**Agenda Item No: 8**

# NEIGHBOURHOOD CARES PILOT FINAL REPORT

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| *To:* | **Adults Committee** |
| *Meeting Date:* | **18 December 2019** |
| *From:* | **Charlotte Black, Service Director: Adults and Safeguarding** |
| *Electoral division(s):* | **All** |
| *Forward Plan ref:* | **N/A** *Key decision:* **No** |
| *Purpose:* | **To share the evaluation of the Neighbourhood Cares pilot and how this approach will be taken forward.** |
| *Recommendation:* | **To endorse the adoption of the Neighbourhood Cares approach and principles through the Council's commitment to 'Think Communities' and the future development of Adult Social Care.** |

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## 1. BACKGROUND

1.1 The purpose of this paper is to accompany the external evaluation and summarise the learning from the Neighbourhood Cares Pilot (NCP) that was first conceptualised in August 2016 at a workshop with members, senior officers, NHS colleagues and partners. Funding was approved by the General Purposes Committee (GPC) and the Strategic Management Team (SMT) in November 2017. NCP learning has also been shared with other systems in the UK that were also testing how they could apply the Buurtzorg approach and this has been supported by the East of England Local Government Association and Public World UK /Buurtzorg.

1.2 NCP was operational from October 2017 to October 2019 in two communities of 10,000 population- St Ives and Soham. NCP has been externally evaluated by York Consulting and their evaluation report is included in this paper Appendix 1.

1.3 NCP updates have been provided to the Adults Committee in March 2017, May 2018 and November 2018.

1.4 NCP was set up to deliver the following benefits :

- Improve outcomes for service users.
- Manage costs by achieving the same or better outcomes in a more cost effective way.
- Improve job satisfaction for social care staff because they can see the difference they make as they have more direct contact with people enabling them to do the right thing, at the right time in the right place.
- Increase community capacity where we currently have capacity gaps, particularly in home care.
- Use the learning from the pilot sites to inform the evolution of placed based models of social care for the wider transformation of the whole system.

1.5 This paper will cover :

1. The quality of support provided to people in the NCP pilot areas
2. The cost effectiveness of this approach and outcomes achieved.
3. The job satisfaction for the staff concerned.
4. The impact on community capacity and how the pilot highlighted challenges to the whole health and social care system.
5. How we are already applying the learning from NCP to Adult Social Care through the Adults Positive Challenge Programme, Think Communities and the Council's joint work with the NHS on the development of a placed based approach and integrated neighbourhoods.

1.6 The learning is evidenced by :

1. York Consulting's external evaluation report Appendix 1
2. Feedback from people directly involved in NCP which has been collated from a range of methods that include the NCP video https://www.youtube.com/watch?v=xmKhoY5wUoM&feature=youtu.be

This was shown at the last meeting of the Adults Committee as part of a presentation about Think Communities.

## 2. WHAT WORKED WELL

2.1 The Neighbourhood Cares pilot has been a great success and the evaluation report sets this out in detail. It has provided a basis for knowing what really good place based working in Adult Social Care looks like and has set the direction for the future, in a multi-agency context through the Think Communities approach. It has also shown what a collaborative approach between health, social care and the voluntary and community sector (VCS) at a local level looks like. It has shown the benefits of setting up self-managed teams and allowing front line staff to build relationships at a local level and work flexibly to support people to prevent their needs from escalating and maintain independence.

2.2 Investing time in initial set up of NCP before it went live meant we developed a recruitment and assessment process that recruited the people with the values and skills needed for NCP. This assessment process is now being used to recruit Social workers across Adults and Safeguarding.

2.3 A training and induction programme ensured Neighbourhood Cares Workers (NCWs) were confident and skilled before NCP went live. This time also gave the teams time to listen, learn and build relationships and trust within their respective communities. This meant that NCWs could pick up a phone to access the right support at the right time rather than having to navigate referral process and systems.

2.4 Accepting that we needed to use the Council's back office systems, HR, Finance and IT which meant that NCP were truly tested in a live working environment and the staff in the teams could prioritise direct work with individuals and the community.

2.5 Testing in two different communities with different boundaries - one linked to place in Soham and the other linked to the practice population of GP patients at the Spinney practice in St Ives. This identified a key learning point- the importance of aligning service to place/community that people relate to rather than the boundaries of a specific service. This approach also demonstrated the benefits of developing a collaborative approach with the VCS networks that exist in each community.

2.6 Providing a 'heat shield' in the form of the Neighbourhood Cares Manager post to the teams that dealt with back office issues that allowed them to focus on their jobs and test being a placed based team.

2.7 Having continuity of support and the commitment at a senior level and through the Portfolio holder for adult social care which also provided critical challenge as a critical friend was key in ensuring we continued to test and learn throughout the life of NCP.

2.8 Support of the Buurtzorg community through Public World and East of England Local Government Association (EELGA) ensured we were true to and applied the Buurtzorg principles.

2.9 Using the libraries as a work base and a place to deliver drop ins has been a positive example of using an accessible Council building with no stigma attached, that the whole community felt was safe and welcoming to use. It has also demonstrated the value of Libraries as community hubs and an intergenerational space. Although not all communities have a Library many have another suitable communal space.

## 3. KEY CHALLENGES

3.1 A key challenge for NCP was to balance delivering the pilot with providing evidence of impact. Both teams kept a log of people they came into contact with and the range and nature of those conversations and interventions.

3.2 The teams focus was also on meeting the expectations of the pilot, carrying out their statutory duty and responding to the needs of the people in their communities. Time and testing was needed to establish a way to provide evidence that the pilot that was both effective and objective. Data and information could not be easily lifted as information was held on a number of platforms. Therefore NCP developed a monitoring tool to collect the evidence needed, this was a crucial part of the test and learn approach.

3.3 As health and social care professionals operate with different systems, finding ways of joining up the information about a person's needs and support required the teams to find ways to get the full picture. Those involved in a person's care are often unaware about what others are doing or what conversations are taking place. The person themselves often assumes that health and social care professionals will have access to all the information needed. The people supported by NCWs did not always share pertinent information as they assumed they already had access to this information.

3.4 NCWs always ensured they had a conversation with everyone they supported to prevent duplication of support offered or identified needs being missed all together. NCWs therefore had to continually establish for themselves a clear understanding of the current situation. St Ives NCWs had access to NHS System One when they worked from The Spinney surgery. All patients the teams worked with gave their consent. This highlights the difficulties and challenges for staff having to work across more than one system.

3.5 It was challenging for the St Ives team whose criteria was to support a population based on a GP practice patient list. This meant their case load was

defined by the practice population and therefore wasn't place based- which has led to a firm conclusion that a defined geographical locality is a better way to work.

3.6 The pilots worked hard to identify local bespoke solutions to domiciliary care needs, but found it challenging to identify people interested in registering as a personal care assistants with the Council's direct payment contracted provider. However the teams did see evidence of an increase in small independent businesses and volunteers.

## 4. WHAT WE LEARNT

4.1 That this model of working achieved high quality outcomes for the people of St Ives and Soham including some outstanding holistic support and care for people and their families. These teams demonstrated best practice in place based delivery of Adult Social Care.

4.2 Evidence of this is provided in the external evaluation and case studies submitted in previous papers. Peter's story provides an additional example and this can be found in Appendix 2.

### 4.3 Improved Job Satisfaction for staff

4.3.1 Staff repeatedly stated that they had higher levels of job satisfaction working in NCP than in previous roles. All NCWs were totally committed to championing the NCP principles and taking forward the learning into their future roles. Neighbourhood Care Workers (NCWs) liked the fact they were trusted to use their professional judgement, and they felt responsible and accountable as teams for their communities and rose to the challenge of self-management.

4.3.2 The range of roles that the NCWs have taken up following NCP is a reflection of the skill sets they have gained being part of NCP and the way in which they have developed as individuals by being instrumental in making NCP a success. These are set out in Appendix 3.

### 4.4 How NCP increased community capacity and also highlighted challenges to the whole health and social care system

4.4.1 NCP was able to increase and maximise community capacity in Soham and St Ives as a result of being based in the community and working in collaboration with the VCS organisations in that community. This gave them the ability to get to know their communities and develop relationships with those who lived, worked and volunteered in them.

4.4.2 NCP actively facilitated events that brought people and community providers in the independent and voluntary sector together. This resulted in NCWs connecting people to providers confident they were the appropriate match. They supported people to build an informal circle of support confident that NCWs would respond flexibly to changing needs and have access to the appropriate technology, equipment, benefits and housing options. This saw

people come forward to volunteer, work together and take forward ideas in an informal way to meet local needs.

4.4.3 This way of working raised the awareness of those in the community to assets they were previously unaware of and introduced people to each other that allowed them to make connections to both provide and receive support. The external evaluation showed evidence of successful prevention of social isolation and loneliness.

4.4.4 NCP demonstrated the value of having conversations with people receiving health care and not assuming they had been made aware of all other areas of support they had a right to that could be of benefit to them and improve their quality of life.

4.4.5 For example a husband needing kidney dialysis 3 times a week, whose wife who was at breaking point coping with maintaining a full time job, transporting her husband to the hospital 3 times a week and providing his personal care. He had never been made aware of entitlement to access benefits, equipment and technology, a blue badge and support for his wife as a carer until they had a conversation with a NCW. They had assumed that they would have been told by those providing his health care if they had been eligible for any other types of support. This case was not untypical with people often being unaware of advice and information that could improve their daily living and positively impact their long term wellbeing and outcomes.

4.4.6 It proved to be a significant challenge to change how the domiciliary care market operates and increase the number of social enterprises and individual personal care workers. This is despite Care Network delivering the Connected Community Programme which aimed to prompt and support the development of social enterprises and increase the number of people interested in becoming personal care assistants. This was funded by the Council's Innovate and Cultivate grant. It became evident that the number of people interested in this work who were not already doing it is very small. Low unemployment levels and the fact that this line of work cannot always guarantee a constant level of income, meant some people considered it too risky a job option.

## 5. THE NEIGHBOURHOOD CARES LEGACY IN SOHAM AND ST IVES

5.1 In both Soham and St Ives we are continuing to use the libraries as places to continue to bring people together. This will include weekly drop ins where people can meet. A worker from each Locality Team will provide continuity and ensure relationships are maintained and developed in Soham and St Ives and extended to surrounding communities in East Cambridgeshire and Huntingdonshire. Discussions are underway with the District Councils and other partner agencies about identifying support for these drop ins.

5.2 Groups established will continue. In Soham these will be supported by the newly formed Soham Community Association and will include:

- The monthly Diabetic peer support group
- The friendly dog group
- The Repair café
- The Monday club
- Nellie the Tuk Tuk

In St Ives:

- The Men's Interest Group is being run by the Norris Museum
- The Intergenerational project is continuing with Eastfields Infant School, Rheola, Eden Place and Broadleas. The children have written letters again recently with a 1960s theme and will be performing Christmas carols to the Adults.

5.3 People who have become volunteers in both communities as a result of NCP plan to continue to volunteer. They now want to support local people and support others to 'have a life' and therefore not to 'need a service'.

5.4 The Locality Team managers responsible for both St Ives and Soham have worked closely with the NCP to ensure that there is a seamless transfer for people to being supported by their teams. The Think Communities place based leads and the Neighbourhood Cares Manager are working with the relevant PCNs in Soham and St Ives to ensure relationships established continue, particularly in developing the roles of their social prescribers.

## 6. HOW LEARNING FROM NCP IS BEING APPLIED BEYOND ADULT SOCIAL CARE

### 6.1 Think Communities

6.1.1 As a test and learn pilot Neighbourhood Cares has had a wide impact beyond adult social care and has become the precursor for Think Communities which is focussed on establishing a place-based, person-centred approach to wider public sector reform.

6.1.2 The Think Communities approach is focussed on :

- People – resilient communities where people feel connected
- Places – that are integrated, possess a sense of place and support resilience
- Systems – in which partners listen, engage and align.

6.1.3 In Neighbourhood Cares we talk about:

- Relationships – being human and connecting people to share their passions
- The power of the library – a place where people feel comfortable to come and connect
- Collaboration – working with our community partners to support and enable people to discover what a good life means to them

6.1.4 The penny dropped:

- People = Relationships
- Place = Library (or café, church, park bench)
- Systems = Collaboration

6.1.5 The pilots have informed the wider Think Communities approach that will be applied to all public services and is endorsed by the Public Service Board. To fully roll out the NCP principles across the county we need to have collaborative systems that give people choice and control to avoid statutory intervention and build on existing strengths and networks in communities.

6.1.6 The Think Communities principles align very well with the approach of the Neighbourhood Cares pilot as Think Communities is built on the key principles of enabling communities to become resilient, safe, healthy, connected and able to help themselves.

6.1.7 Think Communities will be applying 3 key elements of the learning from NCP: A different conversation, workforce reform and use of place based data.

6.1.8 **A different conversation** - Individual, family and neighbourhood strengths are considered in all interventions. Working with partners to listen, engage and align with communities and each other to maximise community-led independence and wellbeing opportunities.

6.1.9 **Good conversations matter** - It's important to have good conversations with those we are supporting, so that we can find out what really matters to them. These need to be positive conversations that are 'strengths based' and help people to help themselves. We've learnt this doesn't happen by accident or osmosis – and we need to put in place a training programme and tools, to make this happen across the partnership.

6.1.10 **Workforce reform** -The Think Communities approach requires us to support a workforce with new and different skills, giving autonomy to innovate and having different conversations with our communities and our partners. We need to develop a culture where staff are encouraged, enabled, empowered, trusted and supported to take different approaches to resolving entrenched and long-term issues.

6.1.11 **Data** –we are rich in data but poor in our use of it to show what is going on in a community.

6.1.12 **A single picture** - we have learnt a lot about how all partners need to have the same picture and access to 'place-based' data. For example, there are many factors which drive demand for adult social care. Housing, health, loneliness, benefits and the need for financial advice all play their part. It's crucial when commissioning local services that we involve all public and voluntary sector agencies, and use the same data, to get that full, accurate, single picture. This is at the heart of the Think Communities approach.

6.1.13 The Think Communities approach provides a great opportunity to use the breadth of data we hold across the partnership – to allow a truly 'place based' approach that is based on real evidence. It is about everyone across the system working in the same direction, at the same time, from the same single version of the truth.

6.1.14 1500 datasets are being brought together to create a tool to inform decision making, service design, delivery and crucially to help realign resources. This data is being hosted on 'Cambridgeshire Insight' and includes health data, demographic data, data about jobs, benefits and local assets. Tools will be designed that make relevant local place-based data available for Place Based Boards to support intelligence led conversations.

6.2 **Library Transformation Programme**

6.2.1 Cambridgeshire County Council has continued to invest in its libraries infrastructure, and, through Think Communities, is developing proposals to refocus libraries as the beating heart of communities. We are developing a new, ambitious vision for libraries that will see them positioned as the 'junction boxes' in the system: where people can connect; which give places access to civic infrastructure; and, where the system can work together for the benefit of all. Building on the NC work in Soham in particular, the new vision will establish a 'Libraries First' approach, where libraries are the assets of choice for service delivery and for commissioned service provision, as well as places from which partners can be based. Rather than working in isolation, providers would see themselves as part of a network based around each of our library buildings. The draft vision will be presented to the Communities and Partnerships Committee in December 2019.

6.2.2 As part of the development of this new vision, the council is working in partnership with Civic as part of the Future Libraries Initiative, which will further develop libraries in Cambridgeshire and Peterborough to play a powerful role at the heart of communities. The project is led by Cambridgeshire County Council, Vivacity, (with Peterborough City Council) and social enterprise Civic. Seven pilots are being launched in Wisbech, Soham, Cambridge Central, Northstowe (future library), Brampton, Peterborough Central and Thorney libraries enabling us to work with communities and partners to develop our new model for libraries. Soham Library was chosen to build on the work

developed through NCP. All of the pilots will build on the approach that the Neighbourhood Cares team took to develop a deep understanding of their communities and understand the role of libraries as key assets for the community.

6.2.3 The project is working closely with the Neighbourhood Cares Manager and the Adults Positive Challenge programme to identify how it can take forward the learning from the Neighbourhood Cares pilots. Library staff will receive the 'Changing the Conversation' training. This will re-inforce the importance of holding strengths-based conversations with members of the public that our staff work with. The first tranche of the training is being held at St Ives library.

6.2.4 The Future Libraries Initiative will take a 'libraries first' approach to engaging with people and communities, with different services and organisations working together based around place. As part of this work, there will be an opportunity to take forward the concepts and practice around self-managed teams and explore how libraries can act as the physical 'connector' to other public sector and voluntary sector services. The learning from the Neighbourhood Cares pilots is feeding directly in to the financial modelling and impact assessment of the Future Libraries Initiative

6.3 **Adult Positive Challenge Programme**

6.3.1 Throughout the life of the NCP it has formed part of APCP and the learning from NCP has and is influencing a number of the work streams as has been referred to in this paper already.

6.3.2 The three main opportunities going forward will be in the continued development and delivery of:

- Changing the conversation
- Preventing carer breakdown
- Commissioning.

6.4 **Commissioning - the approach taken with all contracted providers**

6.4.1 The Commissioning Team has recognised the importance of utilising learning and outcomes achieved within the Neighbourhood Cares pilot where this will ensure delivery of best value and improved outcomes for people. More specifically, focus will be given to exploring how the benefits and impact of place based delivery models and commissioning by outcomes could support the Commissioning Directorate to tackle the challenges associated with geographical variances in the availability of homecare.

6.4.2 Learning from the Neighbourhood Cares Pilot is being utilised to harness the benefits of working more collaboratively with the local voluntary and community sector as partners in driving forward best practice. The Commissioning Directorate will support the sector to develop more creative and innovative models of support, to maintain commercial sustainability and to

improve practice through accessing current training requirements including 'Changing the Conversation'.

6.4.3 In terms of next steps, the team are currently exploring the benefits of piloting a place based approach to commissioning homecare which will draw upon the learning from Neighbourhood Cares and approaches used within other areas such as Wigan, Oxfordshire and Thurrock. The Council will work with the new Place Based Boards to inform development and design, as well as the wider independent sector market, service users and other stakeholders to co-develop a local solution. Through these forums, joint commissioning models both within the Council and with our local partners will be explored.

6.4.4 Commissioning will also work alongside Think Communities to ensure that the area profiles are used effectively, to use that single picture of a place to decide/agree priorities and action required.

6.5 **North and South Alliances and Integrated Neighbourhoods workstream**

6.5.1 Across Cambridgeshire and Peterborough in line with the NHS Long Term Plan, the South and North Alliance are supporting all Primary Care Networks to take forward an Integrated Neighbourhood approach.

6.5.2 The South and North Alliance are both committed to using the NCP principles in taking forward an Integrated Neighbourhood workstream with all their PCNs.

6.5.3 The Council is taking part in a range of events being run for the PCNs to help them understand how the Council can support them and develop models of integrated practice for their patients. This includes raising their awareness of the benefits of linking with all the information and links the partners such as the VCS, District and County Councils have rather than PCNs needing to create something new. The Neighbourhood Cares Manager is working with the early adopter PCNs and helping to shape their work going forward.

6.5.4 As mentioned in this paper two of the NCWs have been appointed to two of the three Integrated Manager roles in the North Alliance to take forward a person centred placed based approach.

6.5.5 Ely South PCN has included Soham NCP as a member of their working board and are submitting a bid to the South Alliance Innovate Fund to support another community in their patch take forward a NC approach. They are also planning to deliver leg ulcer care in a way that replicates a NCP approach which not only provides clinical care but supports people's well-being.

6.5.6 Granta PCN have been supported by the Council to establish a Well-being Hub based on NCP principles. Partners from the NHS, District and County Councils, the voluntary and community sector and patients of Granta are using a shared working space to develop a multi-disciplinary approach to ensure patients get the right support from the appropriate people. This has helped raise awareness amongst NHS colleagues of the range of support available they might not have previously been aware of.

6.5.7 The learning from NCP is also feeding directly into the implementation of Social Prescribers across all PCNs. These posts are funded under the PCN contracts with the aim of ensuring patients access the holistic non-medical support they need. The Council is represented on the Cambridgeshire and Peterborough NHS Social Prescribing Board and developing a training and induction programme for all social prescribers to provide a person centred placed based offer of support to their respective PCNs.

6.5.8 At initial PCN events and Cambridge University Hospital board events NCP has presented the benefits of using the NCP principles and been invited to present at future events across the county.

6.6 **How are we sharing the learning beyond Cambridgeshire**

6.6.1 NCP has developed relationships outside of Cambridgeshire testing and exploring similar models of working, applying the Buurtzorg principles. This has taken place in the Eastern Region and there have been joint workshops with Suffolk and Thurrock. ADASS has invited Cambridgeshire to share learning from NCP at an event on asset based approaches for Health and Social Care across the region.

6.6.2 NCP has worked closely with Buurtzorg UK and in doing so has been an active participant at a range of shared regional and national learning events with other Councils and NHS organisations in Essex, Kent, Newnham, Tower Hamlets, Guys and St Thomas Community Nurses. Learning about common challenges has been valuable in the delivery of NCP but will also continue to feed into both the APCP and Think Communities work.

## 7. CONCLUSION

7.1 It is essential that as the pilots end we ensure we embed our learning across the social care and health systems in CCC and PCC and embed it into all that the Think Communities movement and Adults Positive Challenge programme aims to achieve.

7.2 We have learnt that even with the strength of a place based approach there are significant challenges in stimulating a care market in Cambridgeshire that has a high cost of living and a wide range of employment opportunities.

7.3 NCP has informed and aligns with Think Communities in building on the strong belief that our communities are our greatest asset and by taking a place based person centred approach to the delivery of public services we build on what is important to people and their strengths.

7.4 NCP has demonstrated that :

- **People are the experts about themselves**. We might have the expertise to help them navigate through systems and increase awareness of the resources they have a right to access. We must do this in a way that is “do with” not “do to” just as we are “not caring for” but “caring about”
- **That communication is key and conversations count.** Developing relationships with wider teams is vital if we are to think more holistically and creatively.
- **It’s ok to take risks**. As professionals we are currently too risk averse with a “we know best attitude”
- Risk taking is part of our natural lives. We cannot eliminate risk, we can support people to mitigate unnecessary risks but not at the expense of their overall well-being.
- **Place is important.** Know your Neighbourhood. It is only if professionals take time to know the Neighbourhood they work in and are aware of others that work there, that they can they be of benefit to the people that live there.

## 8. ALIGNMENT WITH CORPORATE PRIORITIES

### 8.1 A good quality of life for everyone

There are no significant implications for this priority.

### 8.2 Thriving places for people to live

There are no significant implications within this category.

### 8.3 The best start for Cambridgeshire’s Children

There are no significant implications within this category.

## 9. SIGNIFICANT IMPLICATIONS

### 9.1 Resource Implications

*There are no significant implications within this category.*

### 9.2 Procurement/Contractual/Council Contract Procedure Rules Implications

*There are no significant implications within this category.*

### 9.3 Statutory, Legal and Risk Implications

*There are no significant implications within this category.*

### 9.4 Equality and Diversity Implications

*There are no significant implications within this category.*

9.5 **Engagement and Communications Implications**

*There are no significant implications within this category.*

9.6 **Localism and Local Member Involvement**

*There are no significant implications within this category.*

9.7 **Public Health Implications**

*There are no significant implications within this category.*

| **Source Documents** | **Location** |
|---|---|
| ***None*** | |

**Appendix 1**

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# Evaluation Of The Neighbourhood Cares Pilot:

# Final Report

OCTOBER 2019

**Author: Tim Allan**

**CONTENTS**

# EXECUTIVE SUMMARY

## Introduction

1. The independent, external evaluation of the Neighbourhood Cares Pilot (NCP) was undertaken between September 2017 and October 2019.

2. Phase 1 of the evaluation (September 2017 to November 2018) focused primarily on the implementation and early delivery of the pilot. Phase 2 (December 2018 to October 2019) explored the impacts and legacy of the pilot.

3. This is the final report from the evaluation and draws primarily on the primary and secondary research undertaken in Phase 2.

## The Neighbourhood Cares Pilot

4. NCP represented a new way of delivering adult social care services in two areas of Cambridgeshire: Soham and St Ives. It built on the 'Transforming Lives Strategy'[1] and reflected the County Council's desire to apply the principles of a Buurtzorg approach[2] to adult social care. NCP was a community-based model using small, self-managed teams that emphasised the nurse/care worker as a self-managing agent of change[3].

5. NCP sought to deliver strengths-based, preventative work in a flexible and responsive way within the local community, preventing the escalation of need. It ran between October 2017 and October 2019 and supported approximately 1,000 people (referred to in this report as 'clients').

6. In the two pilot areas of Soham and St Ives, NCP replaced the functions of the Adult Early Help, Older People and Physical Disability teams (apart from the review function of people placed in permanent residential or nursing care). Peer to peer authorisation of care budgets was allocated to each Neighbourhood Cares team. The teams co-produced personalised care plans with clients and encouraged community development and volunteering.

7. Back office functions for NCP were provided by the County Council. A Neighbourhood Cares Manager acted as a 'heatshield' for the teams by providing support across all operational and organisational issues.

## Impacts of the Neighbourhood Cares Pilot

8. NCP developed a reputation for being reliable and accessible, both of which were important drivers of client engagement and satisfaction. Neighbourhood Cares Workers were described as "non-judgemental", "tenacious", "resilient" and "polite". They saw clients promptly (often on the same day they were referred), enabling support, assistance and advice to be put in place quickly.

[1] https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/Transforming%20Lives%20strategy.pdf?inline=true

[2] https://www.buurtzorg.com/about-us/buurtzorgmodel/

[3] Neighbourhood Cares Service Specification

9. The regularity of contact between Neighbourhood Cares Workers and their clients enabled the teams to spot changes in clients' behaviour or wellbeing and to take early action, preventing the escalation of need. Evidence captured during the evaluation suggests that NCP may have been responsible for preventing more than 50 unplanned hospital admissions and for delaying or preventing the need for seven clients to need residential care. Key to their success in this regard was the can-do attitude of the teams and their willingness to work in a fully centred manner.

10. The clients, family members and Neighbourhood Cares Workers who contributed to the evaluation also spoke regularly of NCP having had a positive impact on quality of life. When asked why/how, they talked of clients' independence having been maintained through early intervention and, more generally, through the Neighbourhood Cares Workers "getting to know" the clients, "winning their trust" and "giving them confidence in themselves".

11. The evaluation also found strong qualitative evidence of NCP having reduced loneliness and increased social connections for clients. This has been achieved through a combination of community-based social activities, drop-in sessions and day-to-day support being provided in a way that improves self-confidence and day-to-day wellbeing.

12. The impact of NCP on carers and their quality of life appears to have been significant. The evaluation found examples of family members being able to stay in work for longer, of full-time carers being able to have respite breaks and of NCP staff assisting family carers with financial arrangements such as the Attendance Allowance and Carers Allowance.

13. Neighbourhood Cares Workers have derived significant professional and personal satisfaction from their jobs. Influencing factors include the autonomy and professional independence of self-managed teams, the opportunity to develop new skills and the high worker to client ratios (compared with adult social care delivery in other parts of Cambridgeshire).

14. However, perhaps the most significant driver of job satisfaction has been the amount and type of direct contact that the Neighbourhood Cares Workers have had with clients and their families. This covers a broad spectrum, from ad hoc advice and signposting, to preventative work, resolving crises and assisting with palliative care arrangements.

## Challenges

15. The overriding opinion of the Neighbourhood Cares Workers towards the self-managed team approach, and towards the Buurtzorg model as a whole, is undeniably positive. However, their feedback suggests they might have been operating with maximum effectiveness sooner had they received more training – or had their training earlier – on certain aspects of self-managed teams, including decision-making processes and managing team meetings.

16. Client engagement and sign-up to NCP in the early stages of the pilot occurred at a quicker pace and in greater volume in St Ives than in Soham, because of the direct (physical) links between the Spinney surgery and the Neighbourhood Cares team. Even so, the Soham model – with the team based at the local library – had distinct advantages and should form the basis for any future roll-out or iteration of the NCP approach. Specifically, the library was seen by clients as neutral, safe and non-stigmatised. It did not have any connotations of 'problems' or 'issues', which is often not the case with health settings.

17. In addition, the St Ives model – with the team only able to work with clients from one of the local GP surgeries – constrained the extent to which they could engage in community development and limited the 'community' and 'community-wide' feel of the service.

18. NCP was a 'test and learn' initiative and was delivered at a time when the County Council was in an 18-month implementation of a new Adult Information System. Nonetheless, NCP management and performance information was not collated/presented in a way that leant itself to straightforward analysis until late in the 2018 calendar year. However, from that point on, monthly summary reports were produced which made it much easier to assess and track client volumes, referral routes, outcomes of referrals and social media engagement.

## Legacy

19. It is encouraging that NCP appears to be leaving a demonstrable positive legacy, with its effects set to be sustained beyond the end of its funding period. This is perhaps most evident in the form of community assets, which include community lunch events, drop-in sessions, a disability support group and a tuk tuk to transport local residents to community events and combat isolation.

20. An important evaluation finding concerns the ethos with which the Neighbourhood Cares team has approached the development of community assets. It was not a case of taking control and doing something 'for' the community – even though that may have been easier and quicker in some cases – but rather a case of being a facilitator, honest broker and critical friend. Ownership of the initial ideas, of the activities and of the ensuing outcomes and impacts has resided with community members and local voluntary and community groups but not with Neighbourhood Cares staff.

21. More broadly, NCP has had an important role in setting the direction for the future in a multi-agency context through the Think Communities approach. It has demonstrated how a collaborative approach between health and social care can operate at a local level and has showcased the benefits of a self-managed team approach.

## Composition of an optimal NCP team

22. Based on information recorded by the Neighbourhood Cares teams, the ideal or optimal structures in Soham and St Ives would as shown in Table E.1. In reality, these FTE numbers would be rounded, so 1.0 NCW1 FTEs in St Ives, for example.

**Table E.1: Optimal team structures in Soham and St Ives**

| | NCW1 FTEs | NCW2 FTEs | NCW3 FTEs | Total FTEs |
|---|---|---|---|---|
| **Soham** | 1.22 | 2.90 | 1.67 | **5.79** |
| **St Ives** | 0.96 | 2.72 | 2.11 | **5.79** |
| **Average (mean)** | 1.09 | 2.81 | 1.89 | **5.79** |

23. The above staffing would result in average (mean) salary costs of £169,787 and average (mean) employee costs of £224,013 per annum per team.

## Learning points

24. **Team/service base:** using the library in Soham as the NCP base was more effective in terms of client engagement and community participation than the GP surgery in St Ives. It was non-threatening, accessible and inclusive and was more conducive to drop-in activity.

25. **Recruitment:** as documented in detail in the Phase 1 evaluation report (November 2018), the recruitment process for NCP was very effective and should be replicated on interventions of this kind in the future. In particular, the assessment-centre approach and scenario testing identified individuals well-suited to the roles, while recruiting staff from a range of professional backgrounds was very beneficial in terms of knowledge sharing and skills development.

26. **Monitoring:** the monthly reporting process introduced in December 2018 made the analysis of NCP activity much clearer and easier. With hindsight this process would have been put in place at the outset of the pilot.

27. **Monitoring:** as a category of potential cost saving, 'reducing loneliness' was incorporated into the evaluation at a relatively late stage. On successor schemes, it would be very useful for the teams to use a recognised/validated loneliness tool with clients to capture their 'loneliness status' on engagement with the service and, where possible, their status some months later. The same is also true of a quality of life scale. Doing so would add more robustness to the (very powerful) messages on loneliness and quality of life that have emerged from the qualitative research.

28. **Community development:** employing a member of staff with community development experience has been of major benefit to both the development of community assets and the legacy of NCP. This was especially the case where the member of staff did not have a caseload of clients as they were able to focus on community development activities, including forming and developing relationships with other local partners.

29. **Community development:** when supporting community members with new activities, events or projects, it is important for staff to recognise the significance of persistence, encouragement and facilitation (as distinct from control). Neighbourhood Cares staff have been excellent in this regard and, as such, have been instrumental in many of the community assets developed through NCP coming to fruition and being successful.

30. **Neighbourhood Cares team:** on future initiatives of this kind, a team staffed with professionals from both health and social care should be encouraged. This is likely to make issues over systems integration and information sharing easier to overcome and, in doing so, will facilitate a truly person-centred approach.

31. **Neighbourhood Cares team:** the pilot has shown that Neighbourhood Cares teams do not need to be staffed exclusively with social workers (the recording of tasks for the 'optimal team' calculations demonstrates this). This supports the learning point above about the merits of a joint health and social care team.

# 1 EVALUATION OVERVIEW

## Introduction

1.1 In September 2017, Cambridgeshire County Council commissioned an independent, external evaluation of the Neighbourhood Cares Pilot (NCP). The evaluation was delivered by York Consulting LLP and had two main phases:

- Phase 1 took place between September 2017 and November 2018 and focused primarily on the implementation and early delivery of the pilot. A Phase 1 evaluation report was submitted to Cambridgeshire County Council in November 2018.
- Phase 2 took place between December 2018 and October 2019 and explored the impacts and legacy of the pilot, including an estimate of its financial savings for the state.

1.2 This is the final report from the evaluation and draws primarily on the primary and secondary research undertaken in Phase 2.

1.3 York Consulting would like to thank everyone that has taken part in the evaluation, especially the NCP clients, their carers and family members. Louise Tranham from Cambridgeshire County Council helpfully provided project management support throughout the evaluation. Rebecca Bartram, also from Cambridgeshire County Council, went to considerable lengths to supply the evaluators with quantitative and financial data to inform the assessment of cost savings.

## The Neighbourhood Cares Pilot in summary

1.4 NCP represented a new way of delivering adult social care services in Cambridgeshire. It built on the 'Transforming Lives Strategy'[4] and reflected the County Council's desire to apply the principles of a Buurtzorg approach[5] to adult social care. NCP was a community-based model using small, self-managed teams that emphasised the nurse/care worker as a self-managing agent of change[6].

1.5 NCP sought to:

- Deliver strengths-based, preventative work in a flexible and responsive way within the local community;
- Build support around people's needs in a way that made sense to them;
- Identify gaps in need and connect resources in the community, moving away from a system of separate, specialist county-wide teams with a reliance on more traditional models of care.

[4] https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/Transforming%20Lives%20strategy.pdf?inline=true
[5] https://www.buurtzorg.com/about-us/buurtzorgmodel/
[6] Neighbourhood Cares Service Specification

1.6 The pilot operated in two areas: one rural (Soham) and one urban (St Ives), both with populations of approximately 10,000 people (in keeping with the Buurtzorg model). The Soham team was able to work with all adult Soham residents. The St Ives team was attached to one of the five GP practices in the town (The Spinney) and was able to work only with patients of that surgery. Both teams worked with all adults in those populations and the budget was transferred for older people and physical disabilities. Budget was not transferred for learning disabilities which continued to be held by the Learning Disability Partnership.

1.7 The business case for the pilot cited the following as key outcomes[7]:

- To shift as much resource as possible to the front line;
- To free up staff to have more direct contact with people enabling them to do the right thing, at the right time in the right place and improve job satisfaction because they can see the difference they can make;
- To improve the quality and continuity of care and support to people;
- To increase capacity where there are capacity gaps, particularly in homecare;
- To reduce the cost of care;
- To learn from the pilot sites to form the basis for the wider transformation of the whole system.

1.8 The pilot ran between October 2017 and October 2019 and supported approximately 1,000 people (referred to in this report as 'clients'). From this cohort of clients:

- 318 had a community action plan put in place through NCP, of which 71 had a community action plan follow-up;
- 152 were already known to the County Council prior to NCP;
- 124 had an adult social care assessment.

1.9 The people in paragraph 1.8 had an intervention that falls within the scope of the Care Act.

1.10 NCP sought to embrace the principles of the Buurtzorg model, although it had to do so within the operating context of an English County Council. Summarised in Table 1.1, that necessitated a number of deviations – some minor and some more fundamental – from the 'core' Buurtzorg approach.

[7] Neighbourhood Cares Pilot 'Deep Dive' Report to Adults Committee 24th May 2018.

| Table 1.1: Comparing Buurtzorg Netherlands and NCP in Cambridgeshire | |
|---|---|
| **Buurtzorg Netherlands** | **NCP Cambridgeshire** |
| ***Team composition:*** | |
| 8-12 nurses and nursing assistants. | Initially 4 full-time Neighbourhood Cares Workers (NCWs) P2 grade (NCW level 3). Then 6-7 NCWs at levels 1, 2 and 3. |
| ***Working patterns:*** | |
| Rotas agreed by the teams in weekly meetings.<br>Teams available 24/7. | Rotas agreed by the teams in weekly meetings.<br>Teams available core hours 8.45-17.30 Monday to Friday, responding to urgent needs in evenings and at weekends. |
| ***IT systems:*** | |
| Bespoke 'Buurtzorgweb' system, which supports appointment scheduling, client records management, clinical governance, email communication and HR. | County Council's IT systems for emails, HR, communications and finance.<br>County Council's adult social care system for client records (in October 2018, this changed to Mosaic). The NCP St Ives team had look-up access to SystmOne (NHS health records) at the Spinney surgery. |
| ***Technology:*** | |
| Nurses have iPads. | NCWs had laptops and mobile phones. |
| ***Back office:*** | |
| Small expert back office dedicated to supporting the functioning of the nurse team. | Back office provided by County Council's IT, finance and HR systems, with a Neighbourhood Cares Manager providing a 'heatshield' that offered support for all operational and organisational issues. |
| ***Approach to care:*** | |
| Named team member assigned to each client. Team members arrange appointments directly with clients and mobilise informal support networks. Personalised care plans are co-produced with clients. Cases are discussed and co-managed at weekly team meetings. | Named team member assigned to each client. Team members arranged appointments directly with clients and mobilised informal support networks. They co-produced personalised care plans with clients and positively encouraged community development and volunteering. Cases were discussed and co-managed at weekly team meetings. |
| ***Types of care delivered:*** | |
| Clinical care consistent with community nursing. Personal care (supporting people with washing, eating, dressing and toileting),<br>reablement and wider social care support work. | Provided social care in line with Care Act. In the two pilot areas, NCP replaced the function of the Adult Early Help, Older People and Physical Disability teams (apart from the review function of people placed in permanent residential or nursing care). Peer to peer authorisation of care budgets was allocated to each pilot team. |

| Table 1.1: Comparing Buurtzorg Netherlands and NCP in Cambridgeshire | |
|---|---|
| **Buurtzorg Netherlands** | **NCP Cambridgeshire** |
| | Although NCWs would refer people to reablement if needed, NCWs delivered short-term personal care and immediate support where required.<br>Focus was on helping people to live as they wish and to navigate health and social care systems to access support which prevented the escalation of need. |
| ***Support:*** | |
| Buurtzorg coach.<br>Comprehensive guidance materials on Buurtzorgweb.<br>Inter-team peer support.<br>Training courses on self-management and care. | Neighbourhood Cares Manager had the role of coach and heatshield.<br>Training sessions on self-management were delivered by Public World and a coach from Buurtzorg Netherlands.<br>NCWs undertook all relevant training on safeguarding, the Care Act and personal care. |
| ***Management structure:*** | |
| Self-managed teams.<br>Peer appraisals.<br>Non-hierarchy: no line managers or team leaders. | Self-managed teams.<br>Peer-to-peer appraisals, coach/manager approved in line with County Council HR protocol. The coach provided support and ensured the teams linked into adult social care managerial systems. NCP was overseen by a working group chaired by the Service Director of Adults and Safeguarding. |
| ***Recruitment:*** | |
| Teams hire new members themselves, with support from the coach. | The coach set up the initial assessment recruitment process, which the teams then used to recruit new staff. The teams also developed new job descriptions. |
| ***Caseloads:*** | |
| 40-60 clients per team at any one time<br>Team member to client ratio roughly 1:6. | Teams supported a range of clients, some with eligible needs and others who, by being given information and support, could live independently and understand the support and community assets available to them. |

## Evaluation approach

1.11 The evaluation ran alongside the delivery of the pilot, with fieldwork and data collection coming to an end in August 2019. The evaluation was tasked with assessing whether NCP had:

- Prevented clients' needs from escalating;
- Improved clients' quality of life;
- Saved money for the state (and if so, how much);
- Benefited Neighbourhood Cares workers;
- Created and left a sustainable legacy.

1.12 In addition, the evaluators were asked to calculate the workforce needed to support populations of 10,000 through an NCP/Buurtzorg approach and how much that would cost.

1.13 As shown in Table 1.2, the evaluation was delivered via a combination of primary research with senior stakeholders, frontline staff and clients, coupled with desk-based analysis to inform the more quantitative elements of the work.

**Table 1.2: Evaluation approach**

| Evaluation activity | Phase 1 | Phase 2 |
|---|---|---|
| Qualitative consultations with senior stakeholders and managers about the NCP delivery model, implementation, resources and early successes and challenges. | ✓ | |
| Rolling programme of qualitative consultations with members of the Neighbourhood Cares teams in Soham and St Ives to gather firsthand experiences of delivering a service via a Buurtzorg model, its impacts, challenges and legacy. | ✓ | ✓ |
| Twenty client case studies (ten in each of Soham and St Ives) to capture the end-user experience of NCP. Where possible, each client case study involved two qualitative consultations with the client and/or a family member: one at relatively early point in their support through NCP and one several months later. 5 of the 20 case studies have been written-up into short reports that can be found at Appendix A. | ✓ | ✓ |
| Periodic review of management and performance information provided by the Neighbourhood Cares teams. | ✓ | ✓ |
| Desk-based analysis to estimate: a) the savings to the state that may be attributable to NCP and b) the composition of the workforce needed to support a population of 10,000 people through a Neighbourhood Cares model. | | ✓ |
| Monthly keep-in-touch calls with the Neighbourhood Cares Manager and presentations of findings (on an as-requested basis) to a stakeholder group convened by Cambridgeshire County Council. | ✓ | ✓ |

# 2 THE IMPACTS OF THE NEIGHBOURHOOD CARES PILOT

## Introduction

2.1 This chapter draws on the primary research undertaken with Neighbourhood Cares Workers and the 20 case study clients (and where appropriate family members) in Phase 2 of the evaluation. It demonstrates the positive impacts that have been generated by NCP, split by stakeholder group, i.e.:

- Clients and their families;
- Neighbourhood Cares Workers;
- Other professionals/partners.

## Clients and their families

### Preventing needs from escalating

2.2 A clear and consistent message from the qualitative research is that, where possible, NCP has successfully prevented clients' social care needs from escalating. This is supported, to some extent at least, by the results of the desk-based analysis presented in Chapter Five, which show that fewer NCP clients moved into a residential care setting during the evaluation period than was the case for clients in the comparator areas of Littleport and Eaton Socon.

2.3 The obvious question that follows is, '*how* has NCP prevented needs from escalating?', the answer to which appears to have three main elements:

- Clients have benefited from the holistic and place-based nature of the model;
- The proactive and preventative approach of NCP;
- The way in which the model has allowed and encouraged workers to deliver support in personalised and flexible ways.

2.4 Each of these is covered in more detail below.

#### *1. Holistic and place-based approach*

2.5 NCP developed a reputation for being reliable and accessible, something which became an important driver for the engagement of clients and the subsequent high levels of satisfaction they expressed. Whilst it is important to recognise that only a relatively small proportion of NCP clients had prior experience of local authority social care services (and therefore may not have had an obvious reference point or comparison), those that took part in the evaluation regularly remarked that the Neighbourhood Cares Workers did what they said they would do, when they said they would do it. Where they could not provide direct help themselves, their willingness and proactivity to liaise with partner organisations and to signpost to other avenues of support was very much appreciated.

2.6 This may sound like little more than the basics of a client-facing role or core features of professional courtesy, but its importance to the perception and reputation of NCP should not be understated. For clients and their families, knowing that their phone calls would be returned, and knowing that they would not have to re-tell their story or re-explain their circumstances numerous times, marked quite a departure from what they had come to expect.

> *"They really try to help you….if they can't, they usually find someone who can." NCP client*

> *"Their knowledge of what's out there is incredible. They have so many contacts that we [the family] don't have." Relative of an NCP client*

2.7 NCP successfully embodied the Buurtzorg early intervention approach of 'first coffee, then care'. Client engagement was undertaken face-to-face, which helped some clients/families to de-stigmatise social care and prompted them to seek advice and support sooner than they would otherwise have done. Whilst difficult to quantify accurately given that each case is different, it follows that – for a proportion of clients at least – earlier engagement with support services will have prevented their needs from escalating as quickly than if they had not engaged.

> *"If someone wants a conversation, we're in there. It doesn't matter what age they are, or what they want to talk about, we're able to work with them." Neighbourhood Cares Worker*

2.8 Closely related is the physical location of the teams. In Soham, the team's base was at the local library. This provided a safe, community-based environment and prompted some clients with long histories of non-engagement or disengagement from local support services to voluntarily work with the Neighbourhood Cares team.

2.9 Circumstances were different in St Ives, as the team was based in (and served the patients of) one GP practice. Whilst it would be wrong to suggest that the St. Ives approach did not work (on the contrary, client feedback in St Ives was extremely positive), the more community-friendly base used in Soham provides the better blueprint for any successor service.

2.10 Less tangible than the teams' physical bases, but arguably more important, was *how* the Neighbourhood Cares Workers went about their work. Throughout the evaluation they were described as "non-judgemental", "tenacious", "resilient" and "polite". Their own feedback, combined with that from clients/families, suggests that they succeeded in persuading some clients to accept support where other services had failed. It therefore follows that they made an important contribution to the prevention of escalating need.

"*It's been an incredible service. What's really impressed me is their gentle chipping away, which meant that she [client] eventually accepted support. She can be stubborn and hostile, but they didn't give up on her, they kept trying.*" Relative of an NCP client

"*Their approach was the nicest thing. They were very polite and they listened. When she [the Neighbourhood Cares Worker] wrote the reports, I could hear myself saying it. It was what I said, not what she thought I'd said.*" NCP client

### *2. A proactive, preventative approach*

2.11 The ability of the Neighbourhood Cares Workers to see clients very promptly – often on the same day that they became known to the team – not only helped enhance their local reputation but also enabled support, assistance and advice to be put in place more quickly than under a traditional model. Underpinning this was:

- The self-managed team approach and the absence of multiple referral systems, triaging and contact centres;
- The teams' willingness to support clients, regardless of whether their issues would typically be classed as social care or health related.

2.12 These features of the model were particularly valued by carers and family members that lived some distance from the NCP clients. Their anecdotal feedback corroborates the feedback from the Neighbourhood Cares Workers and suggests that, on several occasions, had the teams not been able to respond so promptly, the likelihood is that their relatives (the NCP clients) would have been admitted to hospital.

"*They provided intensive support from day one. She [NCP client] trusts them. They've built a relationship with her. If a crisis occurs, having that relationship already in place will be so important."* Relative of NCP client

2.13 A related point is the regularity of the contact between the Neighbourhood Cares teams and the clients. This enabled the Neighbourhood Cares Workers to spot changes in clients' behaviour or wellbeing and to take early action. The evaluation uncovered numerous examples where changes in medication or previously undiagnosed health conditions were impacting on clients' daily quality of life and, in some cases, their general safety. In other cases, the Neighbourhood Cares Workers explained how, in their opinion, the early intervention aspect of the model had resulted in aspects of home help and/or modifications being made sooner that was likely to have been the case in the absence of the service. If it is assumed that their feedback is accurate (and the evaluation has found no reason to suggest it isn't), then the promptness of intervention from the Neighbourhood Cares teams can reasonably be assumed to have prevented issues such as those described above from escalating either as fast or with the same severity.

*"They spot when you're not right… they spot that straight away." NCP client*

### *3. Flexible support based on individual need*

2.14 The Neighbourhood Cares Workers were seen (and were often referred to by clients during this evaluation) as "community carers", rather than social workers or social care staff. Numerous accounts were provided of them successfully working with clients who had an initial reticence to accept support, and of doing so by taking the time to understand their needs and preferences and by moving at a pace that was acceptable and comfortable to them. The remit of the Neighbourhood Cares Workers was also able to extend far beyond conventional social care support. For example:

- They fulfilled an advocate role when clients had meetings with other services or professionals, such as health or housing;
- They undertook small tasks for clients which, on the surface, may appear incidental but which were actually important in establishing trust, building a reputation and encouraging clients to consider more formal care/support options. Examples include organising repairs to household items, moving items of furniture and assisting with meal preparation.

2.15 The consensus view from those that have contributed to the evaluation is that, for some clients, this way of working has been integral to the prevention of their needs escalating. It is also important to note – with reference to the analysis of an optimal team structure in Chapter Six – that the success and achievements of NCP in this particular regard lie in the approach and ethos of the teams and not in the seniority of the staff. The examples provided in the preceding bullet points, together with the many others that were observed by the evaluators, were not reliant upon staff being qualified to, or working at, the level of a senior social worker. In other words, it was the approach that was the key, not their grade.

**Improving quality of life**

2.16 When providing feedback to the evaluators, NCP clients and their carers often spoke of their quality of life having improved. When asked why, they typically said it was down to one or more of the following:

- Their independence had been maintained;
- They felt less lonely or socially isolated;
- Their mental and/or physical health had improved;
- They felt more supported and/or able to cope in their role as a carer.

### *1. Maintaining independence*

2.17 An important part of the Neighbourhood Cares Worker role has been to provide professional challenge in order to try and maintain and prolong clients' independence. The evaluation found cases where the workers had (safely) stepped down the level of planned support for clients (an excellent example of which is provided in the box below) and of them working with family members to help them develop a better understanding of clients' strengths, abilities and limitations in the context of safe, independent living.

"*We visited a man with a head injury who'd been in hospital for four months. The hospital's plan was that he would have 24-hour live-in care. Understandably, they were being risk averse. We worked with him over a period of time to understand what he wanted and what was safe. Now he's at home with a much lower level of care and I'm convinced he's happier and more independent as a result.*"
Neighbourhood Cares Worker

2.18 Clients and their relatives also spoke with great feeling and gratitude about how, in their view, NCP had prevented the need for more intensive support, including residential care. In some cases, they were unable to pinpoint a specific action or decision that led to this, but spoke more generically (although with equal importance) of Neighbourhood Cares Workers "getting to know" the clients, "winning their trust", "giving them confidence in themselves" and "calming them down". The skills and aptitudes involved in doing this should not be understated.

2.19 Other clients and relatives provided more tangible, action-based accounts. For example:

- When a client had to be rehoused at short notice, NCP staff worked with partner agencies to identify an immediate housing solution (and longer-term accommodation) which meant that the client didn't have to move into residential care.
- When a client's homecare needs changed suddenly and the family were unsure how they would cope, NCP staff quickly arranged overnight cover. They also accompanied the client when he had an emergency hospital admission and waited with him until the family (who live some distance away) arrived.
- An NCP client's discharge from hospital was being delayed because she was very distressed and upset. A Neighbourhood Cares Worker spent time with the client at the hospital and was able to calm her down, arrange her discharge and put in place short-term reablement support. Key to this outcome was the worker's prior knowledge of the client's mental health and emotional wellbeing. Without them having gained this knowledge over time, it seems very likely that the client would have remained in hospital for longer.

### *2. Reducing loneliness and isolation*

2.20 Research shows the harmful effects that loneliness and social isolation can have on health. For example:

- Holt-Lunstad (2015)[8] found that an absence of social connections can be as damaging to health as smoking 15 cigarettes a day;
- Marmot (2010)[9] reported that social networks and friendships can have a positive impact on reducing the risk of mortality or developing certain diseases.

[8] Holt-Lunstad J, TB, Layton JB. 2010. Social relationships and mortality risk: a meta-analytic review. PLoS Medicine 7
[9] Marmot et al, 2010. Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010.

- James et al (2011)[10] reported that loneliness puts individuals at greater risk of cognitive decline;
- Holwerda et al (2012)[11] found that lonely people have a 64% increased chance of developing clinical dementia.

2.21 It is therefore of some note that clients, family members and Neighbourhood Cares Workers consistently spoke of how NCP had helped to reduce loneliness and increase social connections. This has been achieved through a combination of community-based social activities, drop-in sessions and, more generally, providing support in a way that improves the self-confidence and day-to-day wellbeing of clients.

> *"The drop-ins can lift their isolation. They can say, "I need x, y, z doing" and then someone else will say, "I can do that". It gives them an outlet and provides mutual support."* Neighbourhood Cares Worker

> "*I go to the dinner and the tea and cake sessions. It's good to be with other people….there's always someone there to talk to. I'm not sitting on my own having dinner which I do most of the time. I feel more cheerful for doing it."* NCP client

2.22 Because of the prevalence with which reductions in loneliness and social isolation have been attributed to NCP during the evaluation, it has been included within the cost saving analysis in Chapter Five.

### *3. Improving mental and/or physical health*

2.23 It is difficult to measure or quantify the extent to which the health of NCP clients has been improved through their engagement and involvement with the service, but overall the evidence is encouraging. For example:

- Based on a combination of published research and feedback gathered through this evaluation, it is reasonable to assume that the reductions in loneliness reported by NCP clients and their families will, to some extent, have a positive impact on aspects of mental and physical health.
- NCP has encouraged and supported clients to visit their GPs and engage with other health professionals, where previously some had a history of not doing so.
- Relatives spoke of how clients' moods had improved and how their outlooks had become more positive following the support through NCP. They also spoke of improvements in self-worth and of them generally enjoying life to a greater extent.

[10] James BD, Wilson RS, Barnes LL, Bennett DA. 2011. Late-life social activity and cognitive decline in old age. Journal of the International Neuropsychological Society 17

[11] Holwerda, T. J. Deeg, D., Beekman, A. van Tilburg, T.G., Stek, M.L., Jonker, C., and Schoevers, R. 2012. Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL) Journal of Neurology, Neurosurgery and Psychiatry

2.24 As with many of the findings in this report, the above has not been caused by one specific intervention of feature of the NCP model. It has been caused by different things for different clients, be it the social opportunities that NCP has offered, the friendly professionalism of the staff, the speed with which arising issues have been addressed or the effective and efficient signposting to other services.

> "*She [client] had been very negative about things but now she's much more cheerful and positive about life. If they [NCP] hadn't been involved, I'm sure her mental state would have deteriorated further. They didn't give up, even when she said 'no'.".* Relative of NCP client

> "*I had mental health problems, but I'm off the tablets now because of the support network I've got through them [NCP]. I actually want to get up in the mornings now."* NCP client

***4. Benefits for family carers***

2.25 The impact of NCP on carers and their quality of life appears to have been significant. Examples were provided of:

- Family members being able to stay in work having previously thought they would have to take on full-time caring obligations.
- NCP staff arranging for sitting services, and/or for clients to attend day centres, in order for the family carers to have a break. The carers were keen to emphasise how this had a positive impact on their own wellbeing.
- NCP staff assisting family carers with financial arrangements, such as the Attendance Allowance and Carers Allowance. Most of the carers that contributed to the evaluation were previously unaware either of these benefits or did not realise they may be eligible for them.
- Referrals being made by NCP staff to occupational therapists and health professionals, resulting in home adaptations that benefited both the carers and the clients. These adaptations included converting bathrooms into wet rooms with disabled access and procuring hospital-style beds for clients.
- More general, although no less important, ad hoc or pastoral support for carers, captured in the feedback from one carer who said that the NCP staff, *"were there to listen and to help me de-stress when things were hard"*.

> *"We needed some respite because my mental health was bad. [Neighbourhood Cares Worker] arranged a fortnight's respite and helped with a carer's grant. It's surprising how much those things have lifted me…..often the mental effects on the carers are overlooked." Relative of NCP client*

> "*Knowing the team are so willing to help and to try and make things easier has given me huge comfort. I love the way they don't sit back and wait for things to happen".* Family carer of an NCP client

## Impact on Neighbourhood Cares Workers

2.26 Neighbourhood Cares Workers have derived significant professional and personal satisfaction from their jobs. They spoke of it being "the best job I've had", of having "loved every day" and of "looking forward to coming to work". The reasons for these high levels of job satisfaction naturally differ by member of staff, although there are several inter-related common themes:

- **Working in self-managed teams:** the autonomy and professional independence of a self-managed team has been of great value to the Neighbourhood Cares Workers. They have felt able to act and respond in ways that derive better care and support for clients, have felt empowered by the strengths-based approach and have fully bought into joint decision-making and shared management of risk.
- **Peer support:** there appears to have been a positive and supportive culture within the Neighbourhood Cares teams, leading team members to say that their work-life balance was better and their work-related stress was lower than in previous roles.
- **Professional development opportunities:** staff spoke of developing new skills through the pilot, for example in budgeting and championing human rights. They were clear in their view that the NCP roles required a different skillset to those required in conventional adult social care teams (where, for example, they would not have had budgetary responsibility). They also explained how the skills they had developed through NCP had helped them secure the jobs they wanted once the pilot came to an end.
- **Client and family relationships:** perhaps the most significant driver of job satisfaction has been the amount and type of direct contact that the Neighbourhood Cares Workers have had with clients and their families. This covers a broad spectrum, from ad hoc advice and signposting, to preventative work, resolving crises and assisting with palliative care arrangements. There is a shared view amongst the Neighbourhood Cares Workers that the model has enabled them to develop closer relationships with clients and their families, the benefit of which is not the relationships per se, but the added personalisation it enables the Neighbourhood Cares Workers to incorporate within their work.
- **Worker to client ratio:** under a normal (non-NCP) model of adult social care in Cambridgeshire, staffing for the Older People, Physical Disability and Adult Early Help teams (i.e. the teams that the Neighbourhood Cares Workers replaced during the pilot) is one FTE per population of 10,000 people. Under a Neighbourhood Cares model it is much higher (as explained in Chapter Six, an 'optimal' Neighbourhood Cares team would have c. 6 FTEs per population of 10,000 people). This higher ratio, coupled with a remit that enabled them to work with residents that did not have an eligible social care need, appears to have made a notable contribution to job satisfaction.

## Impact on partners

2.27 The qualitative research undertaken for the evaluation focused mainly on the impacts for those most closely involved with the service, i.e. clients, their families and the Neighbourhood Cares staff. However, consideration was also given to how NCP had affected other local service providers that interact with adult social care, the main findings from which were positive:

- **Advice, support and counsel:** domiciliary care providers in Soham and St Ives have contacted NCP staff when they were experiencing challenging relationships with clients and/or where the risk of a crisis situation was becoming apparent. The NCP staff did not always have an instant solution or a permanent fix (nor were they expected to), but the feedback suggests that, through their local networks and knowledge of clients' circumstances, they de-escalated numerous problematic situations and, on occasion, prevented full breakdowns in client-care provider relationships.
- **Preventing hospital admissions:** covered in more detail in Chapter Five, there is qualitative evidence to suggest that NCP has prevented a number of clients from being admitted to hospital. Quantifying that number with confidence is difficult as it requires a subjective take on the counterfactual (what might have happened had NCP not been there). Chapter Five therefore works with three scenarios – low, medium and high – which credit NCP with 25%, 50% and 75% respectively of all the prevented admissions reported during the evaluation.
- **Skills and awareness:** NCP staff undertook some very useful knowledge sharing activities with people in other roles who have direct contact with clients but who are not trained social work practitioners or medical professionals. Pharmacy drivers, for example, deliver medication to clients who are often vulnerable, isolated and housebound. With the requisite training, they are in an ideal position to identify changing needs and emerging problems. NCP staff provided training in how to do this and ensured that the drivers were aware of the appropriate referral and escalation procedures.

# 3 CHALLENGES

## Introduction

3.1 It is evident from Chapter Two that NCP had many successes. Like many pilots, however, it was not been without its challenges. Explained in the sub-sections that follow, these range from low-level operational issues through to more significant concerns over financial viability.

## Establishing an effective self-managed team

3.2 The overriding opinion of the Neighbourhood Cares Workers towards the self-managed team approach, and towards the Buurtzorg model as a whole, is undeniably positive. Likewise:

- The 'heatshield' provided by the Neighbourhood Cares Manager through which the teams received support on a range of operational and organisational issues;
- The inclusion of Buurtzorg training within the team's induction process and the review, by Buurtzorg, of the implementation of the service at the three-month point.

3.3 However, feedback from the Neighbourhood Cares Workers also suggests they might have been operating with maximum effectiveness sooner had they received more training – or had their training earlier – on certain aspects of self-managed teams, including:

- Decision-making processes;
- Parameters and boundaries of team member roles (i.e. what they could and could not do);
- Team meetings;
- Constructively challenging your teammates.

3.4 Whilst not an issue relating to the self-management of the teams per se, it has been acknowledged by the County Council that the grade structure of the Neighbourhood Cares teams (which were initially staffed with senior social workers or equivalent) would be too expensive to be replicated in any wider roll-out. However, it was important for the pilot that staff in the teams could be relied on, from the outset, to effectively assess risk and work productively in a self-managed team structure, hence the business case proposing staff at senior social worker grade. It became apparent during the pilot – and is indeed an important learning point – that teams of this kind do not in fact need to be staffed wholly with individuals working at that level.

3.5 As often happens during the early implementation of a new service, teething troubles around access to IT systems and office space consumed more of the Neighbourhood Cares Workers' time than was ideal. However, these were short-term issues that did not affect the overall effectiveness or quality of delivery.

## Location and base

3.6 Given that NCP was a pilot, it made sense to try out different variants of the delivery model in the two localities. The clear conclusion, however, is that the set-up in Soham had distinct advantages over that in St Ives and should form the basis for any future roll-out or iteration of the NCP approach. Specifically:

- The base for the Soham team (at the library) was seen by clients as neutral, safe and non-stigmatised. It did not have any connotations of 'problems' or 'issues', which is often not the case with health settings.
- The St Ives model – with the team only able to work with clients from one of the local GP surgeries – constrained the extent to which they could engage in community development and limited the 'community' and 'community-wide' feel of the service.
- The physical base of the St Ives team at the Spinney surgery limited the amount of drop-in activity and support that took place. The qualitative evidence presented in Chapter Two demonstrates the value of the drop-in element of a service like NCP. It is a key feature of its accessibility and distinctiveness compared with more conventional models of social care.

3.7 Notwithstanding the above, the positive feedback from the Spinney should also be noted, as it would be wrong to suggest that the St Ives model did not have its advantages. Most notably, client engagement and sign-up to NCP in the early stages of the pilot occurred at a quicker pace and in greater volume in St Ives than in Soham, because of the direct (physical) links between the surgery and the Neighbourhood Cares team. Whilst the Soham model enjoyed greater success overall, it took longer to reach capacity.

## Budgets

3.8 The Neighbourhood Cares teams began supporting clients in late 2017, but it wasn't until mid-2018 that they were given autonomy over the local authority budgets available to support those clients.

3.9 This was intentional given the 'test and learn' nature of the pilot: the County Council needed to be confident in the ability of the teams to manage the budgets effectively before the responsibility for doing so could be devolved. Nonetheless, team members suggested that this hindered their ability to be as responsive to clients' needs as they would have liked in the early stages of the pilot.

## Monitoring and reporting

3.10 Pilot projects are often iterative and involve a considerable learning-by-doing element. Alongside that, it is important to remember that NCP:

- Was a practical, client-focused service that sought to respond to needs in a person-centred way;
- Was a 'test and learn' initiative;

- Embodied, throughout its lifespan, the notion of 'getting on and doing the job';
- Was delivered at a time when the County Council was in an 18-month implementation of a new Adult Information System;
- Was not an administrative service and intentionally sought to avoid burdensome systems and maximise face-to-face contact with clients.

3.11 Nonetheless, on reflection the NCP management and performance information was not being collated/presented in a way that leant itself to straightforward analysis until late in the 2018 calendar year. From that point on – and to the credit of the NCP self-managed teams – monthly summary reports were produced which made it much easier to assess and track client volumes, referral routes, outcomes of referrals and social media engagement. The introduction of the monthly reports also made it much easier for the evaluation to estimate savings to the state through avoided hospital admissions.

3.12 The key message here is therefore not that the data collection and monitoring on NCP lacked fitness for purpose, but that the monthly reporting arrangements would ideally have been put in place earlier – a learning point for future interventions.

## Concerns about the future

3.13 It is a compliment to NCP that clients and family expressed genuine concern about how the local support landscape would look and operate when the service was no longer there. Neighbourhood Cares staff were also worried that individuals who do not meet current statutory thresholds (e.g. for mental health support), but who nonetheless have demonstrable or emerging issues, may struggle in the absence of NCP. They also predicted that some clients may stop taking part in community-based activities to the same extent and that this could introduce or increase feelings of loneliness and isolation.

3.14 It should therefore come as some comfort that NCP will in fact leave a strong legacy, particularly in terms of the sustainability of community assets and activities (these are explained in Chapter Four). The County Council is also actively taking steps to ensure that the learning from the pilot is widely shared.

# 4 LEGACY

## Introduction

4.1 It is encouraging that NCP appears to be leaving a demonstrable positive legacy and is doing so from several different perspectives. Also, the legacy is likely to be different in the two different localities, especially in terms of community assets. But it is nonetheless an endorsement of the model and those involved in its delivery that its effects will be sustained beyond the funding period.

## Community assets

4.2 The term 'community assets' has a broad definition that can include buildings, land, local clubs and facilities, libraries, energy generation facilities, funds, volunteers or members of staff. When successful, they enhance a local area and improve access to services. They can provide a space to share ideas and have a say in local issues. In doing so, they can strengthen community identity.

4.3 NCP has created and/or revitalised an array of community assets. This has occurred to a greater extent in Soham than St Ives, mainly as a consequence of the more community-centric nature of the Soham delivery model. The community assets include:

- **Community lunches in Soham**, from which the Soham Community Action group was formed.
- **The NCP drop-in sessions**: whilst no longer branded as 'Neighbourhood Cares', these are continuing with local authority support in both Soham and St Ives.
- **Nellie the tuk tuk:** funded through a Crowdfunder campaign run in partnership by Viva (a local arts group), Soham Men's Shed and Neighbourhood Cares, the tuk tuk is available to transport local residents to community events and combat isolation. It has received positive coverage in the local press and has been warmly welcomed within the community.
- **Friendly Dogs:** taking place on a monthly basis at the Soham library, Friendly Dogs is a drop-in designed for people who are fond of dogs but who are unable to have one. It provides the opportunity for people to meet and socialise and to enjoy some time with the dogs.
- **Diabetes Peer Support Group:** an informal group providing the opportunity for diabetes sufferers in Soham to share their experiences and provide help and support to one another.
- **'Enhancing the Conversation' training:** this training will be delivered to library volunteers to equip them with skills that will help strengthen and deepen the (often very valuable) conversations they have with local residents.

4.4 An important finding from the evaluation concerns the ethos with which the Neighbourhood Cares team has approached the development of community assets. It was not a case of taking control and doing something 'for' the community – even though that may have been easier and quicker in some cases – but rather a case of being a facilitator, honest broker and critical friend. Ownership of the initial ideas, of the activities and of the ensuing outcomes and impacts has resided with community members and local voluntary and community groups (with whom engagement and co-working has consistently been excellent) but not with Neighbourhood Cares staff. This has been, and will continue to be, central to the sustainability of the activities now that NCP is now longer running. There is little evidence of a dependency culture surrounding the community assets, summed up by a member of Neighbourhood Cares staff who described the approach as, *"supporting them [the individuals setting up community assets] whilst slowly walking backwards and allowing them to flourish*".

> *"My instinct was to get more involved, but I realised that wasn't going to help over the longer term. What we have done has taken longer, but it's more sustainable." Neighbourhood Cares Worker*

4.5 Another important learning point is having staff with community development experience and expertise on the team. In Soham, that member of staff did not have a caseload of clients, which enabled them to commit more, and more focused, resource to the community assets aspect of the pilot. They were also successful at working in partnership with other local groups and volunteer networks to harness economies of scale and pool resources around shared objectives. The joint efforts to raise funds for the tuk tuk is a good example of where this was done with excellent results.

4.6 Finally on community assets is a learning point around persistence and encouragement – two qualities that were apparent in the Neighbourhood Cares Workers. Community assets will often not succeed or flourish immediately. They may have a slow start and generate limited initial enthusiasm or interest which can be demoralising for those involved. The Neighbourhood Cares staff played an important role here, both in terms of keeping spirits up but also in terms of support and guidance on raising awareness and increasing participation. A good example is the Friendly Dogs initiative: at first, attendance from community members was extremely low, but over time, and through concerted efforts to raise awareness, it has grown to the point where it has essentially reached maximum capacity.

> *"The Neighbourhood Cares teams are the cheerleaders for the local projects. We've seen such benefit for people who now have important roles in their community."* Neighbourhood Cares Worker

> *"They [the community asset activities] aren't our ideas…we're there to help to help being the ideas of people in the community to fruition."* Neighbourhood Cares Worker

## Enthusiasm to deploy and share learning in new roles

4.7 Staff that have worked on Neighbourhood Cares are, or were at the time that the evaluation fieldwork concluded in mid-2019, evidently enthusiastic about bringing some of their own learning from the pilot to the new job roles they had secured. This learning included, although was not limited to, empowering staff, shared decision-making processes and the shared management of risk. There is evidence of the Neighbourhood Cares Workers having actively sought out and secured new roles that would enable them to do this.

4.8 That is not to say that they expected the deployment of that learning to necessarily be straightforward or quick. They recognised that they had been working within an atypical team structure, certainly in the context of local authority staffing arrangements, but they demonstrated evident enthusiasm – fuelled by their experience of NCP – for what they may be able to achieve in the future.

## Improved awareness of local care and support options

4.9 Feedback from carers, family members and Neighbourhood Cares staff points very clearly to NCP having improved people's awareness and understanding of how best to service the care and support needs of local residents. Importantly in the context of legacy, it has also improved their confidence in doing so.

4.10 In some cases, this has resulted in attitudinal change. For example, the evaluation has found cases where families would previously have arranged formal packages of domiciliary care for a relative, but are now using less formal home help services. They are doing this in the knowledge that it is not compromising on safety and, in some cases, is actually having a positive impact on clients' independence and wellbeing.

4.11 There are other cases where families have changed their views towards the need for a relative to move into a residential care setting, especially where additional home help (including modifications) has been facilitated by NCP.

4.12 Accurately assessing the scale of these attitudinal changes within either of the two communities is very difficult, as is projecting their lasting effect. However, based on the enthusiasm with which clients and family members spoke about it during the evaluation, it seems reasonable to assume that they will tell others in the local community and that the impact will therefore not stop with the cessation of NCP.

# 5 SAVINGS TO THE STATE

## Introduction

5.1 The evaluation has considered four ways in which NCP may have resulted in savings to the state. They are:

- Clients being admitted to hospital less often as a result of NCP.
- Domiciliary care package costs either reducing over time, not increasing as quickly as in the two comparator areas, or fewer NCP clients needing a local authority-funded domiciliary care package than clients in the comparator areas.
- Fewer NCP clients needing residential care than clients in the comparator areas.
- NCP clients becoming less lonely and socially isolated.

5.2 These four categories were chosen for two main reasons. First, they are areas in which NCP was expected to have an impact, so by focusing on them, the risk of false attribution, whilst by no means nullified, is reduced. Second, they are categories against which quantitative data was available to the evaluation. For example, the evaluators were able to access anonymised data showing the annual and weekly care package costs for NCP clients and clients in the comparator areas. The evaluators were also able to draw on published research into the costs to the state of loneliness, as well as local data on the average cost of hospital admissions.

5.3 Even so, there were several unknowns in the analysis, meaning that assumption and approximation had to be applied, in some cases considerably so. It is therefore imperative that the results presented in this chapter be seen in context. They represent estimated savings to the state that, from their independent viewpoint, the evaluators consider *could have been* generated by NCP, based on the available data. They must not be interpreted as the results of an all-encompassing or analytically watertight exercise.

## Hospital admissions

5.4 In lieu of having access to data directly from hospitals/Clinical Commissioning Groups (CCGs), Neighbourhood Cares staff were asked to estimate how many unplanned hospital admissions they believed they had prevented each month. They did this as part of their monthly reporting process.

5.5 Whilst there is no suggestion here that, in doing this, the staff knowingly over- or under-reported the number of admissions they prevented, it was by its very nature a subjective exercise. Most fundamental is the fact that the staff were being asked to form a judgment on something that *did not* happen (unplanned hospital admissions) without really knowing the counterfactual position. In other words, they cannot have known whether, had NCP not existed, someone else (e.g. a friend or relative) may have intervened to prevent an admission. That intervention may have been deliberate, for example if a relative was a full-time live-in carer. Or it may have been unintentional, for example if the relative had made an ad hoc visit the client's house, spotted they were unwell and arranged the necessary medical treatment before it escalated to a hospital admission.

5.6 As such, the data needs to be treated with caution, but it was the best that was available to the evaluation and the decision has been taken to include it. It shows that, on average, the teams believe they were preventing two hospital admissions per month in Soham and two per month in St Ives. This is based upon data covering the seven-month period from December 2018 to June 2019 inclusive. If it is assumed that the data is representative of NCP across its full lifetime, then the total number of admissions prevented would be 84 (42 in each area at an average of two per month).

5.7 Data provided by the Cambridgeshire and Peterborough CCG shows the average cost to the health service of an unplanned hospital admission for patients aged 75 and over to be £3,122. Therefore, were it the case that the 84 prevented admissions recorded by the teams were all down exclusively to NCP, and that all of those patients would definitely have been admitted had NCP not existed, then the total saving to the state would be £262,248 (£131,124 in each of Soham and St Ives).

5.8 In reality, it is unlikely that NCP will have been the sole factor preventing those all of those admissions. However, the absence of equivalent data for the two comparator groups make it very difficult to objectively attribute a proportion of the prevented admissions to NCP (or to any other influencing factor). The table below therefore shows three scenarios – low, medium and high – in which 25%, 50% and 75% of the prevented admissions are attributed to NCP. These percentages result in net savings to state ranging from £65,562 to £196,686.

**Table 5.1: Estimated savings to the state resulting from hospital admissions prevented**

| | Low: 25% | Med: 50% | High: 75% |
|---|---|---|---|
| Soham | £32,781 | £65,562 | £98,343 |
| St Ives | £32,781 | £65,562 | £98,343 |
| **Total** | **£65,562** | **£131,124** | **£196,686** |

5.9 The positive correlation between hospital admissions and social care needs should also be noted here, as should the consequent effect on social care costs. Whilst not included within the calculations (due to the subjectivity involved in the estimation of prevented admissions), it is likely that by preventing those admissions, there will be a knock-on beneficial impact on social care spend.

## Cost of domiciliary care packages

5.10 Data provided by the County Council enabled the evaluators to analyse whether, and to what extent:

- The cost of domiciliary care package packages funded by the local authority (either in full or in part) have, on average, fallen amongst the NCP client group, or have risen less steeply than amongst clients in the comparator areas.
- Fewer NCP clients have had a local authority-funded domiciliary care package than clients in the comparator areas.

5.11 The results show no discernible difference in favour of NCP in either of the categories above. In other words, the data does not suggest, when compared with data for clients in two non-NCP comparator areas of Littleport and Eaton Socon, that NCP has generated savings to the County Council in the form of domiciliary care package costs.

5.12 That does not mean that the qualitative accounts that informed the findings in Chapter Two are untrue. Evidently, there have been cases where NCP has prevented needs from escalating and has resulted in short-term (and potentially longer-term) savings for clients and their families. Examples include where NCP staff have sourced home help services or have arranged for modifications to be made to clients' homes. Where this has happened, it has not only been extremely well received by the clients and their families, but in some cases has had a fundamental impact on quality of life and wellbeing.

5.13 However, the datasets that underpin the quantitative analysis of domiciliary care package costs are relatively large: they contained records for 477 NCP clients and 456 comparator group clients. It would therefore require quite some volume of cases like those described in the preceding paragraph to have a demonstrable impact on the overall figures.

5.14 Of equal importance are the following observations:

- **Self-funding:** NCP has not just worked with clients whose care packages are funded by the local authority. They have also supported self-funders in a variety of ways, including signposting to trusted advocated and sources of financial advice. It is quite possible that this will enable some self-funders to go on paying for their own care for longer without requiring local authority contributions. However, the effects of this may not be seen for some years to come and will therefore not be present in the findings from this evaluation.
- **Comparator group data:** this evaluation has benefited from having access to data about individuals in two socio-economically similar areas to the NCP areas. In particular, this has enabled more detailed analysis of transfers into residential care settings than would otherwise have been the case (see next sub-section). But the fact should not be overlooked that the evaluators were not able to compare the characteristics (beyond age and care packages) of the NCP clients with those in the comparator areas. Data sharing protocols would probably have prevented this, but as a result it is not clear how similar or different the two groups are in terms of health conditions, finances, housing or access to services and activities. The socio-economic similarities of the NCP and comparator areas would suggest that they should not be wildly different, but that cannot be proved through the available data. In other words, it cannot be said with certainty that the evaluation has definitely compared like with like. In addition, both the client and comparator group data contained numerous records where data items were missing or appeared spurious, leading to their exclusion from the analysis. It seems unlikely that those records, had they been included, would have made a large difference to the results, but they may have had some effect.

## Residential care

5.15 The evaluation has explored whether, whilst they were being supported by NCP, clients were any less likely to move into a residential care setting than clients in the comparator group.

5.16 The results suggest that they were indeed less likely:

- 15 of 477 clients in the NCP dataset moved into a residential setting after their NCP start date;
- 21 of 456 clients in the comparator group moved into a residential setting after the 'average' NCP start date[12].
- Adjusting for the slightly different sizes of the two datasets gives a comparator group figure of 22 clients.

5.17 It is therefore the case that NCP *might* have been responsible for keeping seven clients out of residential care. From this, the next task was to estimate how long those clients might have been in residential care had NCP not existed.

5.18 This was done by taking the data for the 15 clients who had moved into a residential setting and calculating the average (mean) start date of that residential care. This date was mean start date was 4th November 2018. The period between this date and the end of analysis period (31st July 2019) is 269 days. So, if it is assumed that NCP was wholly responsible, then it kept seven clients out of residential care for an average of 269 days each.

5.19 The average annual cost of residential provision without nursing for older people in England in £21,736[13]. With nursing it is £22,932[14]. The calculations include an assumption that four of the clients would not have required nursing care and three would. The results are shown in Table 5.2 and give an estimated total saving to the state of £114,779 by the end of the evaluation period.

**Table 5.2: Potential savings to the state resulting from residential care avoided**

| | No. clients | Annual cost to the state | Adjusted to 269 days |
|---|---|---|---|
| Without nursing | 4 | £86,944 | £64,077 |
| With nursing | 3 | £68,796 | £50,702 |
| **Total** | **7** | **£155,740** | **£114,779** |

[12] Because there is no NCP start date for clients in the comparator group, and because NCP clients were not matched one-to-one with comparator group clients, the average start date for the NCP clients was used to determine the 'before' and 'after' periods for the comparator group clients.

[13] Adult Social Care Activity and Finance Report, England - 2017-18, Reference Data Tables, Table 50

[14] Adult Social Care Activity and Finance Report, England - 2017-18, Reference Data Tables, Table 50

5.20 However, the average amount of time that older people spend in residential care following admission is not 269 days but rather 29.5 months or approximately 900 days[15]. Were that true of the seven NCP clients, then the total saving would increase to £384,019 ((£114,779 / 365) * 900).

5.21 However, both this figure and the £114,779 in Table 5.2 need to set in the context of the following points:

- **Attribution:** analysis of the case notes for the individuals in the comparator group who did move into residential care shows that, in several cases, NCP would not have prevented that move even if it had existed in the comparator areas. This is especially the case where individuals had deteriorating health conditions that could no longer by safely managed through domiciliary care. This suggests that it is probably inappropriate to claim that NCP was solely responsible for preventing the residential care of all seven clients. It is extremely difficult to say what number (if any) it did prevent, and Table 5.3 therefore shows the savings associated with one client through to all seven. For each of these it shows the savings for a 269-day period and a 900-day period (it does so using a blended average cost of nursing and non-nursing care).
- **Validity of the 900-day adjustment:** feedback from NCP team members, coupled with analysis of case notes from individuals in the comparator areas, make it unlikely that NCP would or could keep clients out of residential provision for an average of 900 days. That is not to say it is impossible – in fact the evaluation cannot prove it either way – but the prevalence of health conditions and other challenging circumstances calls into question its probability. It is therefore recommended that the 900-day figures be treated more as reference material than as evaluation findings.

**Table 5.3: Potential savings to the state resulting from residential care avoided**

| No. clients | 269-day saving | 900-day saving |
|---|---|---|
| 1 | £16,397 | £54,860 |
| 2 | £32,794 | £109,720 |
| 3 | £49,191 | £164,580 |
| 4 | £65,588 | £219,439 |
| 5 | £81,985 | £274,299 |
| 6 | £98,382 | £329,159 |
| 7 | £114,779 | £384,019 |

[15] LaingBuisson, Care of older people: UK market report, May 2017

## Loneliness

5.22 To estimate the savings to the state generated by NCP as a result of it reducing the loneliness and isolation of its clients, the evaluation drew mainly upon the 2015 report, *Investing to Tackle Loneliness – A Discussion Paper*, credited to the Cabinet Office, the Calouste Gulbenkian Foundation (UK Branch) and Nesta. Amongst other things, this report:

- Draws on published data to estimate the increased use of public services (GPs, A&E, local authority funded residential care etc.) amongst people who are lonely.
- Converts this increased usage into lifetime costs to the state associated with loneliness.
- Estimates the average proportion of people who are likely to become non-lonely following an intervention (17%).
- Calculates an estimated annual saving to the state of £800 per person per year who becomes less lonely.

5.23 Applying the above to NCP raises the question, 'what proportion of the NCP cohort would classify as lonely?'. This is not straightforward to answer in the absence of the NCP service users having been asked specific, validated questions on this topic at the outset of their support through NCP.

5.24 It is therefore necessary to draw on evidence from elsewhere. A 2018 Later Life Care Survey by Which? found that one in 10 older people feel lonely on most days. This is broadly corroborated by the English Longitudinal Study of Ageing[16].

5.25 However, anecdotal feedback from the Neighbourhood Cares teams suggests that the proportion of NCP service users that are lonely is likely to have been higher than one in 10. It is difficult to say how much higher, but an assumption of 20% (double the national average for older people) provides the basis, albeit a subjective one, for the calculations shown in Table 5.4. The result, not forgetting the considerable degree of assumption involved, is that NCP *may be saving* £27,200 per year as a consequence of its clients becoming less lonely.

| **Table 5.4: Potential savings to the state through reducing loneliness** | |
|---|---|
| Total number of service users supported by NCP (estimated) | 1,000 |
| Number assumed lonely (20% of the total) | 200 |
| Number expected to become non-lonely following support (17% of the number assumed lonely) | 34 |
| Estimated annual saving per person through becoming non-lonely | £800 |
| **Annual saving through NCP service users becoming non-lonely:** | **£27,200** |

[16] https://www.elsa-project.ac.uk/

5.26 It is difficult to accurately translate this figure into a saving that covers the full period from when NCP began supporting clients (November 2017) to the end of the evaluation fieldwork period (July 2019). This is because, in order to do it accurately, data would be required on when the NCP clients began engaging in activities, or began receiving support and advice, that could result in their loneliness reducing.

5.27 In the absence of such data, the evaluation has used the average NCP start date plus three months as a proxy for when the 34 clients in the table above became less lonely. Three months after the average start date was selected to reflect the fact there is a lead-in time between clients' initial engagement with the service and them deriving benefits from it. This proxy date is therefore 26th June 2018.

5.28 If it is assumed that all 34 clients were less lonely from that date until the end of the July 2019 (400 days), then the total saving would be £29,808 ((£27,200 / 365) * 400). Of course, it may be the case in practice that the benefits persist far longer, especially where they have been generated by community assets that are continuing post-NCP.

# 6 COMPOSITION OF AN OPTIMAL TEAM

## Introduction

6.1 It was acknowledged from the outset of the pilot that if the Neighbourhood Cares model was to be rolled out to other parts of the county, it would need a lower cost staffing structure. This was coupled with an acceptance that some of the tasks being undertaken by more senior/more highly qualified members of the Neighbourhood Cares teams could in practice be done, both safely and proficiently, by less senior members of the teams.

6.2 Between November 2018 and July 2019, the teams therefore recorded the tasks they were undertaking and the grade of team member that could, theoretically, have done them. If it is assumed that these tasks, and the frequency of them, would be broadly the same in any other area of the county, then this information provides the basis for calculating how much it would cost the County Council to implement an NCP model in other areas with populations of c. 10,000 people, as well as county-wide. It is these calculations that form the focus for this chapter.

## FTEs and costs in an optimal team

6.3 Based on the data recorded by the Neighbourhood Cares teams, the ideal or optimal structures in Soham and St Ives would as shown in Table 6.1. In reality, these FTE numbers would be rounded, so 1.0 NCW1 FTEs in St Ives, for example.

**Table 6.1: Optimal team structures in Soham and St Ives**

| | NCW1 FTEs | NCW2 FTEs | NCW3 FTEs | Total FTEs |
|---|---|---|---|---|
| **Soham** | 1.22 | 2.90 | 1.67 | **5.79** |
| **St Ives** | 0.96 | 2.72 | 2.11 | **5.79** |
| **Average (mean)** | 1.09 | 2.81 | 1.89 | **5.79** |

6.4 Table 6.2 shows the annual salary and employee costs associated with the above staffing numbers. The figures are reasonably similar in each area: St Ives is approximately 4% higher in both salaries and employee costs.

**Table 6.2: Annual salary and employee costs of associated with optimal team structures**

| | NCW1 | NCW2 | NCW3 | Total |
|---|---|---|---|---|
| **Soham salaries** | £25,010 | £79,352 | £62,396 | **£166,759** |
| **Soham employee costs** | £32,587 | £104,477 | £82,838 | **£219,902** |
| | | | | |
| **St Ives salaries** | £19,805 | £74,397 | £78,612 | **£172,814** |
| **St Ives employee costs** | £25,805 | £97,952 | £104,367 | **£228,124** |
| | | | | |
| **Average (mean) salaries** | £22,408 | £76,874 | £70,504 | **£169,787** |
| **Average (mean) employee costs** | £29,196 | £101,214 | £93,602 | **£224,013** |

## Comparisons with business as usual costs

6.5 Business as usual salary and employee costs for Soham and St Ives have been calculated by:

- Dividing the populations of those areas by the total population of Cambridgeshire (this gives results of 2.0% for Soham and 1.6% for St Ives).
- Applying those percentages to the total county-wide adult social care salary and employee costs (Table 6.3).

**Table 6.3: Business as usual costs in Soham and St Ives**

| | Salaries | Employee costs |
|---|---|---|
| **Cambridgeshire** | £4,908,408 | £6,318,759 |
| **Soham (2.0% of total Cambridgeshire population)** | £100,003 | £128,737 |
| **St Ives (1.6% of total Cambridgeshire population)** | £78,566 | £101,141 |

6.6 Table 6.4 compares the business as usual costs with the costs associated with an optimal team. The results show that:

- In proportionate terms, an NCP model with an optimal team would be more expensive than a business as usual model. Looking across the two areas combined, both the salary costs and the employee costs nearly double under an NCP optimal team structure. However this only applies when looking at staff costs in isolation. The pilot was not able to fully test the benefits that would have been achieved by shifting significant Council back office costs to the front line as has been achieved with Buurtzorg which would have increased the affordability of the model. It should also be noted that this statement only considers costs to the Council and does not factor in the cost savings to other organisations, such as the NHS.
- In both proportionate and absolute terms, the increases would be larger in St Ives than in Soham. An optimal NCP team would be more than double the cost of a business as usual team in St Ives.

**Table 6.4: Comparing business as usual and 'optimal team' costs**

| | Business as usual | | Optimal team | |
|---|---|---|---|---|
| | **Salaries** | **Employee costs** | **Salaries** | **Employee costs** |
| **Soham** | £100,003 | £128,737 | £166,759<br>*167% of business as usual costs* | £219,902<br>*171% of business as usual costs* |
| **St Ives** | £78,566 | £101,141 | £172,814<br>*220% of business as usual costs* | £228,124<br>*226% of business as usual costs* |
| **Combined** | £178,569 | £229,878 | £339,573<br>*190% of business as usual costs* | £448,026<br>*195% of business as usual costs* |

6.7 Extrapolating these results to the whole of Cambridgeshire gives estimated salary costs under a county-wide NCP model of approximately £9.3m and employee costs of £12.3m. This compares with current county-wide figures of £4.9m for salaries and £6.3m for employee costs. Based on these figures, it would cost the County Council an additional £6m in employee costs to roll NCP out across Cambridgeshire.

## Interpreting the results

6.8 It is important to recognise that the calculations presented in the preceding sub-sections are, for a number of reasons, broad estimates. They are based on information provided by the Neighbourhood Cares teams for nine months of a two-year pilot. Perhaps more significantly, they also assume that Soham and St Ives are representative, in terms of adult social care needs, of the county's population as a whole. It may be that needs/demands on services in Soham and St Ives are actually above average, particularly when the demographics of Cambridge – the county's largest urban centre – are factored in (i.e. young(er) and relatively affluent).

6.9 Even so, it is evident that NCP with an optimal team structure would be substantially more expensive than a business as usual model. The question then becomes, how much money does NCP save per year and how does that compare with its additional annual costs?

6.10 Unfortunately, attributing an 'annual saving' to NCP is not straightforward. Whilst it can be attempted, and is explained below, it is important to recognise the imperfections in the approach:

- **Hospital admissions prevented:** Chapter Five reported that, if it is assumed that 50% of the hospital admissions that the teams said they have prevented were exclusively down to NCP, then the total saving over the evaluation period would be £131,124. This translates into an annual saving across Soham and St Ives combined of £74,928. However, this is a saving to the health service, not directly to the County Council.
- **Residential care avoided/delayed:** seven fewer NCP clients than comparator group clients transferred into residential care during the evaluation period. It would probably be inaccurate to claim that all seven were exclusively the result of NCP. If it is assumed that three of them are down to NCP, and that each of those three would have remained in residential care for a full year, then the saving is £66,746.
- **Reduced loneliness:** Chapter Five gave an estimated annual saving of £27,200 as a consequence of NCP having reduced the loneliness and social isolation of its clients.

6.11 Totalling these figures (£74,298 + £66,746 + £27,200) gives an assumption-heavy estimated annual saving of £168,244. This is less than the £218,148 increase in employee costs across Soham and St Ives combined under an NCP model.

6.12 However, this does not mean, in any de facto sense, that NCP has not covered its costs. For example, if it is assumed that NCP was responsible for five of the seven clients not transferring into residential rather than three, and if it is also assumed that NCP was responsible for 75% of all recorded hospital admissions avoided, then the argument becomes that NCP actually *does* cover its costs.

6.13 However, these assumptions (five clients rather than three and 75% of all admissions avoided) are at the very outer limits of what would seem plausible given the available evidence. Whilst the degree of approximation and assumption once again bears repeating, it is difficult to make a strong argument which says that NCP would deliver net cost savings through care package costs (including residential), hospital admissions or reductions in loneliness were it to be rolled out more widely across the county.

# 7 CONCLUSIONS AND LEARNING POINTS

## Introduction

7.1 The conclusions from this work are structured under the original evaluation themes from the invitation to tender, i.e.:

- Preventing the escalation of need;
- Improving clients' quality of life;
- Financial savings to the state;
- Benefits for Neighbourhood Cares workers;
- Legacy of NCP.

7.2 The key learning points from the evaluation are then summarised in the final sub-section.

## Escalation of need

7.3 Much of the evaluation evidence supports the assertion that NCP has helped to prevent clients' needs from escalating. Under NCP, initial reviews have been undertaken more promptly, carer's assessments have been offered more consistently, non-statutory options have been explored more readily and thoroughly, and more regular contact has been maintained with clients and their families. Alongside this, many activities have been introduced that enable and promote social inclusion.

7.4 It is a ringing endorsement of NCP that clients and their families have spoken so enthusiastically about the support they have received, how it has helped them to avoid crisis situations and how Neighbourhood Cares staff have consistently operated with flexibility and a client-centred approach. Positive feedback on the service overwhelmingly outweighs feedback on its challenges and constraints.

7.5 The impact of NCP on the non/de-escalation of clients' needs is, arguably, also evident in the quantitative data. Fewer NCP clients than comparator group clients have transferred into residential care settings, hospital admissions appear to have been prevented and loneliness has been reduced. Surprisingly perhaps, there is no evidence that domiciliary care packages are costing the local authority any less in the NCP areas than in the comparator areas, but this is likely to be a question of scale. It would require NCP to have had a fundamental impact on care package costs for a reasonably large number of clients in order for the effects to be evident within pilot-wide statistics. Domiciliary care continued to be commissioned centrally and so it wasn't possible to fundamentally change the way that it was commissioned through the pilots, although the domiciliary care budget for the pilot populations was devolved to the teams.

## Quality of life

7.6 The finding that has resonated with the greatest clarity and consistency throughout the evaluation is that NCP has helped clients to enjoy a better quality of life. There are many anecdotal accounts to support this, some of which point to quite transformational change for individual clients. For other clients, the changes have been more subtle or small-scale, but have been no less welcomed by those concerned. It is these effects that most clearly distinguish NCP from the predecessor models of social care in Soham and St Ives.

7.7 Looking ahead, measuring or quantifying improvements in quality of life should be interwoven within the monitoring processes for any successor interventions (see 'Learning Points') in an attempt to pair the qualitative accounts with robust quantitative data.

## Financial savings

7.8 It is somewhat paradoxical that the more quantitative elements of the evaluation result in the least clear-cut conclusions, although this is simply down to the realities of imperfect data and the impracticalities of constructing and tracking control groups in a more scientific way.

7.9 It appears likely that NCP has saved money for the state by preventing some clients being admitted to hospital and by preventing others from needing to transfer into residential care settings. It is also helping to reduce loneliness and isolation (the qualitative evidence demonstrates this) which has been proven through other research to benefit the state financially.

7.10 However, the results of the cost saving analysis undertaken for the evaluation must be seen in the context of how much NCP would cost to deliver under an optimal team structure. Making definitive statements on this is potentially misleading, given the extent to which the analysis has involved assumption and approximation. It is therefore safer to say that, based on the data available to this work, it seems unlikely that NCP would cover its additional costs through savings to the state in the form of domiciliary care packages, hospital admissions, residential care or loneliness. But it must also be recognised that these are not the only ways in which NCP could save money. Clients may visit their GP less often, be discharged from hospital earlier or have less need for mental health services, for example, all of which have the potential to save public money.

## Benefits for Neighbourhood Cares Workers

7.11 The clear conclusion here is that NCP has been a rewarding and beneficial experience, both professionally and personally, for the staff that have been involved in its delivery. Job satisfaction appears to have been consistently high, helped by the empowerment and responsibility that the self-managed team structure has offered.

7.12 The teams have been enthused by the professional freedom they have had to meet needs, to operate outside of more conventional public sector authorisation structures and to support local residents in the development and implementation of new community-based activities. This enthusiasm has been evident in how they have gone about their work and has been observed and appreciated by clients and family members alike.

## Legacy

7.13 The cessation of NCP in both Soham and St Ives dictates that it will not leave a local legacy, or be sustained, in terms of a model of social care. However, it will leave a legacy – in Soham in particular – of community assets and community involvement. Some of this is physical or tangible (e.g. the tuk tuk and the various clubs and activities that are continuing after NCP) and some is more about community spirit and older residents feeling more willing and able to play a part in their local communities. Both are very important.

7.14 It is difficult to say with any certainty how self-sustaining the legacy of NCP will prove to be without the Neighbourhood Cares Workers there to fulfil the facilitator, co-ordinator and adviser roles, but it is unquestionably the case that its impact will not stop immediately upon the closure of the pilot.

## Learning points

7.15 **Team/service base:** using the library in Soham as the NCP base was more effective in terms of client engagement and community participation than the GP surgery in St Ives. It was non-threatening, accessible and inclusive and was more conducive to drop-in activity.

7.16 **Recruitment:** as documented in detail in the Phase 1 evaluation report (November 2018), the recruitment process for NCP was very effective and should be replicated on interventions of this kind in the future. In particular, the assessment-centre approach and scenario testing identified individuals well-suited to the roles, while recruiting staff from a range of professional backgrounds was very beneficial in terms of knowledge sharing and skills development.

7.17 **Monitoring:** the monthly reporting process introduced in December 2018 made the analysis of NCP activity much clearer and easier. With hindsight this process would have been put in place at the outset of the pilot.

7.18 **Monitoring:** as a category of potential cost saving, 'reducing loneliness' was incorporated into the evaluation at a relatively late stage. On successor schemes, it would be very useful for the teams to use a recognised/validated loneliness tool with clients to capture their 'loneliness status' on engagement with the service and, where possible, their status some months later. The same is also true of a quality of life scale. Doing so would add more robustness to the (very powerful) messages on loneliness and quality of life that have emerged from the qualitative research.

7.19 **Community development:** employing a member of staff with community development experience has been of major benefit to both the development of community assets and the legacy of NCP. This was especially the case where the member of staff did not have a caseload of clients as they were able to focus on community development activities, including forming and developing relationships with other local partners.

7.20 **Community development:** when supporting community members with new activities, events or projects, it is important for staff to recognise the significance of persistence, encouragement and facilitation (as distinct from control). Neighbourhood Cares staff have been excellent in this regard and, as such, have been instrumental in many of the community assets developed through NCP coming to fruition and being successful.

7.21 **Neighbourhood Cares team:** on future initiatives of this kind, a team staffed with professionals from both health and social care should be encouraged. This is likely to make issues over systems integration and information sharing easier to overcome and, in doing so, will facilitate a truly person-centred approach.

7.22 **Neighbourhood Cares team:** the pilot has shown that Neighbourhood Cares teams do not need to be staffed exclusively with social workers (the recording of tasks for the 'optimal team' calculations demonstrates this). This supports the learning point above about the merits of a joint health and social care team.

## APPENDIX A: CLIENT CASE STUDIES

| Client name (changed to protect confidentiality) |
|---|
| Barbara |

### What were the client's needs?

Barbara became known to NCP in relation to two concerns:

- **Home condition:** the warden at Barbara's sheltered accommodation contacted NCP over concerns that her house had become very unclean and that she was struggling to cope with its basic upkeep.
- **Social isolation:** Barbara's GP suggested that she attend an NCP coffee morning to help her deal with her growing social isolation. Barbara described how she had found it increasingly difficult to leave the house and often did not get dressed or stayed in bed for long periods.

### What support did NCP provide?

Barbara was provided with the following support by NCP:

- **A deep clean of her house:** this was done whilst Barbara was in hospital for a planned procedure. It meant that the house was habitable and met the required standard for sheltered housing guidelines.
- **Weekly visits:** a Neighbourhood Cares Worker visited Barbara at home on a weekly basis. Following these visits, Barbara began attending the weekly drop-in sessions at the Soham library.
- **Short-term home help:** following Barbara's discharge from hospital, the Neighbourhood Cares team put in place arrangements to aid her recuperation. This included having shopping delivered to her house.

### What did the client say about NCP?

Barbara was very grateful for the support she had received through NCP and spoke enthusiastically about how it been:

- Very prompt;
- Tailored to her needs and personal circumstances;
- Based around face-to-face contact and conversations that she understood and felt able to contribute to;
- Multi-faceted (i.e. it comprised the cleaning, weekly drop-ins and post-hospital support), as opposed to being a single intervention or off-the-shelf package of support.

Barbara's view is that were it not for NCP, she is likely to have reached a crisis point in terms of the upkeep and condition of her home. It is possible that this could have resulted

in her losing her tenancy. She also believes that both her social isolation and her mental health are likely to have become worse.

*"It's made a big difference to my life. If they hadn't been here to help me, I'd be a different person now. They've always been there for me."* Barbara

## What has changed as a result of NCP?

Barbara was very clear in her view that the support she received from NCP has been central to the major improvements she's now enjoying to the cleanliness and overall comfort of her home.

*"She [Neighbourhood Cares Worker] encourages me to keep things clean and tidy, which I really need. Without her, I would've carried on the same way as before and the house would have been awful."* Barbara

The NCP coffee mornings have provided Barbara with an opportunity to meet new people and make new friends in a relaxed and welcoming social environment. She feels much more comfortable leaving the house and is now able to once again enjoy social situations.

*"Last year I was very bad with my nerves and was taking lots of tablets, but they [NCP coffee mornings] have been very helpful. Now I am much better and feel less lonely. I go and have a cup of tea and a laugh and a joke."* Barbara

Barbara also said that she feels much more comfortable asking for and receiving help.

## Sustainability

At the time of the follow-up evaluation interview in mid-2019, Barbara's was still attending the NCP coffee mornings and had regular contact with her Neighbourhood Cares Worker.

| Client name (changed to protect confidentiality) |
| --- |
| Betty |
| **What were the client's needs?** |
| Betty was referred to NCP by her GP following treatment for a shoulder injury. Although she lives in sheltered accommodation, she did not have any additional support in place before NCP. |
| **What support did NCP provide?** |
| Betty was visited at home by a Neighbourhood Cares Worker who recommended, and subsequently arranged the delivery and installation of, some equipment to help her complete day-to-day tasks around the home. Previously, tasks such as cooking and cleaning were proving very difficult for Betty because of her shoulder. The Neighbourhood Cares Worker also spoke with her about social activities in the town which resulted in Betty:<br>• Attending weekly drop-in coffee mornings and a lunch club;<br>• Helping with the running of a dog petting club;<br>• Volunteering at an intergenerational project. |
| **What did the client say about NCP?** |
| Betty was extremely positive about the Neighbourhood Cares Worker and all elements of the support and advice they had provided. In particular she highlighted:<br>• How she was able to contribute to decisions about the support she received (e.g. the new equipment in her home);<br>• How she felt listened to and respected;<br>• The broad range of social activities available to older people in the town as a consequence of NCP.<br>*"It's one-to-one support and they [Neighbourhood Cares Workers] have time to devote to you and they really listen."* Betty<br>*"They [Neighbourhood Cares Workers] don't do it for you – they lead you through it. They make it much easier – they bring you out of the darkness."* Betty |
| **What has changed as a result of NCP?** |
| Betty is able to live more independently, to manage and maintain her home with greater ease, and can prepare meals more easily. Her social circle is larger as a consequence of the activities she attends. Overall, her quality and enjoyment of life is better.<br>*"I'm much happier and much more extrovert. No more gloomy stay at home me."* Betty |

**Sustainability**

At the time of the follow-up evaluation interview in mid-2019, Betty's shoulder was much improved and she continued to enjoy a happy and active life. She was still involved in all the activities that she attended through NCP and was interested in other volunteering/ social activities available in the town.

| Client name (changed to protect confidentiality) |
| --- |
| Robert |
| **What were the client's needs?** |
| Robert contacted NCP following the death of his wife. He wanted to become more socially active and have more involvement within his local community. |
| **What support did NCP provide?** |
| Initially, the support focussed on helping Robert with his bereavement. He attended the drop-in sessions and was provided with emotional support on a one-to-one basis by a Neighbourhood Cares Worker. He also took on a range of volunteering roles, including:<br>• **Neighbourhood Cares Ambassador:** giving talks to local associations about the services that NCP provides;<br>• **Scam Champion:** helping people who have received unwanted letters, telephone calls or emails soliciting money;<br>• **IT Buddy:** helping people apply online for bus passes/blue badges and with general IT queries. |
| **What did the client say about NCP?** |
| Robert was wholeheartedly positive about NCP. In particular, he felt he had derived great benefit from:<br>• The Neighbourhood Cares Workers having taken the time to listen to him and provide him with non-judgemental, emotional support;<br>• The various volunteering opportunities in which he had taken part;<br>• The opportunity (through the weekly drop-in sessions) to meet people on a regular basis and build friendships.<br>Had NCP not existed in Soham, Robert is unlikely to have sought emotional/bereavement support and feels that his mental health and general wellbeing could have suffered as a result.<br>*"Without Neighbourhood Cares, I would probably have stayed in the house a lot more and cried about my wife."* Robert |
| **What has changed as a result of NCP?** |
| Robert identified three main positive changes in his life that had been caused by NCP:<br>• **Coping with bereavement:** by talking with the Neighbourhood Cares Workers, Robert felt he was coping better with the death of his wife. He attached great importance to the fact he had received emotional support in a timely, compassionate and helpful way. |

*"Before [NCP], I was in a really dark place and couldn't put two sentences together without crying. Now I feel much more stable."* Robert

- **Inclusion and participation:** the NCP drop-in sessions helped Robert to meet new people and to develop a regular routine which involves leaving the house.
- **General wellbeing:** through his volunteering work, Robert's self-confidence and self-worth has improved considerably.

*"They've encouraged me to do things I would never have imagined doing before. They make you aware of all the things you can do."* Robert

**Sustainability**

At the time of the follow-up evaluation interview in mid-2019, Robert reported being positive and happy. He said that he would have been "rudderless" without NCP.

## Client name (changed to protect confidentiality)

Judith

## What were the client's needs?

Judith was referred to NCP by her GP and her support worker at Mind. They were concerned about her social isolation and the difficulties she faced in managing her finances. Judith has severe osteoporosis and has suffered with a broken back. She struggles to walk more than a few steps and experiences constant pain. She was also struggling with the upkeep of her home.

## What support did NCP provide?

Judith received support relating to three different aspects of her life:

- **Financial support:** the Neighbourhood Cares Worker worked with Judith to establish the benefits to which she was entitled vis-à-vis those that she was claiming. Judith had become very reticent to spend money, was becoming increasingly worried that she was over-claiming benefits and was confused about her council tax obligations.

- **Practical support:** the Neighbourhood Cares Worker helped Judith to apply for a blue badge, arranged for Age UK to remove the clutter from her house and liaised with an occupational therapist, resulting in important home adaptations that made it easier for Judith to prepare meals and wash her clothes.

- **Mental health support:** the Neighbourhood Cares Worker accompanied Judith to her sessions at Mind.

## What did the client say about NCP?

Judith was initially quite reluctant to engage with NCP but is extremely pleased that she did. In particular, she feels that she benefited from:

- The understanding, caring and non-judgemental nature/approach of the Neighbourhood Cares Worker;

- Being actively involved in the decisions that were taken about her;

- The support being face-to-face and not being limited to a fixed period of time or a certain number of sessions or visits per week.

*"She [Neighbourhood Cares Worker] has been very understanding. I've been able to be myself with her….she considers my feelings."* Judith

Without NCP, Judith is likely to have remained unsure and anxious about her benefit eligibility and financial situation more generally. Her home adaptions are unlikely to have made as promptly and she made have disengaged from the Mind sessions.

## What has changed as a result of NCP?

Judith now pays the correct (reduced) level of council tax, feels more financially aware, has a blue badge and is able to do more for herself around the house. She is happier and less anxious, spends more time out of the house and has made some new friends.

*"It has been a great help to me…I cannot thank them enough for helping me to sort things out."* Judith

**Sustainability**

At the time of the follow-up evaluation interview in mid-2019, Judith was coping well at home, was setting herself small goals and milestones, and felt very reassured that she could approach the NCP team if she needed further support.

## Client name (changed to protect confidentiality)

Rose

## What were the client's needs?

Rose was referred to NCP by her GP. She had received a diagnosis of terminal cancer and had spent some time in hospital. She had previously been reticent to engage with support services, but agreed to meet with a Neighbourhood Cares Worker to discuss:

- Ways to improve her quality of life;
- Her future care and support needs and how these might best be met.

## What support did NCP provide?

NCP supported Rose with the following:

- **Trusted advocacy:** the Neighbourhood Cares Worker accompanied Rose to important medical appointments and monitored her medication.
- **Practical support:** the Neighbourhood Cares Worker showed Rose how to use online shopping (an important component in helping Rose to maintain her independence) and helped arrange repairs to her mobility scooter (likewise).
- **Emotional support:** Rose also regularly attended NCP social events, e.g. the coffee mornings and pub lunches, and found that these were very beneficial in helping her to deal with her cancer diagnosis.

## What did the client say about NCP?

Rose said that she is unlikely to have visited her GP regularly enough were it not for NCP, which could have resulted in her being admitted to hospital more often and/or important changes in her condition not being acted upon soon enough.

Rose felt listened to and, importantly, developed a genuine sense of trust towards the Neighbourhood Cares Worker. At no point did the discussions feel rushed, nor did she feel excluded from decisions about her care and support.

*"She [Neighbourhood Cares Worker] is always there – I don't know what I would have done without her really. She's become a good friend and I look forward to seeing her."* Rose

## What has changed as a result of NCP?

Rose said that NCP had helped her to come to terms with her cancer diagnosis and had provided a valuable avenue of support at a difficult time in her life. Her mental and emotional wellbeing is better and she feels more willing and able to engage in social activities. She is also more willing to accept support from statutory services.

*"She [Neighbourhood Cares Worker] came to the doctors with me when I didn't want to go. She was a great help."* Rose

| Sustainability |
| --- |
| At the time of the follow-up evaluation interview in mid-2019, Rose was continuing to engage in social activities through NCP. She recognised that her condition would deteriorate in the future but said she would be more willing to look for, and accept, additional help than would have been the case in the past. |

**Appendix 2**

## Peter's Story

NCP were asked to work with Peter soon after the pilot began. The local GP surgery asked us to support him to access hospital appointments. Maybe it's because our first meetings with him were about life and death that we felt we needed to be the ones to support him through treatment. We considered alternatives, but who else would deliver the balance of recognising this man's assets while understanding the many areas where he needed support, whether that was to navigate to and through the hospital, or to find his way through devastating information? Others might explain things in a way that made him feel demeaned, or not explain something vital.

We were with him through diagnosis and treatment, and a period of good health, and through follow ups and return of the disease and discussion about what it meant when there was no more treatment, about choices in the landscape of there being no hope. We were with him when he talked to the hospice staff about emergency plans, when he talked to the vicar about his funeral, when he talked to the GP about pain relief. We were with him for the last meal he really enjoyed, and for the meals when he realised that eating was becoming something difficult and painful. On his last walk across town, we managed by some magic of community to be with him while he took on the realisation that he was facing something that was eroding each of his long established, life structuring routines.

We were his advocate when professionals thought he must not be able to make his own choices, and as much as helping him understand, it was about modelling to professionals how to understand him, and to share information in a way that was meaningful. We were his interface with others when his disease meant that he could no longer make himself understood to strangers. We were committed to making sure that he made his own choices, and we were there when he needed someone alongside him as the choices got harder.

In response, we saw him take the steps to reach out to us. To come and find us with letters for us to read, or to join in with events that were put on. He led sing songs. He showed us how to dance. He allowed us to see him cry, to help him take medication, to start doing some of the tasks around his home that had never been done, or that had become too difficult for him. He showed us his mother's grave, and asked us to visit it for him.

As a fiercely independent and private man who had spent a lifetime protecting himself from harm with every resource he had, I believe he was able to show us his vulnerability in the knowledge that we would never label him vulnerable. We would always recognise his courage and resourcefulness and his ability to survive on his own, and on his own terms.

We were only able to work in this way with this person because the whole team got to know him, and because he saw us as a team, a group of people who, introduced one by one, were let in to his home and allowed to offer support in return for his knowledge of nature and the world, his love of certain singers, his memory for the origin of certain words, his particular philosophy on courage and the cruelty of life,

alongside an absolute joy in the first daffodils appearing, a blue and white sky, dandelions.

Wonderfully, every member of the team came to have their own relationship with him, and, wonderfully, he recognised and valued our differences. We each defined our own boundaries. But I know that we were always boundaried with him. We absolutely respected his choices, even when that meant a choice not to take medication, or to not heat his home, or to wear multiple coats for a long wait in a too hot hospital. We always respected his privacy, the limits to which he was willing to share his information or space. We respected his choices and we worked with him to make sure they were respected by others, too.

We are a team established to do things differently. Working with this person, we questioned ourselves every step of the way, checking in with each other that this was still the right thing to do. And we learnt about working as a whole team, about not automatically commissioning support, about not looking at diagnosis or access or eligibility, about planning birthday parties and trips to the coast, about not trying to separate what is health, what is social care, and what is us being human.

We are thankful for being in a team that is professional enough to work together to support people to live and die the way they choose, and open hearted enough to acknowledge each other's loss as we keep on doing the job we want to do.

Peter died as his wanted, in his own home. His clinical needs being meet by his GP and community nurses, all other areas of support was provided by NCP. His favourite music playing when he died.

**Appendix 3**

**Roles Neighbourhood Cares Workers have been appointed to**

Both St Ives and Soham have retained an individual NCW and a worker from each team has joined the respective Locality Teams to provide continuity in taking forward a place based approach. They will ensure that the relationships developed with each community continue, particularly through the weekly library drop-ins in both Soham and St Ives.

Think Communities will benefit from the skills of a NCW returning to their team full time working as a place based lead for East Cambridgeshire. This will ensure that the strong links developed between the community and the Council are maintained and Soham and St Ives will continue to be used as exemplars in both the Library transformation programme and work with NHS Primary Care Networks.

A NCW has joined Adult Early Help as a member of the Carers Team. The Adult and Autism team and Young Adult team have recruited NCWs to social worker roles ensuring all these teams benefit from the learning theses staff take forward in champion NCP principles in their new roles.

The Council's Transformation and Business Intelligence team gain a Policy and Performance officer who can ensure NCP learning is taken forward in the Council's future policies and strategies.

Two of the NCWs have been appointed as 'Changing the Conversation' champions and are delivering the Change the Conversation training as part of Adults Positive Challenge Programme (APCP). They are working alongside Impower and are delivering a training programme that is being rolled out across all Adult Social Care (ASC) teams. They have also developed the strength based conversation training for library staff and volunteers. Their experience and the principles of the Neighbourhood Cares approach are integral to this work.

The Quality and Practice Team and the Principal Social Worker have seen changes in practice following the delivery of Changing the Conversation training. As Champions the NCWs are able to lead complex case discussions that encourage staff to think about all the assets available to people in their communities in a way that is very practical.

Two NCWs have been appointed by the NHS as Integrated Neighbourhood Managers for the North Alliance. Rob Henchy, Programme Manager, Greater Peterborough Network stated that :

> "The work and learning from the NCP has been invaluable to the work health and care partners across Greater Peterborough are doing to build integrated teams around their newly formed Practice Primary Care Networks and their registered populations.
>
> Two of the NCP team are now Integrated Neighbourhood Managers which act as the focal point for the integrated team; understanding the population needs and building teams from health, care and the local community to address those needs. The experience they have from the NCP has enabled them bring

new and innovative ideas into how multi-disciplinary teams can operate across a neighbourhood. “

The learning from NCP is being taken forward by the continued role of the Neighbourhood Cares Manager representing ASC in championing the NCP learning within Think Communities, Commissioning and integrated neighbourhoods work with the NHS.