Agenda item

Health and Wellbeing Board

5 March 2019

Walsall Plan "Our Health and Wellbeing Strategy 2017-2020"

Priority 4: Maximise emotional wellbeing and resilience of adults

Priority 5: Reduce loneliness and isolation and increase support through social networks

1. Purpose

1.1 The purpose of this report is to provide an update on progress since the September 2018 report relating to priorities 4 and 5.

2. Recommendations

2.1 That the HWBB notes the progress made towards these priorities.

3. Report detail

3.1 The Healthy Resilient Communities programme, was developed to enable the creation of a holistic approach to improving population health and wellbeing. It aims to enable people in Walsall to have the best chances in life, to live independently and to have active, prosperous and healthy lives. This report includes information pertaining to the Healthy Resilient Communities programme, Making Connections Walsall Service and the Mental Health Recovery and Enablement Service.

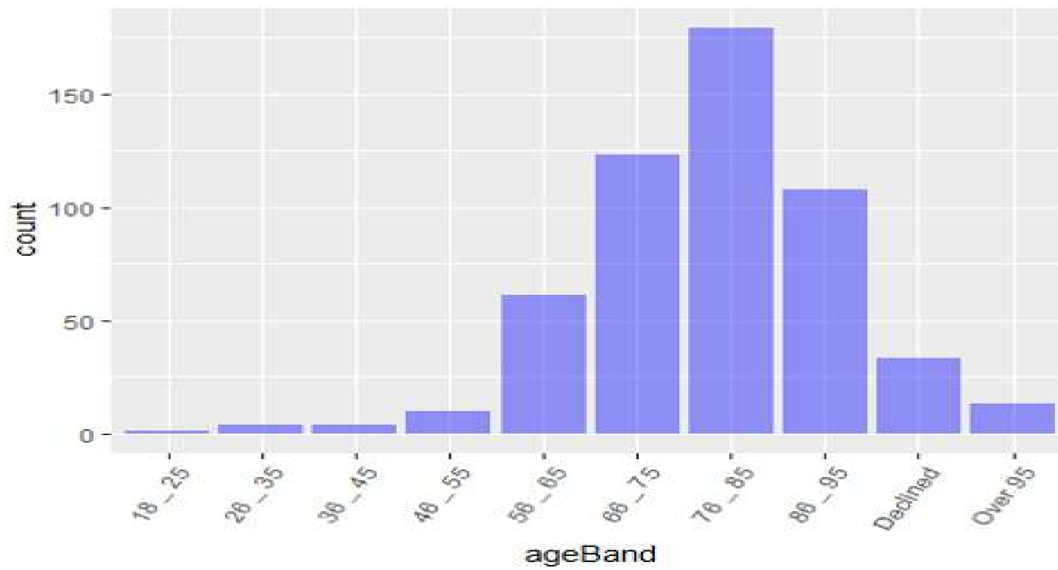
3.2 **Making Connections Walsall Programme** - adopts a Social Prescribing approach providing GPs, Health & Social Care professionals, other partners, service users and their carers, with a single route of referral into community social support to address loneliness and social isolation amongst Walsall's older population. It has prioritised MCW for older people in the first instance and intends to extend the model to incorporate other groups during 2018/2019- 2019/2020. The NHS long term plan references the expansion of social prescribing. In Walsall, Social prescribing began with Making Connections Walsall and is to be extended through the newly established primary care network and housing providers.

3.3 Making Connections Walsall began receiving referrals in September 2017.After an expected slow start, referrals have continued to increase month on month. Up until 12 February 2019 there were 536 referrals received, and unlike early referrals, the majority are now more appropriate. In summary referrals received were from:

- NHS providers n204 (42%)
- Social care n46 (9%)
- West Midlands Fire Service n20 (4%)
- Community engagement and marketing n113 (21%)
- Self-referrals n69 (13%)

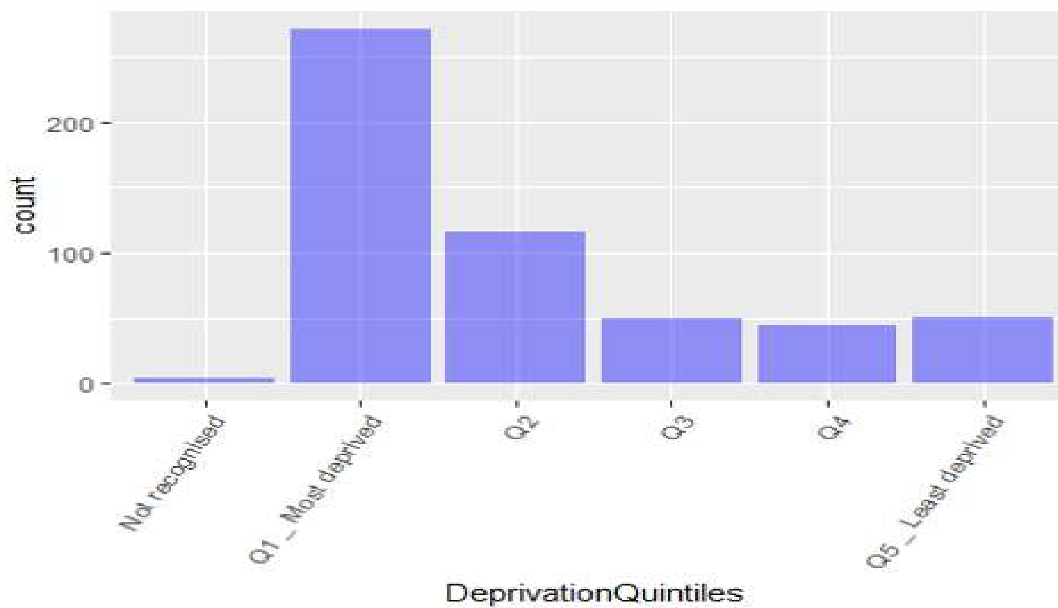
3.4 Client Demographics

3.4.1 Age group



3.4.2 Gender - female n 354 (66%) and were male n181 (43%)

3.4.3 Deprivation quintiles



3.4.4 Ethnicity

White British (n400) 75%, BME (n63) 11%, Not Stated (n73) 14%, (n536) 100%.
Work is ongoing to increase the number of men and BME participants engaged into the services and to improve the recording of ethnicity.

3.4.5 Long term conditions

No	Yes	Unknown
6% (32)	68% (365)	26% (139)

3.4.6 **Referrals** have been made from MCW to a diverse range of partners; statutory, community and voluntary organisations.

3.4.7 A summary of assessments, contacts and goals

Total Clients	Total Assessments	Goals created	Total Number of Contacts
536	528	**753**	3,193

3.4.8 A summary of outcomes

Out of a total of 753 goals, 92% of completions have either been achieved or part-*achieved*. Outcomes of completing before and after assessments are as follows:

Grouped By WHO Result score
Not Filtered

	Before	After	Change
	29.17	43.73	▲ 49.91%

Grouped By FWTW Result score
Not Filtered

	Before	After	Change
	36.92	53.3	▲ 44.37%

Grouped By phq2depression_Result_score
Not Filtered

	Before	After	Change
	51.18	34.89	▼ 31.83%

3.5 MCW Partnership working

3.5.1 As a result of MCW there has been a significant improvement in partnership working between the community and health services to encourage older people to connect with their local communities.

3.5.2 The MCW Hub and grass root organisations are working well together to reduce social isolation and improve wellbeing and their quality of life.

3.5.3 A great partnership has also developed between the hubs who share resources, knowledge and understanding. The experience of each hub have helped and supported the connectors into their new roles and together they have achieved extremely positive results.

3.6 Making Connections Walsall – Year 1 Anniversary Event

3.6.1 **MCW** had its first annual event on Tuesday 6th November 2018. Approximately 100 people were in attendance. Summary feedback from partners, service users and other stakeholders stated the **MCW** is an extremely valued service. The event was broken down into two parts; the first part of the day focused on befriending and volunteering and the second half of the day focused on the outcomes of **MCW.**

3.6.2 All MCW funded organisations, other multi-agency partners and service users were in attendance. The morning demonstrated the gap in transport, mental health support and also the need to recruit more volunteer befrienders to meet the local needs.

3.6.3 During the afternoon we heard service users tell us how MCW was a “lifeline” for them and there was shared agreement that MCW would benefit from expansion.

3.6.4 Another key message that came out of the events was that MCW had encouraged and facilitated the building of trust between voluntary sector organisation, which has resulted in improved and more effective joint working relationships. One community and voluntary sector partner stated that *“for two years she was trying to promote her project in her local GP practice with no success. However, since being an MCW partner and having the MCW logo added to her promotional material, her local GP has now permitted her to promote the community project within the local practice”.*

3.7 MCW Future

3.7.1 The overall outlook for MCW HUB, is very positive. With the 4 hubs working together with the common goal of reducing loneliness and isolation amongst older adults, continuation of the MCW service can only serve to further strengthen the links and enhance the lives of older people.

3.7.2 Additional social prescribers have been recruited and appointed to intermediate Care Services and MDTs via One Walsall.

3.7.3 A business case has been developed for Walsall Together which references Resilient Communities as one of the key strands of work. Public Health is working in close partnership with Adult Social Care and Walsall CCG to review and widen the scope of the Resilient Communities programme.

3.7.4 It is our vision that the next 12 months will see the service grow considerably across the whole of the borough and that the benefits and quality of what has been delivered so far by the hubs will be recognised and that this invaluable project will continue.

3.7.5 The **MCW Befriending** grant has been published. We are seeking to fund a range of innovative befriending and buddying projects to directly benefit Walsall's older population. The deadline for submission of applications is: 5pm Friday 15th March 2019.

3.7.6 The **Making Connection Walsall (Active) grant** is also designed to address social isolation, physical activity and weight management for adults (aged 16 and over). MCW (Active) 22 applications for funding have been made and we are currently within the evaluation process. Mobilisation will be April to Mid May 2019 (6 weeks mobilisation).

3.8 **The Mental Health Recovery and Enablement Service** continues to deliver the current provision and in addition provides additional support including raising mental health literacy, encouraging local people to talk about mental health, making available self-help resources, providing support groups for individuals 17 years. This service is open to any adult living in Walsall or registered with a Walsall GP experiencing mental health difficulties and provides:

- 1-1 emotional support (time-limited, not "therapy" or "counselling")
- Graded exposure
- Telephone support
- Support to appointments
- Support for clients to achieve their goals
- Support groups
- Living Life To The Full – 8-week CBT workshop
- Volunteering opportunities

3.8.1 The service has a number of support groups. Between October and December the average weekly attendance was as follow:

SafeSpace Group support Pelsall	3
SafeSpace Walsall	5
Coffee & Cope - Brownhills (Monday)	9
Coffee & Cope - Aldridge (Tuesday)	10
Coffee & Cope - Walsall (Wednesday)	7
Coffee & Cope - Walsall (Thursday)	5
Coffee & Cope - Willenhall (Thursday)	8
Coffee & Cope - Bloxwich (Friday)	10
Craft Group	9
Young Person's Group	8
Supporting the Rainbow (Parental carers group)	16
Calm Space	4

Women's Group Walsall	8
Women's Group Pelsall	8
Men's Group	9
Mental Health Support Group	11
Allotment Group	3

3.8.2 In addition, this service is in the process of establishing a:

- A dedicated phone line promoted to the wider partners
- A community mental health webpage electronic directory
- A single point of contact for information available to service users and other organisations providing support to people in mental health need.

3.4.24 Service users' responded (n47) to the family and friends' test. 87% said they were extremely likely and 13% were likely to recommend the service to friends and family. The contract commenced in August 2018 and to date all KPIs (prorate) have been achieved which are as follows:

- 138 individuals have received one –to –one support (target 70 service users per year)
- 120 individuals received 1:1 support (target to supporting 245 service users per year
- 43 people received telephone support (target 90 Individuals per year)

4 Implications for Joint Working arrangements

4.1.1 Improving health and wellbeing of Walsall's population and achieving healthy community resilience requires integration and a programme of activity to take achieve this.

5. Health and Wellbeing Priorities

5.1 Maximise emotional wellbeing and resilience of adults

People with low health literacy have limited opportunities and capabilities to be actively involved in decisions about their health. Their help seeking behaviours are more likely to be inappropriate and untimely.

5.5 Reduce loneliness and Social isolation and increase support through social networks –

Addressing loneliness is a national and local priority. Older people who are lonely or socially isolated have a significantly greater risk of poor health and social outcomes and are at a greater risk of requiring an increase in health and social care services.

Case study Mr. A

Mr. A was driving until recently but has given up due to his health conditions. He has trouble accessing public transport as his mobility has deteriorated and he has had falls so his confidence is low. He has become isolated since handing in his driving licence and stays in the house more and more. He used to go dancing every week but this has now ceased as he has no dance partner as she died some time ago. He does catch the bus and goes out shopping. His son lives in America so he has little contact. He says he really misses his dancing very much and would love to do it again but he used to go to Birmingham and he doesn't wish to travel that far. He said he just want to meet people and have more company.

Mr A stated;

"It has given me the confidence to go out again. I started with the ring round service and a man would call me once a week for a chat. The manager of Bentley All Ages Activity Centre called me and gave me information about activities and social gatherings that happened there and I decided to try the lunch club.

I enjoyed it so much as I had someone to talk to and was made to feel welcome. I started attending twice a week, but on the Monday and Wednesday I saw a bowling group coming and going so I asked about it. I have now joined the bowling team and have been able to stop the ring round befriending as I feel I don't need it any more.

I would never have attended the centre or known where to start to look for something. I would probably still be at home alone. Without their support I would not have had the confidence to do it. I started bowling in October and my mobility has not been an issue at all.

All the activities that I attend have been good for me and I especially love the bowling. I certainly don't feel lonely any more. I have made new friends and I love the staff at the centre. They are helpful and supportive and it makes me feel at home.

Transport specifically for older people to the centres or activities would be beneficial. It's not always easy to book ring and ride for the correct time, but the centre I attend have a bus from ring and ride just for their customers which helps. They have made me feel that I can always call them if I need to".

Case study: Client J

Client J was referred to MCW by adult social care in September 2018 as being isolated and lonely as result of her chronic illnesses preventing her getting out to socialise. At initial assessment visit, the client's daughter attended and was concerned at her mother's refusal to go out even for hospital treatments. Missing such appointments were exacerbating her multiple medical conditions.

Client J seemed very low and reluctant to engage. Client J explained how a move to supported living had been suggested, but on visiting the establishment, she found it depressing and no-one seemed to socialise, so she insisted on staying where she was. With a little coaxing, Client J agreed to a referral for face-to-face befriending visits, as she seemed a chatty lady given the opportunity. Client J was referred to Walsall Black Sisters Collective (WBSC), initially for befriending visits and a referral was made to Ring & Ride. WBSC contacted Client J, and befriending visits were set up which Client J. After several weeks, Client J had started attending the day centre using Ring and Ride. Client J continues to attend on a weekly basis and enjoys the experience.

Client confirmed that she is much happier and that she is enjoying attending the WBSC day-care centre each week. Client J looked much happier and had been attending hospital appointments. She said how lovely the staff are at WBSC. She attended the MCW Christmas Lunch at the Stan Ball Centre in December. Client J stated:

"It (MCW) *has helped me to get out and meet people. I didn't want to go out at first, but the ladies who came to talk to me told me how nice it was there and how I should try it. They sorted out booking the Ring and Ride too. They ring me every Monday to see if I'm going each week".*

"It was nice having someone come and visit me to tell me what there is to do. I like talking to people. The place they wanted me to live before had nobody about. Someone just knocks your door and if you say you're ok they just go to the next door. No one stops to talk. It's nice that you've taken an interest in me."

"The lady told me about having someone come and talk to me. The ladies came and they were really nice and friendly. They told me about their centre where I could go each week and that I should try it. The lady had sorted out Ring & Ride, and they said they would sort it out for me every week because I would forget to ring. I like talking to the ladies and going to the centre. Everyone is so friendly and I've made new friends from other places they pick people up from."

"I don't feel so lonely now because I have people come to visit and I go out every week to the Centre. I talk to people on the bus as well and tell them about where I go and they should come too."

"I didn't know about the centre or where it was. You arranged for the ladies to visit me and they told me about it and sorted out for me to get there. I wouldn't have known otherwise."

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