



## Springboard: Working in partnership so as to improve outcomes for older people, their families and carers across Cheshire.

### **Why Springboard?**

In general terms across Cheshire we shall see a 50% increase in the numbers of over 65s by 2029, the numbers of those aged over 85 will double by the same date, for some of our rural localities these figures will be a reality by 2021.

Ill health is not inevitable as we age, but its likelihood does increase, for example, as people live longer there is a greater chance that they will suffer from dementia.

Partly as a consequence of these demographic challenges our local health & social care systems are facing an unprecedented demand on their services, and individual citizen`s expectations are also rising. Our challenge in ensuring that we have sustainable local public services for the future is to find ways in which we can radically change our approach to the design and delivery of health & social care.

This will have to include shifting more resource into community based services and away from acute provision, we should foster more self-resilient communities, adopt & adapt proven technology, share & utilise data more effectively, we need to redesign the NHS so as to manage older people with multiple complex problems more effectively.

In order to keep older people, their families and carers safe at home we realise the importance of a host of other factors beyond the physical environment which all play a part in the prevention agendas, for example, increasing personal income is a key contributor to helping to maintain good diet & sense of wellbeing. Connecting people locally and facilitating opportunities to make a contribution is important in supporting good mental health and in combating loneliness & isolation.

This holistic approach around wellbeing is what the Springboard partnership between CFRS & Age UK Cheshire is designed to deliver, by helping to maintain independence & interdependence we can promote safety, for example research informs us that one in three household incidents or fires in the over 65s are preceded by a fall.

If we look in more detail at our local health & social care expenditure in relation to the over 65s, we know that around 70% of the total local spend is on the over 65s, 64% of hospital admissions are for the over 65s, and one in three of these admissions will

be an older person who is living with dementia. The numbers of older people living alone is increasing sharply, the majority of which live in general rather than specialised housing. Although circumstances vary, older people are at greatest risk of accidental death or injury, social isolation, loneliness & ill health compared to any other age group.

- Cheshire East is predicted to experience the highest percentage rise in those older people who will be living with dementia in the North West, Cheshire West & Cheshire will have the fourth largest increase.

Our local JSNA`s point to relatively good health & social care outcomes for our older population in comparison to most other comparator localities, however there are some issues that do not stand up to comparison so well.

- Cheshire East had the second highest figure for excess winter deaths in the North West; Cheshire West & Chester were fourth in the North West.
- 17.1% of households in Cheshire East live in fuel poverty.
- 16.1% in Cheshire West and Chester.
- Both local authorities are seeing a rise in conditions associated with alcohol abuse, the highest cost to the public purse here is in relation to the abuse of alcohol in those in mid and later life.
- Dementia diagnosis rates in both Cheshire East & Cheshire West and Chester are well below the regional and national averages.
- You have a higher probability of going straight from hospital into residential or nursing care, (and then never returning to your home) in Cheshire than most other localities, Cheshire West and Chester having some of the highest numbers in the North West.

We know that in changing these outcomes it will take a range of actions over a considerable period of time; there is a need to rewire public services which means different sectors working in new ways, in partnerships and alongside our communities.

### **Springboard is Local Action.**

Cheshire Fire and Rescue (CFRS) and Age UK Cheshire have been developing a more integrated system of local support which will keep older people safe and help them to maintain individual independence.

We have called this innovative partnership “Springboard”, a name that not only encompasses keeping safe, but also acknowledges that in order to do this older people should be facilitated to thrive in our local communities. Springboard also recognises that in order to have sustainable health & social care services locally we shall have to find new ways of reducing the demand on these services.

By working together both organisations are looking to embed a “presumption of prevention”, so as to help older people to remain safe, maintain or improve their sense of wellbeing, to remain at home and manage their personal conditions as well as possible. There is an opportunity through this collaborative partnership to significantly increase the effectiveness and impact of preventative approaches locally around later life. Both organisations have worked together in building a unique range of tools that enable Springboard to be so effective.

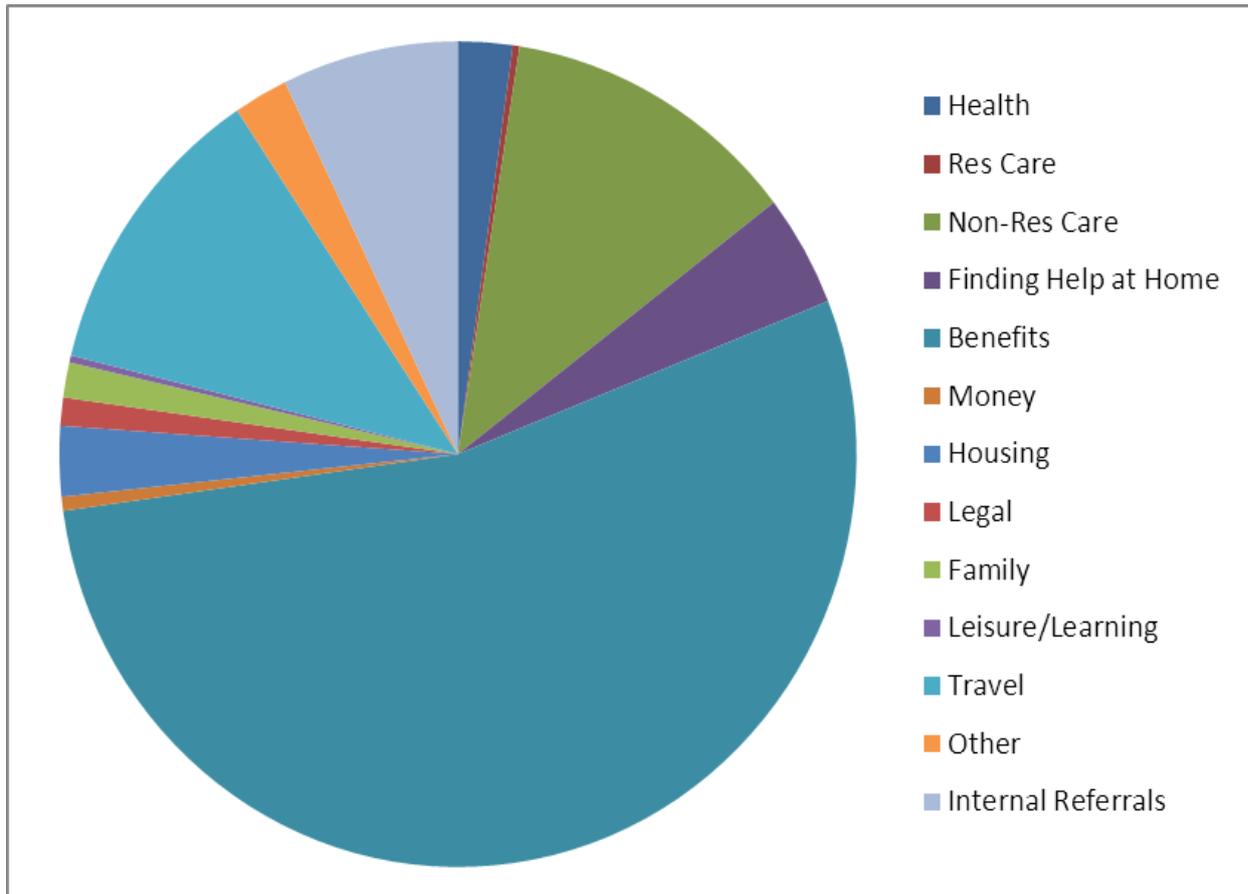
### **Locally Designed & Built.**

- Use and access to data. Age UK Cheshire has worked with CFRS to enable for the first time in the UK access by a local FRS to the NHS Exeter System of data, a process which took nearly three years to work through and satisfy all the information safeguards. This data can be blended with other systems such as MOSAIC and with the increasing range of open data sets which are being made available. This not only helps us to understand our older population far better it also enables us to identify and target specific interventions, and in doing so enhance outcomes and work more efficiently.
- Home visits from a trusted brand. We have over 98% success rate in getting over the doorstep and then in engaging with people. Springboard has the ability to enable older people, their families and carers to not only recognise that they have assets, but then in enabling older people to utilise these assets more effectively to help to lead more fulfilling and safer lives.
- Improving cross sector communication, staff from both organisations work closely together at all levels, understanding organisational cultures and promoting learning between them.
- Designing systems alongside older people so as to be more appropriate and effective, such as the assessment form that is used. This was developed by local older people, and the language defined locally. The majority of Age UK Cheshire`s 400 plus regular volunteers are aged over 50).
- Promoting technology, for example use of PDA`s, giving us the ability to provide both information and explanation.
- An “assumption on prevention”, each visit is understood to be an opportunity to work with the older person to address a range of issues, including managing the home environment, social networks, healthy lifestyles and maximising income and reducing unnecessary expenditure.
- Data and information sharing, building effective cross organisational communication based on mutual trust.
- Through the promotion of a single easily understood brand such as Springboard it is easier for the public to understand and then to access “preventative” services, use of Springboarddirect as an online self-assessment channel is a way of widening out accessibility, promoting choice and self-service.

- Blending: each home safety contact is a gateway into a diverse range of other options, these could be via Age UK Cheshire's own services such as befriending schemes, falls prevention, Men In Sheds, community arts, advice & information, healthy living..and lots more, and also we utilise the wealth of other opportunities available within our local civil society.
- Joint Posts, the first time this model has been adopted in the UK. In Cheshire West and Chester a new dementia adviser post was created,(in light of the impact & outcomes being achieved for those living with dementia). This scheme works with the Alzheimer's Society, and our Springboard dementia adviser focuses on the more practical measures once someone has had a diagnosis of dementia, such as advanced decision making, the home environment, access to support and benefits, assistive technology and community equipment. She is able to provide a structured and specialised home safety service, looking at home safety whilst living with dementia. The dementia adviser role is already showing impact, for example ensuring that people get the right care at the right time, this is important as far too many people access expensive acute care far too early, due to a lack of information and support earlier in the progression of their condition. Launched in September 12, and up to March 13 had already been working with 64 people locally who are living with dementia. There has been considerable interest in this innovative approach from other localities, it has been praised & promoted by the dementia Tsar Professor Alistair Burns and it has recently been recognised by Public Health England as good practice, and will be presented as such at the forthcoming national Public Health England conference.

### **Springboard Delivers Local Results**

- Since its inception our joint Springboard partnership has accessed over £11m in benefits for older people, their families and carers across Cheshire, this is the largest figure for the over 65s than has been achieved by any other approach. Reason for this success are down to the use of data to target and then home visit, the role of trusted brands to engage with and the expertise of Age UK Cheshire support teams in benefit entitlement.
- Besides home visiting through Springboard, Age UK Cheshire also received 1054 calls to our advice & information service as a consequence of a CFRS home assessment.
- Age UK Cheshire has been able to widen and develop opportunities for volunteering through this joint working, utilising volunteers time in helping to support and help older people and their carers in their own homes or out in the community.
- The breakdown of issues that people were keen to address are as below, the main benefit dealt with was attendance allowance.



The level & scale of data that we collect is governed by the contract arrangements provided by our local authorities, monthly statistics & monitoring forms are supplied to each council. We do try to keep these paper based reporting systems in proportion, as we aim to focus as much scarce resource as possible actually on delivery direct to older people, their families and carers.

It is an aspiration to seek funding so as to enable us to extract information and evidence our impact more effectively, and to improve our learning, what can we do better?

The £11m figure in unclaimed entitlements achieved through Springboard should be celebrated. This on its own is important evidence of what can be delivered by innovative joint working across sectors and through the access to and use of smart data.

An approx. breakdown of the £11m: £6m in Attendance Allowance.

£3.5m in Pension Credit.

£1.5m in others, such as "Warm Front".

The majority of issues relate to practical everyday issues, we are also increasingly able to identify people who are at a point of transition, this could be through bereavement, impaired functionality, changes in personal circumstances.

Besides the results that we achieve described in general terms we have come across many individual stories that probably highlight far more effectively the impact that can be achieved through cross sector collaboration & the use of new ways of working.

### **Springboard Next steps.**

We are all ageing, but not in the same way, research informs us that our socio-economic status is a stronger determinant of how we age than our chronological age. The partnership approach & potential of CFRS & Age UK Cheshire working collaboratively has already been acknowledged by diverse agencies and individuals such as the Office for Civil Society, Jeremy Hunt the Health Minister, and the Campaign to End Loneliness featured Springboard within their recent guidance for local authorities in how to address the issue of loneliness. The joint working pioneered here in Cheshire has also attracted various awards, but what is clear is that we have only just started this journey. We have had the opportunity to show this local work in Cheshire to a range of agencies from across the UK, many are keen to replicate and learn from our experience.

This work has the potential to deliver far more strategic and significant possibilities around early interventions, and to change perceptions as to how this can be delivered effectively and in low cost proven ways? For example:

- Extending the access and use of data. Working in partnership to show the benefits of accessing new data sets, linking open data more effectively with personal data.
- Look to new external funding opportunities to bring fresh resource into Cheshire to support the work, many opportunities here including new forms of finance & investment.
- Targeting interventions so as to address specific “high cost” issues, such as hospital admissions or falls prevention. Good evidence here on the effectiveness of FRS in relation to falls prevention from University College London who have worked with some London FRS in piloting a falls assessment tool within their home visits. Should we be incorporating this locally?
- Linking data on home safety more effectively to understand what works?
- Managing local integrated commissioning so as to support the effectiveness of Springboard.
- Use of technology both in delivery and in how people engage with us.
- Working with older people to co-design.
- Connecting Springboard into integrated local working.

- Enhancing the potential and role of volunteering.
- Facilitating research, to help spread learning, what works and why and to evidence impact?
- Building on the potential of trusted brands with which to engage with and reach older people, also in getting them to realise their own assets and to then put these to use.
- Creating new models of cross sector delivery, and to find ways of work more effectively with the private sector.

To summarise in general terms what the outcomes of our collaborative working are for older people.

- To feel and to be safe in your own home.
- To have a purpose, Springboard promotes feeling valued; this can be formally or informally.
- To have a sense of wellbeing, this is about living as well as possible with health conditions.
- To feel at home and connected to others, being as independent as possible.

### **Springboard Case Studies: A little local support can have a big impact.**

Mrs W is 85, recently widowed, lives on her own in a rural area, her care needs have been increasing, which was putting a strain on her daughter and two sons who supported her through providing meals and some domestic support. She has severe arthritis and a heart condition. She rarely ventures out of her (owner occupier) house; recently there was a number of worrying indicators that point to an issue around depression. Through the advocates visit, their engagement and consequential referral via Springboard, she was provided with a home visit from Age UK Cheshire. This resulted in a successful application for Attendance Allowance, a referral to Age UKs befriending service which means that she now receives a weekly visit from a local volunteer, and the Support Brokerage service helped the family set up and organise a more personalised package of support.

She recently joined a local social club, and now attends every week, she explained to our visitor that “that I now feel far more confident, it’s a great comfort to know that you are there”.

Mrs C 70 has dementia, diagnosed recently; she lives alone in an urban locality. A former teacher, most of her immediate family are now living or working far away. She was referred by social care to our dementia adviser service, and was in a state of some anxiety and very tearful when our advocate first visited. She was able to spend time with her, reassure her taking time to explain her condition and working through some practical measures which she might consider. Her home environment was

fitted with alarms and a number of design issues were adopted, such as replacing sloppy mats & carpets. She was helped to find and join a local exercise group, and now goes walking in a group each week; this has also led to other social networks & opportunities. She was advised and helped to use some bits of assistive technology and has put in place advanced decision making. Her comments to us included “in the absence of support from health and social services, this has given me a lifeline”.

Mr B is 92 lives in an urban locality, the advocates visit highlighted the chaotic nature of his lifestyle; his home was rather untidy and run down, the garden unkempt and overgrown. Though mobile and fairly active within the home, he found it difficult to converse or engage with others. He said that he only went out to a corner shop for food; his diet was very poor & unhealthy. The advocate through Springboard helped him by linking him to one of our volunteers, who with the help of others locally helped him tidy his home & garden. He has now agreed to have his garden redesigned so as to help reduce the cost of maintaining it. He has become far more outgoing, healthy home delivery meals have been arranged for him, and he now attends a digital inclusion class, as he has now brought himself a laptop.

Mr A is 91, was originally from Poland, he came to England during the war and now lives with his wife in a rural part of Cheshire. Mr A suffers from dementia, and although he has lived in England for 70 years and speaks English, as his dementia has deteriorated Mr A has reverted back to his originally Polish language. He paid for carers, though was unable to communicate his wishes to them. He was referred into our dementia adviser service, who was able to spend time with the couple, assess the home environment and make it considerably safer, and then via the Age UK Cheshire Support Brokerage service we managed to find them a care agency with carers who spoke Polish. His wife explained that this not only changed his quality of care, but also improved his dementia, in that he was becoming increasingly frustrated & challenging, and now since the arrival of the “Polish carers” appeared far happier and a good deal calmer than before, this was a terrific relief for her. The couple were also referred to a carers group so as to be able to access more peer support, and now attend together each week. This group also offers opportunities for her to have some respite time.

Ken Clemens CEO Age UK Cheshire.