

**A Report by the
National Development
Team for Inclusion
(NDT) to Halton
Borough Council**

**A Report on the
Sure Start to Later
Life Project**

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Section 1 - Background and Purpose of Report

- 1.1 This report has been prepared for Halton Borough Council by the National Development Team for Inclusion (NDT)¹. This followed a request for the NDT to undertake a review of one of its projects with temporary funding, Sure Start to Later Life (SS2LL). This review was undertaken in two stages (15th/16th September 2008 and 20th/21st January 2009). Initial work was undertaken by Jo Seddon and the follow up work and report completion was done by Andrew Russell, (both colleagues at NDT).
- 1.2 The conclusions are essentially drawn from two key sources of information; (i) Meetings with a number of key stakeholders² (ii) a review of documentation presented by Halton Borough Council.

Section 2 - Background to SS2LL in the Halton catchment area

- 2.1 In January 2006 the national Social Exclusion Unit published a report entitled; [A Sure Start to Later Life - Ending Inequalities for Older People](#)³. This report examined how to tackle exclusion in later life. It set out 30 agreed cross-government action points, which were to be implemented to ensure that the needs of the most excluded older people are addressed.
- 2.2 The national SS2LL programme⁴ is aimed at people who are over 55. The guiding principles of the initiative include;
- Working with older people. Involving them in the design and development and delivery of the service and improving their community
 - Promoting well-being and independence. Thus as much focus is given to providing information on the activities as is spent on providing information about services

¹ The NDT is a development agency concerned with promoting better lives for people who have traditionally been marginalised and excluded in society. It particularly does this through policy advice, consultancy and training to central and local government, the NHS, and other statutory and independent sector organisations. The NDT has particular client group expertise in learning disability, mental health, general disability and older people.

² See Appendix 1 for list of people interviewed (those who were not specifically asked about their name appearing in print have been identified by first name and surname initial)

³ <http://www.communities.gov.uk/publications/corporate/surestart>

⁴ A Sure Start to Later Life – ending inequalities for older people. ODPM January 2006.

www.cpa.org.uk/cpa/seu_final_report.pdf

- Accessibility. The service needs to be easy to access in terms of location, opening times and transport
- 2.3 The Department of Health's Social Care, Local Government and Care Partnerships Directorate is leading the 'Partnerships for Older People Projects' (POPP) programme. The aim of this programme is to deliver and evaluate (through 29 Local Authority led pilots) locally innovative approaches, aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities.
- 2.4 The POPP programme comprises of a first round of 19 sites started in May 2006 and the second round of a further 10 sites commenced in May 2007. Halton Borough Council made an unsuccessful bid to become one of these POPP pilot sites, but decided to develop its own services, including the project SS2LL, which became fully operational in July 2007.

The needs and SS2LL in Halton

- 2.5 In Halton the number of people over 65 years has increased more quickly than for any other population group. It is projected that this age group will increase by approximately 40% over the next 10 years. Although preventative approaches which promote health, well-being and independence for older people are now considered best professional practice, a needs assessment and feedback from Halton Older Peoples Empowerment Network (OPEN) identified that many older people find it difficult to access information on services to help them maintain a good quality of life.

The specific aims of the project are

- To offer a high quality information service to older people
- To promote independence rather than dependence
- To ensure that the service is person centred and that assessments are based on an individual's expressed needs rather than the needs of the service
- To ensure that service users are involved in the design, planning and ongoing monitoring of the service
- To challenge cultures
- To build community capacity

Section 3 - Who is the service for and what can be accessed through the service?

3.1 The service is for anyone who lives in the Halton Borough Council catchment area who is over 55, or carers, friends and professionals of those who support someone in that age group. Self referrals/self-assessments are specifically welcomed by the SS2LL team.

3.2 People can access information about leisure, employment, education, finance, services appropriate for older people, arts/leisure/cultural activities, volunteering and healthy living and lifestyles. In practice the team receives requests regarding any service or activity in the Borough, for example the NDT observed a referral regarding an older person whose washing machine had broken down⁵.

3.3 *How the project goes about helping people who are referred*

Whilst some information can be provided via the telephone, often using the resource/information bank that has been developed by the team, the information officers provide home visits before offering information and signposting to various options/choices available. The team is keen to engage people who tend not to have contact with local services (often called “the seldom heard”), those who find it difficult to get out of their house and those from BME communities. The work of the team sometimes involves them helping older people navigate their way through local services when they have been having difficulties.

3.4 *Range and scope of activities*

The range of information requests handled is impressive and shows a lot of background research undertaken by the information officers, together with the network of contacts they have developed. Here is a sample of issues handled within the team.

Transport	Poetry discussion groups	Giving up smoking
Using a computer	Massage for legs	Bingo
Accessing help regarding bereavement	Talking books/newspapers	Obtaining a bus pass/blue badge

⁵ It was reported to me that this took less than five minutes for a member of staff to resolve to the person’s satisfaction.

Exploring different housing options	Local dating groups	Physical/Emotional/Sexual issues
Learning conversational Spanish	Joining a choir	Joining a Bridge group
Fitting a fire alarm	Day trips for a disabled partner	Mobility allowance
Craft activities	Dealing with a broken shower	Community transport for hospital appointments
Increasing confidence on using public transport	Moving house (due to demolition of current accommodation)	Going to the gym
Healthier diet	Attendance allowance	Food preparation

Interviews with service users and other stakeholders suggest that SS2LL may also provide an invaluable service when people are experiencing difficulty in accessing mainstream services (for whatever reason). The outcomes might be to avert someone having to make a formal complaint, but there is also evidence of team members advising people of their right to assert their citizen rights.

“council dispute regarding bathroom they were out the next day”

“activated complaint health and safety”

Comment

- 3.5 SS2LL handles an impressive range of referrals confidently and efficiently. They make a significant number of referrals to other partners working with the over 55 age group.

Recommendations

None

Section 4 - Referrals⁶

- 4.1 Referrals to SS2LL are accepted from a number of sources, with referral methods including telephone, e-mail (often via the website⁷), or via the Halton Borough Council contact centre/one-stop-shops. The SS2LL team make referrals to other agencies/projects and most of

⁶ For referral numbers please refer to Appendix II

⁷ www.ss2ll.co.uk

these reciprocate appropriately. It is a good indicator of the projects value and effectiveness that staff without widely recognised social/health care qualifications are able to make referrals to a range of other services without reassessment.

- 4.2 The team operates a flexible pattern of working, with the stated hours of the service being no earlier than 8 a.m and ending no later than 9 p.m. No weekend working is currently undertaken.

Comment:

- 4.3 The referral processes seem to work well, but there are some partners who seldom refer to SS2LL. Further work needs to be done to identify where referral pathways are blocked or not working effectively so that this can be remedied. It may be that voluntary sector organisations providing services within the local Partnership in Prevention (PIP) feel they are in competition with SS2LL. Referrals are not yet representative of the two main populations (Widnes and Runcorn are distinct communities divided by a bridge) and the numbers seem skewed to women and to those greater than 70 years old. Further work will be required to identify whether the gender and age balance is out of line with the population profile and local expectations of the service. There are comments in one monitoring report that suggest that referral numbers were affected by staff being on sick leave in Q3 2008.

It is important to note that some people who use the service have dreams and unfulfilled ambitions, e.g. one person interviewed expressed a strong wish to spend one night in a light house. The team is in a good position to advise and assist these people.

Recommendations

- i) That efforts are made to confirm that the current referrals meet the stated objectives of the service in terms of age and gender profile.
- ii) The quarterly target for the team should be reviewed to ensure it reflects the current capacity of the team and the needs of the service.
- iii) A contingency plan needs to be developed to ensure that the SS2LL does not need to curtail its activities (including marketing/awareness raising) during times of staff sickness.
- iv) Work should be done, perhaps using process mapping⁸, to identify where and why some referral routes are not working efficiently, using anonymous case histories.

⁸ Process Mapping. Structural analysis of a process flow (such as a 'customer journey'), by distinguishing how work is actually done from how it should be done, and what functions a

- v) The need to resource weekend opening should be actively considered.
- vi) Further work should be undertaken to increase referrals from the Widnes area (which is under represented in current referral patterns).

Section 5 - Views of Older People

5.1 The NDT interviews with people who accessed the service and case histories/case study outcomes provided by the team belie many of the stereotypes of older people being “problematically sick and vulnerable”⁹. Most of those interviewed were in their 70s, and some in their 80s. Most were “rediscovering” things in their lives after a period of isolation, caused by the loss of partner/close family, or being relatively new to the area. Some had struggled (“it gets a lot harder when you are older”) and were glad to have found SS2LL. It was noteworthy that a number of people who had been long-term carers had, for many years been restricted as to what they could do by their dedication to others. Many of the people interviewed were highly independent, energetic and active people who have a major contribution to make in their local communities. One person interviewed had worked part time into his 80’s and another was a secretary/treasurer¹⁰ to a local over 50’s club. Most people interviewed commented on and valued the “personal touch” offered by the SS2LL team;

“brilliant..... going the extra mile...”
 “I have a lot to thank her for....”

but some seemed a bit confused about the roles of different parts of the (preventative) services available

“so many titles¹¹ it is a bit confusing...”
 “all seen to be doing the same things...”

system should perform from how the system is built to perform those functions. In this technique, main activities, information flows, interconnections, and measures are depicted as a collage on a large sheet of (commonly brown) paper, with different colored 'Post-it' notes or slips of paper. This graphic representation allows an observer to 'walk-through' the whole process and see it in its entirety.

⁹ <http://www.jrf.org.uk/node/581>

¹⁰ And founder member

¹¹ (of services)

Comment

- 5.2 People are mostly happy with the service and have even more satisfaction with face-to-face contacts. This is a good reflection on the skills within in the SS2LL team. Some people think there is too much overlap between services and that this can cause confusion.

Recommendations

- i) That people who have used the service have ongoing input to service evaluations and stakeholder events regarding the SS2LL service.
- ii) That SS2LL joins others in producing information in various formats that clearly identifies the preventative/supportive services available, to reduce confusion amongst people accessing the service.
- iii) People who have the role of 'older carers' may be vulnerable to isolation after this role ends and should be specifically targeted by the SS2LL team.

Section 6 - The Team

- 6.1 All members of the team have been in post since July 2007 when the project commenced. They have a diversity of backgrounds which is undoubtedly helpful in dealing with the range of enquiries/information requests. The enthusiasm of the team was evident from individual and group interviews with team members and from what other stakeholders said. One interviewee, whilst waiting to speak with the NDT, was clearly impressed to overhear a referral being dealt with rapidly and effectively in a few minutes. One person interviewed stated that there were 'the right people in the right jobs'. The team are more than willing to deal with complex needs of a sensitive nature, such as sexuality and personal relationships on a non judgemental basis.

6.2 Comments

This is a team of staff who are keen to come to work each day and are aware of the difference they are making in peoples lives. Staff turnover is currently zero and the team tolerates working in a poorly located, tiny office and sharing facilities.

Recommendations

- i) Halton Borough Council should consider that other people working with older people have the opportunity to 'shadow' members of this enthusiastic team.
- ii) Decisions on the long term funding of the project should be communicated to team members as soon as possible to avoid losing any of them.
- iii) The team should ensure that there is clarity of roles within the team so they can manage priorities and avoid duplication, e.g welfare rights/housing/employment advice.

Section 7 - Staff Training

- 7.1 It was clear that members of the original team had been provided with a dedicated induction programme they valued. They were able to describe their initial training in some detail, with this including generic training on working with vulnerable adults and risk assessment. There was specific training around Person Centered Planning, social inclusion (particularly use of the NDT '*inclusion traffic light* system'¹² in maximizing opportunities for social inclusion). This was described by some as influential on the team's culture and mission.

Comment

- 7.2 This is a team with an important culture, that of preventing problems escalating, using imaginative ways of helping to protect the independence and choice of those referred to it. Many of those referred to the team will not meet the criteria for mainstream services, including personal budgets/direct payments.

Recommendations

- i) As a medium term objective, a specific SS2LL induction package for new members of staff should be developed to assist new starters.
- ii) Refresher training is made available for all members of staff on a regular basis.
- iii) An audit should be undertaken to identify training needs within the team.
- iv) The team might benefit from training in Mental Health First Aid¹³ (it is understood that the team has already undertaken dementia awareness training).

¹² <http://www.ndt.org.uk/ETS/ETILT.htm>

¹³ <http://www.mentalhealthfirstaid.csip.org.uk/>

- v) An induction programme to be developed to anticipate for new members of staff and to ensure that the current values and culture of the team are maintained.

Section 8 - Office Location

- 8.1 SS2LL is located within a small room at Oakmeadow Community Support Centre (CSC). The office is overcrowded and it requires tremendous goodwill within the team for it to function within that environment. Some equipment is shared, which must create some difficulties when everyone is on duty. It is understood that there are plans to knock through into an adjoining room to create more space. The room is not accessible to the public, who would have to gain entry through a reception area for other services (day centre and residential care home run by Halton Borough Council).

Comment

- 8.2 The current office accommodation is inadequate, and although there are plans to expand the floor area occupied by the team, its location is far from perfect and should be reviewed, especially with regard to how much the team could benefit from the public self referring/calling in for information.

Recommendations

- i) The enlarged office accommodation should be made available as soon as possible.
- ii) A more suitable and accessible location for the team should be found as soon as possible.

Section 9 - Leadership

- 9.1 The team is led on a day to day basis by a senior information officer who has responsibility for allocating work, administrative systems and performance management/reporting. The project manager is based nearby. Both individuals have been with the project since commencement. Those interviewed commented formally and informally about high quality leadership from the top down. It is also of assistance that the current acting Operational Manager for Older Peoples Services was directly involved with SS2LL as a service manager before being promoted. Senior managers within Halton Borough Council therefore have a good understanding of the project, its background and of the prevention partnerships in the area.
- 9.2 Team members spoke highly of the Project Manager (“positive outlook”, “same values as ourselves” etc) and of the Senior Information Officer, although some team members regretted that her new role as day to day manager, had somewhat reduced the team’s capacity to take on as many referrals has before. The project manager has been the driving force in developing and promoting the value and culture of the team.

Comment

- 9.3 The development of SS2LL has been greatly assisted by inspirational leadership from senior management, to project manager downwards, including those with specific responsibilities for commissioning services.

Recommendations

None

Section 10 - Social Care in Practice (SCIP)

- 10.1 This is a project with (currently) temporary funding from February 2008 - August 2009 where community care workers are based in 6 GP practices (located in 4 buildings). This project benefits from dedicated input (18.5 hours) from a SS2LL information officer. Those staff spoken to regarding the SCIP/SS2LL service valued it and thought it reduced ‘silo thinking’. Joint visits have been made between SCIP and SS2LL staff and the contribution of SS2LL made within the GP practices is valued (particularly information and knowledge about activities).

Comment

- 10.2 SS2LL input to the SCIP project seems a worthwhile enhancement, though the lack of clarity about funding for this activity beyond August 2009 risks causing uncertainty and impacting upon the potential benefits.

Recommendations

- i) The continuation of SS2LL input should be considered integral to discussions about continued funding of SCIP.
- ii) The future of the SCIP is clarified as soon as possible as it impinges on staffing levels within the SS2LL team.

Section 11 - Partnerships in Prevention (PIP)

- 11.1 Halton Borough Council has, along with other strategic partners invested significantly in a range of services for older people which could be considered within the “preventative” spectrum. These include Community Bridge Builders, SS2LL, Health Trainers, “Reach for the stars” and “Stars and buddies”. Some services are commissioned direct from the voluntary sector (particularly The British Red Cross, and Age Concern). There are elements of overlap, particularly as Age Concern also provides an “information service”.
- 11.2 There have been already been a number of occasional events where those providing preventative services have met to discuss common ground and to develop partnership working. All those interviewed value this approach and wish it to continue, and with external (independent) facilitation. From those interviewed, several expressed the direct wish that the NDT continue to provide this external facilitation.

Comment:

- 11.3 All felt that these PIP events contributed and enhanced partnership working, but there is probably scope to extend this group to others involved in ‘prevention’ work (such as those working in fire and crime prevention¹⁴). The benefits are likely to be much greater than just an

¹⁴ Who will visit many thousands of homes belonging to the over 55’s

increase in referrals. Records of PIP events suggest some excellent work being done within these workshops.

Recommendations

- i) PIP continues, ideally with external facilitation
- ii) PIP is expanded to include a wider group of organisations involved in preventative work
- iii) PIP be the forum to discuss what a formalised preventative partnership might look like.
- iv) PIP should discuss how training courses can be made available to all across the preventative partnership when these can reinforce common values and beliefs regarding inclusion.

Section 12 - Overlaps in service between prevention partners

- 12.1 Overlaps between some of the preventative services in the area was a theme in many interviews. This was mainly about the “parallel” information services provided by SS2LL and also by Age Concern. Whilst some thought that overlaps were to some extent required to ensure that services remain as seamless as possible, others, including some older people, thought that it could “cause confusion” and be a potential waste of valuable resources.

Comments

- 12.2 There are undoubtedly some areas of overlap between SS2LL and Age Concern information service. Some people interviewed would be reluctant to go to Age Concern because they do not like to be associated with “old people” as they are so active.

Recommendations

- i) Discussions should take place between commissioners of the two services to explore areas of overlap and whether there is scope for cross referral, or example at times of peak demand on one of them.

Section 13 - Marketing of SS2LL

- 13.1 Marketing/promotion of SS2LL was a recurring theme throughout interviews. Whilst the service is becoming more established,

marketing/awareness raising activities continue to result in increased referrals from where the promotion has taken place. However, it should be noted that the location of these marketing activities is likely to affect the profile of the referrals received (e.g. activities in shopping centres may increase referrals outside the target population). With the team now back to full strength following some sickness absence in autumn 2008, the team has made a significant, proactive step by their plans for a regular presence in the Halton Borough Council's four "one-stop shops". The team's presence in the one-stop shops had only commenced in January 2009 and was reported as successful in securing several referrals during their first visit. Team members and others described a very proactive approach in that they engage with individuals coming into the building, rather than waiting for people to approach them.

Comment

- 13.2 Marketing/promotion needs to take place on an ongoing basis and this is difficult within a small team. The fluctuation in referrals (such as the dip in late 2008) was probably the result of staff sickness. There may have been elements in the workload management when a decision was made not to do promotion of the service, which might have created demands which the team would be unable to fulfil within normal expected timescales. If this is the case, there is clearly little slack within the system to cover such contingencies.

Recommendations

- i) The enhancement of service by approaching people in the one-stop shops should be encouraged and further developed, even though this may pose a further challenge to staff in terms of increased demand.
- ii) Resources for the team to undertake regular marketing and familiarisation events needs to be reviewed. This may require additional staffing hours (referral patterns suggest that marketing activities result in an immediate increase in referrals).
- iii) Those involved in managing the project should try to identify ways of managing demand when there is sickness within the team, other than by reducing "marketing" activities, something which seems to have occurred in formerly on at least one occasion, according to performance management reports.
- iv) The team should ensure that it markets its services to older people who are housebound, who may be particularly vulnerable.
- v) Marketing is the key to the team developing. The team does not have advanced marketing skills and needs regular input from people within the Council who have advanced marketing skills"

- iv) The team should work with employers and employees who are approaching retirement so that they are aware of SS2LL Services.

Section 14 - Transport

- 14.1 Transport problems are one of the three main reasons that prevent older people from doing activities¹⁵ (the others being mobility/sensory/health problems, and other factors unrelated to transport). The quality, availability and cost of local transport options was a theme raised by service users and stakeholders. Whilst some people were clearly suited to and had been referred to Community Bridge Builders¹⁶ for specific help regarding how to confidently use public transport to activities, there are clearly a number of people who cannot. Whilst some older people knew about different options (dial-a-ride, community buses, Women's Safe Transport, lift sharing etc), comments were often focused on 'availability'. The cost of taxis locally was commented on specifically;

"taxi now costs me £6.00 when it used to cost me £2.50"
"Prices do not seem to have come down now that petrol has"

Comment

- 14.2 Whilst SS2LL have been quite successful in assisting people overcome transport difficulties, the theme suggests that this issue might be suitable as a topic for further consideration in its own right

Recommendations

- i) A stakeholder event involving people who have accessed the service, prevention partners, those providing public and private transport, together with the relevant people from the Local Strategic Partnership should be convened to discuss transport issues and an action plan to address the main concerns of older people.
- ii) An information sheet on transport options/choices for older should be widely available.

¹⁵ <http://www.dft.gov.uk/pgr/inclusion/older/olderpeopletheirtransportnee3260?page=8>

¹⁶ CBB's

Section 15 - Outcome measures

15.1 One of the difficulties for projects that fall within the “low level” preventative spectrum is that it can be difficult for them to demonstrate outcome measures that show value for money. For example, some health and/or savings, in terms of reduced “high-end” care packages/care might not become evident for a number of years. Although healthy eating and exercise are well researched in terms of reducing dependency, the evidence base that social¹⁷ and productive¹⁸ activities can as effective as fitness (for example in lowering the risk of death) goes back a long way¹⁹.

15.2 The team has started to gather a range of outcome measures to supplement their reporting on output data on those referred (e.g referral numbers, ethnicity, age etc). The team has recently started to use outcome measures from CSCI²⁰, with cases being assessed against the criteria below by the senior information officer at the end of contact;

- i) Improved health and emotional wellbeing
- ii) Improved quality of life
- iii) Making a positive contribution
- iv) Increased choice and control
- v) Freedom from discrimination and harassment
- vi) Economic wellbeing
- vii) Maintaining personal dignity and respect

Whilst these outcome measures maybe useful, it needs to be a more objective process than at present.

15.3 In addition, the team collects information from people regarding how they feel about the service they receive and uses also “pen pictures” to illustrate the effectiveness of their interventions.

15.4 Some financial mapping has begun to suggest that Halton Borough Council’s investment in preventative services may be having an impact on reducing expenditure elsewhere in the social care budget although it is recognized that this could be due to a range of inter-related factors. Further investigation is required in order to confirm this impact.

¹⁷ Such as church attendance, visits to cinema, restaurants, sporting events, day or overnight trips, playing cards, games, bingo, participation in social groups

¹⁸ Such as preparing meals, shopping, unpaid community work, paid community work, other paid employment

¹⁹ Glass, T.A.; de Leon, C.M.; Marottoli, R.A. and Berkman, L.F. (1999) Population based study of social and productive activities as predictors of survival among elderly Americans British Medical Journal Vol 319 pp478-483.

²⁰ Commission for Social Care Inspection (CSCI)

Comment

- 15.5 Based on the interviews with team members and stakeholders, there is further work to undertake on developing outcome measures. The current methodology has improved since the NDT's visit in September 2008, but if the team is to continue demonstrating its value and perhaps expand, further measures will need to be developed.

Recommendations

- i) That consideration is given to piloting the use of the "Inclusion Web"²¹, together with its statistical add on (both are available on a free to use basis from the NDT). It is understood that this tool is already being used by Community Bridge Builders (currently without the statistical support package). Such a tool might initially be used with a sample of people who SS2LL are in touch with on a face to face basis. If the same tool was used when closure of the case, then it should be possible to identify statistically whether people are less reliant on services and more engaged in other life domains (eg a move away from the 'services' domain to);

- Family and Neighbourhood
- Employment
- Volunteering
- Arts and culture
- Faith and Meaning
- Physical activity
- Education

This will necessitate further training for the team.

- ii) It should be possible to code the inclusion web to highlight whether the interventions of the SS2LL team have specifically resulted in less contact with health and social care authorities. The package produces data on statistical significance and this method is researched and published²²

²¹ The Inclusion Web was designed as an easy to-understand tool that facilitated collaboration between the service user and the practitioner. It is a monitoring tool, in that it can be used with an intervention, but it also acts independently as a feedback tool.

²² **The Inclusion Web: A Tool for Person-centered Planning and Service Evaluation**
<http://www.ndt.org.uk/ETS/ETmain.htm>

Overall impression/conclusions

The SS2LL project has really taken off and is generally becoming busier. The team has developed well, being passionate about the service they provide and seeming flexible and open to new ways of working and new ideas. They seem self starters, who are willing to take the initiative - a process which has been encouraged by the project manager. This small team has formulated its own structure and working practices, gaining confidence and becoming proactive in promoting their own services to individuals and to partner organisations. The service seems ripe for expansion when funding is available (possibly from savings arising from reduced expenditure on residential and nursing care – which may, in part, be arising because of the work of SS2LL).

Partnership working is developing, with prevention being the common theme that links a number of projects and organisations. The team is well led, is delivering positive outcomes and making a real difference in the lives of many older people. They are getting better at showing others what they are doing to enhance people's lives and the preventative agenda has the active endorsement of senior managers and commissioners within the local health and social care community.

Whilst Halton Borough Council and their local partners can rightly be proud of the achievements of the SS2LL team to date, there is still some distance to go. Access to mainstream funding and a formal preventative partnership for the over 55 age group, under single leadership locally would be an appropriate strategic step.

A summary list of the specific recommendations in this report can be found in Appendix III.

Andrew Russell



NDT Associate

Appendix 1
Those interviewed

Suzanne Turner	Senior information officer	SS2LL
Rob Duffy	Information Officer	SS2LL
Mandy McDonald	Information Officer	SS2LL
Julie Furnival	Information Officer (training)	SS2LL
Rita Furnival	Information Officer	SS2LL
Kevin Holland	Administrator	SS2LL
Peter Ventre	Project Manager	SS2LL
Mary L	Halton Resident	Customer of SS2LL
George L	Halton Resident	Customer of SS2LL
Audrey H	Halton Resident	Customer of SS2LL
Ron B	Halton Resident	Customer of SS2LL
Helen S	Halton Resident	Customer of SS2LL
John J	Halton Resident	Customer of SS2LL
Nat Hendrie-Jones	Manager	SCIP Project
Helen Owen	Community Care Worker	SCIP Project
Dot Jago	Community Care Worker	SCIP Project
Joanne Furmedge	Community Care Worker	SCIP Project
Vivian Moore	Community Care Worker	SCIP Project
Helen Goodwin	Manager	Halton Direct Link
Janet Johnson	Development Officer	Halton Borough Council
Gerry Collins	Community Warden	Halton Borough Council

Carole Michaels	Community Warden	Halton Borough Council
Mark Holt	Commissioning Manager	Halton Borough Council/Halton and St Helens Primary Care Trust
Amanda Burton	Health Trainer	St Helens Primary Care Trust
Alison Jones	Health Trainer	St Helens Primary Care Trust
Lis Foster	Services Manager	The British Red Across
Shelagh Thornhill	Manager	Community Bridge Building Service
Sue Wallace-Bonner	Acting Operate at all Corrected (Older Peoples Services)	Halton Borough Council

Appendix II
Referrals SS2LL 2008

Later Life Monitoring Report for Quarter 2 & 3 2007/08

Outputs	Q3 07	Q4 07	Q1 08	Q2 08	Q3 08
Number of Referrals²³	8	22	76	118	43
Male	20%	18%	23.7%	33.9%	27.9%
Female	80%	82%	76.3%	66.1%	72.1%
Average Age			76.5	70.1	70.1
Live Alone	75%	64%	55.3%	39%	62.8%
Informal Carer	0	2	3	17	3
Known to Social Services			77.6%	65.2%	88.4%

²³ Quarterly Target = 50

Appendix III

Recommendations

Appendix III

Recommendations

Referrals

- i) That efforts are made to confirm that the current referrals meet the stated objectives of the service in terms of age and gender profile.
- ii) The quarterly target for the team should be reviewed to ensure it reflects the current capacity of the team and the needs of the service.
- iii) A contingency plan needs to be developed to ensure that the SS2LL does not need to curtail its activities (including marketing/awareness raising) during times of staff sickness.
- iv) Work should be done, perhaps using process mapping, to identify where and why some referral routes are not working efficiently, using anonymous case histories.
- v) The need to resource weekend opening should be actively considered.
- vi) Further work should be undertaken to increase referrals from the Widnes area (which is under represented in current referral patterns).

Views of older people

- i) That people who have used the service have ongoing input to service evaluations and stakeholder events regarding the SS2LL service.
- ii) That SS2LI joins others in producing information in various formats that clearly identifies the preventative/supportive services available, to reduce confusion amongst people accessing the service.
- iii) People who have the role of 'older carers' may be vulnerable to isolation after this role ends and should be specifically targeted by the SS2LL team

The Team

- i) Halton Borough Council should consider that other people working with older people have the opportunity to 'shadow' members of this enthusiastic team.
- ii) Decisions on the long term funding of the project should be communicated to team members as soon as possible to avoid losing any of them.
- iii) The team should ensure that there is clarity of roles within the team so they can manage priorities and avoid duplication, e.g welfare rights/housing/employment advice.

Staff Training

- i) As a medium term objective, a specific SS2LL induction package for new members of staff should be developed to assist new starters.
- ii) Refresher training is made available for all members of staff on a regular basis.
- iii) An audit should be undertaken to identify training needs within the team.
- iv) The team might benefit from training in Mental Health First Aid (it is understood that the team has already undertaken dementia awareness training).
- v) Induction programme to be developed to anticipate for new members of staff and to ensure that the current values and culture of the team are maintained.

Office Location

- i) The enlarged office accommodation should be made available as soon as possible.
- ii) A more suitable and accessible location for the team should be found as soon as possible.

Social Care in Practice (SCIP)

- i) The continuation of SS2LL input should be considered integral to discussions about continued funding of SCIP.
- ii) The future of the SCIP is clarified as soon as possible as it impinges on staffing levels within the SS2LL team.

Partnerships in Prevention (PIP)

- i) PIP continues, ideally with external facilitation

- ii) PIP is expanded to include a wider group of organisations involved in preventative work
- iii) PIP be the forum to discuss what a formalised preventative partnership might look like.
- iv) PIP should discuss how training courses can be made available to all across the preventative partnership when these can re-inforce common values and beliefs regarding inclusion.

Overlaps in service between prevention partners

- i) Discussions should take place between commissioners of the two information services to explore areas of overlap and whether there is scope for cross referral, or example at times of peak demand on one of them.

Marketing of SS2LL

- i) The enhancement of service by approaching people in the one-stop- shops should be encouraged and further developed, even though this may pose a further challenge to staff in terms of increased demand.
- ii) Resources for the team to undertake regular marketing/familiarisation events needs to be reviewed. This may require additional staffing hours (referral patterns suggest that marketing activities result in an immediate increase in referrals).
- iii) Those involved in managing the project should try to identify ways of managing demand when there is sickness within the team, other than by reducing “marketing” activities, something which seems to have occurred in formerly on at least one occasion, according to performance management reports.
- iv) The team should ensure that it markets its services to older people who are housebound, who may be particularly vulnerable.
- v) The team need to be able to access people who have advanced marketing skills.
- iv) The team should work with employers and employees who are approaching retirement so that they are aware of SS2LL Services.

Transport

- i) A stakeholder event involving people who have accessed the service, prevention partners, those providing public and private transport, together with the relevant people from the Local Strategic Partnership should be convened to discuss transport issues and an action plan to address the main concerns of older people.

- ii) An information sheet on transport options/choices for older should be widely available.

Outcome measures

- i) That consideration is given to piloting the use of the “Inclusion Web”, together with its statistical add on (both are available on a free to use basis from the NDT). It is understood that this tool is already being used by Community Bridge Builders (currently without the statistical support package). Such a tool might initially be used with a sample of people who SS2LL are in touch with on a face to face basis. If the same tool was used when closure of the case, then it should be possible to identify statistically whether people are less reliant on services and more engaged in other life domains (eg a move away from the ‘services’ domain to);

- Family and Neighbourhood
- Employment
- Volunteering
- Arts and culture
- Faith and Meaning
- Physical activity
- Education

This will necessitate further training for the team.

- ii) It should be possible to code the inclusion web to highlight whether the interventions of the SS2LL team have specifically resulted in less contact with health and social care authorities. The package produces data on statistical significance and this method is researched and published.