ANNEX 1 – Detailed Scheme Description

For more detail on how to complete this template, please refer to the Technical Guidance

Scheme ref no.
UP1
Scheme name
Community Agents
What is the strategic objective of this scheme?
To create a universal information and advice service for all age groups, developed with the council and community, voluntary and faith sectors to build community capacity. The 7 day information and advice service will improve health outcomes, provide support to carers, and create networks including peer networks, to promote social interaction and increase wellbeing. Timely and locally provided information will ensure earlier identiviation of need, greater use of community services and low level service provision,including advice and information for people onkeeping safe and well, managing their long term health conditions, and avoiding falls.
Overview of the scheme Please provide a brief description of what you are proposing to do including: - What is the model of care and support? - Which patient cohorts are being targeted?
The scheme will establish a new network of community agents, who will be local contacts across the whole of Rutland, for people requiring health and social care advice and information. Community agents will be points of contact for their local population, and expert at networking to ensure timely and connected information can be available, and used to supportpeople needing services as well as creating community capacity. Through community agents, the population of Rutland- both children and adults- will have access to an accessible source of information and advice with a single point of contact. This signposting service will: • make it easier for those seeking information about services in Rutland to navigate through existing information and support networks • improve integration and community capacity building between services, service providers, public, private, Voluntary, Community and Faith sectors • facilitate a shift from face to face to web based provision, to reflect the changing ways people access information • Be available 7 days, thus extending existing 7 day service provision • remove barriers that stop people accessing the right services • encourage take up of entitlements to benefits and essential support

- enable the area to meet its statutory requirements regarding the provision of information

The agents will:

- Act as a signposting service, they will know their communities and available resoutrces, and potentioal resources
- Feed their knowledge about their communities into the Rutland information and advice service
- Support their communities to support themselves by acting as a catalyst for community clubs, societies and events within and for the community
- Identify gaps in provision and work with the Public, Voluntary and Community Sectors to address gaps where appropriate
  know who the most vulnerable are within their community and they will complement the services targeted by 'agencies' to support independent living and keeping the vulnerable safe
- target patients at risk of isolation or breakdown in their health condition – this is a universal service for all ages.
- The service will also encourage innovative ways to provide support for people such as local businesses or neighbours providing meals or keeping watch on an elderly neighbour.
- encourage and enable a resilient community by encouraging volunteering or employment as a personal assistant (employment and volunteering are shown to have health benefits).
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The service provider(s) will determine the final model for service delivery but this must include reaching all villages and towns within Rutland, possibly on one or two agents per ward basis – the agents are likely to be part time but the service is expected to cover support over a working week – the information and advice service will be available 24/7 in an online format.

As this is a new scheme we do not yet have the predicted numbers using the community agent service.

The delivery chain

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Activity	**Timeline**
Develop Service specification	September 2014
Develop tender process	October-November 2014
Specification out for tender	December-January 2015
Evaluate tenders	January 2015
Award contract	February 2015
Service to be in place	1 April 2015

The specification has been developed jointly with the ELRCCG and in consultation with stakeholders within the voluntary sector and colleagues. Commissioning of the service will be led by Rutland County Council.

Delivery will be from the provider(s) selected to carry out the service. They will determine the way that the agents are distributed and the network of volunteers needed. They will be closely monitored on their outcomes and contribution to the targets around the care act – to provide information – and the emergency admission target by providing timely signposting to sources of support.

The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

A number of existing similar schemes are in place nationally that have shown that investment in prevention can mean an increase in self-management and independence and therefore a reduction in unnecessary secondary care activity for the affected user groups. The scheme envisages that this would mean a person would present much further down the line to social care as there is less likelihood of isolation and carer breakdown or need for advice at an early stage.

The model within Derby City has demonstrated improved outcomes for users using the outcomes star which will be part of the specification for the Rutland service. The Gloucestershire village agents have improved the numbers of people actively involved within their communities and contributed to wellbeing outcomes plus the prevention agenda.

Isolation and loneliness, particularly for older people has been shown to cause poor health outcomes.

SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes (Social Care Institute for Excellence) By Karen Windle, Jennifer Francis and Caroline Coomber Published: October 2011 found the following:

Key messages

- Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness impact upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.
- The interventions to tackle social isolation or loneliness include: befriending, mentoring, Community Navigators, social group schemes.
- People who use befriending or Community Navigator services reported that they were less lonely and socially isolated following the intervention.
- The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.
- Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service.
- Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or

going back to hobbies and participating in wider community activities.

- Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users' preferences.
- When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.
- We need to invest in proven projects. Community Navigator interventions have been shown to be effective in identifying those individuals who are socially isolated. Befriending services can be effective in reducing depression and are cost-effective.

Windle, K., Francis, J. and Coomber, C. (2011) Research briefing 39: preventing loneliness and social isolation: interventions and outcomes, London: SCIE.

Investment requirements

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

Impact of scheme

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

Individuals and Families	Communities	Health and Social Care Agencies
• Personalised support • Increased level of independence • Improved health and wellbeing • Single point of access with easier access to services • Improved social interaction & connection with community	• Clearer identification and use of community assets • Support establishing community networks • Improved capacity of voluntary sector and community services • Improved coordination between groups	• Reduced demand for secondary care • Data and intelligence informing integration • User information on unmet need • Step-up based community service • reduce the amount of time that health and social care staff spend advising people on the support and advice available or in signposting, which allows them to focus on the most vulnerable.

Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

I**ndividual**

- Individuals receiving an information service will be asked about their service experiences, using a methodology commensurate with the level of advice and information they received. It is encvisaged that more than one measure will be in place, ranging from a single question for a simple request to an outcome star model for more extensive community capacity building

Service Level

- Outcome of service level evaluation will be built into the service specification, and robustness tested during the procurement process

What are the key success factors for implementation of this scheme?

- Ensuring that the specification is fit for purpose and will produce a service able to meet the KPIs.
- accurate information databases available and up to date for Community Agents
- Engagement with the community and voluntary sector
- Procurement of the service to in line with budget and quality thresholds
- Monitoring and evaluation of the scheme and its users to ensure that it

Factor	Explanation
Partner engagement	The success of the scheme is not just dependent on appropriately communicating with partners, instead the Council will look to create teams of multi-disciplinary and multi-agency representatives to guide the programme. The lessons learned from Derby and Thurrock emphasise the importance of engaging partners (boards, GPs, residents) early so everyone is bought-in to project before it is operational.
Assessment criteria and tools	The success of the project depends upon the ability to identify and support the vulnerable individuals in the community (i.e. those who are likely to enter the care or medical system over the next 3- 5+ years). The return on the investment will be helping individuals who would otherwise have needed acute and secondary care. Therefore it depends upon successfully identifying these through suitable assessment criteria and signposting them early to sources of support.
Monitoring & KPI tools	In order to evaluate the progress of the individual and the success of the project, there must be realistic, measureable and agreed KPIs. These should be reported at regular stages to give the project board an understanding of the progress and risks of the project as it develops.
Governance & escalation	Governance is a challenge in any partnership programme. The governance of this programme should enable clear and transparent assessment and escalation of risks. This can be achieved through: Agreement on the KPIs of the programme; Clear routes for issues escalation and resolution; Clear and transparent progress reports; Senior sponsorship from relevant partners; Consistent governance across districts/ areas
Support System & tools	There must be appropriate supporting systems and processes in place. Part of the role entails advice and signposting of available community assets. The available tools to access these services will be a key enabler to this aspect of the role. The information and advice service is an interdependency.

delivers the outcomes required.