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Improvement

Customer led transformation programme

Case study – Scarborough Borough Council

Wellbeing project: Keeping older people safe in their home

45/58

Contents

The Customer Led Transformation Programme

Work in the Borough of Scarborough has been funded under the customer led transformation (CLT) programme. The fund aims to embed the use of customer insight and social media tools and techniques as strategic management capabilities across the public sector family in order to support place-based working.

The customer led transformation programme is overseen by the Local Government Delivery Council (supported by the Local Government Association).

The fund was established specifically to support collaborative working between local authorities and their partners focused on using customer insight and social media tools and techniques to improve service outcomes. These approaches offer public services bodies the opportunity to engage customers and gather insight into their preferences and needs, and thereby provide the evidence and intelligence needed to redesign services to be more targeted, effective and efficient.

About Scarborough

The Borough of Scarborough makes up the eastern boundary of North Yorkshire and includes North Yorkshire County's entire coastline. From Reighton in the south to Staithes in the north the area includes some of England's most popular and attractive coastline and beaches.

The sea remains a significant part of the lives of many communities, but fishing is not the significant industry it once was. Tourism brings almost 5.5 million visitors into the area each year. They spend over £320 million enjoying the history, landscape and beaches of the area and therefore many residents depend on tourism for their living. Over two-thirds of people work in this industry or in the public sector and as a consequence average wages tend to be low and part-time working common.

What makes the area a great place to visit can cause problems for its residents. Public transport and the road network sometimes mean that residents in the more rural areas can find it hard to get to the services they want and need.

Scarborough Borough Council (SBC) services an area of 330 square miles, almost two-thirds of which is in the North York Moors National Park (Heartbeat country). The Borough's population is 106,243 with just over half of its residents living in the three coastal towns of Scarborough, Whitby and Filey.

Scarborough Borough Council (SBC) has 50 councillors and is led by a Leader and Cabinet. The Borough sits within the shire county of North Yorkshire and therefore a key partner is North Yorkshire County Council (NYCC), but it also has a proven track record of working effectively with other public sector partners, the private sector and the voluntary sector (eg Scarborough Borough Council, North Yorkshire County Council and Craven District Council share a common telephone system).

Older people make up more of the local population than elsewhere and the area is popular for retirees. North Yorkshire has a significantly higher proportion of its population (44.8 per cent) aged over the age of 44 compared to England and Wales (39.6 per cent) and to the Yorkshire and Humber region (40.0 per cent). Within Scarborough, the proportion of the population in the older age groups was even more significant with 48.6 per cent of the population aged 44 or over.

The 2012 Joint Strategic Needs Assessment further highlights this identifying that the over 65yrs population in Scarborough is expected to increase from 22.9 per cent in 2010 to 33 per cent by 2035 against a projected population of 111,800 and this will inevitably place an increased burden on health and social care services.

Scarborough has also proven popular for migrant workers such as those from Eastern Europe. The number of migrant workers increased from 1 per cent of the population in 2001 to 2.4 per cent in 2009.

Whilst undoubtedly a superb place to live, the Borough has some of the worst deprivation anywhere in North Yorkshire. A tenth of the Borough's communities are as deprived as any in the country. This is despite international recognition that Scarborough Borough Council has facilitated some of the most innovative and successful regeneration work in the UK (eg Europe's Most Enterprising Place - Winner 2009; Academy of Urbanism - 'The Great Town' - Winner 2010) which includes new creative industries exploiting digital technology.

Background

In 2009 the councils of North Yorkshire initiated a partnership whose aim is to improve access to services across the area. The 'Connect Partnership' comprises of the County Council, the seven District Councils (Craven, Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough and Selby), City of York Council, North Yorkshire Police and the two National Parks (North York Moors and Yorkshire Dales).

From the start the Connect Partnership understood how important it was to have good customer insight built into any service transformation programme. Therefore in 2010 it successfully bid for Customer Led Transformation funding to undertake customer insight into one specific segment of its population.

The initial emphasis was on older people. These make up a higher than average percentage of the population in the area and the group was forecast, by the 2009 Area Assessment for North Yorkshire, to grow to 24 per cent by 2018. However, the focus of the project was later (see Phase 3 below) expanded to include all vulnerable adults.

By studying this particular segment it was hoped the project would be able to make a positive impact on the services offered to older and vulnerable people as well as improve the process by which such services were delivered.

Objective

The ultimate objective of this project was to produce a multi-agency service delivery tool that could supply all the key services needed by older people via a single interview/ assessment.

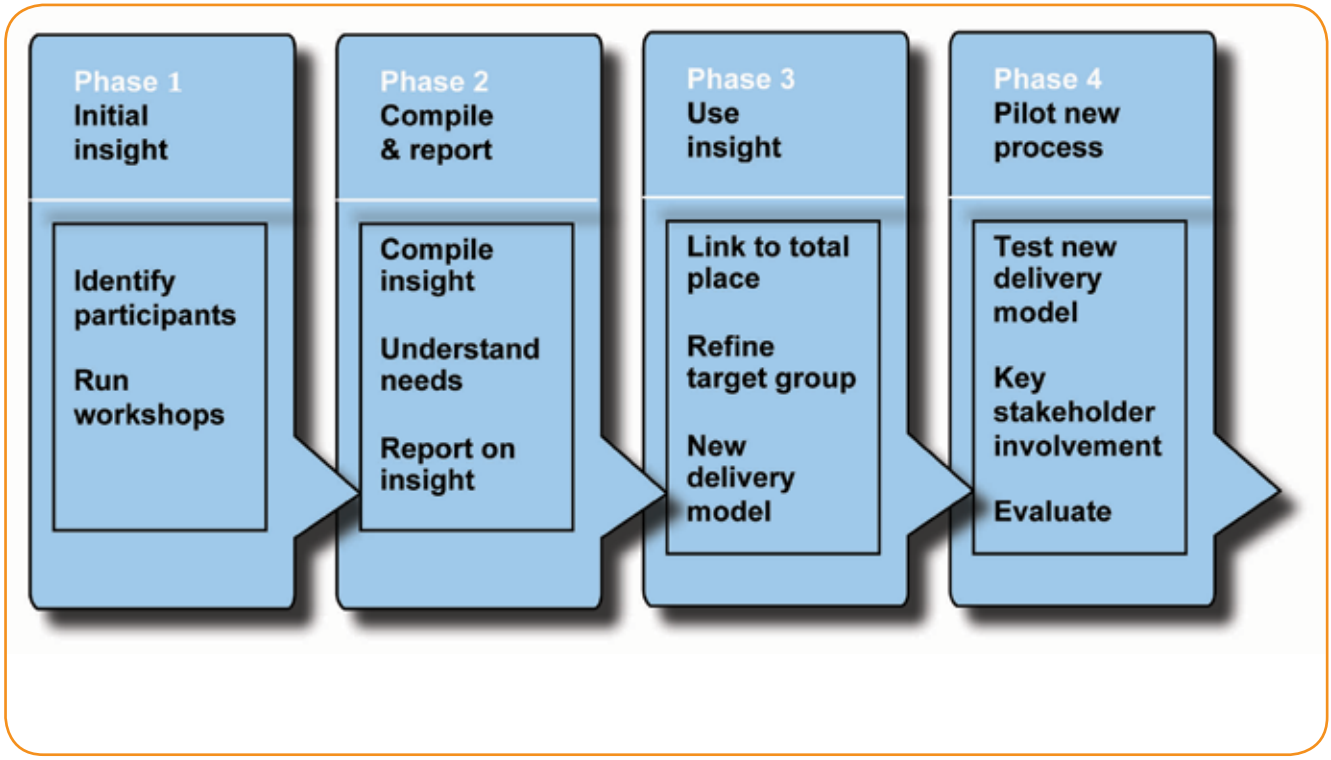
To achieve this objective the project aimed to utilise Customer Insight. Such insight allows for informed decisions that can help both the customer and the service provider(s) get/give better service delivery in a more business efficient way. Hence, the project aimed to deliver a solution that met the 'hopes' and addressed the 'fears' that were identified in the initial older person's workshops.

An important element in achieving this objective involved demonstrating how customer insight can (should) be a key component of any process re-engineering or transformation programme.

Approach

This project was initiated by the Connect Partnership when it wanted to investigate the provision of services to elderly people within the area. The Connect Partnership then made a bid for CLT funding to utilise Customer Insight to improve their understanding of the needs and aspirations of this growing segment of the population and subsequently to improve delivery of their services to this group.

Having identified the target group and succeeded in their bid for funding the partnership launched a project which comprised of a number of phases.



The project included a number of older people's workshops that established typical journey maps and gathered qualitative impressions about their experiences using the services offered to them. It also included the piloting of a new multi-agency delivery process designed to help address some of the concerns raised by older people in the earlier workshops.

The project's methodology followed a four-phase process in which customer insight was the first and fundamental element.

The early stages of the project covered Scarborough, Harrogate and Hambleton but, because of the fact that Scarborough had a large elderly population and large areas of deprivation (there are eight LSOAs within the bottom 10 per cent and 14 LSOAs (nearly 20 per cent of LSOAs) within the bottom 20 per cent of most deprived areas in the country for overall deprivation), it was selected as the initial focus for the pilot stage of the project.

To ensure all the key stakeholders became involved in the project, the Connect Partnership approached the Borough of Scarborough Public Services Executive (PSE) and requested that it act as sponsoring body for the pilot phase of the project.

The PSE is a 'place-based' group, chaired by the leader of SBC, incorporating all the local public and voluntary sector service providers in the area, thus ensuring participation by key 'health', 'support' and 'wellbeing' providers. Its vision is for "One Public Service "and it facilitates local agencies coming together seamlessly to deliver more cohesive, joined up and unified local services.

The timing of this approach was fortuitous as the PSE had recently been formed and was looking for practical 'place-based' initiatives that it could become involved with.

Phase 1

In order to gather customer insight, phase 1 involved a number of activities.

- a consultancy partner (Aperia) with customer insight experience was employed
- the initial target group (older people) had already been identified
- contact was made with established community groups (eg Age Concern, Carers Association, etc) representing this target group
- these groups were invited to bring their members to three workshops (Northallerton, Harrogate and Scarborough).
- approximately 50 people attended each workshop
- running the workshops to obtain from the participants their:
  - hopes, needs and expectations
  - views and perceptions of public service provision
  - actual experiences of using public services
  - views for improvement in terms of access to services
- the 'Circle of Need' technique used by Aperia seeks to identify customer needs and expectations and keeps the focus on need. This process:
  - maps out a typical customer journey as a service user navigates their way around the services relevant to their need
  - seeks to find ways to improve this 'journey' by identifying duplication and inefficiencies
  - looks for ways to demonstrate how the delivery model could be improved upon.

Phase 2
In phase 2 all the information and insight gained at the workshops was collated into a comprehensive Stage1 project report that would be used as justification for any additional phases.

The Stage 1 report contains not only the outputs from the workshops mentioned above, but also typical journey maps produced from the experiences of older people in navigating their way to services that met their needs (see example in Findings section below).

The findings highlighted in this report are discussed below (in Findings) but a full copy of this report, which contains details of the insight obtained, can be found at: http://www.connect-partnership.org.uk/public-documents

Phase 3
This phase was essentially a 'stock-taking' exercise which, having identified what the target group thought of the service delivery they had received, considered what could be done to improve on it. This was achieved through a series of stakeholder workshops. This involved approximately 10 -15 representatives covering all the stakeholders in the PSE, including the councils, health, blue light services, university, voluntary sector, etc.

It also involved seeking ways to ensure the participation of all the key stakeholders that might be relevant to any new service delivery model. This is where contact with the Borough of Scarborough Public Services Executive (PSE) was crucial, since this 'place-based' Executive already had amongst its membership all the service providers needed to move the project forward to the next and final phase.

This link-up with the Public Services Executive has proven to be mutually beneficial. The project acted as a catalyst in establishing a Local Health Partnership (LHP) whose aim is to drive forward this and three other themed priority projects. At the same time the Public Services Executive and the Local Health Partnership has allowed the project to gain direct access to all the necessary key stakeholders from Health, Adult and Community Services, Police, Fire and Rescue, Local District Council and the Voluntary Sector.

With support from the LHP a new single multi-agency service delivery model, the Wellbeing Service (see description below), was established that became the subject of the pilot that was Phase 4 of the project.

The stakeholder workshops helped to refine the target group to older and vulnerable people that have no existing care package in place; with the aim of keeping these people living safely in their home for as long as practically possible.

Referral to the new service model was to be via the hospital discharge and specialist nursing teams with the assessments carried our by the existing Home Safety Partnership (an arrangement between NYCC Health and Adult Services and Scarborough Borough Council's Home Improvement Agency).

Part of the Customer Led Transformation funding was used to increase the resources in the Home Safety Partnership so that they can cope with the additional volume of work generated by the pilot.

Phase 4
The final phase involved a 9-month pilot of the new service delivery model (July 2011 till March 2012).

During this period a full time fixed term case worker was employed on the pilot. This post holder's duties included assessment interviews, marketing the service, recording management information and any other tasks associated with delivery of the Wellbeing Service.

The aims of the pilot were to:

- test the new service delivery model
- establish whether the developed list of services fitted the needs of the customers
- identify any gaps in service delivery
- identify any duplications in delivery
- assess which services were most effective (best value)
- assess whether the new service delivery model made a difference
- verify that a single point of contact model is better for the customer
- if successful, find ways to make the new model sustainable.

As part of the pilot, an assessment process was carried out that involved revisiting all the customers after approximately 6 weeks to check that they had received the services recommended and to solicit their views on the new model.

Findings

The initial face-to-face workshops with older people set the scene with respect to the experiences, hopes and fears of the target segment.

The headline findings from the customer insight workshops are summarised below. These were used to shape the later phases of the project where the aim was very much about wanting to make a difference and to do something the workshop participants and target group would view as positive.

One of the clearest findings from the workshops can be summarised as:

This perception about what older people think of public services shows the marked contrast between:

- very negative experience as they tried to negotiate their way through what most saw as a labyrinth of confusing and duplicated processes
- very positive about individual members of staff once they had managed to gain access to the services relevant to them.

The wellbeing service

The Wellbeing Service works closely with both voluntary and statutory partners in the Borough of Scarborough to deliver a range of assistance including:

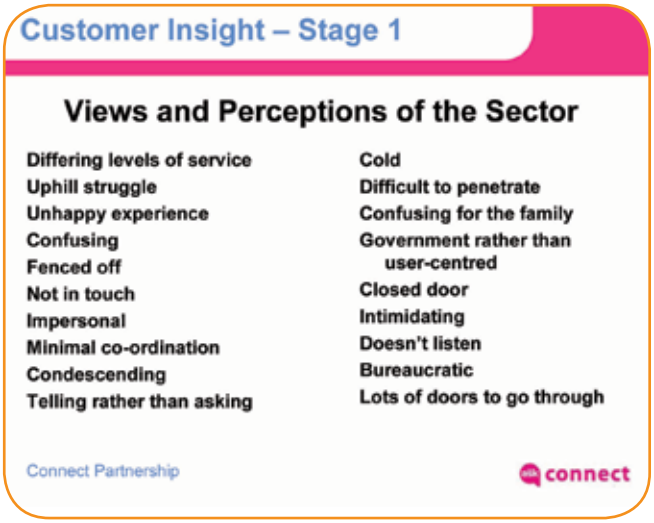
- advocacy and advice for each service user, helping to introduce them to the wider range of support services available to enable them to achieve their desired outcomes and maintain a safe and independent lifestyle
- coordination and referral directly into relevant partners to enable a more seamless approach to the available support
- support was normally limited to one home visit, with follow up assistance given as and where necessary to ensure available services were utilised
- housing related support identified through a needs and risk assessment carried out during the home visit.

The offering includes a home visit and support plan which will typically include:

- advice and information on energy efficiency, grants and reducing fuel bills
- improving the security and fire safety of the home
- information on home and technology aids and other adaptations, how to access them and how to obtain grants, etc.
- identifying social and recreational activities to help combat isolation and loneliness
- identifying areas in the home where accidents could be prevented
- advice on housing options
- ensuring benefits are being claimed to maximise income
- providing information on local services, tailored to the individuals interests and needs
- direct referrals to partner organisations such as NYCC, Health, Age UK and other voluntary organisations.

This identifies the services and information each person wishes to receive and helps encourage the user to increase and maintain their independence.

The negative perceptions expressed about difficulties in navigating access to services can be clearly demonstrated by some of the comments put forward in the workshops:



In addition to gathering these perceptions, the older people were asked to give their hopes and fears about the future. Their hopes, aspirations and concerns have been grouped into the seven broad themes or categories shown below.

- to remain independent and in own home
- able to socialise with friends/fear of isolation
- better access to services
- mobility
- lack of funding to cover future caring expectations
- being looked after when it is needed
- to be healthy as long as possible.

They were also asked to identify things they would like to see change, which can be summarised into the five broad areas shown below.

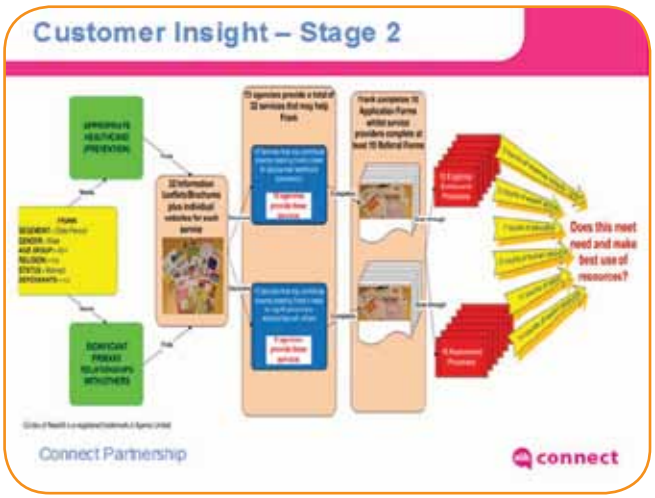
Some typical journey maps were produced to show the complex path faced by an older person as they tried to access services relevant to their needs. These highlighted a number of things:

- a bewildering amount of information, leaflets and brochures exist
- a large number of services are on offer from a wide variety of providers
- the current model requires an older person to complete a large number of application forms and undergo an even larger number of checks and assessments
- many of the forms gather similar information, as do many of the checks and assessments.

These perceptions were echoed through the recent engagement events held across North Yorkshire between December 2011 and January 2012 as part of the production of the 2012 Joint Strategic needs Assessment (JSNA). Better access to services and prevention were highlighted as key issues by communities.

The journey map below gives an idea of just how complex the current model can appear to an older person and highlights questions of whether

- this really meets their needs
- this makes best use of public sector resources?



Outcomes

The response to these initial findings from all the key stakeholders was extremely positive and they all wanted to participate in developing the second stage of the project. In fact many indicated the insight and aims of the project fitted in well with their own internal service/organisational plans, therefore they welcomed the opportunity to shape and take part in the project.

After these findings were presented to the Borough of Scarborough Public Services Executive (PSE) they agreed to sponsor the second stage of the project and to pilot the wellbeing service. This was based upon the existing Home Improvement Service but offered a wider range of services and depended on referrals from professionals across the partnership. Under this new system a trained representative visits the referred individuals, carries out an evaluation and calls in the necessary support from the partners.

The main aim of the project was to test a more integrated process to help older and vulnerable people remain safe and independent in their own homes for longer. The criteria for success were agreed to be:

- increasing the number of people who were fully aware of the services available - the six week review showed that whereas 58 per cent of the people did not know what services were available to them before the wellbeing visit, after the wellbeing visit 100 per cent of those surveyed stated that they felt they were fully aware
- enabling them to make informed choices about how they wish to maintain their own independence and to give them the necessary support to access those chosen services
- reducing the number of people who present at their local Hospital or GP Surgery due to preventable accidents or occurrences.

The pilot outcomes, based on these aims, were considered to be:

- reduced number of people who represent at hospital
- reduced number of excess bed days
- improved customer experience and better signposting of services
- increased appropriate use of service and reduced duplication
- reduced number of interactions required to deliver services
- improved customer perception that they
  - feel safer at home - 12 per cent felt safer than before the interventions, 78 per cent felt the same no service users felt worse
  - feel more independent
  - feel safer in their community
- increased role for the voluntary sector in delivering services.

During the wellbeing visit a support plan and home safety check are completed, these include information such as next of kin, GP, date of birth and specific details required by partner organisations.

The information given in these forms allows the worker to refer straight to the partner organisations. Having to repeat themselves was something which service users had commented on as being very frustrating. As the organisations receive the specific information they require to process that referral it saves them having to contact the service user to ask similar questions.

The service user signs the support plan giving authority for this information to be passed on. Organisations which benefited from this included North Yorkshire County Council, Yorkshire Coast Homes, Age UK, Fire Service, Energy Saving Trust, Carers Resource.

Although the proof of these points can only be measured over a longer time period, the success of the project, for the individuals concerned, can be demonstrated by individual cases.

Between July 2011 and March 2012, a total of 393 Wellbeing visits were completed. This compared with 197 home safety checks carried out in the previous year – also these earlier visits covered a much narrower range of support (eg it did not include referrals to volunteer car scheme, anti social behaviour reporting, social luncheon groups, etc). Approximately six weeks after being visited by the Wellbeing service all those that took part in the pilot were revisited and asked a series of questions. They were asked:

- how they were
- whether partners had delivered the recommended services
- what they thought of the pilot.

See the text boxes below for feedback from these interviews:

Young vulnerable single mother with a disabled child

- carer's emergency card obtained
- disablement radar toilet key obtained
- now have 'social tariff' through energy provider (cheaper energy bills)
- now have a blue badge
- key safe installed
- crime issues so given number of anti-social behaviour reporting line
- second banister rail installed ("this is making a big difference, now feel a lot safer")
- message in a bottle issued.

Married couple in their early 70's, with various medical conditions

- now have a blue badge (provided by NYCC)
- victims of crime so window locks repaired, door chain installed and now aware of anti-social behaviour reporting line (carried out by Age UK)
- key safe installed as carers visit daily (Age UK)
- message in a bottle (containing key contact details and medical history) issued free of charge (by Lions)

- now using 'talking newspapers' (provided by the voluntary sector)
- client stated: "I wasn't previously aware of this service"
- referred to Age UK befriending service
- now have 'social tariff' through energy provider (cheaper energy bills).

81 year old lady living on her own

- key safe installed as carers visit daily
- smoke alarms installed
- now on 'social tariff' (cheaper energy bills)
- obtained attendance allowance and carers allowance for a carer/friend- ("this is making a big financial difference to me")
- message in a bottle issued.

73 year old lady living on her own and has cancer and diabetes

- referred to occupational therapy - galvanised rail installed and aids given for getting in/out of bath
- smoke alarms installed
- message in a bottle issued
- now on 'social tariff' (cheaper energy bills)
- given details of 'good neighbours' voluntary car scheme ("i use this for my medical appointments, instead of expensive taxis")
- "I now feel a lot more positive and safer in my home – I also passed your details to my friends and you've helped them too".

89 year old lady living on her own with hearing difficulties/frail

- lady rang for help saying her telephone was not working – visited and noticed handset was set to low and reset it."BT was going to charge £100 to come out and sort it – I was so worried"
- identified damaged floor boards at the top of the landing - reported to landlord and boards now replaced

81 year old struggling to care for her husband following his stroke

- grab rails and a second hand rail fitted on stairs
- arranged for old electric blanket to be replaced through fire service
- referred for benefits advice, now receiving attendance allowance
- information given on housing options, energy efficiency advice, message in a bottle, coast call, first stop, telecare and the carers emergency card.

The results of this survey are shown below and clearly demonstrate the success of the project:

Appendix 1

	PERCEPTION AFTER HOME WELL BEING INTERVENTIONS				
	NO OF SURVEYS	WORSE	SAME	BETTER	*(NO. GIVING '5' AS INITIAL RATING - THEREFORE NO INCREASE POSSIBLE)*
To what extent do you.....					
1. feel safe living in your own home	108	0	95	13	61
2. feel confident to live independently in your own home	108	0	93	15	50
3. feel you are in good physical health compared to your friends and peers	108	0	107	1	10
4. achieve or maintain a balanced sense of well-being- in other words, you feel emotionally stable	108	1	97	10	29
5. feel confident that you will not have be taken into hospital suddenly	108	0	98	10	27
6. take part in local activities	108	0	105	3	18
7. feel that you help your local community	108	0	108	0	14
8. believe that you are accessing everything that you are entitled to, financially or otherwise	108	0	71	37	38
9. feel able to clean and look after yourself and make yourself comfortable	108	0	91	17	39
10. feel able to keep your surroundings clean and comfortable	108	1	95	12	46
11. feel that the needs of your carer are supported	108	0	102	6	9

		PRE-SERVICE		POST SERVICE	
		YES	NO	YES	NO
12. Are you aware of the support available to you?	108	45	63	108	0

SERVICE RATINGS		NO OF CLIENTS/SCORING				
QUESTIONS (ON A SCALE OF 1-5 (5 BEING EXCELLENT)		1	2	3	4	5
RATE SERVICE IN TERMS OF HELPING TO UNDERSTAND WHAT SUPPORT IS AVILABLE AND HOW TO ACCESS IT	108	0	0	0	7	101
RATE THE PROCESS FROM BEING REFERRED THROUGH TO THE SERVICE TO RECEIVING THE SUPPORT	102	0	0	0	6	96

		NO OF CLIENTS ANSWERING YES/NO		
		YES	NO	
ANY OTHER SERVICES YOU WOULD HAVE LIKED TO RECEIVE	108	0	108	
ARE THERE ANY IMPROVEMENT THAT COULD BE MADE TO MAKE THE PROCESS BETTER	108	0	108	
AVERAGE NO. OF PEOPLE INTERACTED WITH TO GET SERVICES		0		
NO. REFERRED/RECORDED PREVIOUS HOSP ADMITTANCE	108	6	(1 CLIENT FROM HEALTH PREVIOUSLY ADMITTED TO HOSPITAL)	

Taking into account all the barriers faced, it is clear to see from the data gathered that all the people receiving the service feel that their sense of wellbeing was either the same or better. Interestingly, the data (see table above) shows that some people, although requiring many different areas of support, perceived themselves as feeling safe and independent after the interventions.

Nobody felt worse after the interventions, but 12 per cent of people did state an increase in the extent to which they felt:

- safe and independent in their own home
- able to maintain a balanced sense of wellbeing (emotionally stable)
- confident that they will not be suddenly admitted to hospital
- able to take part in local activities
- able to clean and look after themselves and their surroundings
- that their carer's needs are supported.

The highest area of increased feeling of 'wellbeing' appeared to be people who, after receiving this service, felt that they were now accessing everything that they were financially or otherwise entitled to.

The data also indicates that there were no other services that the individuals would have liked to receive, indicating that the areas/services covered are sufficient for most users.

The success of the project is demonstrated by these results and by the sample of comments provided which show the service is rated very highly by its service users. See table of comments below.

It is noted that although the service is intended to be a 'one off' type of service, users on occasions contacted the service again to discuss how to get help due to changes in their circumstances or how to receive services that they dismissed at the initial visit but now felt ready to utilise.

Client	Other comments
1	Absolutely brilliant the trolley you arranged for me to have I use that to get around now instead of my sticks. I can't thank you enough.
2	all good satisfied with it all
3	Brilliant delighted with the service, we'd no idea about the service and what was available.
4	Brilliant really
5	Cannot speak highly enough of the service. Great help.
6	EST GUIDED ME, SO THANK YOU VERY MUCH
7	Everything we have had has been very good.
8	Excellent
9	Excellent and prompt service.
10	Excellent service provided, very efficient.
11	Excellent service provided. Everyone has been so helpful.
12	Excellent service, couldn't fault it everyone has been so kind and helpful. feel I know much more
13	Excellent service, very helpful.
14	Excellent service.

Client	Other comments
15	Excellent service. Can't speak highly enough of the help provided.
16	Excellent service. Grab rails/smoke alarms were fitted straight away.
17	Excellent service. Very helpful.
18	Excellent service. Very pleased with work carried out.
19	Excellent service. Quick response time for actioning requests
20	Excellent service. Very pleased with work done.
21	Extremely pleased with the service, very quick at actioning jobs.
22	Feel a lot safer now rails/door chain installed.
23	Good job. Very pleased
24	good service
25	Handyman service is brilliant, the draught excluder has made such a big difference. It is a very very good service!
26	highly satisfied
27	I like the grab rails when you are young these things don't bother you. The rails are really great I
28	I would just give you a ring if I needed any help in the future
29	It has been very quick. Thank you very much for all your help
30	nice to know someone's looking out for us
31	not from yourselves but the fall back people who follow on I'm happy with what you've done for me
32	Pleased with speed which things got done. Insulation has made a lot of difference already
33	presumably we can contact you in the future if we need any help, excellent brilliant
34	quicker than I thought
35	quite satisfied it all went very smoothly
36	QUITE SATISIFIED
37	Really appreciated the help - even though I am very independent!
38	So grateful. The grab rail has helped alot
39	so pleased you've helped me enormously, wonderful would use the service again
40	thank you very much for what you've done
41	Thank you very much indeed, thanks
42	The grab rail is grand and the information you gave me about the volunteer car scheme I passed it on
43	The grab rails are very good. its lovely to know I can contact you in the future should I need to.
44	Unfortunately the groups that Age UK recommended were on the 2 days that I have other commitments.
45	Using Good Neighbours Vol Car Scheme - excellent.
46	Very good
47	very good - everything we said to be done has been done and very quickly
48	Very good service we know where you are should we need you help in the future

Client	Other comments
49	Very happy with overall service
50	Very happy with service provided, done an excellent job.
51	Very happy with the service.
52	Very happy with what you have done for us you've been very kind. You do a wonderful job believe me and thank you so much!
53	Very helpful
54	Very informative and reassuring that there is help out there I found you very easy to talk to
55	very pleased didn't know about any of these things
56	Very pleased with service provided.
57	Very pleased with service provided.
58	Very pleased with service.
59	Very pleased with the service.
60	Very pleased, got some assistive technology through NYCC
61	Very prompt service.
62	very satisfied, thank you
63	you are very vigilant point people in the right direction - nice someone there to help - cant thank you enough
64	You were good to me. All the things you told me about are now in place
65	you were very helpful
66	you were very kind and gentle, I've got your number and its nice to know that there is someone to care
67	you're very good and thanks for your kind work

This new delivery tool has been judged by the PSE as a success and therefore has the potential to be a model for wider segments of the population. The project was also awarded Scarborough's Innovation award as part of the Council's Celebrating Success programme.

The customer insight work also helped to establish a much wider 'health' related agenda that resulted in the setting up a Local Health Partnership reporting to the PSE (see Benefits for more details).

The Customer Insight information from this project is shared with partners via an existing Community Information System:

SBC's in-house observatory, the Community Information System, provides both qualitative and quantitative information and intelligence about local communities and local public services.

This data is stored in an accessible, user-friendly desktop system that is available to all staff and elected members to provide the evidence base for targeted service development to focus on providing services which make the biggest difference.

Data is collected from over 100 data sets and collated with ward profiles, customer profiling and lifestyle data, plus locally collected consultation and satisfaction data, so it provides a coordinated single view of the local population.

Benefits

A major benefit of using customer insight in the pilot for this project has been a better understanding of the needs, expectations and frustrations of the target customer group. The project has enabled the bringing together of the right mix of organisations, demonstrating the inefficiencies associated with the current delivery model, getting partners to accept that there can be mutual gains (to customers and providers) in seeking to introduce a more joined up assessment which results in delivering the right services to the customer by working together on a new delivery model.

Hilary Jones, Strategic Director, Scarborough Council:

"The use of customer insight, as demonstrated by this project, is fundamental to the changes that the public sector needs to make to commission targeted and integrated services."

The service has been built around the real experiences of local people, their views and perceptions and the robust understanding that SBC have built up about the specific challenges that face vulnerable people within their communities.

Benefits to customers

The benefit for the customer has been a more holistic approach to providing them with a tailored set of services to meet their current needs. Service users had commented that when other organisations had previously carried out a home visit they only come to address the issue that has being identified. They also tended to be specialist services such as North Yorkshire County Council where an Occupational Therapist (OT) may assess a need such as access to a property.

However, by having a wellbeing check first, other aspects can now be addressed as well (eg to refer them to social lunch clubs or volunteer car schemes). Also whether they have the correct benefits, such as disability living allowance or a blue badge, then the wellbeing check will help identify these needs and support their application. Using the service in this way allows the professionals, eg OT or nurses, to concentrate on their specific areas.

There are real savings to be delivered as a result of this holistic approach to needs assessment. In the first six months of the pilot the Service arranged to have the Home Improvement Handyman fit 63 grab rails. Prior to this a referral would be made to North Yorkshire County Council for an assessment for an adaptation. This would involve another visit to the customer with a NYCC officer making specific journey to undertake the assessment. It has also reduced the administration work once the assessment was completed to process the assessment and refer the work to the Handyman service.

Moving to a single assessment by the Wellbeing Service, which includes ordering the work to fit a grab rail has removed the need for a second assessment and speeded up delivery to the customer.

An estimate based on removing this unnecessary step is that it represents a saving of approximately four hours officer time for each grab rail assessment and order. On this basis the pilot directly saved over 7 weeks of officer time.

This has resulted in an improved quality of life and greater independence for these individuals. A number of examples of how the pilot has improved the lot of some of the Wellbeing Service customers was given above (in Outcomes).

Scarborough has the highest number of households in North Yorkshire occupied by one person living alone who is a pensioner – 18 per cent. The impact of loneliness, isolation and fear on general health and wellbeing is well documented.

From the evaluation of the pilot phase of the project it is clear that all the people receiving the Wellbeing Service felt that their sense of wellbeing was either the same or better, ie nobody felt worse, after the interventions.

Typically they felt:

- safe and independent in their own home
- able to maintain a balanced sense of wellbeing (emotionally stable)
- confident that they will not be suddenly admitted to hospital
- able to take part in local activities
- able to clean and look after themselves and their surroundings
- that their carer's needs were better supported (26 cases were referred for carers support).

The greatest increased feeling of wellbeing appeared to be people who, after receiving the service, felt that they were now accessing everything that they were financially or otherwise entitled to.

Overall feedback about the Wellbeing Service demonstrates that the pilot improved the customer experience (see survey – page 19) and comments from clients (pages 21 and 22) give evidence that the service was rated very highly.

Feedback also indicates that there were no other services that the individuals would have liked to receive, indicating that the areas/services covered during the Wellbeing pilot are sufficient for most users.

Financial benefits

During this project, 393 people were visited generating a saving of £161,130 – more than three times the grant provided.

This calculation is based upon the evidence from the Department of Health[1] report showing that preventative interventions can reduce demand for local authority funded social care support and hospitalisation. According to this report, the type of interventions provided by the Wellbeing Pilot will result in a net cost reduction of about £410 per person.

Looking forward, the cost of the Wellbeing Service is approximately £27,000 per annum per case worker and each case worker can see approximately 350 vulnerable or older people per annum. Hence, a single case worker could potentially save key stakeholders around £143,500 per annum (gross) or provide a net saving of £116,500 after accounting for their employment costs.

However, the information and support given by the Wellbeing Service is wide ranging, yet tailored to the individual's need, and so benefits will arise from a number of different types of intervention For example, a recent evaluation carried out by the University of York[2] on handyperson type interventions indicates the following potential cost savings;

- postponing entry into residential care by one year saves on average £28,080 per person
- preventing a fall leading to a hip fracture saves the NHS £28,665
- housing adaptations reduce the cost of home care (savings from £1,200 to £29,000 per annum).

1 Department of Health report "Making a strategic shift towards prevention and early intervention"

2 Department of Communities and Local Government – Housing http://www.communities.gov.uk/documents/housing/pdf/1837939.pdf

In the first six months of the pilot (Jul - Dec 2011) the Wellbeing Service arranged for the handyperson to fit 63 grab rails as well as giving a significant amount of other support and information. Therefore if, as a result of this work, only one person was prevented from falling and fracturing their hip or postponed from entering a care home, this would have covered the full cost of the Wellbeing Service for an entire year.

The JSNA for North Yorkshire highlighted that one of the key Issues for Scarborough was to develop a falls service. In addition:

- Scarborough accounts for 17.7 per cent of all finished hospital admissions in North Yorkshire (23,081 episodes)
- 42.3 per cent of all hospital admissions in Scarborough were people aged 65 plus
- 2.8 per cent of all hospital admissions were attributed to accidental falls.
- there are high numbers of elderly people within care homes resulting in a high proportion of admissions to hospital and around 20 per cent of people admitted from care homes die within the 1st 24 hours of admission
- there are high rates of institutionalisation for stroke survivors 21 per cent versus the national average of 10 per cent.

The work of the wellbeing pilot, specifically in relation to fitting grab rails and providing information about how to avoid falls will contribute to reducing preventable falls.

Whilst customers obviously appreciate the Wellbeing Service, for it to be sustainable it needs to demonstrate it can provide savings to key stakeholder so that they will invest in its future. This project has made a significant contribution to this objective.

By focusing on prevention through proving practical aids to reduce the potential for falls; improved security measures; providing advice and support for people most likely to suffer from fuel poverty; and ensuring people have access to services to that offer financial , social and practical help, it is tackling the wider determinants of health and wellbeing and helping to reduce the pressure on health and social care budgets.

At a qualitative level the support offered to people in the pilot will have:

- reduced admittance at hospitals
- reduced the use of GP Surgeries
- reduced the need for early residential care placements
- increased quality of life and independence
- reduced inappropriate use of voluntary and statutory services
- reduced levels of deaths or morbidity due to vulnerable people living in cold housing.

Households in receipt of “emergency packs” (see below) also received information about keeping themselves warm and well ie minimum temperatures to keep healthy. This focuses on prevention as in Scarborough there is a higher rate of households living in fuel poverty (26.3 per cent) than is the norm for England (18.4 per cent).

Other benefits

In addition to the existing wellbeing pilot, success has also being found in the ability to add on specific projects to the service. The Agency was successful in its bid to the Department of Health for funding from the Warm Homes Healthy People Initiative, where it has been evidenced that the annual cost to the NHS due to cold private housing alone is over £850 million.

The support now offered by the Wellbeing Service is in addition to the work that is already done around energy efficiency and fuel poverty within the service. Staff will now be able to give out, free of charge and as appropriate, as part of their home visit:

- 200 ‘Emergency packs’, containing essentials in the event that a person’s heating or electric goes off, were issued
- 127 Carbon Monoxide detectors were issued
- 13 households were helped with heating repairs
- 35 households were helped with a free gas or oil boiler service.

Emergency cold weather pack

The Warm Homes Healthy People Initiative was delivered successfully as a result of the work done by Scarborough and partners, as part of the wellbeing project. It would have been very difficult to set up and deliver these winter essentials within the limited timescales without the wellbeing service being in place, ie where home visits are already a key part of the role and the most vulnerable people can be easily identified.

In addition, the original fuel poverty work in the borough used customer insight to myth bust. For example, it could be identified that it was not the most deprived wards that suffered from fuel poverty as they had benefited from the Decent Homes Programme undertaken by the RSL Yorkshire Coast Homes. Consequently, the use of customer insight has now been taken on board by other bodies, eg Fylingdale Parish Council, to target local work on fuel poverty in less deprived areas.

Benefits for partnership working
An important outcome from the initial phases of the project was to provide evidence that would convince key partners and stakeholders to participate in the later pilot stage of the project.

However, the participation of the PSE with this project has been mutually beneficial. For example, the initial customer insight from the workshops proved invaluable in getting multi-agency partners to recognise the frustration experienced by older people when using the current system; it also highlighted the potential for improved service delivery, satisfaction and efficiencies that could result from a more streamlined and customer friendly process.

The funding obtained from the Customer Led Transformation programme provided not only the initial older peoples insight, but also allowed the planning and implementation of a new way to provide service to older people.

As such the project has acted as a catalyst in the establishment of a Local Health Partnership (reporting to the PSE) that now has four key priority themes using customer insight techniques:

- wellbeing of older and vulnerable people
- alcohol harm reduction
- sexual health and teenage pregnancy
- levels of A&E admissions.

Other spin-offs have resulted in:

- partners volunteering to share information and datasets (eg via CIS)
- partners working together to develop bespoke profiles
- using profiles to target prevention
- the Wellbeing Service being invited onto Health working groups looking at establishing ‘Single Point Of Contact (SPOC)’ and ‘Levels of Care’.

In many ways these spin-off benefits are considered to be of equal importance as the pilot itself since they have enabled cross-agency working, opened the way for wider collaborative working whilst demonstrating how service provision can be improved.

Governance

Governance has been shaped by the changing needs of the project at each of its phases. The project was initiated by the Connect Partnership with regular reports back to the Connect Partnership Board that meets every 2-month. It then became a Customer Led Transformation funded project with progress reported back to Local Government Improvement and Development (now LGA) each month.

More recently (Phase 4 of the project) governance has been via the Borough of Scarborough Public Services Executive that meets quarterly and its off-shoot the Local Health Partnership Group that meets monthly.

The project’s governance has developed as the project developed as shown in the graphic on page 24.

The key group was the Local Government North Yorkshire and York (LGNYandY) group which includes all the councils in North Yorkshire and is made up of Leaders and Chief Executives. The PSE is led by SBC and is chaired by the leader of the council.

At all phases of the project the governance bodies have been very supportive, as demonstrated by a willingness to find the best arrangements to keep the project moving forward, eg in helping to find a place-based group prepared to support and drive forward the pilot phase of the project.

Throughout this journey the key stakeholders and service providers on the governance bodies have always been willing to put time and effort into a project they considered would not only improve access to services for vulnerable and older persons, but which could ultimately provide a model for much wider transformation change across segments and within/across organisations.

Resourcing

Funding for this project came from Local Government Improvement and Development (LGID, formally IDeA) following a successful bid to the Customer Led Transformation (CLT) programme that resulted in a £50,000 grant. Spend against this grant has been split approximately 40/60 between the initial consultancy led customer insight work/ workshops (Circle of Needs) and the pilot itself.

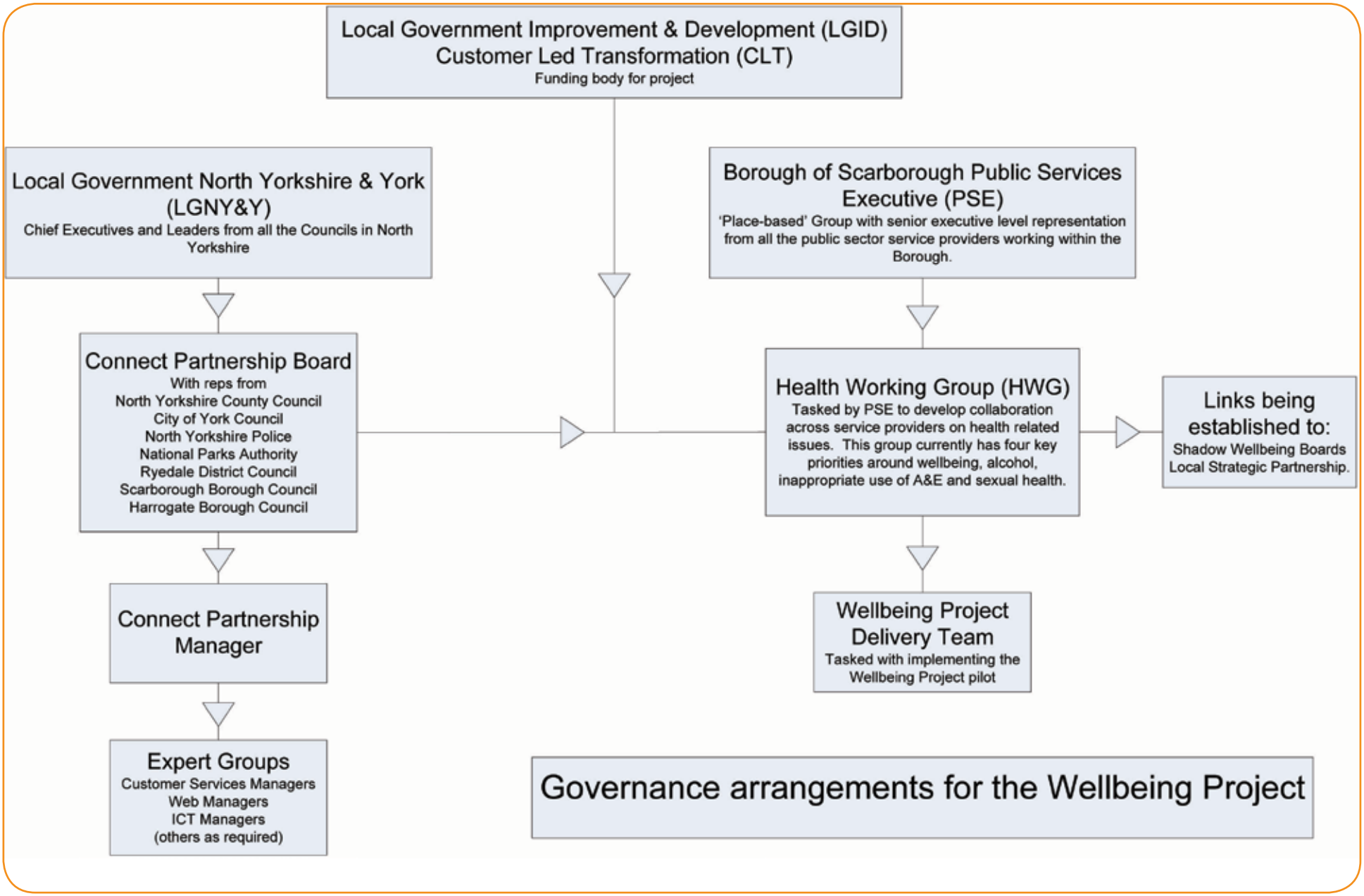
The initial expenditure on external consultation was deemed necessary as few partners had much (if any) experience of linking customer insight to need. It was felt important to get this part of the project right, as outcomes from it would form the basis of arguments to convince others that a project based on insight had a greater chance of success and would truly meet customer need.

The more recent expenditure has been on the pilot, ie to provide a full time fixed term case worker for the 9-months of the pilot. This post holder's duties included assessment interviews, marketing the service, recording management information and any other tasks associated with delivery of the Wellbeing Service.

From the outset the ethos of the project has been to, wherever possible, build and develop on what already existed. Hence it has not required any additional expenditure from partners other than time and effort, eg the assessment and referral processes followed a well proven but amended model that had been used by an existing Home Safety Partnership for some time.

The stakeholders have, however, put many man-hours into the project:

- During Phases 1 and 2 this included partners at Harrogate, Hambleton and Scarborough Councils identifying relevant community groups to help organise the workshops. They also provided venues and refreshments for the workshops and helped to facilitate them. Volunteer and community groups contributed in planning the workshops and participating in them.
- Phases 3 and 4 saw a widening of partnership engagement, especially from Adult and Community Services (NYCC), Health (PCT) and the Home Safety Partnership. Each organisation has given their time freely and willingly. The project could not have progressed to a pilot implementation stage without this level of commitment and support.


Local Government Improvement & Development (LGID)
Customer Led Transformation (CLT)
Funding body for project
Local Government North Yorkshire & York (LGNY&Y)
Chief Executives and Leaders from all the Councils in North Yorkshire
Borough of Scarborough Public Services Executive (PSE)
'Place-based' Group with senior executive level representation from all the public sector service providers working within the Borough.
Connect Partnership Board
With reps from
North Yorkshire County Council
City of York Council
North Yorkshire Police
National Parks Authority
Ryedale District Council
Scarborough Borough Council
Harrogate Borough Council
Health Working Group (HWG)
Tasked by PSE to develop collaboration across service providers on health related issues. This group currently has four key priorities around wellbeing, alcohol, inappropriate use of A&E and sexual health.
Links being established to:
Shadow Wellbeing Boards
Local Strategic Partnership.
Connect Partnership Manager
Wellbeing Project Delivery Team
Tasked with implementing the Wellbeing Project pilot
Expert Groups
Customer Services Managers
Web Managers
ICT Managers
(others as required)
Governance arrangements for the Wellbeing Project

The intelligence that came from the customer insight work also helped foster a sense of trust between stakeholders, resulting in an appreciation that customer insight can be a key tool for transforming service delivery within/across organisations and highlighting the importance of sharing information and data-sets.

Due to this willingness of stakeholders to throw skills/expertise into the collective project 'hat', no significant additional training has been needed to undertake the pilot.

Challenges and lessons learnt

Sponsorship
The biggest challenge for the project was to find the right group to support and sponsor the latter phases of the project. This needed a group that contained all the key stakeholders and service providers working with the target group. Finding such a group was considered to be so important any thought of a pilot was put on hold until one could be identified. This caused a considerable delay (several months) in moving from Phase 2 to Phase 3 of the project.

Eventually the Public Service Executive invited the Connect Partnership Manager to present the customer insight work to date and the project's aims for the future. The Group immediately recognised the synergies with what they were trying to achieve within the Scarborough Borough Council and agreed to support the project going forward.

This decision has benefitted both, as the Executive now have a Local Health Partnership Group delivering on this and three other key health priorities and the project gained access to all the key stakeholders needed for the pilot.

Referrals
Stakeholders agreed that the Scarborough and Whitby Hospitals' Community Assessment and Rehabilitation Team plus their Discharge Team were best placed to make 'Health' referrals to the Wellbeing Service. Initially referrals levels were well below the 10-15 anticipated per week and there did appear to be an element of resistance at an operational level from some health staff.

Greater awareness and training for operational staff in stakeholder organisations might have helped overcome this problem. However, as a consequence of the above, the Wellbeing Service gave several presentations to local voluntary groups, North Yorkshire County Council START and Community Occupational Therapists, Hospital Emergency Department, Hospital Discharge teams, and GP Practice Managers.

This proved successful in stimulating referrals from Health, particularly when the teams then attended Flu clinics in GP surgeries. This would suggest having a physical 'Wellbeing' presence at similar health related campaigns or events would be beneficial in the future.

There were some difficulties, particularly with the voluntary sector, regarding referrals getting lost in the system. If the Wellbeing Service is to be made sustainable then some tightening of referral check/follow-up process will be needed.

To help ensure a timely response to referrals any extension of the Wellbeing pilot will need to put in place service level agreements with key stakeholders as it is essential to ensure a high standard of service delivery from all involved in providing the Wellbeing Service.

Customer insight
Another lesson learnt is that customer insight and techniques associated with it are not always well understood across organisations. Presentations on insight and simple journey maps about real people brought home the value of customer insight as an important element of transforming services by graphically identifying duplication and true need.

An example was a demonstration to the Public Service Executive on the power of profiling and use of Experian data for providing a targeted rather than a blanket approach to service delivery, which this group is now using in some of its other health related priority projects.

However, the word is spreading. For example, within SBC, services such as Housing Benefits are now using CI to ask whether services are located in the correct place and considering journey mapping to streamline service delivery.

Communications
It was recognised early in the pilot that the original monitoring questions were inappropriate and too complex for the elderly and vulnerable target group. This prompted a move to a simpler evaluation process

Service delivery
In many cases the Wellbeing Service was commissioning services for their clients on behalf of other service providers. In some instances the provision of the actual service was delayed, eg one client waited several weeks to receive a basic piece of Telecare equipment and the delay appeared to be due to capacity issues of the service provider. Where possible the Wellbeing Service is now seeking to have their case worker directly fit pieces of basic equipment on behalf of the service provider.

ICT
Finally, there is evidence to suggest that a joint IT system might need to be considered in which referrals are recorded and automatically sent directly to both voluntary and statutory providers. Providers could then use this system to close a case when the service has been provided; thereby informing the Wellbeing case worker that the case is closed.

During the pilot the Wellbeing case worker sometimes only became aware that a service promised to a client had not been delivered during their 6-weeks feedback interview and at these interviews sometimes the client was confused as to whether they had received all the services promised or not. Such a shared IT system would:

- allow the caseworker to check that services have been delivered
- reduce time wasted in chasing up suppliers and/or checking with clients that services have been delivered
- provide alerts if services have not been delivered within established time periods.

However, it is recognised such a system might raise some potential data protection issues which would need to be explored.

Next steps

Following the success of the pilot, the PCT and Adult Social Care (County Council) have agreed to continue funding the project until March 2013. Consequently, the project will be extended to cover Ryedale District Council as the Scarborough and Ryedale Home Improvement Agencies have been integrated and this expanded arrangement will then fit exactly with the existing locality boundaries for Health and Social Care.

This change requires an additional resource in the form of a fourth case worker to allow the successful delivery of the Wellbeing Service across both administrative areas. The cost of delivering a comprehensive service capable of meeting demand across both the Scarborough and Ryedale areas would be in the region on £108,000 per annum. However, such a service would have the potential to provide significant savings, well in excess of this figure, for the health and adult social care partners that operate in this area.

Beyond 2013 it is intended that the learning from this project is used to influence commissioning across the County and the PSE are also holding a visioning workshop shortly and the Wellbeing Pilot will be one of the case studies presented to identify the benefits of integrated services.

For the pilot, the Wellbeing Service was not widely publicised and it is therefore expected that the successful marketing of any ongoing service will see demand increase significantly. Due to the complexity of some of the cases, each case worker has the capacity to handle only about 350 referrals per annum. So with increased publicity, a more robust referral process from health and social care and an ageing population, the bid being made to Health and Social Care funding commissioning boards is for at least 3 case workers to meet the anticipated demand.

It is the hope of the pilot implementation team that this project can be used as a model for both widening the current target group and also for other target groups and segments. A logical next step would be profiling/targeting to try and predict who might be approaching a needs assessment before their needs even become known to health or adult social care partners.

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

For a copy in Braille, larger print or audio, please contact us on 020 7664 3000. We consider requests on an individual basis.

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