

REPORT TO: Grants Advisory Committee

31/01/2020

LEAD CABINET MEMBER: Cllr John Williams

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District-wide coverage of Mobile Warden Schemes

Executive Summary

1. There have been Mobile Warden Schemes within some parishes of South Cambridgeshire for over 20 years. The schemes have historically been community-led and this has resulted in inequitable cover across the district with large geographical areas including some of our most isolated parishes, or parishes with greater numbers of older people, without a scheme.
2. The schemes serve a number of purposes, namely they enable older people to remain living at home independently for longer; avoid earlier transfer into care; avoid unnecessary hospital admission; enable more expedient hospital discharge and provide daily contact to people who would otherwise live in isolation and/or away from their families.
3. Enabling older and / or vulnerable people to have greater access to a local scheme is a key priority of the Council's Business Plan 2019-2024. This is aligned to the predicted high growth in the over 65 year old population over the next 20 years and in recognition that with age comes increased risk of deteriorating health, loneliness and feelings of isolation.
4. This will likely be a key decision should additional unbudgeted finance be required.

Recommendations

5. It is recommended that the Grants Advisory Committee considers the options for financing increased coverage of Mobile Warden Schemes prioritising villages where there are higher numbers of older people in order to ensure there is a service in areas of most need across the District. This report highlights the options and makes a recommendation.

Reasons for Recommendations

6. According to Age UK, isolation and loneliness is more prevalent in people who are aged 65+, living alone, and/or have a chronic health condition. Feeling lonely and isolated can be very harmful to health. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain independent for as long as possible.

7. Life expectancy in South Cambridgeshire is higher than the national and county averages, however, we now live in a society that is living longer, but with fewer years of life lived healthily.
8. The older population across South Cambridgeshire is set to rise over the period 2017-2035 by 49%. Over the same period the over 90's will increase by 137%.
9. According to the most recent health data released by the Joint Strategic Needs Assessment for South Cambridgeshire 2019 the following conditions are set to increase as follows:
 - a. Moderate physical disability: 19.4%
 - b. Serious physical disability: 20.6%
 - c. Mod/Serious personal care disability: 19.8%
 - d. Common mental disorder: 17.8%
 - e. A fall: 65.4%
 - f. Dementia: 93.4%
10. All of these conditions will create increased demand for specialist housing as well as health and social care services.
11. An increasingly socially mobile society together with the high cost of housing in South Cambridgeshire is leading to fewer families remaining in the villages in which they grew up leading to greater dislocation of families and leaving older people more exposed to loneliness and distant family connections.

Details

12. Currently there are 14 schemes covering a total of 31 parishes (see map at appendix D). Many of the community-led schemes have been in existence for over 20 years, developed in recognition that there was a need to provide a service to support and take care of older, more vulnerable members.
13. The schemes employ a range of approaches in order to support their clients including home visits and telephone calls; thus also creating opportunities within their communities for local volunteering. This creates a vital service for people to:
 - a) Know someone cares;
 - b) Keep in touch with the outside world;
 - c) Receive medication, newspapers and food;
 - d) Remain living independently for as long as possible where they may otherwise be transferred into care or hospital;
 - e) Expedite hospital discharge
14. The schemes are available long-term, or on a short-term basis following illness or hospital discharge to help get people back on their feet who are thereafter able to live independently at home, but who otherwise might not regain their health and independence.

Linking with other services

15. The wardens link with other services and provide a signposting role to the client, opening doors and opportunities to access other clubs and services which help to support them to live independently, this includes helping clients apply for additional finance if eligible (such as pension credit and disability living allowance or housing benefits); some schemes also have good relationships with the GP practice and can liaise with practice staff if a client is poorly; responding to letters to ensure bills are paid or appointments are

not missed. The main aim of the mobile warden service, however, is to check-in with vulnerable people to make sure they're well, to have a chat and show they care with people who may not otherwise have any human contact on a day to day basis.

Referrals

16. Referrals come from a range of sources: many clients self-refer following word of mouth; some schemes receive referrals from the police, the voluntary sector (e.g. Care Network), GP surgery, parish newsletters and ministers, as well as the family members of the person in need of care. A number of the schemes would like closer ties with the local GPs and practice nurses and believe that this relationship has become more distant over time, given the many changes to how primary care services have been delivered over the duration of some of the schemes. However, this presents an opportunity for the service to be part of the wider community health and social care offering.

Self-employed/parish-employed warden salaries

17. All schemes employ wardens on a part-time basis with circa 20 hour/week contracts, and each warden will look after approximately 10-20 clients in their patch. There is no set warden salary, each scheme sets its own budget for salaries. The wardens are also supported by volunteers to provide holiday cover and any periods of sickness absence. At Harston for example, this cover is provided by the Board of Trustees.

Do we need a section here about the Age UK model given that we have covered self-employed / parish-employed wardens above or are these included here??

18.

Client Fees

19. Every scheme has a different client fee, the scale ranges from £5 per week up to £12 per week. The majority of schemes charge fees of approximately £6-7/week. To improve sustainability the Council recommends to schemes that a minimum fee should be set at £6.50/week because the higher the fee, the more sustainable the service.

Ongoing training and support for Wardens

20. Due to the nature of the role of mobile wardens, many in this post work in isolation. Speaking to the schemes, there was genuine interest from wardens to link with each other for peer support. Due to the changing nature of the health and social care system, some felt they would benefit from ongoing support and training in their roles together with more formal ongoing training in safeguarding, deprivation of liberty and first aid. It was proposed that the council create a forum which provides opportunities for wardens to meet, share information, peer support and create opportunities for ongoing learning and professional development.

Growing existing schemes

21. Each of the community-led schemes (with the exception of Melbourn) had no interest in extending their scheme beyond the parish boundary but indicated they are more than happy to support other schemes to set up.

Sustainability of Existing Schemes

22. All schemes rely on external funding to sustain them. The schemes want to keep the client fees as affordable as possible and are reluctant to increase fees on this basis.

23. Earlier this year, parishes without an existing scheme were contacted to gauge interest in setting up a scheme. 16 parishes responded with a request for further information. (See appendix B).

24. Parishes without a scheme that are considering setting one up have all expressed concern about long-term viability and the uncertainty arising from grant funding

applications and this is posing a potential barrier for some parishes to committing to adopting a scheme.

Working in closer collaboration with health partners

25. Some wardens report missed opportunities to work more collaboratively with GP practices. All schemes would like to extend opportunities to support residents who needed extra support following illness, or discharge from hospital, so forming closer links with hospital discharge teams and Primary Care Network link workers should be encouraged.

Existing Schemes

26. Of the 14 existing schemes, 7 are run by Age UK on behalf of the parish with investment from the Parish, District and County Councils (see table 2 below). The other 7 are community schemes set up and managed by a board of trustees (with the exception of Milton, which is run by the Parish Council). They bring in funding from various sources, supported by organisations such as Care Network with training and guidance (see table 1 below).

27. This disparate, largely community-led model has resulted in inconsistent cover across the district which creates inequalities and inequity in service and a priority for the Council is to provide greater coverage across the District to address this.

28. The challenge for the District Council is to encourage Parish Councils, particularly those with higher populations of older people, to set up a scheme, be it independently or through the Age UK model. Both models require investment from the parish.

Table 1 : Funding for Community-led Schemes 2019/2020

This table illustrates how the community-led schemes are currently funded. Each model differs in how it seeks funding, administers its scheme and pays its employees. Income from service users is included in blue, where known.

Village	Max people benefitting last year	Funding Sources 2019/20	Funding Sum 2019/20 (£)
Cottenham	22	SCDC	1,800.00
		Parish Council	1,150.00
		CCF (Not confirmed)	2,499.00
		Rotary (TBA)	0.00
		Subtotal	5,449.00
		Service users	4,000.00
		Total	9,949.00
Harston	15	SCDC	1,250.00
		Parish Council	2,750.00
		Covenanted Gifts	2,000.00
		HMRC Gift Aid	1,000.00
		Subtotal	7,000.00
		Service Users	4,200.00
		Total	11,200.00

		SCDC	250.00
Haslingfield	20	Parish Council	3,000.00
		Subtotal	3,250.00
		Service Users	7,802.00
		Total	11,052.00
Melbourn	47	SCDC	2,200.00
		CCC	7,721.00
		Melbourne PC	6,500.00
		Meldreth PC	1,500.00
		Shepreth PC	600.00
		Subtotal	18,521.00
		Service users	11,626.00
		Total	30,147.00
Milton	20	SCDC	2,155.00
		Milton PC	16,385.00
		Milton Charities	2,000.00
		Subtotal	20,540.00
		Service Users	7,000.00
		Total	27,540.00
The Mordens & Litlington MWS	25	SCDC	2,155.00
		3 x Parish Councils	1,800.00
		Grants other	300.00
		Other	160.00
		Subtotal	4,415.00
		Service users	5,895.00
		Total	10,310.00
Great Shelford	36	SCDC	1,000.00
		Great Shelford PC	2,500.00
		Shelford Feast	1,000.00
		Subtotal	4,500.00
		Service users	4794.00
		Total	9,294.00
		Total excl Service User Fees	63,675.00
	185	GRAND TOTAL	109,942.00

Table 2: Age UK Schemes

Village	Max no people benefitting last year	Funding sources 2019/20	Funding sum 2019/20 (£)
The Small Villages Scheme: Weston Colville, West Wrating, Balsham, Linton, West Wickham, Horseheath, Shudy Camps and Castle Camps. Individual parish schemes in Swavesey, Histon, Girton, Impington, Waterbeach, Teversham, Stapleford	129 across all schemes	SCDC	13,200.00
		CCC	12,132.00
		Parishes	18,975.00
		Donations	3,500.00
		Subtotal	47,807.00
		Service User Income	23,671.00
		TOTAL	71,478.00

Parishes without schemes

29. There are 71 parishes without a Mobile Warden Scheme. To provide complete cover across the District would require setting up many additional schemes.

In order to assess the cost to the District of expanding coverage, officers have identified a number of “strategic locations” or parishes, based on their resident population of people aged 65 years plus and by their geographical location.

The following parishes have been identified as strategic:

- Papworth / Elsworth
- Sawston
- Thriplow
- Gamlingay
- Willingham
- Whittlesford
- 6 villages along the A428 / A1198 corridor (Hardwick, Caldecote, Comberton, Wimpole, Bourn, Toft)

30. These parishes are identified as strategic because:

- a) They are geographically rural areas with no existing cover (A428/A1198 corridor)
- b) They are Parishes with a higher population of older residents (aged 65+) according to the local CCG (Clinical Commissioning Group) profiles and data from the Cambridgeshire Insight, Parish Profiles tool.

31. Age UK has provided an estimate (appendix A) for setting up schemes in the strategic parishes above. If prioritised, these parishes could be part 1 of a staged approach to the District improving its coverage of mobile warden schemes. Part 2 of a staged approach might include the remaining parishes at point 22 above who expressed an interest in knowing more (16 additional parishes). This would leave 43 parishes still requiring cover.

Options

The options for increasing Mobile Warden Scheme coverage across the District of South Cambridgeshire are set out below:

32. Option 1

Create a separate grant fund, distinct from the existing Mobile Warden Scheme grant fund, dedicated to setting up new or expanded schemes only. This would be open to parishes, community groups and established charitable organisations for the creation of new schemes and the expansion of existing schemes. This would provide choice to the Parishes in which approach to take e.g. bring in an external provider or encourage a community-led scheme.

Parishes with a larger, older populations, or those highlighted in paragraph 29 and 30 above would be prioritised. Any other parishes interested in setting up a new scheme, which have not been identified above but would like to apply for full funding, would also be considered on a first come, first served basis.

The separate grant fund would enable parishes to bid for full funding for new schemes for the first 2 years, (April 2020- March 2022). Thereafter, from 2022 these new schemes would be expected to apply for funding in the same way that existing schemes currently do. (see Table 1).

33. Option 2:

In order to introduce schemes into those parishes highlighted as strategic (see paragraph 29), the fastest approach would be to fully fund an external provider to give full and continuous cover for the first 2 years with the caveat that Parishes adopt these schemes from 2022, and apply for continued funding in the same way that existing schemes currently do.

The cost of fully funding the “strategic” sites has been estimated to be approximately £200,000 per annum.

34. Option 3

Provide a combination of both options 1 and 2. Members would need to agree how to divide funding which would facilitate the option for Parishes who want to apply to set up their own scheme, supporting the desired community-led approach whilst retaining a portion of funding to set up schemes in Parishes where there are higher populations of older people but where the Parish is not engaged. The Council could then ask external providers to bid to set up schemes in these communities.

Implications

35. In the writing of this report, taking into account financial, legal, staffing, risk, equality and diversity, climate change, and any other key issues, the following implications have been considered:-

Financial

36. In seeking an external provider to deliver the identified schemes across the district within the two-year deadline, the contract value is estimated to be approximately £200,000 which exceeds the procurement threshold of £181,000 for EU procurement and therefore the full weight of regulations will apply. This will involve advertising in the official journal of the European Union, competitively tendering and awarding to the highest scoring bidder.

Risks/Opportunities

37. Option 1

Full funding for 2 years via a grant application process for parishes interested in setting up a new scheme or wishing to extend an existing scheme.

The risks/opportunities associated with option 1 are:

- a) It allows for a scheme to be adopted at the outset by the Parish Council and it is, therefore, more likely to be sustained following cessation of 2-years full-funding.
- b) There is no certainty that the Parishes identified as 'strategic' take up the offer.
- c) It risks some existing schemes requesting an uplift to match the proposed contribution to new schemes.
- d) It could potentially be resource intensive with regard to officer time in liaising with parishes and administering the application process.

38. Option 2

Procurement to an external provider for full funding for 2 years of new schemes identified by the District Council.

The risks/opportunities associated with option 2 are:

- a) This could provide mobile warden scheme coverage across the desired strategic sites more expeditiously.
- b) There would be no guarantee that the parishes would wish to contribute to the scheme following year two and thus schemes may close after full funding expires. This could likely result in clients left without cover and associated poor publicity.
- c) If an external provider sets up schemes, the costs are likely to be higher.
- d) An external provider would be asked to work with Parishes to assist and help source funding following cessation of full funding.
- e) The sum concerned is high enough that if this were not treated as grant funding, the value of any contract would meet the threshold for EU procurement (>£180,000) and this could potentially delay the implementation of desired coverage within two years (see financial chapter above).

39. Option 3

Divide the funding allocation into two streams e.g. 50% grant funding and 50% procurement.

The risks/opportunities associated with option 3 are:

- a) The EU procurement threshold of £180,000 would be avoided, although it would still necessitate a procurement approach.
- b) It would offer choice to the Parishes as to whether they choose to set up their own scheme or opt to engage an external provider.
- c) It could potentially be resource intensive with regard to officer time in liaising with parishes and administering the application process.
- d) How to allocate appropriate levels of funding to both sources, such ensuring there is sufficient for Parishes opting for grant funding as in option 1 above; ensuring there is sufficient left to set up schemes in locations identified as 'strategic'.
- e) The risks and opportunities of options 1 and 2 above are distributed.

40. Other considerations:

- a) All new schemes would be funded in full whereas existing schemes receive only a contribution from SCDC towards the total running costs, causing inequity in how schemes are funded.
- b) In 2019/20, the amount of Council grant funding applied for was £31,359.00. The amount awarded was £20,110.00. Schemes sought additional funding to the value of £71,227.00 from other sources.
- c) The existing schemes are not sustainable without grant contributions and other sources of funding and the amount of SCDC grant funding has remained static for many years. With the potential for more schemes to be set up, the amount of grant funding will need to be reviewed by 2022.

Equality and Diversity

41. Any decisions arising from this report will be subject to an equality and diversity report.

Consultation responses

42. Each parish without a scheme has been consulted by telephone or email to gauge their interest in setting up a scheme. A meeting or telephone call has taken place with each of the existing schemes in order to complete background information for this report.
43. Further consultation has taken place with three larger parishes (identified as having larger older populations) to gauge their interest in adopting a 2 year fully-funded scheme with the caveat of taking on grant funding following withdrawal of full funding at the end of the contract. Every parish expressed concern with regards to the sustainability of schemes and sources of continued funding, particularly in light of reduced health and social care budgets. This concern creates a real barrier to the adoption of schemes even with the prospect of full funding for the first two years.

Effect on Council Priority Areas

A modern and caring Council

This piece of work helps to deliver the provision of grants to community and voluntary groups to help them carry out projects to benefit local people including the development of a business case for increasing the coverage of mobile warden schemes across the district

Background Papers

None

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