

# Supporting Wellbeing and Independence for Frailty: a partnership approach

## Background

Established in 2016 as a partnership between Leeds City Council, Leeds CCG and Time to Shine (a programme based within Leeds Older People's Forum) is a two year pilot managed by Time to Shine which aims to reduce loneliness and social isolation in people aged 50+.

Developed through consultation with voluntary sector, health partners and older people with the overall aim of building capacity within third sector to respond to frailty, and provide a pathway from health and social care to the third sector.

Intensive, longer term 1-2-1 support to increase older people's confidence, emotional wellbeing and resilience.

## Aims to:

Reduce vulnerability to social isolation and frailty through a person-centred approach.

Through home visits. the project worker works with the older person to consider their needs and aspirations, taking a holistic approach.

Together they develop an action plan to achieve identified goals.

Through building a relationship at a suitable pace the project worker builds trust to support participants address practical issues

# In 2016 five organisations were awarded contracts to deliver this person-centred service.

over 1000

> older people have been supported through the project

**VOLUNTEERS** 

with approximately

hours of volunteer time

**OVER** home visits have

been undertaken

On entry, SWIFt clients are more likely to have: lower wellbeing poorer health more loneliness lower social participation lower chance of joining a club

less social contact

(family members)

compared with their peers

People are improving levels of wellbeing

**IMPROVEMENT** 

**EXPERIENCED** 

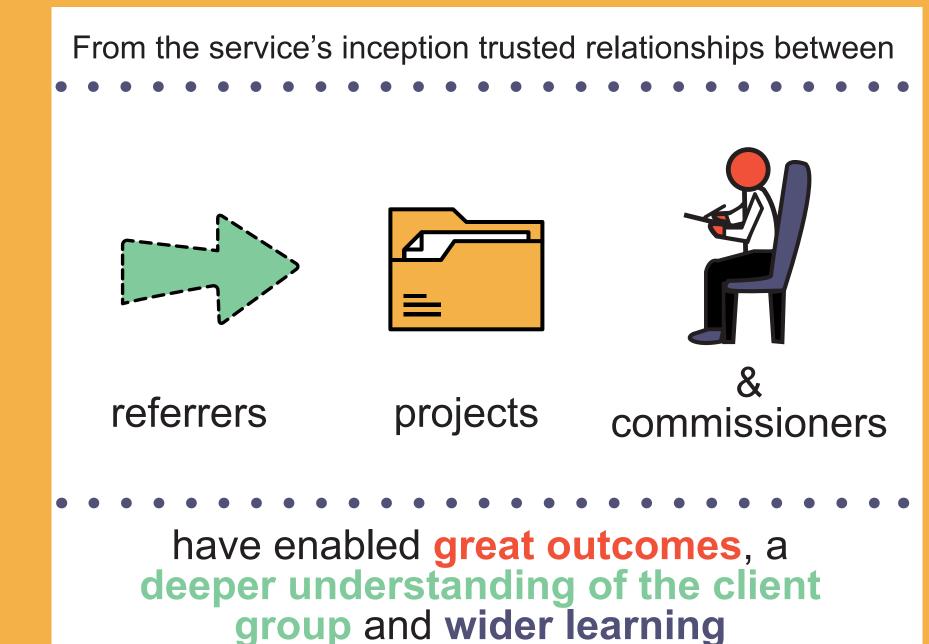
9% stayed static (WEMWBS score)

People are improving levels of social isolation and loneliness

**10** improved 38% stayed static on De Jong scale

49% improved 27% stayed static on UCLA





#### **Evaluation**

- SWIFt service users higher levels of need Live in an area with relatively high deprivation, have more multiple long term conditions and a greater level of frailty than average
- Broadly stable A&E attendances for the intervention and match cohorts across 2015/16 and 2017/18, however, some evidence of greater proportion of attendances resulting in a hospital admission for the intervention cohort in comparison to the control group (suggesting more appropriate A&E attendances);
- Changes in planned health care early signs of increases in some planned health care activity such as attendances from community health for the intervention group, but reductions in other types of planned activity such as outpatient and community based adult social care packages of care;
- Early indicators suggest a potential increase in health costs to the commissioner for the intervention cohort in comparison to the match cohort due to increased access to services.

# Next steps

in order to evaluate the longer term impact of this work, Leeds City Council have now expanded the service using iBCF funding, focusing specifically on areas with high numbers of older people experiencing frailty.

## Learning

- The third sector has an invaluable role in supporting people living with frailty.
- Project workers should have enough time to understand the older people and support them to recognise their strengths as well as needs.
- Person-centred approaches worked well and enabled the project worker to go at the pace of the older person.
- A holistic approach considering the wider determinants of health was effective in addressing the needs of the older person.
- Building a relationship of trust is key to understanding the older person and working with them to create positive change.
- Creating a culture of trust was vital in delivering a 'Test and learn' approach
- A wide range of evaluation methods including health and social care usage, case studies and survey data vital in evidencing outcomes.







