	15,620	16,730	17,590	17,970	18,110
Total population aged 75+ predicted to live alone	27,319	28,629	29,654	31,505	33,719

Table 21: People aged 65 and over living alone by age and gender, projected to 2020[44]

In this section, the Agents' work in areas directly related to loneliness and social isolation will be examined – befriending services, social activities, transport, and volunteering. The benefits to the individual and to wider society of breaking down loneliness and social isolation are extensive. Improvements are made to the individual's quality of life, but there is also reduced reliance on more intensive, and more expensive, services as a result.

Agents are currently involved in research commissioned by Public Health into loneliness and social isolation in Gloucestershire.

7.2 Explanation of Calculations

Previous sections of this report have looked at minor adaptations, equipment, advice from OTs, and other services which provide practical support to enable the Agents' clients to retain or regain their confidence and independence. Benefits accruing from falls reduction or from enabling individuals to maintain their independence have been accounted for elsewhere. This section is concerned with general improvements in wellbeing arising from breaking down the barriers of loneliness and social isolation.

Calculations will be made based on research looking at the effect of depressive symptoms, and benefits accruing from the reduction of those symptoms. *Mental Health Promotion and Mental Illness Prevention: The Economic Case* focused on the impact of befriending services and confirmed that they have a modest but significant effect on depressive symptoms, creating improvements to services worth £270 per person[45]. For the purposes of this analysis, it is assumed that specific activities undertaken by the Agents to enable clients to attend social groups or activities or to use community transport will accrue a similar benefit. These are also activities which help break down loneliness and social isolation and so potentially reduce depressive symptoms.

Benefits accruing from information provision will be calculated according to the RCCE Economic Rate of Return Benefit Values for the Basic activity category (see section 6.5.1). A calculation will also be made under the transport section relating to benefits accruing as a result of Agents assisting clients with transport for medical appointments. This will be detailed further in the relevant section. Calculations regarding benefits accruing from gateways covering volunteering will also be detailed in the relevant section.

7.3 Befriending Services

Between 2012 and 2014 the Agents submitted 110 gateways relating to befriending, including 84 concerning the provision of befriending services to clients, whether through formal schemes or informally within the community. These gateways breakdown as:

- **76 referrals to befriending schemes**
- **18 gateways covering information provision**
- **8 gateways covering people interested in becoming befrienders**
- **8 gateways recording informal community solutions found by the Agents**

The accrued benefit to Health and Social Care services resulting from this activity is calculated as £22,680.

The most widely used form of befriending scheme in Gloucestershire is the pairing of volunteers with clients who are visited in their own homes. Levels of coverage by befriending schemes throughout the county vary, with Cotswold District being fully covered as a result of a Big Lottery grant to three existing befriending services.

There are services in the Forest of Dean run by Age Concern Forest of Dean and Forest Sensory Services. A new six-month pilot scheme is being launched in Minchinhampton, funded by the Gloucestershire Police and Crime Commissioner and based on the People For You scheme in Cotswold District.

Some communities are developing their own local schemes. Parish Clerks have approached Agents for advice on how to go about this. A Patient Participation Group at a GP surgery in Stroud District now has volunteers visiting 13 older people. This came about following a talk from their Village Agent about issues facing older people in the area.

CASE STUDY

A local GP was concerned about a lady in her 70s, who lived alone and had recently moved to the area. She was having difficulty making contact with people and was feeling isolated. At the GP's request, the Agent contacted the lady. After discussing her interests, the Agent was able to put her in touch with people attending a local chapel. From this, she went on to join a knitting group. The Agent was also able to put her in touch with a wellbeing and exercise group.

One of her interests was playing Scrabble, although she had recently lost her fellow players due to illness. The Agent was aware of another single lady who enjoyed Scrabble and who lived near to the client. With the permission of both of them, the Agent passed on their contact numbers to each other. The two ladies arranged to meet and they now enjoy regular games of Scrabble in one another's homes.

The Agent has since visited the client several times. She says that she is now much happier.

Telephone befriending services are also beneficial to clients. Agents have reported positive reactions from clients using The Silver Line, a national telephone befriending service for older people launched in November 2013. People For You, one of the schemes in Cotswold District, also runs a telephone befriending service for clients waiting to be matched with a volunteer visitor.

Substantial benefits to Health and Social Care services from befriending schemes were demonstrated by the outcomes identified as resulting from Portsmouth Salvation Army Good Neighbours Befriending Scheme, which is funded by Portsmouth City Council[46]. Supporting 200 housebound older people, the scheme is credited with reducing pressure on the council's domiciliary care service, as well as impacting on health outcomes by:

- helping to reduce bed blocking;
- helping to reduce excess winter mortality;
- helping to reduce falls at home;
- improving mental health by combating loneliness and social isolation.

The work of the Agents in arranging befriending for their clients will accrue a higher level of benefits to Health and Social Care services than calculated here, due to the impact on health outcomes as detailed above. However, since there is likely to be an overlap of these clients with other areas of the report, for the purposes of this calculation the £270 figure resulting from the reduction in depressive symptoms will be used. Using only the 76 referrals and the 8 informal community solutions (84 gateways in total), therefore, the total benefit accruing from the Agents interventions on behalf of their clients relating to befriending services amounts to £22,680 (84 x £270).

7.4 Social Groups and Activities

Between 2012 and 2014, the Agents submitted 373 gateways relating to social groups and activities, 104 of which covered supporting clients to attend, including referrals, accompanying clients on first visits to groups, and on occasion giving a client a lift to a group. The benefit to Health and Social Care services accruing from this activity amounts to £28,080. In addition, 269 gateways recorded providing information to clients about social groups and activities, accruing a benefit of £986.24. The total benefit accruing from the Agents' activities is therefore £29,066.24.

The Agents regularly visit social groups, coffee mornings, lunch clubs, and day centres as part of publicising the scheme and meeting existing and potential clients. In addition, Agents can assist the groups themselves, through referring them to the GRCC In Touch project which gives advice, information and support to older people's groups. Agents will also encourage clients to join social groups and activities, which has clear benefits for clients in terms of reducing loneliness and social isolation.

Combating social withdrawal works to counter the loss of self-confidence that results in confusion, loneliness, and an increasing likelihood of recurrent falls. Agents give their clients the confidence to go out and engage with others by introducing them to social groups and arranging transport where needed. Since this work has similar outcomes to befriending services in terms of improvements to quality of life and the reduction of depressive symptoms in otherwise isolated clients, the same figure of £270 per person will be used to calculate benefits accruing to services.

Out of the 373 gateways relating to social groups and activities completed between 2012 and 2014, 104 recorded specific actions by Agents to enable their clients to engage:

- 63 gateways referred clients to social groups and day centres, including checking there was space for a new member and arranging the client's first visit;
- 22 gateways record Agents accompanying clients on their first visit to a group;
- 19 gateways record Agents giving clients a lift to a social activity.

> Agents give their clients the confidence to go out and engage with others by introducing them to social groups and arranging transport where needed

Parish Council comment

I am writing on behalf of Miserden Parish Council to thank you for your talk at the recent Parish Assembly. Your commitment and enthusiasm was a refreshing change from all the gloom and doom press reports about no-one caring and I am sure will encourage others to be more responsive to older people's needs.

Miserden Parish Council - 2013

These clients, who require the most support and encouragement to attend social activities, are likely to be at the greatest risk of the negative effects of loneliness and social isolation. Therefore, taking this figure of 104 gateways as the basis for the calculation, this gives an accrued benefit to services of £28,080 resulting from the Agents' support for their clients.

As well as these benefits, provision of information to clients about social groups has a value (see section 6.5.1), calculated by RCCE as £7.36 per interaction. This calculation will assume that half of the 269 gateways recording provision of information about social groups and activities will have included information or referrals used in calculations elsewhere in this report and so will be excluded from this calculation. So 134 gateways x £7.36 gives a total benefit value of £986.24.

In addition, and not included in benefit calculations here, the Agents submitted the following gateways which fit under the category of social groups and activities:

- 45 gateways recording presentations to groups;
- 99 gateways regarding staffing information stands;
- 146 gateways recording Village & Community Agent surgeries;
- 58 gateways relating to Cotswold Agents organising regular social pub lunches for clients in smaller villages with few or no social activities;
- 12 gateways covering Agents running minibus outings for clients.

> Between 2012 and 2014, the Agents submitted 373 gateways relating to social activities... In addition, 269 gateways recorded providing information. The total benefit accruing... is therefore £29,066.24

7.5 Transport

Between 2012 and 2014, the Agents submitted 576 gateways relating to transport issues, including applications for Blue Badges, transport to medical appointments, community transport, bus passes, and transport to social activities. The Strategic Needs Analysis Team identified lack of transport as contributing towards loneliness and social isolation[47].

Without suitable transport it is difficult to participate in social activities outside the home. For older people in poor health, transport issues also present a barrier to accessing medical services. The work of the Agents in assisting their clients in solving transport issues is calculated to accrue a total benefit to Health and Social Care services of £27,950.

7.5.1 Background

The importance of social participation by older people in urban environments is highlighted in the World Health Organisation's age friendly cities guide. The principle also holds true for older people in rural areas:

> **Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships.[48]**

Ability to participate is an important part of alleviating social isolation, but participation relies on access. Gloucestershire's rural areas are poorly served by public transport, restricting the activity of those without their own means of transport. This can pose significant problems, including accessing health care. For example, to reach Cheltenham General Hospital or Gloucestershire Royal Hospital from Chedworth for a 9am appointment is impossible by bus. Even within the major urban centres, public transport can be inaccessible if one is not able to walk far.

Agents help their clients to access community transport schemes, many of which operate a door-to-door service. This enables people to attend social activities, medical appointments, or do their own shopping, for example, all of which contributes towards maintaining independence. Agents have connected voluntary and community transport with social groups and day centres, which helps break down the barriers to social interaction. For example, an Agent in Stroud District encouraged members of a Rotary Club to arrange a rota of volunteer drivers to take people to a day centre.

Agents help their clients to access community transport schemes, many of which operate a door-to-door service. This enables people to attend social activities, medical appointments, or do their own shopping, all of which contributes towards maintaining independence

Benefits accrue to the NHS as a result of Agents assisting clients to arrange transport for medical appointments, including the Non-Emergency Patient Transport which has been run by Arriva in Gloucestershire since December 2013. The benefits result from a Did Not Attend (DNA) reduction in outpatient and GP appointments. One 11.7 minute GP consultation costs the NHS between £34 and £45[49], for example, and older people have a higher number of GP appointments on average than other age groups. The average number of GP visits per person aged 75 and over per year is 7.3 for women and 6.7 for men[50], and this increases with age, so those between 85 and 89 have on average 13 appointments per year. Without transport in place the number of missed appointments and their associated costs could potentially be quite high.

7.5.2 Transport for Medical Appointments

Between 2012 and 2014, Agents submitted 78 gateways relating to transport for medical appointments. An estimated benefit value of £5,000 accrued to Health services as a result. The gateways break down as:

- **59 for clients requiring transport;**
- **12 for clients requiring help with transport costs for regular hospital appointments;**
- **7 providing information about hospital transport.**

The Economic Impact Assessment of the Specialist Cancer Agents[51] scheme was able to look in detail at assistance with transport costs and an estimated DNA reduction in outpatient appointments, based on calculations using the stage of care to estimate the number of appointments per cancer patient per year and NHS figures on DNA rates and reasons. Such precise calculations are not possible here due to the variety of medical appointments and locations involved, but assumptions can be made to provide an estimated figure for the purposes of this analysis.

> Benefits accrue to the NHS as a result of Agents assisting clients to arrange transport for medical appointments, including the Non-Emergency Patient Transport which has been run by Arriva in Gloucestershire since December 2013

The EIA recorded 36 gateways dealing with transport and calculated the value of the Specialist Cancer Agents' work at £5,606. For the general scheme, 78 gateways dealing with transport have been identified. It may be assumed that cancer patients have greater numbers of more expensive medical appointments each year due to their condition, but it has already been shown that older people also have a high number of medical appointments each year.

Around 50% of clients of the general scheme are aged 80 and over, and many are likely to have complex and long-term medical conditions. On balance, therefore, it is reasonable to estimate a benefit value of £5,000 accruing to the NHS as a result of the Agents assisting this greater number of clients with transport to medical appointments.

7.5.3 Transport for Social and Other Activities

In total, 211 gateways relating to transport for social and other activities were recorded by the Agents. Of these, 85 recorded specific actions rather than information provision. The benefits accruing to Health and Social Care services as a result of these gateways is £22,950. The 211 gateways breakdown as:

- **126 giving information about VCS transport services;**
- **64 registering for VCS transport;**
- **11 arranging transport for a specific social group;**
- **10 recording informal community arrangements – either one-off or regular lifts.**

By assisting clients to access transport, whether through VCS services or informal community arrangements, the Agents help them to continue to participate in community activities. This reduces levels of social isolation and loneliness, which can be argued to have a similar effect to befriending services as regards improvements to quality of life and reduction in depressive symptoms.

Using only the 85 gateways recording specific actions (registering for VCS transport, arranging transport, and informal community transport solutions) a calculation of benefits accruing to services from the Agents' activities can be made as 85 x £270 = £22,950.

> By assisting clients to access transport, whether through VCS services or informal community arrangements, the Agents help them to continue to participate in community activities

CASE STUDY

Mrs W has broken her wrist and her thumb, has macular degeneration, and finds getting out more and more difficult, especially as she has to rely on her family for lifts. I have contacted the Stroud VCA so she can register with them for car transport, and I have had details of the monthly Macular Club sent to her. If she registers with the VCA she will be able to get transport to the club. I have also suggested she join the Maypole Club and have asked the organiser if there are any vacancies.

Mrs W wants to come along with a friend and there are vacancies for the two of them.

7.5.4 Uncosted Activities Relating to Transport

Agents also assist clients with information about public transport and taxi services.

- 46 gateways covered applications for or renewal of bus passes;
- 13 gateways recorded providing information on bus timetables;
- 10 gateways recorded provision of information about taxi services suitable for wheelchairs and mobility scooters.

The Agents also assist eligible clients to apply for and renew Blue Badges. Between 2012 and 2014, Agents submitted:

- 105 gateways for new Blue Badge applications;
- 66 gateways for clients needing help completing the Blue Badge application;
- 19 gateways covering provision of information about the Blue Badge scheme;
- 18 gateways for the renewal of Blue Badges;
- 4 gateways for clients needing a replacement for a lost or damaged Blue Badge;
- 4 gateways covering appeals against rejection of a Blue Badge application;
- 2 gateways relating to support for clients called to attend an assessment centre as part of the Blue Badge application process.

7.6 Volunteering

Between 2012 and 2014, Agents submitted 32 gateways requesting support for their clients from volunteer services. It is calculated that clients will have benefitted from this work to the value of £4,453.

In addition, 36 gateways recorded supporting clients to find volunteer roles. Volunteering is an acknowledged means of combating loneliness and social isolation which provides benefits to the health and wellbeing of volunteers. It is calculated that the benefit accruing to Health and Social Care as a result of this work is £4,860.

Another 27 gateways recorded Agents giving clients information about Fair Shares, but it is not clear whether this was for help or as volunteering opportunities.

7.6.1 Background

The time bank Fair Shares has branches in all six of the county's districts with over 1,500 members between them. Volunteer centres across Gloucestershire co-ordinate services such as befriending, transport, and gardening schemes, such as Forest Voluntary Action Forum's 'Strim and Trim'. Lunch clubs and social groups are largely volunteer-run, and most charities rely on volunteers to provide at least some of their services.

CASE STUDY

An Agent was asked to meet a 75 year old lady who had been bereaved six months previously. She lived in sheltered housing, had a circle of friends, and was largely coping with the changes since her husband's death.

However, she had poor literacy skills since her schooling effectively ended at age 8 when her mother died and she was needed to look after her younger siblings and run the house for the family. While she had good numeracy skills and could get by in her working life with a basic knowledge of the alphabet, her husband had organised their business affairs. She was now struggling to cope.

The Agent enquired about literacy classes in the area but those available were mainly aimed at young adults with learning difficulties and there was nothing suitable. With help from another Agent, an unemployed recent graduate looking for volunteering opportunities was found. A meeting was arranged between him and the client to allow them to decide if they could work together, and he began by visiting once a week to get an idea of her reading ability.

The Agent then spoke to a learning support tutor at the local college who provided details of a phonics reading scheme suitable for adults. She also asked the local church secretary about charitable trusts and was put in touch with their local committee, who agreed to fund the £29 to purchase the reading scheme.

The client now meets weekly with the volunteer and her reading is improving with the aid of the books and his iPad. She is reading three and four letter words and is growing in confidence, and they plan to make short trips to shops and cafes to expand her everyday vocabulary.

There are numerous opportunities for people to volunteer their services, and the Agents recognise that it can make a huge difference to the way a retired but still active person or someone suffering feelings of depression feels about themselves.

Agents have also been able to find help for clients through Fair Shares that they have not been able to find through other services.

7.6.2 Referring Clients for Assistance

Aside from the befriending schemes and informal help with transport which have been covered elsewhere, the 32 gateways submitted by Agents between 2012 and 2014 requesting help for clients from volunteers break down as:

- 15 for gardening help
- 7 for unspecified help
- 1 for alternative therapies
- 4 for someone to take clients out once a week
- 3 to the Fair Shares Helping Hand project for support after a hospital stay
- 1 for help with shopping
- 1 to remove unwanted furniture

An evaluation of Fair Shares Gloucestershire recorded that 898 participants had undertaken 7,539 assignments, amounting to 82,321 hours of activity in 2010/11, which is the equivalent of 46 full-time workers.

CASE STUDY

I had a phone call asking for help finding a cleaner. During the lengthy and extremely interesting conversation I had with the client it became apparent that they had many skills they currently offered on a voluntary basis.

I put them in touch with Fair Shares in Newent. This enables them to bank the hours they earn by volunteering and, in return, receive help with jobs they may find difficult or are unable to carry out, e.g. gardening or decorating – a service the client has now benefitted from.

Using a value of £12.65 per hour, the hourly average wage for the areas covered (which did not at that time include Cheltenham and Tewkesbury), it was calculated that the equivalent cost of this work would be £1,041,360 per year[52]. The average length of each assignment was 11 hours.

Using the hourly value, average assignment length, and 32 gateways as the basis for the calculation, clients will have benefited to the value of up to £4,453 from the support of volunteers as a result of the Agents' involvement.

7.6.3 Volunteering Opportunities for Clients

The US Corporation for National & Volunteer Service cited studies showing that people who give support through volunteering experience greater health benefits than those who receive support from volunteers. Volunteering provides a sense of purpose and accomplishment which has both physical and mental health benefits and gives people a sense of a place in their communities:

> **Volunteer activities can strengthen the social ties that protect individuals from isolation during difficult times, while the experience of helping others leads to a greater sense of self-worth and trust.[53]**

The research also suggests that volunteering can reduce the rates of depression in people aged 65 and over. By supporting clients to find volunteering opportunities the Agents have a

> Volunteering provides a sense of purpose and accomplishment which has both physical and mental health benefits and gives people a sense of a place in their communities

An evaluation of Fair Shares Gloucestershire recorded that 898 participants had undertaken 7,539 assignments

positive impact on their clients' mental wellbeing and quality of life, breaking down loneliness and social isolation by engaging their clients in activities in and for the benefit of the community.

The 36 gateways seeking volunteering opportunities breakdown as:

- 1 person wanting to help with a lunch club or social group;
- 2 gateways covering the Agent helping an older lady volunteering to read with children at a local primary school;
- 33 gateways about providing clients with information about volunteering options.

Assuming half of the gateways covering information provision resulted in clients volunteering to help groups or other people, this amounts to 18 people helped into volunteer roles as a result of the Agents' actions. The benefit accruing to services from the Agents' activities in this area is therefore calculated as 270 x 18 = £4,860.

CASE STUDY

Mr and Mrs R live in a residential care home and are both carers for each other – Mrs R has severe arthritis which has limited her mobility and activities greatly, while her partner has developed Alzheimer's. Mrs R has been feeling increasingly isolated as a result and feels her quality of life is disappearing.

She mentioned that she loves children and misses their company. I contacted the local primary school, who would love her to help with reading – they have wheelchair access but would need a DBS check.

This initially was a deterrent but eventually Mrs R filled it in when I collected it for her.

I have discussed transport to the school with the care home and they are willing to provide this. At the moment Mrs R is unwell but is still hopeful for the future. The prospect of seeing the children and having a change of scenery has given her a positive goal.

8.0 Fuel Poverty

Summary of benefits accruing from the work of Gloucestershire Village and Community Agents in the area of fuel poverty:

	Benefits £
To clients	15,000
To Health & Social Care	4,393

Table 22: Benefits accruing to clients and to services resulting from Agents' work on energy issues

8.1 Background

Households which have to spend 10% or more of their income to achieve an adequate level of warmth are regarded as being in fuel poverty. According to the Department of Energy and Climate Change, 9.3% of households in the southwest of England were in fuel poverty in 2012. The Gloucestershire figure was 8.9% of households, although the percentage of households by district area varies from 7.5% to 9.7%[54].

With substantial increases in energy bills and the cost of living in recent years, older people on a fixed income form one of the at-risk groups. Older people are more likely to be at home during the day so need to run their heating for longer, and even if they are not technically in fuel poverty may become anxious about whether they can afford to heat their homes adequately. Poor heating systems and lack of insulation increase energy costs. Some older people will heat only one or two rooms in their homes to save money. This can have a knock-on effect on health and increases the risk of an early death.

The ONS collects data on Excess Winter Mortality (EWM) each year. EWM is calculated by subtracting the average number of non-winter deaths from the number of winter deaths, winter defined as the period from December to March. People aged 75 and over are the hardest hit – in 2011/12 19,900 (82%) of the 24,200 excess winter deaths in England and Wales were of people aged 75+[55]. Only 2,080 (9%) of the excess winter deaths were of people below the age of 65.

> Older people are more likely to be at home during the day so need to run their heating for longer, and even if they are not technically in fuel poverty may become anxious about whether they can afford to heat their homes adequately

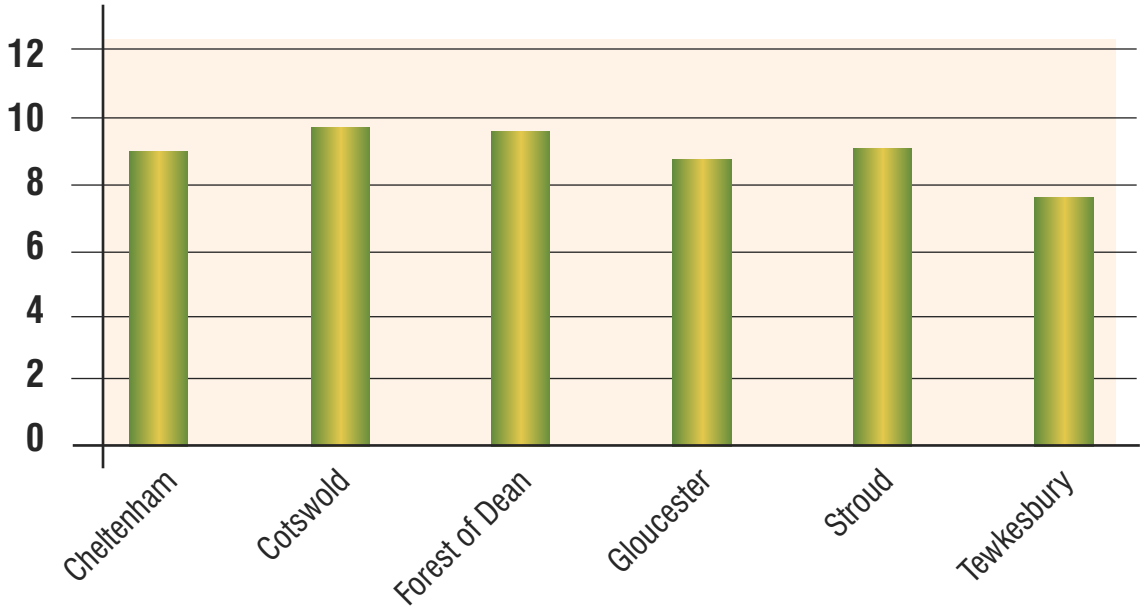


Chart 2: Percentage of households in fuel poverty by district council area, 2012

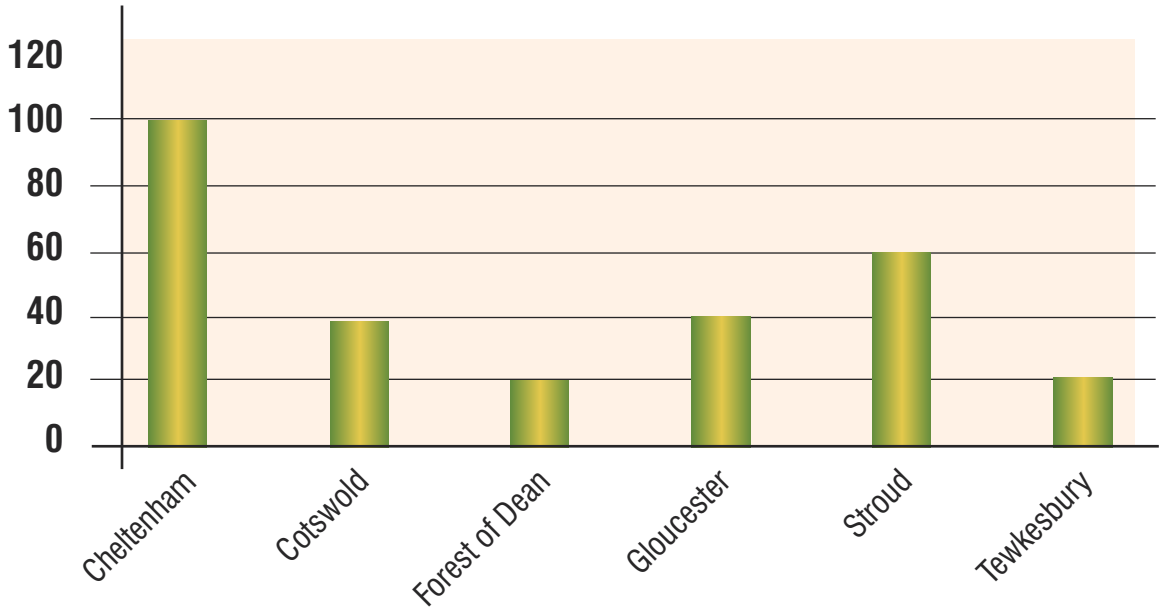


Chart 3: Excess Winter Mortality by district council area in Gloucestershire, 2011/12

Circulatory diseases and respiratory diseases cause the majority of EWM, all of which can be exacerbated by cold and damp living conditions. The reduction of EWM is a stated aim in several Annual Reports of the Director of Public Health in Gloucestershire. For example, the 2011/12 report states:

> **For every additional winter death, there are an estimated eight admissions to hospital, 32 outpatient attendances, and 30 social service calls.[56]**

The report also suggested that relieving cold and debt related to rising energy bills could reduce depression by half and visits to general practitioners by a quarter. The work of the Agents in Income Maximisation for their clients (see section 5.0) helps reduce some of their anxiety over bill payments, and later it will be shown how the Agents assist their clients more directly over matters pertaining to energy efficiency and energy bills.

8.2 Energy Efficiency and Costs – Benefits to Clients

Between 2012 and 2014, Village and Community Agents submitted 103 gateways relating to energy efficiency measures and energy issues. It is estimated that the work of the Agents will have resulted in a total benefit to clients of £15,000 due to a reduction in their energy bills.

The Agents have worked in partnership with Severn Wye Energy Agency (SWEA) for a number of years to help reduce energy costs and levels of associated health risk for their clients by enabling them to access energy efficiency measures. SWEA's projects include Warm & Well which provides free, impartial home energy advice. Agents also receive regular training from SWEA on government initiatives, such as the Green Deal and the Energy Company Obligation.

Between 2012 and 2014, Agents submitted 78 gateways relating to SWEA, whose own figures record that 45 clients were put in touch with SWEA by the Agents. The difference in the figures results in part from the Agents themselves asking for information. Agents submitted an additional 25 gateways covering providing information about insulation,

CASE STUDY

A neighbour rang with concerns about Mrs C. There is something wrong with her electrics which keep 'tripping'. She lives alone, doesn't drive and lives in a very rural place. She is on pension credit and finds it hard to make ends meet. The neighbour was worried because Mrs C has no heating or lighting. Another neighbour rigged up an extension lead so at least she'd have some temporary warmth.

I rang Care & Repair who contacted SWEA. SWEA have an electrical safety fund whereby they can help vulnerable people. Care & Repair have had the go ahead to contact an electrician who will do a check on the house and see where the fault lies. It is hoped that it can be remedied fairly quickly. Mrs C is pleased something is happening which may solve her problems and also that there is funding for it.

eligibility for grants for boiler replacements, and contact details for SWEA.

The subjects of the enquiries to SWEA are:

- home insulation (17 gateways) – mainly loft insulation but also covered solid wall and cavity wall insulation;
- boiler replacement (3 gateways);
- energy efficiency advice;
- information on the Green Deal;
- renewable energy;
- switching energy tariffs.

In 2009/10, the referrals made by the Agents to Warm & Well resulted in energy efficiency measures which saved clients nearly £15,000 annually, as well as saving the equivalent of nearly 360,000 tonnes of carbon each year[57]. A similar breakdown in figures was not available for 2012 to 2014. However, with the increase in energy costs in the last couple of years together with the expansion of the Agents scheme to cover the urban centres of the county, it would be reasonable to conclude that the work of the Agents has resulted in similar savings to clients.

In addition to the work with SWEA, the Agents have also:

- contacted energy suppliers on behalf of clients;
- distributed information about NPower's Health Through Warmth scheme for vulnerable people with long-term illnesses;
- assisted with applications for the Warm Home Discount;
- referred to Age UK Gloucestershire for assistance with energy costs;
- given out information about the Priority Service Register run by energy companies and helped clients to sign up.

8.3 Energy Efficiency and Costs – Benefits to Services

The Agents' work in tackling problems with energy costs and efficiency for their clients delivers savings mainly to Health, although there could be a benefit to Social Care services as well. It is calculated that benefits of up to £4,393 to Health and Social Care services result from the activities of the Agents in this area.

As noted earlier, the Director of Public Health in Gloucestershire suggests that relieving cold and debt related to energy bills for older people could reduce depression by half and GP visits by a quarter, in addition to reduced hospital admissions, fewer outpatient attendances and a lower level of EWM. Using the 45 client contacts with SWEA resulting from the Agents' activities, a calculation of benefits accruing to Health and Social Care can be made based on the following assumptions:

- One hospital admission connected to cold and damp living conditions was prevented, saving £1,436[58].
- Two hospital outpatient attendances were prevented, saving £212.
- The average number of GP visits per person aged 75 or over per year is 7.3 for women and 6.7 for men[59]. Assuming 35 of the clients were aged 75 or over, and taking the average number of visits to be 7, this would give a total of 245 GP visits by these clients per year. If GP visits were reduced by a quarter by the Agents' interventions, this would mean 61 fewer GP visits per year.
- One 11.7 minute GP consultation costs the NHS between £34 and £45[60]. The saving to Health from the reduction in GP visits by these clients would therefore be between £2,074 and £2,745.

The total benefits accruing to Health and Social Care from the Agents' work with clients on energy efficiency and fuel poverty are therefore up to £4,393, alongside the £15,000 of savings to clients.

> **The Director of Public Health in Gloucestershire suggests that relieving cold and debt related to energy bills for older people could reduce depression by half and GP visits by a quarter**

CASE STUDY

Mr A had old night storage heaters which he could not afford to use and relied on heating from a small old wood burner in his sitting room. The burner was fuelled by coal and the abundant supply of wood available from his garden. His bedroom was too cold to sleep in and so he slept in front of his fire (with the fire doors open) on a small, old sofa and wore his coat, scarf and gloves, day and night. Apart from the dangers of hyperthermia he was also sitting and sleeping very close to the fire and was unsteady on his feet due to chronic arthritis.

Mr A was in his early 90s and naturally found it hard to change his habits. He did not want to change to new electrical central heating because he couldn't afford the bills. The area is not on main gas supplies so he didn't fit the criteria for Warm Front. He could not take advantage of free cavity wall insulation because the house is on a steep hill and the equipment required was too big to gain access. What he wanted was a new larger log burner to be installed in his bedroom in the centre of the bungalow which would heat adjoining rooms. This was not allowed under the criteria required for this area.

Eventually, Mr A agreed to allow me to refer him for a benefits check. He qualified for Pension Credit, no longer had to pay Council Tax and he received the lower rate Attendance Allowance. He saved this additional income until he had enough to buy the new log burner. He was able to sleep in his bed again and was warm for the first time in many years. Once he saw that his quality of life could be made better, he found it easier to agree to new suggestions such as having loft insulation.

9.0 Additional Activity

This analysis has so far focused on areas in which calculations of benefits accruing to Health and Social Care services have been possible, alongside financial benefits to clients of the work of Gloucestershire's Village and Community Agents. However, Agents are also involved with other areas of activity where such a calculation is not possible. To attempt to give a complete picture of the work of the scheme and the range of activities with which the Agents are involved, some of these additional activities will be discussed here.

9.1 Gloucestershire LINk/ Healthwatch Gloucestershire

One of the outcomes identified for the Village and Community Agents scheme is:

> **Older adults will be engaged to enable them to influence both the transformation of social care and future service provision in their area.**

Part of the way this is achieved is through the strong partnerships that formed between the Agents scheme and Gloucestershire LINk (Local Involvement Network), and with the successor to LINk, Healthwatch Gloucestershire.

The purpose of Gloucestershire LINk was to give communities a stronger voice in the commissioning and delivery of Health and Social Care services, in part by gathering the views and experiences of the public. Healthwatch Gloucestershire, which was introduced by the Health and Social Care Act 2012 and came into being in April 2013, also has the gathering of people's views and experiences as part of its remit. The intention is that these independently collected community views will have real influence with those who commission and provide services.

This partnership between the Agents and first LINk then latterly Healthwatch gives the Agents a mechanism to feed in their experiences of Health and Social Care on the ground, and helps their clients to have a voice. The Agents encourage their clients to report on their experiences, both positive and negative, in order to influence future decisions. Some Agents now sit on Healthwatch Gloucestershire task groups (in an individual capacity) relating to:

- Hospital discharge
- Podiatry
- Patient transport

> By publicising Healthwatch Gloucestershire to their clients and feeding back clients' views and experiences to Healthwatch Gloucestershire, the Agents are helping to shape and improve local Health and Social Care services

Agents have been able to raise problems caused by the proximity of county borders. In the southern part of the Forest of Dean there is a specific issue with health services across the national border, where some of the GP surgeries are satellite offices of surgeries based in Wales. Ambulance response times have also been an issue, as is hospital transport.

It is not just the national border which poses an issue for hospital transport services. A client in Cotswold District was refused hospital transport because he lived in a different postcode to his doctor's surgery and had an appointment at an Oxford hospital. His Village Agent researched options through voluntary transport, the GP's surgery and through informal networks to arrange to get the client to his appointment, but was also able to flag this up as an issue with Healthwatch Gloucestershire.

By publicising Healthwatch Gloucestershire to their clients and feeding back clients' views and experiences to Healthwatch Gloucestershire, the Agents are helping to shape and improve local Health and Social Care services.

Healthwatch Gloucestershire will also make referrals to the Agents. Their information line, alongside the database on their website, helps fulfil their remit to provide people with information and advice to make the right choices for them as regards their Health and Social Care needs. Involving an Agent can help a caller, especially if early intervention will prevent a situation deteriorating. The Agents have local knowledge so may be aware of additional community support. Some clients do find it easier to discuss a situation face to face so having an Agent visit them in their own home may be an additional comfort.

9.2 Extreme Weather

The Village and Community Agents proved their value during the pilot stage of the project, when Gloucestershire suffered heavy floods in 2007, and have demonstrated the importance of on-the-ground knowledge time and again during instances of extreme weather, such as the heavy snows of recent years. Because they know where their most vulnerable and isolated clients are, the Agents can ensure that their clients have what they need to get them through extreme weather conditions. During the 2007 floods, this included delivering bottled water, ringing round clients to check on their wellbeing, and delivering bread, milk and other essentials to clients with access problems due to the flood water.

Heavy snow caused a different challenge since many of the Agents themselves live in the rural parts of the county. Some Agents were trapped in their own villages, where they went to check on older residents who could be reached on foot. They also kept in touch with other vulnerable clients by telephone, and the communities themselves rallied round to make sure people were warm and cared for. Agents with access to four wheel drive cars made supermarket runs to pick up supplies, or assisted GP surgeries and pharmacies in delivering urgently needed prescriptions to clients.

Over the last two years, the Agents have also been bringers of winter cheer. In December 2012 and again in 2013, they assisted County Community Projects (CCP) with their 'Hamper Scamper' scheme. Local businesses donated goods which were put together to make Christmas hampers for older people in need, and the Agents were able to deliver around 30 hampers to clients each year. Most of these clients live alone and have very little in the way of family, and many are virtually housebound. In addition to the Christmas hampers, the Agents have also been distributers of tinned soup to their clients.

> Because they know where their most vulnerable and isolated clients are, the Agents can ensure that their clients have what they need to get them through extreme weather conditions

9.3 Other partnerships

- **Social Prescribing Pilots** – the Gloucestershire Village and Community Agents scheme is a partner in social prescribing pilots across the county, working with Forest of Dean District Council and the Cheltenham CCG locality in particular.

- **The Badger Cull** – Agents are working in partnership with Gloucestershire Police to ensure that vulnerable people in the Forest of Dean and Tewkesbury areas affected by the badger cull are aware of the appropriate channels to obtain information and advice.

- **In Touch and Connect** – since January 2011, more than 55 volunteers from GRCC's Connect project have helped over 450 older people learn to use a computer, which has the added benefit of reducing social isolation as well as providing an opportunity for the volunteers to develop skills and support older people. The Agents helped publicise Connect and referred their clients to the scheme. Some Agents also volunteered for the Connect project (in their own time) to help older people learn to use a computer.

- **Westonbirt Arboretum** – in order to improve the health and wellbeing of older people and to provide opportunities for social interaction, a partnership has been formed with Westonbirt Arboretum. Agents' clients and In Touch clubs are being invited to attend specialised workshops for older people, with activities including nature trails and woodland crafts.

- **Sovereign Housing Pilot** – the Agents will be involved in signposting new tenants of sheltered schemes in Bishop's Cleeve and Moreton-in-Marsh to local groups and activities, as well as supporting them with referrals to agencies that may be able to assist them. This pilot will work with all ages including families.

Agents are also getting involved with the In Touch project in arranging trips out for clients. One such trip was on the Gloucestershire Warwickshire Railway. These trips involve clients who are usually housebound or socially isolated and enable them to experience a day out in the company of others.

> Since January 2011, more than 55 volunteers from GRCC's Connect project have helped over 450 older people learn to use a computer

10.0 Specialist Cancer Agents

Summary of benefits accruing to clients and to Health and Social Care services from the 413 gateways submitted by the Specialist Cancer Agents between 2012 and 2014:

	Benefits £
To clients	25,600
To Health & Social Care	51,600

Table 23: Benefits accruing to clients and to services resulting from work of Specialist Cancer Agents

10.1 Background

Gloucestershire's Specialist Cancer Agents support people aged 18 and over affected by cancer, including family members as well as cancer patients themselves. The Economic Impact Assessment (EIA)[61] produced in 2012 analysed the gateways completed by the Specialist Cancer Agents for inputs received by clients and interpreted the results thematically.

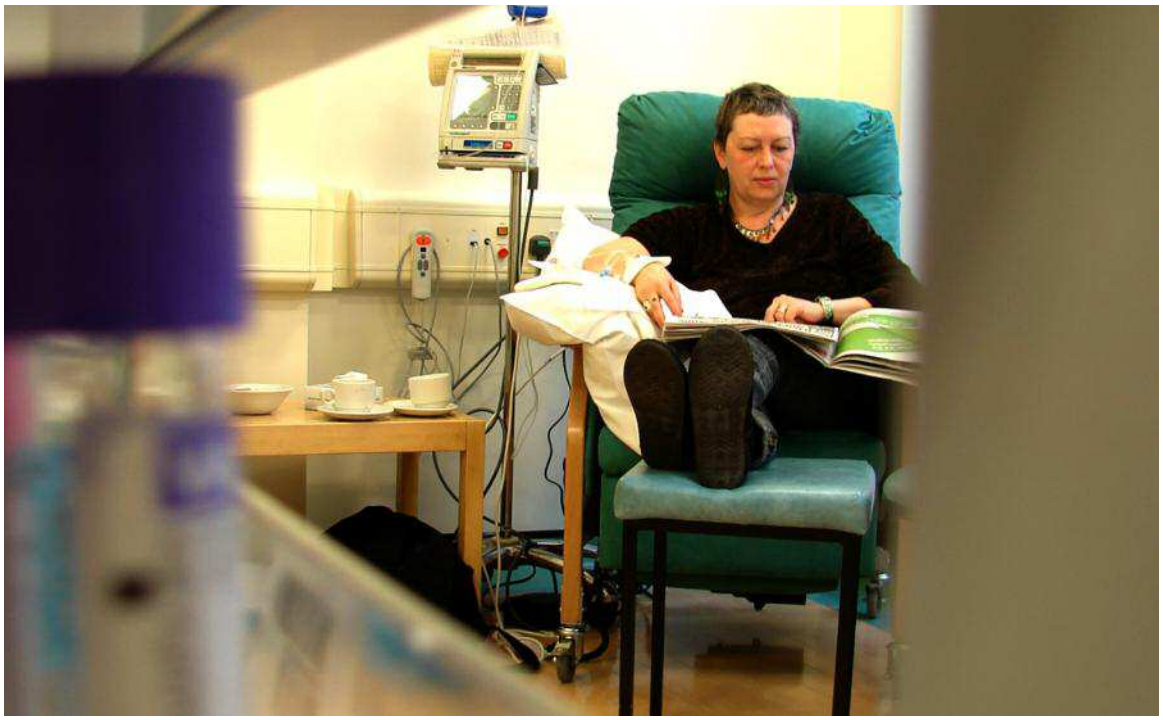
The key themes identified were:

- Facilitating the patient pathway and care
- Onward referral to other services
- Installation of equipment (including Telecare) and home modifications
- Quality of life and improved wellbeing

An overall return of investment (ROI) was calculated as:

- To clients: £0.64 per £ service cost
- To Health & Social Care: £1.29 per £ service cost

Specialist Cancer Agents submitted 413 gateways in 2012 to 2014. These gateways have not been included in calculations elsewhere in this report. A brief summary of activities included under each theme will be given in the sections below, with the final section being an extrapolation of benefits accruing to clients and to Health and Social Care based on the ROI calculation of the EIA.



CASE STUDY

Mr Z lives alone. He is 57, has a rare pancreatic cancer, and is a patient at a hospital in London. He has other extensive health problems and also suffers from short term memory loss. Guideposts help him with home care and support him to look after his finances.

1st visit: Mr Z was very depressed and waiting for counselling at Listening Post. He asked me to see if he could be transferred to the Stroud branch if that meant he could be seen sooner and to explain to them the seriousness of his health.
Outcome: I spoke to the Listening Post counselling co-ordinator. The original assessor had not been made fully aware of the complexity of Mr Z's physical and mental health. He has been reassigned to a more experienced counsellor and started counselling in Gloucester.

2nd visit: Mr Z asked if I could find him any specific pancreatic support groups. He was already in touch with Maggie's and attended a general support group there. He was due to receive biopsy results the following week and asked me to call him the day afterwards.
Outcome: I was unable to find any local group and, having spoken to Pancreatic Cancer UK, discovered that they were rare because of the general limited life expectancy of that particular cancer. I prepared a list of national charities and helplines, having checked that all the information was current and correct. Mr Z had been angry that information given him in the past was often taken straight from Google and out of date.

3rd visit: Mr Z's results were not good; his immune system was depleted and his spleen enlarged from tumour growth.
Outcome: I could feed back that Pancreatic Cancer UK had advised that chemo used for symptom control was generally very successful for this type of cancer. I suggested that he talk to his Clinical Nurse Specialist (CNS).

4th visit: We discussed the benefits of End of Life (EOL) literature 'Planning for your Future'.
Outcome: Mr Z asked me to arrange for it to be sent to him.

5th visit: Mr Z has received EOL literature; has looked at it but does not want to read further at the moment.

6th visit: Mr Z has asked me to help him with a complaint he wishes to put to Birmingham University Hospital. I have explained that this is not something I can do but suggested that he use PALS if he wants to go ahead. We spent some time discussing the reasons behind him wanting to make the complaint.
Outcome: I suggested that he contact Cotswold Care to see if he could access support there. I ensured that he had the contact details and called him a week later to see his progress.

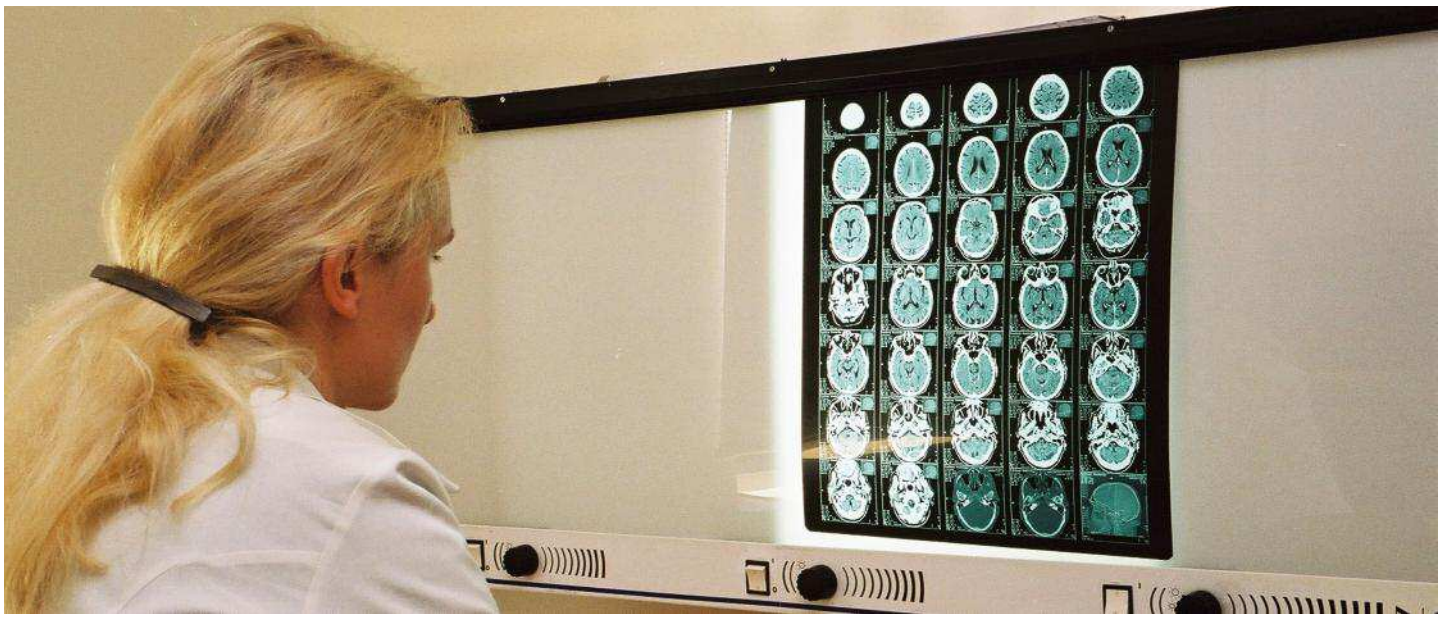
We looked at how he could focus his limited energy in a more productive way for his wellbeing. He is involved with the local Diabetes Society and has decided he might try and do more there.

Mr Z is waiting to attend Cotswold Care.

7th visit: Mr Z asked me to help him to see if he had all the benefits he was entitled to. He has booked a holiday but has very little spending money and wondered if any help was available.
Outcome: We spoke to Age UK by phone, he appears to have his full entitlement and grants are not available for holidays abroad.

8th visit: Mr Z was trying to pursue a claim following a car accident last year in which stereo equipment he was carrying got damaged.
Outcome: I suggested that he first check his household insurance policy and car policy.

He is receiving physio at GRH following injuries received. His physio has suggested that he would benefit from sitting in an upright armchair.
Outcome: Have checked this out with the physiotherapist, I am applying for a Barnwood Trust grant (if appropriate).



10.2 Facilitating the Patient Pathway and Care

This is a core activity of the Specialist Cancer Agents' work, and includes referrals to health care staff, including GPs, consultants, and Clinical Nurse Specialists (CNS). On rare occasions, the Agents have also accompanied clients needing additional support to their medical appointments. Within the activities identified for the EIA, those which were assessed for their economic impact were:

- transport
- DNA (Did Not Attend) reduction for out-patient appointments
- in-patients and post-discharge

For 2012 to 2014, 37 gateways related to transport to appointments, including issues of cost, while 14 gateways covered support post-discharge from hospital.

The EIA noted that the money found to assist with transport was largely from charitable or non-statutory sources. Facilitating client attendance at out-patient appointments has a value to the NHS by reducing the number of cancelled appointments resulting from lack of transport. Post-discharge assistance was calculated as mainly making savings to Social Care due to the reduced likelihood of entering residential care.

Client Comment

Firstly – a HUGE huge 'Thank you' for all of your help when R's Dad came to stay with us when he became ill. You (and the lovely Dr H!) were such great support in what was a very tricky time.

R and I are so very grateful for your help and humour, and we were greatly relieved to get D settled into [the nursing home] in what was, I now know, a very short space of time. We are very aware that you and Dr H moved things along so very speedily, and for that I will be eternally grateful.

It was a blessing for D that the end came so quickly, as he was just about to undergo radiotherapy, and R and I were acutely aware that he may well have struggled with this, and there were certainly no guarantees that this would even help.

R and I sincerely thank you for helping us, and we both really hope that you truly know how much support that you gave us, knowing that you were on the other end of the phone, and around the corner. Things could have been very different.

10.3 Onward Referrals to Other Services

This theme included referrals for benefit checks and grants, as well as assistance with domestic chores. The EIA used figures from an economic evaluation of a Macmillan Benefits Advice service in Lanarkshire to calculate an overall benefit to clients of £31,302 (c. £652 each for 48 clients). An estimated value of £774 to the NHS was calculated as resulting from the reduction in CNS hours being taken up with completing benefit claims.

Between 2012 and 2014, 84 gateways were submitted by Specialist Cancer Agents for help with benefits advice and for grants. Another 15 gateways covered the need for help with domestic chores, mainly cleaning but also gardening.

The estimated value to clients in the EIA assumes support with domestic chores was arranged at no cost to the client. Agents are able to arrange some support through volunteer services, but the additional benefits claimed through the Agents' work would have enabled some clients to pay for help in the home themselves.

10.4 Installation of Equipment (including Telecare) and Home Modifications

Calculations for the EIA relating to value accrued to Health and Social Care were made in a similar way to the calculations elsewhere in this report as regards equipment, Telecare, and home modifications – the potential savings resulting from falls and fractures prevention and the reduced use of residential care.

Specialist Cancer Agents made 21 referrals under this theme in 2012 to 2014.

10.5 Quality of Life and Improved Wellbeing

The authors of the EIA included both information provision and support under this theme. Information provision is categorised as direct and indirect, with direct relating to the provision of health literature, while indirect includes giving a client contact details for a range of advice services, facilitating access to additional health services such as counsellors and nutritionists, and obtaining information on behalf of the client.

CASE STUDY

Mr P has cancer. His daughter is extremely worried about him as he does not want to acknowledge his illness. I went to see him and managed to get him to accept some help:

- He has difficulty getting in and out of the bath, so I referred him to the Adult Helpdesk for an OT assessment.
- I also referred him to Age UK for a benefits check.
- I contacted Cotswold Care Hospice to see if he could go there one day a week, he subsequently went for an assessment.
- I referred him to Careline because he did see that this was a good idea.
- I also got him a trolley on wheels so he can take things from one room to another, without dropping anything.
- A friend in his road had an electric reclining chair that she didn't want anymore and he did. I asked the Neighbourhood Wardens to help and they collected it for him.

He had also stopped going to his local club coffee morning. I thought it would be a good idea if he went again, because his friends are concerned about him and miss him. I told him this and he has started going to the club again and looks as though he's enjoying it.

There were 74 gateways submitted by Agents relating to information provision between 2012 and 2014.

The value accrued to the NHS through information provision is calculated on the basis of improving health literacy and enabling a patient to self-manage their illness. The ROI on information provision leading to improved health literacy is calculated to be £3 for every £1 spent. Studies are cited which argue that improvements in health literacy reduce the use of health care resources, including cutting down the number of avoidable hospital admissions.

'Support' is a more general term covering a wide range of supportive activities, including social support and referrals to support groups.

Agents submitted 81 gateways under the support category from 2012 to 2014.

This is determined to have a substantial impact on an individual's quality of life and health. It is also beneficial to carers, since the support can be targeted at their needs too. The EIA was not, however, able to evaluate this category economically because the range of activities covered was so diverse.

10.6 Extrapolating Benefits Accruing to Clients and to Health and Social Care Services

Values accruing to clients and/or Health and Social Care were calculated for each of the themes as yearly rates. An overall ROI was calculated based on these values against the total service costs, and was given as:

- to clients: **£0.64 per £1 service cost**
- to Health and Social Care: **£1.29 per £1 service cost**

The cost of the Specialist Cancer Agents service is £20,000 per year, so £40,000 for the period 2012 to 2014. Extrapolating from the ROI calculation made in the EIA, the benefits accruing to Health and Social Care services and to clients from the work of the Specialist Cancer Agents is:

- to clients: **£0.64 x £40,000 = £25,600**
- to Health and Social Care: **£1.29 x £40,000 = £51,600**

CASE STUDY

I received a call from this gentleman's wife in December 2013, at which point she just burst out crying, saying that she could not go on any longer. Her brother had persuaded her to ring 'someone' or he would since she could not carry on as she had been for the previous five years.

I arranged to visit them to see what I could do. Her husband had terminal prostate cancer and multiple other health issues. He was unable to walk and received no help from outside the family, aside from the District Nurse calling every other day to dress his ulcer. He had been in hospital in April 2012 for two weeks and his low rate of Attendance Allowance had been stopped and never re-instated, although the family had told the DWP that he had returned home.

I was able to get things moving fast and carers were arranged. The gentleman was later taken into the local hospital, then discharged to the Dilke for recuperation.

In conversation it came out that several decades ago he had played for Aston Villa Football Club. I emailed the club and received a reply asking about dates, etc. With the wife's permission, I gave Aston Villa their address. They sent details of every game he played, what he scored, man of the match, etc., beautifully bound. The day after that they also sent two complimentary tickets to the Aston Villa Stadium Tour.

I liaised with the football club and the family to make arrangements for the gentleman to be able to do the tour. Our local minibus with tail lift and wheelchair suitability was available along with a volunteer driver, and they kindly only charged for the petrol rather than the mileage. As this would probably be his last trip out, the family wanted to accompany him.

So, we did it! I took pictures for the family and made one gentleman a very happy, but very tired, bunny. Aston Villa were absolutely fabulous and worked so hard to make his day a memorable one. They even got the European Cup out so my client could have his photograph taken with it.

The client sadly died a couple of weeks after the visit to Aston Villa.

> Aston Villa were absolutely fabulous and worked so hard to make his day a memorable one. They even got the European Cup out so my client could have his photograph taken with it

Summary and Conclusions

Gloucestershire Village and Community Agents have proved their value to their clients from the beginning of the pilot project in 2006 right through to today when the scheme has expanded to cover the whole of the county, including the urban centres. As a result of the Agents' involvement, clients have received the additional benefit income to which they are entitled, have accessed services which enable them to maintain their independence in their own homes, and have become less socially isolated through being introduced and enabled to attend social activities. Other counties have launched their own versions of the scheme as a result of seeing for themselves the outcomes resulting from the Agents' work in Gloucestershire.

This report seeks to prove the value of the scheme to Health and Social Care services by calculating cost savings on the basis of early intervention and prevention. It is a theme-based examination of nearly 13,000 gateways recording the work of the Agents between April 2012 and March 2014, looking at interventions that fall under the categories of falls prevention, income maximisation, retaining independence, loneliness and social isolation, fuel poverty, and the specific work of the Specialist Agents with those affected by cancer.

A return on investment calculation can be made by dividing the total predicted savings set out in this analysis (see Table 24) by the cost of the scheme, which is £340,000 per year or £680,000 for the period 2012 to 2014. For every £1 that the Gloucestershire Village and Community Agents scheme cost, the return on investment is calculated to be £3.10. This breaks down as:

- £1.90 savings to Gloucestershire Health and Social Care services;
- £1.20 financial benefits to clients.

The total benefits accruing to Health and Social Care services as a result of the work of the Agents amounted to £1,290,107.42 between 2012 and 2014, or £645,053.71 per annum. Clients benefited by a total of £818,207.24 between 2012 and 2014, or £409,103.62 per annum.

As Health and Social Care services become ever more focused on prevention and on delivering services to clients as close to home as possible, Gloucestershire Village and Community Agents have demonstrated that they can not only deliver on both these principles, but they can also accrue substantial savings to Health and Social Care services. Their role as an early intervention/prevention service is increasingly vital, especially given the ageing population at this time of continuing austerity and the need for Gloucestershire County Council and other statutory bodies to find more ways to save money.

The real benefits of the Gloucestershire Village and Community Agents scheme, however, are not simply financial. Agents can make a substantial difference to the daily lives of older people in the county, as illustrated by the numerous case studies included throughout this report. The popularity of the scheme lies in its simplicity and effectiveness, the fact that the Agents are regarded as trusted members of the community, and the enthusiasm of the Agents themselves to ensure that their clients get the help and support that they need to feel more independent, secure, cared for, and to have a better quality of life.

Report prepared by Clare Huckett

GRCC

November 2014

INTERVENTION	HEALTH	SOCIAL CARE	JOINT HEALTH & SOCIAL CARE	TOTAL	TO CLIENTS
FALLS PREVENTION					
Grab rails	£3,119.92	£11,204.08	£28,665	£42,989	-
Mobility aids	£3,119.92	£2,168.08	£56,745	£62,033	-
Small repairs	£6,239.84	£11,834.16	£28,080	£46,154	-
Wet rooms	-	-	£113,490	£113,490	-
Stairlifts	-	-	£113,490	£113,490	-
Sub total	£12,479.68	£25,206.32	£340,470	£378,156	-
INCOME MAXIMISATION					
Lower rate Attendance Allowance	-	-	-	-	£299,676
Higher rate Attendance Allowance	-	-	-	-	£17,576
Carer's Allowance	-	-	-	-	£54,709.20
Pension Credit	-	-	-	-	£26,549.64
General benefit checks	-	-	-	-	£372,291.40
Sub total	-	-	-	-	£770,802.24
RETAINING INDEPENDENCE					
Gloucestershire Telecare	£52,670	£116,725	-	£169,395	-
Community Alarms	£11,088	-	£84,240	£95,328	-
OT assessments	£8,579	£25,311	£113,490	£147,380	-
Social Care assessments	£6,870	£17,940	£28,665	£53,475	-
Carer's Needs assessments	-	-	£248,559	£248,559	-
Reablement	-	£48,772	-	£48,772	£2,352
Support in the homes	-	-	£1,795.84	£1,795.84	-
Home Safety Checks	-	-	£6,637.34	£6,637.34	-
Sub total	£79,207	£208,748	£483,387.18	£771,342.18	£2,352
LONELINESS AND SOCIAL ISOLATION					
Befriending services	-	-	£22,680	£22,680	-
Social Groups and Activities	-	-	£29,066.24	£29,066.24	-
Transport	-	-	£27,950	£27,950	-
Volunteering	-	-	£4,860	£4,860	£4,453
Sub total	-	-	£84,556.24	£84,556.24	£4,453
FUEL POVERTY	-	-	£4,393	£4,393	£15,000
SPECIALIST CANCER AGENTS	-	-	£51,660	£51,660	£25,600
TOTALS	£91,686.68	£233,954.32	£964,466.42	£1,290,107.42	£818,207.24

Table 24: Total benefits accruing as a result of the activity of Gloucestershire Village & Community Agents

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R and I sincerely thank you for helping us, and we both really hope that you truly know how much support that you gave us, knowing that you were on the other end of the phone, and around the corner

Email from client

Copies of the report can be obtained from:

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