



VILLAGE & COMMUNITY Agents

Gloucestershire Village & Community Agents

Cost/Benefit analysis

September 2010

Providing older people
with easier access to
services and information

Report produced by Gloucestershire
Rural Community Council

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1.0 Introduction

Gloucestershire Village and Community Agents are trusted members of their communities, people that can be approached for information and support, and they have become invaluable to their clients. From July 2009 to June 2010 Village Agents made over 42,000 contacts, and while there will be an element of double counting in the figures due to regular attendance at luncheon clubs and coffee mornings, their visibility makes them recognisable, approachable, and very much a part of community life.

There are 28 Village Agents, each with a cluster of parishes, plus five Community Agents who work with the Black and Minority Ethnic (BME) communities countywide. The Agents are contracted to work ten hours per week, although three of the Village Agents work “double clusters” of parishes and therefore are employed for 20 hours per week. Each is equipped with a laptop and mobile phone, enabling easy access to the information they may require.

Key objectives of the Village & Community Agents Scheme:

- To help older people in the most rurally isolated parts of Gloucestershire feel more independent, secure, cared for and have a better quality of life
- To give older people easy access to a wide range of information that will enable them to make informed choices about their present and future needs
- To help older people access services or assistance that can help them to remain independent and in their own homes as well as part of a supportive enabling community
- To engage older people to enable them to influence future service planning and provision

1.1 Costs

Village Agents are employed and managed by Gloucestershire Rural Community Council.¹ They are jointly funded by Gloucestershire County Council and NHS Gloucestershire. Community Agents are solely funded by Gloucestershire County Council.

The breakdown of the budget paid to Gloucestershire Rural Community Council for Village and Community Agents for the year 2010/11 is as below:

<i>Village Agents</i>	<i>£260,000</i>
<i>Community Agents</i>	<i>£40,000</i>
<i>PPF Urban Community Agents</i>	<i>£20,695 (6 month pilot scheme from February to August 2010)</i>

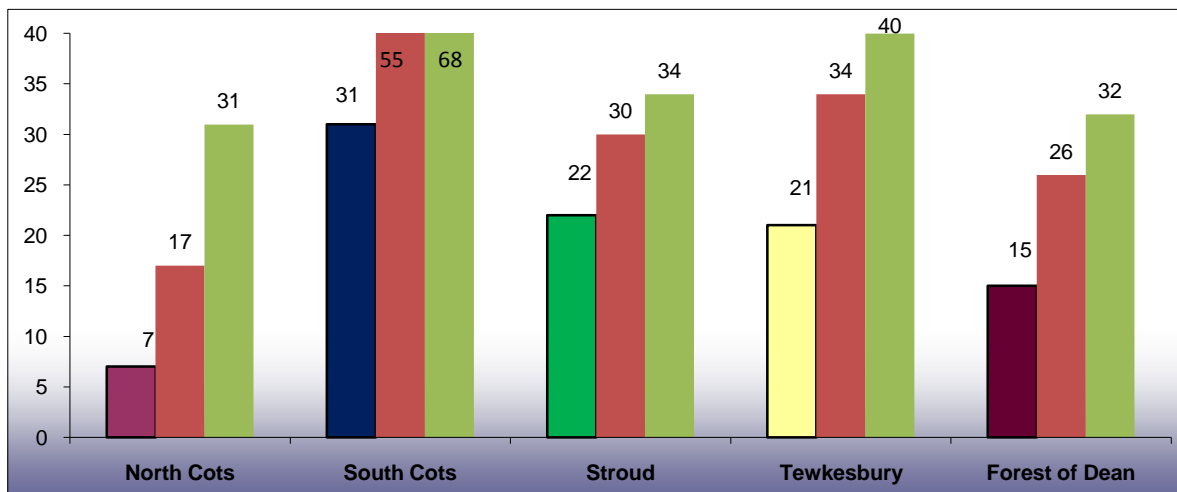
¹ Community Agents are employed by GRCC but managed by Gloucestershire County Council. However, GRCC is managing them for the 12 months from the beginning of August 2010 due to maternity leave.

As an early intervention/prevention service it is difficult to establish the benefits in the short term. However, as a scheme that has been active in the county for four years this paper looks at the financial savings to Health and Social Care as well as added value to the clients it serves.

1.2 Growth of the Village Agents scheme

At the launch of the pilot project in 2006, funded by the Department for Work and Pensions (DWP) as part of their LinkAge Plus scheme, 96 of the most isolated rural parishes were selected for coverage. By the end of the pilot project in 2008 this number had grown to 162, serving over 40,000 people aged 50 and above. Village Agents now cover 205 of the 253 parishes in Gloucestershire, and requests are still being made to expand the service.

The chart below shows the growth in the coverage, from the initial 2006 selection, to coverage by the end of the pilot in 2008, and the current position in 2010.



The Community Agents are not restricted to geographical clusters of parishes, but instead provide support to the African Caribbean, Bengali, Gujarati, Chinese and Migrant communities in Gloucestershire.

1.3 The Urban Community Agent pilot

In 2010, Putting People First funded a six month pilot project in selected areas of the county to test if the VA model would work in an urban setting. In mid February six Community Agents began work in Gloucester, Cheltenham, Stroud (with Thrupp and Chalford), Cam & Dursley, Tewkesbury (with Ashchurch and Walton Cardiff) and Cinderford (with Drybrook, Ruardean and Ruspidge). Unfortunately the Cheltenham Agent had to withdraw in the first month due to personal reasons and was not replaced due to time constraints.

During the four months covered by this report, the five Agents made nearly 2,000 contacts and submitted 5.5% of all Gateways for the year from July 2009. This fulfilled the target set down for the original Village Agents pilot of 1,500 contacts with older people in three months.

2.0 Gloucestershire's changing demographics

"I felt I should in some way acknowledge the tremendous help Carol was to our family recently. Nothing was too much trouble and her knowledge of the help and services we could receive was amazing. She kept in contact with us at all times with an understanding and sympathetic attitude. I really don't know what we would have done without her."

Email from client's daughter, March 2010

The UK has an ageing population, presenting a major challenge for both central and local government over the coming decades. According to the Office for National Statistics, the percentage of the population aged 65 and over increased from 15% in 1984 to 16% in 2009, and is projected to reach 23% by 2034. The fastest population increase is in the over 85s, the 'oldest old', more than doubling in number from 660,000 in 1984 to 1.4 million in 2009, and projected to increase to 3.5 million by 2034. This would be 5% of the total population.

For Gloucestershire specifically, the ONS gave a mid-year population figure of 106,800 people aged 65 and over in 2008, 18.2% of the county's population. This is projected to increase by 51,400 by 2025, which will take the over 65s to 24% of the population of Gloucestershire.²

The implications for both Health and Social Care are immense. In 2008/09 alone, 6,189 new clients over the age of 65 were provided with a care package from the Community and Adult Care Directorate, to say nothing of existing clients. As the age of the population increases, this figure is expected to rise annually.

In terms of general health needs, the figures show:

	2008 figure	2025 prediction	% increase
Over 65s with limiting long-term illness	45,646	69,052	51.3
Over 65s attending A&E as a result of falls	6,741	10,458	55.1
Over 65s admitted to hospital as a result of falls	2,322	3,667	57.9
Over 65s with mobility issues	16,992	26,368	55.2

One of the ways in which the county is addressing the challenge is to increase its focus and activity on early intervention/prevention. This forms an integral part of the

² Figures from Joint Strategic Needs Assessment eResource 2008/09 v3.2: Gloucestershire Profile

Putting People First programme which has its own Prevention and Early Intervention Strategy. Its aim:

“is to deliver high quality support and services that focuses on supporting people to stay healthy and to recover quickly from illness, and stay living in their own homes for as long as possible.”³

The Prevention and Early Intervention Strategy identifies three stages of prevention:

- Primary prevention is aimed at those with no particular social care needs or symptoms of illness. It is focussed on maintaining independence, good health, and promoting well-being.
- Secondary prevention aims to identify those at risk, to halt or slow down any deterioration, and to actively seek to improve their situation.
- Tertiary prevention is intended to minimise disability or deterioration from existing health conditions or social care needs, and to maximising people’s functioning and independence through interventions such as rehabilitation and re-ablement services.

Gloucestershire Village and Community Agents are specifically cited in this report as one form of primary prevention, along with Age UK, Fairshares, Lydcare, Falls Prevention classes and a range of other initiatives. However, because Agents visit clients in their own homes, they are able to see how needs are changing and also refer on to other organisations, such as Telecare, who provide secondary intervention.

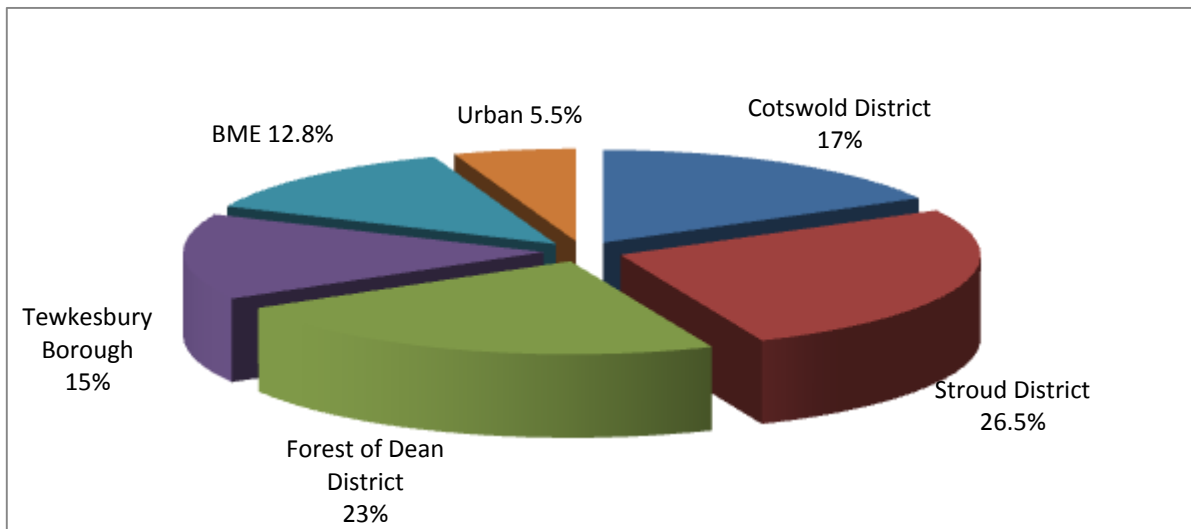
³ <http://www.gloucestershire.gov.uk/index.cfm?articleid=98954>

3.0 Issues

3.1 Gateway breakdown

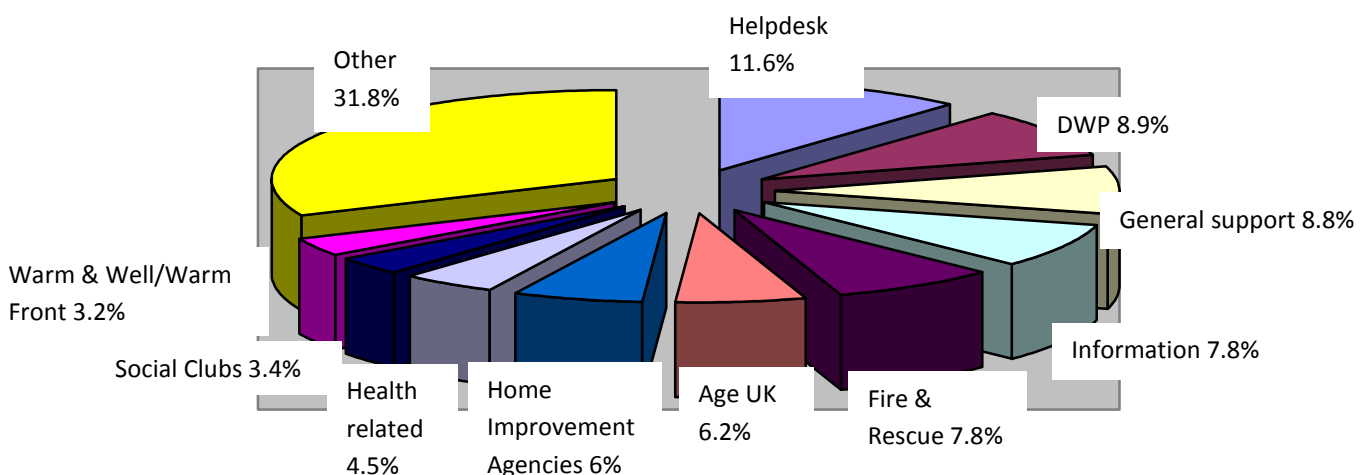
Gloucestershire Village and Community Agents use an electronic referral system called a Gateway to refer clients to other agencies.

Below is the breakdown of the Gateways submitted by district and agent type between July 2009 and June 2010:



A total of 3,593 Gateways were submitted for the year; of these, 2,372 were named Gateways while the remainder were anonymous (reporting of activities undertaken by the Agent for which a referral is not necessary). However, the number of named Gateways submitted is not a full reflection of the number of referrals, since several referrals can be included on one Gateway. GRCC is working on a more effective way to capture the true figures. The total number of referrals to agencies made on the named Gateways is 2,739.

While the Gateways cover an extraordinary variety of activities and organisations, for the purposes of this report we will look at key areas for which named Gateways are submitted. These break down as follows:



3.2 Adult Helpdesk referrals

One of the objectives for the Village Agents Pilot Project was for 500 contacts to be made to the Adult Helpdesk for each quarter from April 2007 to June 2008. The expectation was that a key function of the Village Agents would be to increase the number of people in contact with the Adult Helpdesk and thereby feeding into the social care system. However, by the First Interim Report this success criterion had been abandoned as unrealistic⁴:

“The data for the adult helpdesk, however, reveals that the target cannot be achieved and the Project Manager for the Gloucestershire pilot said the target was ‘unrealistic’. However, when comparing the number of contacts to the Adult Helpdesk in April, May and June 2006 and comparing those figures to April, May and June 2007, there has been an increase in contacts of 33% 100% and 105% respectively. This produces an average of 79%.”

Historically it was felt that the Adult Helpdesk was not receiving high enough numbers of contacts from older people in rural areas. Whilst the contact with the Helpdesk has increased, direct referrals by the Agents to partner agencies means that it is not necessary for clients to be referred via the Helpdesk.

Closer examination of the Adult Helpdesk referrals reveals that fewer than half of these are for Occupational Therapy assessments. Only 135 of the 318 referrals to the Helpdesk (5.1% of total named referrals) are for OT assessments; 26 (fewer than 1% overall) are for Telecare referrals; the remaining include requests for care directories or other information, requests for application forms for disabled badges for parking, notifications of death of a client, referrals to home improvement agencies, etc.

A small percentage of referrals for OT assessments are inappropriate, which is determined through a follow up call from the Adult Helpdesk or locality offices before an appointment is made.

In some cases, the OT assessment may be required by a client’s Housing Association in order to make adjustments to improve a client’s living situation. For example, a client who has difficulty getting in and out of the bath (including falls) will require an OT assessment before the Housing Association will agree to replace the bath with a shower. Such alterations may be funded through the



Village Agents organise minibus trip

⁴ From *LinkAge Plus Project Village Agents (Gloucestershire County Council in partnership with Gloucestershire Rural Community Council) First Interim Report, Alison Crow and Lynne Wilson, Inlogov, School of Public Policy, University of Birmingham August 2007*

Disabled Facilities Grant, otherwise the Housing Association rather than the Council would be responsible for the costs involved, and it would enable a client to remain independent for longer.

3.3 Department for Work and Pensions & Age UK Gloucestershire (formerly Age Concern) referrals

These referrals are being dealt with together because 63.2% (108 out of 171) of referrals to Age UK relate to benefits.

An increase in the uptake of benefits is one of the key successes of the Gloucestershire Village and Community Agents scheme. This has helped to improve the standard of living of the clients and increased the amount of money coming into the county. The final report on the pilot project in 2008⁵ said:

“The Village Agents are also directly responsible for an extra £6,015 in benefit claims per week. In terms of evaluating the Village Agents project and the work of Village Agents, this figure equates to £312,780 in extra benefits coming into Gloucestershire. “

It is difficult at this stage to provide a similarly accurate figure for the increased uptake of benefits since the strict monitoring of results of benefit application has not been continued, but it is possible to draw inferences from the figures that are available.

For example, of the 108 benefits related referrals made to Age UK, 50% were specifically for Attendance Allowance. It could be assumed that the same is true for the direct referrals to DWP, in which case we could argue for a figure of 176 referrals in total for the year made specifically for Attendance Allowance. From this we can make a conservative estimate for the amount of additional money coming into the county as a result of these referrals.

If we assume that the referrals for Attendance Allowance are only successful in 25% of cases that would be 44 clients in receipt of a benefit they had not previously been claiming.

Assuming all these 44 clients were moving from the lower rate to higher rate of Attendance Allowance (an increase of £23.60 per week) that would bring an **additional £1,038.40 each week, or up to £53,996.80 for the year** into the county.

Assuming 22 of those applicants are new recipients of the lower level Attendance Allowance and the remaining 22 switch from lower level to higher level, **the additional income brought into the county would be £1,570.80 per week or £81,681.60 over the course of a year.**

⁵ Overall Evaluation Report. Lynne Wilson, Alison Crow and Martin Willis, Inlogov, School of Government and Society, University of Birmingham, October 2008

If all 44 clients are new recipients of Attendance Allowance at the lower level, **the additional income brought into the county would be £2,103.20 per week or £109,366.40 over the course of the year.**

We should stress again that these are low estimates. Gloucestershire Village and Community Agents receive training directly from the DWP on benefits and so have a good idea whether a client is entitled to additional support. The success rate for benefit assessments is therefore likely to be greater than the 25% referred to above and does cover more than just Attendance Allowance. The pilot project figures alone imply a higher success rate. Pension credits, especially for older women, Carers Allowance, Council Tax and Housing Benefit are also part of referrals for assessments of benefit entitlement, and the Community Agents have been instrumental in assisting clients to access Job Seekers' Allowance.

3.4 General support/information provision

The largest number of Gateways submitted by the Village and Community Agents relate to direct contact and support for members of their communities. For example, information provision may be providing a copy of the care directory directly (rather than through a referral to the Helpdesk) for a client who is considering their future options, a telephone number, lists of local cleaners or gardeners (provided not as a recommendation but purely as information when requested), or a whole host of other queries.



Tibberton & Taynton Lunch Club

General support may be a telephone call to a client to see if they need any further assistance, which was especially important during this year's snow when many elderly people were unable to leave their homes. It could be a follow up to check that an agency has been in contact, with a call to the relevant agency if they have failed to do so. There might be contact following a client's stay in hospital to ensure that they have a care package in place. It might even be encouragement to attend a social group like a regular coffee morning or lunch club and therefore reduce levels of social isolation. General support is hard to quantify and is usually not something requiring a referral to another agency, but nevertheless is a vital part of the scheme's key objectives.

"I have had various older people who have become increasingly isolated and needing to socialise. A lot were born and raised in the area but have lost touch with friends because they just can't get out. A local lunch club was getting low in numbers and I have managed to get many more people to come. It has proved so successful that I've now been 'warned off' as they can't take any more. The feedback has been tremendous. Old friendships have been rekindled and new ones made. I am always being told how much they love and look forward to it." Angela King, Village Agent

3.5 Home Improvement Agencies referrals



Referrals to Care and Repair or Anchor Staying Put may be sent via the Adult Helpdesk or directly to the Home Improvement Agencies (HIAs), with direct referrals amounting to 6% of the total for the year. Within the 163 direct referrals made, there were 64 referrals for the installation of grab rails, while the referrals via Helpdesk

included 44 requests for grab rails, which would comprise 32.6% of Occupational Therapy referrals.

As much of the work in this area is preventative, HIAs have the same issue as the Village & Community Agents scheme in terms of determining potential savings as a result of intervention. Foundations, the national body for HIAs, created a toolkit to identify and quantify the benefits of a handyman service⁶ at the request of the Department for Communities and Local Government. This uses evidence, and some assumptions, to reach a robust and conservative estimate of financial benefits as well as identifying uncosted benefits, those which are important to older people, their families and communities and to local statutory agencies but for which a financial benefit cannot be estimated.

According to the toolkit, if all 108 referrals for grab rails are then installed, the likelihood is that three falls will have been prevented, **which equates to a saving of £2,171.79 to Health and £1,509.21 to Social Care in the course of the year.** If the fall had resulted in a fracture then the costs to both Health and Social Care would be considerably higher; **the average cost of a hip fracture for an over 75 year old for example is £6,560.**

In addition to the financial savings, there is an improvement in the overall wellbeing of the client which cannot be costed. It may be in general confidence in the home, especially if living alone, and there is a strong possibility that small adaptations may enable an older person to stay in their own home for longer, rather than move into a care home – **which could result in savings to Social Care of between £294 and £528 for each additional week an individual chooses to remain in their own home**⁷. Therefore if one person stayed in their own home for an additional three months before moving to a care home, even at the lower level of Social Care support that would be over £3,500 saved.

It should also be noted that the majority of referrals to HIAs are for repairs or minor adaptations which are funded by the client themselves. A small percentage of the

⁶ Available at <http://www-foundations-uk-com/home>

⁷ Figures from *Gloucestershire Care Directory 2009*, p12. Accurate as at October 2008.

referrals through the Helpdesk and requiring an OT assessment result in adaptations which are paid for by Housing Associations.

3.6 Telecare referrals

Consideration must also be given to the Telecare system. Gloucestershire County Council operates Telecare and Agents made 26 referrals through the Adult Helpdesk in the year 2009/10.

Telecare is a preventative service which, like Village and Community Agents, aims to help people remain independent in their own homes for longer. An analysis of the first two years of the TeleG project (started in May 2006 and which established Gloucestershire Telecare) found that:

- 96% of users rated Telecare as important or very important
- 86% of users found the service improved their confidence
- 94% of users felt the service had maintained or improved their independence.⁸

The report by external evaluators of the TeleG project found that of the nearly 100 new referrals Telecare received monthly, three quarters were eligible for the service. This would equate to 19.5 of the Village and Community Agent referrals.

While the assessment of savings to Health and Social Care from Agent referrals is an estimate, working on the breakdown of the 55 user experiences analysed by the County Council as part of the assessment of TeleG, we could extrapolate the figures as below:

Breakdown of cost savings from 55 users (net of supplying, fitting and monitoring costs)	%	£ saving	Breakdown of cost savings from 20 users (net of supplying, fitting and monitoring costs)	£ saving
Social Care			Social Care	
Residential care	71	198,189	Residential care	72,069
Meals on Wheels	5	13,957	Meals on Wheels	5,075
Home care	19	53,036	Home care	19,286
Intermediate care	5	13,957	Intermediate care	5,075
Total Social Care	100	279,139	Total Social Care	101,505
Health Ambulance Call outs & hospital admissions	100	125,949	Health Ambulance call outs & hospital admissions	45,800
Total		405,088	Total	147,305

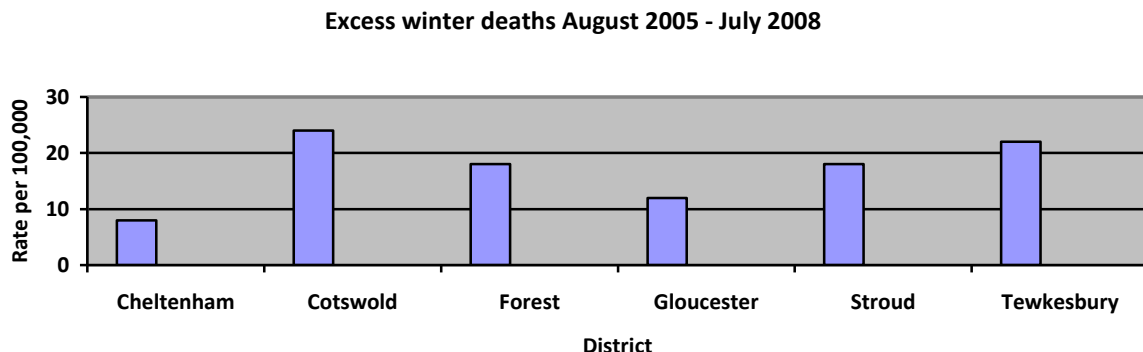
⁸ Figures from case study by Tunstall Healthcare *Evaluation of telecare leads to mainstreaming* and collected by survey of 55 users by the Community Health Psychology Team

In addition, 69 referrals were made to the Community Alarm services run by the district councils. The installation and running costs of these systems are paid for by the clients, and therefore accrue no costs to Social Care. However, according to the Audit Commission report *Older People and Assistive Technology*, one study of over 100 users found that the introduction of a community alarm scheme resulted in a 25% drop in the number of hospital admissions and average hospital in-patient days fell from 9.2 to 5.7 days⁹.

3.7 Warm & Well/Warm Front referrals

The Office of National Statistics defines Excess Winter Deaths (EWD) as the difference between the number of deaths between December and March and the average number of deaths during the preceding August to November and the following April to July. The UK has higher levels of EWD than other European countries, including Scandinavia, while Gloucestershire has higher than the national average EWD each year, working out at approximately 290 deaths per year.

The table below shows the average excess death rate between August 2005 and July 2008.¹⁰



England's average EWD figure is 16 deaths per 100,000, while Gloucestershire's rate is 17 deaths per 100,000. The above chart shows that the rural areas of the county, in particular Cotswold and Tewkesbury, have a higher than the county average EWD rate.

Increased winter deaths are associated with damp and cold conditions at home, which can be exacerbated by poor heating and insulation. The elderly can be most vulnerable to these conditions, especially if there is already an underlying illness. Cotswold and Tewkesbury's higher rates may be attributable to a combination of both their age profiles and issues relating to the housing stock. Of the 40,000 private dwellings (owner-occupied or private rental) in Cotswold District, for example, one

⁹ Audit Commission report *Older People: Assistive Technology*, released February 2004

¹⁰ JSNA, Association of Public Health Observatories (APHO), 2010

quarter of them fail the Government's 'Decent Homes' test.¹¹ 4,000 homes are affected by excess cold/damp and mould. Across the county, local authority household surveys indicate that 58,206 private dwellings fail to meet the Decent Homes standard, while 29,289 fail to provide reasonable thermal comfort and/or effective heating.

Warm and Well is a Gloucestershire based programme run by the Severn Wye Energy Agency (SWEA) and funded by the six district councils in Gloucestershire as well as South Gloucestershire Council. Its aim is to improve energy efficiency and reduce levels of associated health risk through raising awareness of issues, providing advice, and assisting with the installation of energy efficiency measures through grants and discounts. Similarly, the Government-funded Warm Front Scheme which is managed by Eaga can provide a package of insulation and heating improvements up to the value of £3,500 to those eligible for the scheme.

In 2009/10, 3.2% of Village and Community Agent referrals were made to Warm & Well and Warm Front. These referrals have resulted in total savings to clients through energy efficiency measures of nearly £15,000 through Warm & Well alone. As a side issue to the improvement in energy efficiency, the changes made also contribute to cutting Gloucestershire's carbon footprint.

The Warm & Well savings break down as below¹²:

Energy saving measures	Annual Savings to clients	Tonnes of carbon equivalent (tC) saved annually
Cavity wall insulation	£6,540	156600
Loft insulation	£7,410	176410
Condensing boilers	£836	21816
Other measure	£205	4938
Total	£14,991	359,764

So far, 19 of the Village and Community Agents have additionally taken part in SWEA's Energy Ambassador training, a scheme funded by the European Union to provide advice on energy efficiency and thereby reduce energy use, particularly for those households suffering fuel poverty (spending 10% or more of income to achieve adequate warmth for health and comfort). Outcomes tend to centre on raising understanding and improving health related issues rather than demonstrating actual savings to clients, but it is tied in with the Warm & Well and Warm Front programmes in that referrals are also made to these programmes for loft and cavity wall insulation.

¹¹ Private sector housing stock condition survey 2007/08

¹² Figures provided by Severn Wye Energy Agency

In addition to these specific programmes, Agents are also called upon to help find people suitable for pilots being run by other organisations. Stroud District Council, for example, requested assistance in identifying local owner occupiers who might be interested in the installation of a new Heat Source pump central heating system, with grant aid available to those who met certain criteria. One client of an Agent had an extremely cold property heated only by electric fires. After discussion with the client, and persuasion from the client's family since he was dubious that someone would assist him in getting central heating at little to no cost, the client was referred by the Agent and eventually received a grant of £13,500 to cover the full cost of installation of the central heating system.

Fuel poverty can have a knock on effect on many health issues, so in addition to the savings to the clients the installation of energy saving measures such as loft and cavity wall insulation there is a saving to Health and Social Care which is hard to quantify. With respiratory diseases one of the three main causes of death in Gloucestershire and the below national average energy efficiency of homes in the county¹³, this part of the Agents' work can make a profound difference in terms of quality of life, independence as well as life expectancy of their clients.

¹³ Gloucestershire County Health Profile: The Annual Report of the Director of Public Health June 2010

4.0 Additional benefits

Much of what the Village and Community Agents achieve is impossible to measure in cost/benefit terms, and yet they are in great demand from many organisations both for their local knowledge, and because they are a means to disseminate information locally. Despite monthly meetings with Agents on a district basis and quarterly meetings with all 33 Village and Community Agents, requests from agencies to come and talk to the Agents far outweigh the time available.

In this section, we explore the additional work/added value of the Agents.

4.1 Health

4.1.1 Cancer Survivorship Project

The 3 Counties Cancer Network early in 2009 allocated funding to carry out a pilot project looking at ways in which people who are living with and beyond cancer can be supported. Each of the three counties

(Gloucestershire, Herefordshire and

Worcestershire) involved in the network were asked to run pilot projects, and in Gloucestershire the Village and Community Agents were chosen in partnership with MacMillan Cancer Support.



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All Agents were given training to enable them to identify issues and be more confident in talking to people about the services available to those with a cancer diagnosis. The project was an extension of the existing role of the Agents in that it is a signposting service, but cancer patients have specific needs and support available to them which differs slightly from the information required by other clients. The pilot project is also not age restricted, so any individual with a cancer diagnosis, or family members as appropriate, have access to the support. Funding was provided for an additional three hours per month for Village and Community Agents to take on this role.

Seven Village Agents and one Community Agent were also given additional training to act as 'champions'. These specialist Agents were funded for an additional ten hours per month on top of their normal hours and were required to travel across the whole of the county.

The pilot project launched on 2nd November 2009 and while uptake was not as high as had initially been hoped, the resulting underspend and the fact that the project fitted in well with the Department of Health's Long-Term Conditions (LTC) Quality, Innovation, Productivity and Prevention (QIPP) workstream has seen the pilot extended until March 2011. There will, however, be a slight change in the monitoring process, and it is intended to promote closer working between the Agents and the Clinical Nurse Specialists (CNS) as a way to increase the number of survivorship

related referrals to the Agents. This would be at the point of discharge as part of the Survivorship Assessment Care Planning.

4.1.2 Public Health Initiatives

Agents receive training on a range of Public Health initiatives, and achieve greater take up by publicising them through individual contact, highlighting the availability of a service at luncheon clubs or coffee mornings, or writing about an issue in their regular parish magazine articles. One example may be reminding clients of the need for flu jabs as winter approaches, or how to cope in hotter periods.

Information and training has included:

- The Expert Patients Programme
- Dementia Training Strategy
- Gloucestershire Deaf Association
- Carers Emergency Scheme
- Community Health Trainers
- Community First Responders
- Care for and prevention of leg ulcers

Agents are assisting Great Western Ambulance Service (GWAS) in identifying possible locations for defibrillators in their communities, as well as helping promote the Community First Responders scheme. They are also promoting initiatives including 'Managing Memory Together', an information and education service for people worried about memory, suffering from Dementia, or who are family carers of those with dementia. This is particularly important given the increasing numbers of people diagnosed with dementia (7,881 of Gloucestershire's over 65s in 2008, predicted to rise to 12,544 by 2025¹⁴).

Similarly, the Agents have also been promoting the Caring with Confidence training, which is provided through Carers Gloucestershire and funded by the Department of Health. Given that an estimated three in five people will be carers at some point in their lives, there are thought to be six million carers in the UK at the moment, and carers save the Government an estimated £87 billion per year.¹⁵ Any additional support and guidance that carers can receive is important, particularly for their own health and well being.

¹⁴ Joint Strategic Needs Assessment eResource 2008/09

¹⁵ Figures from Carers Gloucestershire

4.2 Access issues



In addition to the similar requests made of the Village Agents, the Community Agents have the added complication of language issues. There are Agents for the Bengali, Gujarati, Chinese, African Caribbean and Migrant (largely Polish-speaking) communities and they each work countywide. The greatest challenge for their clients is accessing services in their own languages. Whilst various Public Sector

funded organisations, like the NHS, the DWP and Citizens Advice Bureau, are required to make translation facilities available, smaller organisations may not have the funds available to do so, which makes accessing their services harder for those whose first language is not English. The experience of the Community Agents also suggests that where those translation services are a statutory requirement they are not always made available.

Discussions with the Cheltenham, Cirencester and Tewkesbury Citizens Advice Bureau have resulted in a tentative agreement to investigate setting up a project to bring in additional bilingual voluntary staff, and possibly to open for either an evening a week or on a Saturday morning to assist with access. This is at a preliminary stage at the moment, but the Community Agents will also be helping to recruit volunteers from among their communities to assist with the language issues.

The increasing move to provide access to services online is another challenge, faced by both Village and Community Agents in subtly different ways. This is the case particularly for older clients who may not wish to (or have access or the confidence to) use the internet. For those whose first language is not English there are again translation issues to be overcome.

For many clients, the biggest issue is with the new Gloucestershire Homeseeker system. This is the only way in which people can now apply for social housing or sheltered accommodation in Gloucestershire. Viewing and bidding on properties is done online, and while the district councils have assistance available through the autobid facility, where Gloucestershire Homeseeker will place a client's three weekly bids on their behalf, it does disadvantage users who are unable to access the service for themselves to select from the properties available. The site makes use of the Google translation facility on the homepage, but none of the other pages are available in anything other than English. Both Village and Community Agents have supported clients in accessing Homeseeker and placing bids, but this is a time consuming process and with only 10 hours available per week it is not something that the Agents are able to do on a regular basis.

As a means of helping their clients deal with such access issues, Village and Community Agents have been referring them to Adult Education classes. Age UK

offers computer lessons for the over 50s, and are now introducing a service which enables these to be undertaken in a client's own home when a client is housebound and unable to physically attend classes. Referrals to computer courses are included in the 6.2% of referrals made to Age UK by Agents. In addition, 1.9% of total referrals were made to Adult Education, including both IT courses and English lessons. Both of these measures help empower clients, giving them greater confidence and independence, as well as reducing the amount of additional support they will need from translation services or from councils for accessing services online.

Since these are longer term solutions it will be some time before the benefits are fully known, especially in the case of the English lessons, but the Community Agents in particular are very keen to empower their clients in this way and the number of referrals for language lessons is rising.

4.3 Digital Switchover

In March and April 2010, the Mendip transmitter was switched over to a solely digital signal. The Village and Community Agents received training from The Care Forum, Bristol, which was named as lead organisation by Digital Outreach Ltd, and from the BBC to assist with raising awareness of the Help Scheme amongst eligible clients. Television can be a lifeline for many older people especially in isolated areas, and it was important to ensure that when the switchover came they would be fully informed and prepared.

Whilst many people managed to sort out the switchover for themselves, or with the assistance of their families, some interesting problems came to light. For example, several members of a Forest of Dean luncheon club received both Central and South West regional programming and were therefore unsure whether they would switch over in 2010 or 2011.

The Agents were also able to provide reassurance and support to clients who were confused about the changes. One lady had been told by a local television engineer that she would need to spend £800 upgrading all her equipment – television, video, aerial – and the intervention of her Village Agent saved her from unnecessary expenditure and prevented her being taken advantage of.

4.4 Extreme weather conditions

4.4.1 Floods

July 2007 witnessed the worst flooding to hit Gloucestershire in living memory, with many communities in Tewkesbury and the Cotswold Districts completely cut off. After the initial rain had stopped, thousands of homes were left without running water for almost two weeks, and many initially without power. Once the flood water receded, the total scale of the damage was assessed.

Below are a few examples of how the Village Agents rallied round to help their communities in need, not only in the initial flooding but in the aftermath. This list is by no means exhaustive, but details the most common areas:

- Made sure older people had water and heeded the advice of the authorities with regards to personal health.
- Found out about locations of bowzers and laundrettes in the locality.
- Assisted communities in arranging for bowzers to be delivered and replenished.
- Phoned round key contacts in the villages to circulate the County Council emergency helpline number.
- Delivered milk, bread, and other goods.
- Got involved in working parties to distribute water.
- Offered to assist other parts of the county; those with 4x4s and plenty of water were willing to go where necessary.
- General ringing round of clients to check on their situation and wellbeing.

On 3rd December 2007, two Village Agents were invited to a reception, attended by Gordon Brown and hosted by Floods Recovery Minister John Healey, at Lancaster House in London for 'Local Flood Heroes'. Jane Griffiths, an Agent in Tewkesbury Borough, was nominated by Gloucestershire County Council and Mike Bone was nominated by Cotswold District Council for the roles they played in the aftermath of the floods.



Jane Griffiths

Both Jane and Mike worked tirelessly throughout the period, making sure that people were well stocked with food and that the older residents of their parishes were not in danger. They also made sure that communities had access to bowzers and bottled water, and that people knew where to go for reliable information and services. Both were presented with a framed certificate signed by Gordon Brown.

4.4.2 Snow

Snow and ice brought Gloucestershire to a standstill in February 2009 and again in January 2010. Many of the more isolated villages were cut off and there was disruption to food supplies to supermarkets which, combined with panic buying,

"I would like to record my personal appreciation for the work Mike did in the communities of Coberley, Cowley and surrounding areas following the flooding and especially the loss of the Severn Trent water supply to Parishes on the western edge of the District. He kept in touch with us, gave us updates regularly, and more importantly, ferried copious supplies of bottled water from distribution centres in Cheltenham to the most needy in his area of action.

We had a real struggle ensuring that bowzers were despatched to those places but Mike filled the breach at a critical time and with calmness and good humour too. What an asset he is to your team!"

*Les Haines,
Cotswold District Council*

made it difficult for many elderly residents to keep well supplied. Cars were abandoned in the harsh conditions, schools were closed across the county, and many businesses were affected as staff found it difficult to get to work.

This had a direct impact on the Village Agents too, many of whom live in the isolated communities that they work with. Several were unable to leave their villages for days, but they kept in contact with their most vulnerable clients by telephone and visited those they could reach. What was admirable was the way in which the communities instantly rallied round, making sure their vulnerable neighbours were looked after, salting roads in the villages where salt bins were available, and generally getting on with the task of waiting for the snow to melt.

During this time, the Agents were again called upon for assistance by other organisations, including Social Care.

"I have nothing but praise for those who have battled against the conditions to ensure the safety of my constituents.

...

Village and Community agents, managed by Gloucestershire County Council and Gloucestershire Rural Community Council have been battling against the snow and ice to ensure that elderly and vulnerable people within our communities are safe and well looked after."

Mark Harper, Member of Parliament for the Forest of Dean

Article for The Forester 14th January 2010

- In the January 2010 snows, an elderly lady in Quedgeley who walked using two sticks was unable to get out of her house because her pathway was covered in ice. The Adult Helpdesk made contact to ask if one of the Village Agents could help because she had no food in the house. Despite the fact that there was no formal coverage in Quedgeley, one of the Stroud Village Agents undertook to visit the supermarket and keep her supplied.
- The supermarket in Newent ran out of bread and milk when the snow disrupted their deliveries, so an Agent made several trips to Tesco in Gloucester to provide supplies for her vulnerable clients.
- Several Agents were recruited by GP surgeries and pharmacies to help get prescriptions collected and delivered to patients.
- One Agent in the Forest of Dean, whose 4 wheel drive was invaluable in getting her around when the snow in her area was at its deepest, undertook to check up on an elderly lady with Alzheimer's following a request from Age Concern, who had been contacted by the lady's daughter after it emerged that the lady's carers had been unable to reach her for several days. The daughter had found her mother in distressed state in a barely heated room.

4.4.3 Community Emergency Planning

Due to the knowledge they have of where vulnerable people are in their communities and their contacts within a variety of organisations, Village Agents have been asked to help their parishes in the Emergency Planning process that many are undertaking.

The Community Emergency Plan Toolkit was developed by GRCC and is designed to document how a community would respond to an emergency situation. It was developed in the light of the impact of both the 2007 floods and the snow in 2009. Once the Community Emergency Plan is completed it will allow the community to be prepared to cope on its own if statutory authorities or Emergency Services are not immediately available.

Part of this is the linking up of all local knowledge, facilities and people to try and lessen the impact on a community. Village Agents are one facet of the local knowledge available which will be invaluable in such circumstances, as has already been demonstrated in practice.

4.5 Cross border issues



Another advantage of being locally based is that Agents can pick up where there is a problem and feed back the information to assist in service development or change. An example of this was the issue Richard Skinner became aware of in his area, over the NHS Bowel Cancer Screening Programme.

Richard's cluster of parishes is located in the south of the Forest of Dean. St Briavels, Hewelsfield & Brockweir and Tidenham are bounded on one side by the England/Wales border, so many of the residents utilise services, such as GPs surgeries, in Wales rather than Gloucestershire.

The Screening Programme is targeted at those people aged between 60 and 69 who do not show any symptoms, and people are invited to take part every two years. For the Tidenham cluster, the problem lay in the issuing of the screening kits. NHS Gloucestershire sent the kits out by GP surgery. Those people in Richard's cluster of parishes who were registered with GPs in Wales were therefore missed out. However, the NHS in Wales had adopted a different approach, and sent out the screening kits by postcode. Those registered with GPs in Wales but living on the English side of the border were again missed out.

GRCC, as well as employing the Village and Community Agents, is host to the Gloucestershire Local Involvement Network (LINK). The purpose of LINK is to give communities a stronger voice in the commissioning and delivery of health and social care services. Richard brought the issue of the Bowel Cancer Screening to the attention of the Village Agents Manager, who raised it with LINK. LINK took the matter to their regular partners meeting. Once the problem had been highlighted, a

simple solution was put into operation: certain GP surgeries on the Welsh side of the national border were also designated as Gloucestershire surgeries. To prevent the residents in Richard's cluster being sent two screening kits each time, a selection of the patients lists was then made by postcode. NHS Gloucestershire will now send the kits to the patients on the English side of the border while the NHS in Wales still send out the kits as before.

5.0 Conclusions

Gloucestershire Village Agents began as a scheme covering 96 of the most isolated rural parishes in the county; two years later another 66 parishes had been brought into the scheme and the County Council had introduced Community Agents for BME communities. Now, 28 Village Agents work with 205 parishes, there are five Community Agents in post, and there is still demand for an expansion of the scheme to parishes not currently covered.

Interest in Gloucestershire Village and Community Agents from across the country is high. Several other counties have visited Gloucestershire to learn more about the scheme and have launched their own versions. Village Agents can now be found in:

- Essex
- Bath & North East Somerset
- South Lakeland and Northern Fells, both projects in Cumbria
- Leicestershire and Rutland
- Northamptonshire
- Warwickshire

Wiltshire's own scheme will be launching in the next few months, and Hampshire have also visited recently with a view to establishing a Village Agents scheme there.

The popularity of the scheme lies in its simplicity and its effectiveness. Agents are trusted members of their communities, they are a valuable source of information and support to their clients, and they have become recognised and respected by the agencies to which they make referrals.

With the twin challenges of an ageing population and the need to cut public spending facing the County Council and NHS, Gloucestershire Village and Community Agents will play an increasingly vital role as an early intervention/prevention service. This report has demonstrated areas in which the activities of Agents have made real savings for Health and Social Care, increased the income of some of the most vulnerable members of our society, helped to maintain the independence of the elderly, and assisted in breaking down barriers of social isolation. Further examples are given in the appendices which follow which illustrate:

- Savings to Health and Social Care as well as the practical difference interventions make to clients, through case studies.
- The importance of the scheme to clients, through their own feedback.
- The value partner agencies place on the scheme, through service feedback.

Estimates within this report of savings made by the activity of the Agents are conservative; while the true value of savings resulting from intervention is extremely difficult bordering on impossible to calculate, it is not unreasonable to suppose that the savings may be substantially higher. We have not for example, given consideration to the potential savings of respite care costs as a result of the installation of Telecare and community alarms, both of which release carers from the need to be present 24 hours a day since they and the service users know help will be available in their absence should it be needed.

In his article on the necessity of cuts to the County budget, Leader of the County Council Mark Hawthorne wrote:

“From now on we will have to focus on providing good basic services, making sure we look after the most vulnerable”¹⁶

Gloucestershire Village and Community Agents provide just such a service for the County Council and NHS Gloucestershire. It is a simple idea, delivered at low cost and with maximum benefit to the older residents of the county.

*Report prepared by Clare Hockett
Gloucestershire Rural Community Council*

¹⁶ Article in *Gloucestershire Echo*, 7th September 2010

Appendix A: Case Studies

6.1 Cotswold:

At the pop-in lunch, this lady of 86 years asked me about a repair to the lock on her front door, did I know anyone who could do a repair for her?

Anchor Staying Put replaced the lock free under the Poppies Scheme as her late husband was in the RAF. From there, an assessment for Attendance Allowance was successful, Social Services did an OT assessment and various aids were supplied, ie bathing seat, grab rails in various locations, feet on her easy chair to make it easier to get up and down. The loft was insulated, and the British Legion was contacted and supplied a Care Line. In all a very happy client, who said

“I did not think that I could get so much help by asking about my door lock. I think Village Agents are wonderful.”

Costs to Social Care (estimates):

- Replacement of lock c £70 for front door lock plus £13 labour (this might be covered by Royal British Legion)
- OT assessment c£200 (estimate based on private assessment costs found online; average cost of NHS OT assessment unknown)
- Total cost of OT supplied aids and installation c. £110

The Care Line will have not been a cost to Social Care because it was provided by the Royal British Legion.

Funding for Warm & Well comes from the six District Councils in Gloucestershire rather than County Council so the estimated £300 for the insulation would not come from the Social Care budget at the County Council.

Financial benefits to client:

- Up to £150 per year off fuel bills due to loft insulation
- Additional income of £47.80 per week through Attendance Allowance, so up to £2,485.60 per year

Potential savings to Health and Social Care:

- Assuming the grab rails helped prevent the client falling and being hospitalised, the saving to Health would be £723.93 and to Social Care £503.07. If the fall had resulted in a broken hip, the cost to Health would have been £6,560 with a similarly higher cost to Social Care due to the longer recovery time.
- The aids and Care Line helped the lady remain independent and so possibly helped keep her out of a care home, thereby saving Social Care between £294 and £528 per week.

6.2 Stroud

“Mrs P’s granddaughter contacted me to see if I could help get her Grandma an outdoor walking frame as she was finding walking increasingly difficult and was losing her confidence to go out alone; consequently she was becoming more isolated. Mrs P is 90, a widow, and lives in her own bungalow with regular support from her family. She was managing well but getting out of the house was becoming more difficult and she had given up trying to get to a local older persons group that she used to enjoy. Her income was State Pension and a small occupational pension, and she has savings of £12,000.

A referral was made to the Pension Service for Attendance Allowance, Pension Credit and Council Tax Benefit. A few weeks later Attendance Allowance was awarded and the Pension Service will follow up other claims.

A Social Care referral resulted in grab rails being fitted in the bathroom and at the front door, plus blocks to raise the armchair.

The Community Physiotherapy Department provided an outdoor walking frame which has given Mrs P the confidence to go out of doors and to rejoin her friends at the older persons group. She is also doing a little shopping on her own again.

Smoke detectors were fitted and a general safety check made by Gloucestershire Fire & Rescue.”

Cost to Social Care:

- OT assessment c£200 (estimate based on private assessment costs found online)
- Cost of aids and installation c.£80
- Cost of walking frame c.£90

Financial benefit to client:

- Additional £47.80 per week, equating to £2,485.60 per year.
- Potential additional £20.52 Savings Credit per week, equating to £1,067.04 per year. Depending on existing pension levels, there may also be an additional Pension Guarantee Credit paid to bring up the weekly pension to £132.60.
- Potentially up to 100% saving on Council Tax through Council Tax Benefit. The current annual Council Tax for a band D property in the relevant council area is £1,496.29.

Savings to Health and Social Care

- Walker and grab rails possibly prevented a fall, making a saving of £723.93 to the NHS and £503.07 to Social Care.
- Increased mobility, reduction in isolation, and regaining independence potentially prevented a move into a care home, thereby saving Social Care between £294 and £528 per week.

Appendix B: Client feedback

7.1 Tewkesbury

“Dear Clare,

I am writing to tell you what a great help your Community Agent has been to me.

My 93 year old Aunt in Tewkesbury, who has always been fiercely independent, became incapacitated, was discharged from hospital, and I had to suddenly come up from Dorset to sort her out. I had no idea which way to turn as I am totally unfamiliar with this sort of situation and I was at my wits end as I knew no-one who could advise me and my Aunt was being very difficult. I am unfamiliar with the area and it was an answer to a prayer that a local lady tapped on the door to enquire of my Aunt and asked me if I needed any help; she fetched your Agent Janet Robinson who in turn brought Jane Griffiths and the two of them instigated all the help I needed. I have now got the TELECARE system set up, keysafe installed, carers in and other various problems sorted.

I am just so very grateful to Janet for coming to help me when I was in such a despairing state of mind, I can't praise her enough; she was comforting, efficient and knew immediately all the right contacts.

I know you are just extending your work into the towns and I want to let you know what a worthwhile service you are offering and wish you every success and also to thank you all very very much.

Yours sincerely,

V.C.”

7.2 Forest of Dean

“Dear Melissa,

Thank you for the support you have given and continue to give my mother who is currently experiencing an unnecessary stressful and at times distressful period.

Mum has made me aware that while you have been on leave you elected to give some of your time to deliver some much needed support.

You have gone that extra distance by rising above and beyond duties and expectations. Your Act of kindness and professionalism restores my faith in human nature.

I hope my mere words convey a warm feeling of pride and satisfaction.

...

Thanks again

R.R.”

Appendix C: Service feedback

8.1 Severn Wye Energy Agency

“So far 16 Village agents and 3 Community agents have attended the Energy Ambassador training and I am very pleased to say have been the most active group in terms of both communication with me and referrals to the Warm and Well scheme. One example of good work is that at the request of a Village Agent myself and an Energy Advisor from SWEA conducted a joint home visit with the VA to the client’s home. The complaint was about a complicated new heating system and high fuel bills.

After some conversation with the client we were able to set her heating system up correctly for her needs and Cynthia, in a conversation with the fuel supplier was able to get to the bottom of the problem. The client had been taken off a social tariff and had amassed a fuel debt despite regular monthly payments.

We are still awaiting a full outcome but so far the Fuel supplier has agreed to send through copies of the last year’s bills (the client had not received any bills in over a year), move the client onto a social tariff and has made an appointment to move the electricity meter to a lower height to make it more accessible.

We will also explore the possibility of addressing the fuel debt issue through a utility trust. I am very happy that this is a quality intervention that will improve the client’s standard of living.”

Jon Clarke, Project Manager

June 2010

8.2 Cheltenham General Hospital

“I am a Bereavement Officer at the General Hospital Cheltenham and recently had to organise a funeral for a patient, Mr X, who had died here at the General on the 6th of April and had no family support.

Your Community Agent Marzena had been giving Mr X support in the community and was very quick to contact us upon his death to give us invaluable help, thus enabling us to collate information to register his death, and worked with us to ensure this gentleman would have a fitting funeral service, with friends and others from his local area also there to pay their respects.

When there are no family members to contact this is always a tortuous process for us. The service you provide with your agents such as Marzena is remarkable, and please will you formally pass on our sincere thanks to her for all her help and cheerful guidance. She is a credit to your department!

I do hope the threatened belt tightening of funding doesn’t affect your department, as the service you provide the residents of Gloucestershire such as Mr X is essential. “