

From: Clair Bell, Cabinet Member for Community & Regulatory Services
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To: Growth, Economic Development and Communities Cabinet Committee Meeting - 9 November 2023

Subject: Positive Wellbeing Pilot Service - Evaluation Report

Classification: Unrestricted

Past Pathway of report: Growth, Economic Development and Communities Cabinet Committee Meeting - January 2023

Future Pathway of report: N/A

Electoral Division: All

Summary: This report provides an update on the evaluation findings for the Positive Wellbeing social prescribing service delivered by the Community Warden service between June 2020 and December 2022.

Recommendation: The Cabinet Committee is asked to note the evaluation findings and comment on the future direction of the Positive Wellbeing service.

1. Introduction

- 1.1 There is clear evidence that loneliness and social isolation are harmful to health and are associated with a range of negative health outcomes. This in turn puts increased pressure on local health and social care services.
- 1.2 In 2022, 49.63% of adults (25.99 million people) in the UK reported feeling lonely occasionally, sometimes, often or always¹.
- 1.3 Older people who are socially isolated are:
 - 1.8 times more likely to visit a GP
 - 1.6 times more likely to visit A&E
 - 1.3 times more likely to have emergency admissions
 - 3.5 times more likely to enter local authority funded residential care.²
- 1.4 Social isolation can carry health risks that are comparable to obesity, smoking 15 cigarettes a day or being an alcoholic.³

¹ [Campaign to End Loneliness with Dr Heather McClelland \(2023\)](#) Analysis of quarterly report data provided by the ONS from the Opinions and Lifestyle Survey for Jan-Dec 2022.

² Social Finance (2015) Investing to Tackle Loneliness: A Discussion Paper 21

³ Holt-Lunstad, J. (2010) Social Relationships and Mortality Risk: A Meta-Analytic Review

- 1.5 Loneliness has been found to increase the likelihood of mortality by 26%.⁴
- 1.6 Research commissioned by the Eden Project found that disconnected communities could be costing the UK economy £32 billion a year. This includes:
 - £5.2 billion due to greater demands on health and care services.
 - £0.2 billion as a result of greater demands on policing.
 - £12 billion net cost to the economy due to a loss of productivity.^{5&6}
- 1.7 Statistical evidence and data showing the extent of the detriment caused by loneliness and social isolation is further detailed in a [previous report to Cabinet Committee in January 2023](#).
- 1.8 To address the issue of social isolation and loneliness in Kent, 'Positive Wellbeing', a social prescribing 'plus' service aimed at people aged over 65, was developed as part of the Connected Communities Interreg project. The EU funded intervention was delivered by a small cohort of Community Wardens, working part time as Community Connectors, for the project. The service was delivered for two years in four small pilot areas in Kent: Folkestone, Thanet, the Isle of Sheppey and Maidstone.
- 1.9 The results of the service have been academically and independently assessed by the University of Essex, led by [Professor Gina Yannitell Reinhardt](#). A full evaluation report for Kent, dated 2nd October 2023, is attached. It details the impact of Positive Wellbeing in the four pilot areas of Kent.
- 1.10 Positive Wellbeing continues to be delivered by the Community Warden service as business as usual and the plan is to expand the service to support more residents to live better and reduce the negative health outcomes associated with social isolation and loneliness.

2. Evaluation Findings

- 2.1 Kent recorded pre- and post- programme participation information on beneficiaries' levels of loneliness, social isolation/interaction, wellbeing, trust, and overall satisfaction with the social prescribing plus service. Basic demographic information was also collected during the programme.
- 2.2 The data was collected between June 2020 and December 2022, with the service being disrupted during the COVID-19 lockdown restrictions. Frequent and prolonged periods of social distancing affected programme participation and as a result reduced the amount of data that we aimed to capture.
- 2.3 Service user referrals came from numerous sources and across a wide sector of VCSE, social care, health care, family members, friends, neighbours, media, leaflets, and others. Referred cases are categorised into two groups:

⁴ Marmot, M. (2010) Fair Society, Healthy Lives: The Marmot Review

⁵ CEBR (2017) The Cost of Disconnected Communities: Report for the Big Lunch

⁶ Kent County Council (2018) Adult Social Care Cabinet Committee, 19 January 2018, Maidstone

Hard cases – individuals who received social prescribing via the Positive Wellbeing service.

Soft cases – individuals who were referred to the Positive Wellbeing service, whose needs were assessed as better addressed by other services and were therefore signposted to other providers.

Kent recorded **101** hard cases, with a full data set collected from **73**. Missing data is either due to a lack of continuation with the programme or due to a change in the beneficiary's personal circumstances, such as an illness that prevented the Connector from asking questions more than once.

Kent recorded **145** soft cases.

2.4 Top-level findings from the evaluation carried out by the University of Essex are below. All top-level findings demonstrate a statistically significant positive change as a result of the Positive Wellbeing service. A “statistically significant difference” is an observed difference in the outcomes which is unlikely to have occurred due to chance alone but is likely to have occurred due to the intervention that is being measured.

- **Loneliness**

There was a statistically significant reduction in loneliness, with beneficiaries reporting that they feel less lonely during the last visit compared to the first visit.

- **Isolation**

There was a statistically significant reduction in isolation relating to four aspects:

1. Beneficiaries report having more people they can depend on during the last visit in comparison to their first visit.
2. Beneficiaries report they are spending more time with people who do not live with them in the last visit in comparison to the first visit.
3. Beneficiaries report that they are talking more on the phone with someone who does not live with them in the last visit in comparison to the first visit.
4. Beneficiaries report they are going more often to club meetings, religious meetings, and other group events during the last visit in comparison to the first visit.

- **Wellbeing**

There were statistically significant improvements in three aspects of wellbeing:

1. Beneficiaries report feeling more satisfied with their life at the last visit in comparison to the first visit.
2. Beneficiaries report that they feel things they do in their life are more worthwhile at the last visit in comparison to the first visit.
3. Beneficiaries report feeling happier during the last visit in comparison to the first visit.

Assessing all aspects of wellbeing together, beneficiaries report greater overall wellbeing during the last visit in comparison to the first visit.

- **Trust**

There was a statistically significant improvement in feelings of Trust with beneficiaries reporting that they trust people more at the last visit in comparison to the first visit. Beneficiaries report that they trust public officials more during the last visit in comparison to the first visit.

- **Customer Satisfaction**

89% agree or strongly agree that they would recommend the service to others.

74% strongly agree or agree that they can maintain the lifestyle changes the Connectors helped them put in place.

- **Community Level Data**

Results show an increase in the costs of residential care in Kent over the last 2–3 year period, and an increase in the number of requests for home care services which demonstrates a continued need for preventative services, such as social prescribing, in Kent.

- **Demographics of service users**

Gender: a majority report identifying as female (71% female, 29% male).

Age: ranges from 64-96, the average age was 77.

Ethnicity: a majority report to identify as White (71% were White, 3% Black, Asian or from another ethnic minority and 26% declined to answer).

Marital status: participants reporting being widowed outnumbered each of the other categories of marital status (5% unmarried, 37% widowed, 19% divorced or separated, 8% married or civil partnership, 31% declined to answer).

Living status: a majority report living alone (56% live alone, 1% in sheltered accommodation, 1% in supported housing, 16% with relatives and 27% declined to answer).

2.5 As cited in the academic report attached, “Increases in costs of residential care and supported accommodation and in requests for homecare, residential care and supported accommodation demonstrate a continued need for preventative services, such as social prescribing, in Kent. The trends in the areas where Connected Communities were implemented (Pilot) in comparison to the areas where the programme was not implemented (Comp/Comparison/non-Pilot) indicate that the needs for homecare, residential and SIS/supported living as reflected in the number of care requests (Figure 20; Figure 21; Figure 22) and costs (Figure 23; Figure 24; Figure 25) are higher in Pilot when compared to non-Pilot areas throughout April 2018 – December 2022 period. This is not surprising given that the pilot areas were selected based on the level of need.”

2.6 An evidence summary on “The economic impact of social prescribing” was commissioned by the National Academy for Social Prescribing (NASP). The findings were as follows:

NET reductions in health and care service usage

- £24.20 - £77.37 per person per year in GP attendance
- £102,000 - £150,000 resource saving in GP staff time
- Hospital usage reductions valued at £106,000-£154,000⁶

Social Return on Investment (SROI)

- An average SROI was £3.41 - £8.54 per £1 spent (based on 13 studies)⁷

- 2.7 Building on the success of the pilot and to support more residents, the Community Warden service now offers Positive Wellbeing support to residents aged 18 and over as part of their business as usual. Since April 2023, and without any promotion, more than 50 residents have requested support from Positive Wellbeing showing a clear need for the service. It is anticipated that Positive Wellbeing will support up to 100 people per year based on the current service model.
- 2.8 We now propose to expand and develop the Positive Wellbeing service to be able to support individuals in Kent disproportionately affected by social isolation and loneliness. We are working with Kent analytics to carry out needs-based mapping exercise and understand who in Kent needs social prescribing support the most and where they are to focus the delivery of the service. The future direction of the service is to continue to collaborate with public and voluntary services in Kent to support them to deliver Positive Wellbeing and help reduce future demand on social care and public health services.
- 2.9 Another important collaboration is with ASCH MADE (Making a difference everyday). The core principles of consistent, high quality, person-centred and innovative support to those that need it is central to the success of Positive Wellbeing. Positive Wellbeing aligns with and supports MADE.

3. Financial Implications

- 3.1 Whilst the Connected Communities project and EU funding has now ended, Positive Wellbeing has now been mainstreamed into the Community Warden service and is delivered as part of their business as usual. There is no additional cost to the Warden Service.
- 3.2 Grant income is being used to fund a Positive Wellbeing Development Officer to the end of 2023/24. MTFP entry PGR02_23-24_037_XX (£35,000) refers to the replacement of this grant.
- 3.3 The average cost to KCC to provide home care for one person is £8,875 per year.⁸ The average cost to KCC to look after one person in residential care is £37,403 per year.⁸
- 3.4 Although there is a research gap in terms of the accurate financial impact of social prescribing on social care costs at this time, it is recognised amongst practitioners, leading academics and researchers on the subject that social prescribing reduces the number of people requiring social care or delays demand.

⁷ Evidence Review Economic Impact of Social Prescribing commissioned by NASP

⁸ KCC Adult Social Care & Health Performance

- 3.5 Positive Wellbeing in Kent can either prevent someone from needing care altogether or it can delay the need for care.
- 3.6 Based on the current provision of supporting 100 people per year (the expansion of the service would see a significant increase);
- Preventing the equivalent of 1% of service users from entering residential care, KCC would recover the cost of the Positive Wellbeing Development Officer for each year that that person can live independently.
 - Preventing 4% of service users requiring home care would also recover the cost of the Positive Wellbeing Development Officer for each year that that person can live independently.

4. Legal implications

4.1 N/A

5. Equalities implications

5.1 An EqIA has been undertaken. No adverse impact is foreseen for any protected characteristic.

6. Other corporate implications

6.1 In May 2022 the county council approved 'Framing Kent's Future' which includes the priority of New Models of Care and Support.

6.2 In October 2023, the paper 'Securing Kent's Future', taken to Cabinet, identifies New Models of Care and Support as the main priority for the Council going forward and the need for significant service reform to meet the challenges of the post Covid-19 global economy. Positive Wellbeing offers the County Council a unique, innovative, and evidence-based preventative solution to help tackle loneliness and isolation in Kent.

6.3 The Kent and Medway Social Prescribing and Community Navigation (SPCN) Strategy is currently being produced and the Positive Wellbeing pilot and service manager have played an active role in its development. The SPCN Strategy directly supports objectives set out in the Kent and Medway Integrated Care Strategy. The SPCN strategy sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways to enable the people of Kent and Medway to lead the most prosperous, healthy, independent, and contented lives they can. Positive Wellbeing ensures that KCC will be at the forefront of delivering the objectives set out in both strategies and makes a strong commitment to delivering the ICS objectives.

6.4 The County Council's Adult Social Care and Health directorate commissions external providers to deliver different models of social prescribing & community navigation services. Positive Wellbeing complements these services by providing a social prescribing 'plus' service that supports those most in need who are not engaged with their GP or other agency. Wardens acting as Community Connectors go into people's home and reach people that would

otherwise not leave their house for support or for social reasons. Positive Wellbeing is well connected to and joined up with these services to cross-refer users when necessary.

7. Governance

7.1 N/A

8. Conclusions

8.1 The evaluation report produced by the University of Essex provides evidence as to how effective the Positive Wellbeing service in Kent is at reducing feeling of loneliness and social isolation and the positive impact it has on health and wellbeing. It also indicates the potential for Positive Wellbeing to prevent future demand on social care and to save money for KCC on home and residential care.

8.2 The proposal is to develop a blended model of care and support. By working with existing services and providers we will expand the Positive Wellbeing service, so all residents aged 18 and over in Kent who experience social isolation and loneliness are supported.

8.3 The main benefits of the service are:

- Social isolation and loneliness will reduce in Kent, with a positive impact on demand for care and health services.
- The financial cost of prevention is far less than the cost of long-term care and support.
- Positive Wellbeing contributes to improved health outcomes for residents in Kent. Improved health outcomes support a thriving economy, a more productive workforce, and healthier communities. If people are leading healthy, fulfilling, and connected lives, they are less likely to need support from public health, social care and NHS services.
- Positive Wellbeing contributes to the reduction of stigma surrounding social isolation and loneliness; the service will use a sophisticated communications strategy to raise awareness of the topic, and deliver an easy to access, non-invasive sign-up process. This addresses the first objective of the 2023 Tackling Loneliness annual report⁹.

⁹ Policy paper from the Department for Culture Media & Sport - [Tackling Loneliness annual report March 2023: the fourth year](#). Published 30 March 2023

- People’s lives will be more fulfilled and wellbeing will improve. Comments from service users in the pilot project include:
 ‘Life is better’
 ‘My life has opened up’
 ‘I am really, really grateful’
 ‘I feel human again’
 ‘Many people would benefit from this’
 ‘My Connector was amazing, kind and patient. I could not have had better treatment if I had gone privately’
 ‘I can believe in myself again’
 ‘She [Community Connector] has changed my life forever’.
- Services will be better connected for residents. By joining up public and voluntary services, there will be a seamless journey for the customer whereby they are offered a service they may not have been aware of or have accessed otherwise.

9. Recommendation:

9.1 The Cabinet Committee is asked to note the evaluation findings and comment on the future direction of the Positive Wellbeing service.

10. Background Documents

10.1 Evaluating the Pilot of Positive Wellbeing report, University of Essex, 2023:
<https://democracy.kent.gov.uk/documents/s121597/UoEPWEvaluationKentFinal.pdf>

11. Contact details

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