

Item No.	Classification: Open	Date: 28 October 2022	Decision maker: Cabinet Member for Health and Wellbeing
Report title:		Independent Calling and Visiting Service	
Ward(s) or groups affected:		All Wards	
From:		Strategic Director of Children's and Adults' Services	

RECOMMENDATION

1. That the Cabinet Member for Health and Wellbeing approve the award of a multi-year grant for two plus two (2+2) years to Age UK Lewisham and Southwark for the sums indicated in the table below effective from 1 October 2022, in order to continue to provide the Independent Calling and Visiting service.

Year 1	Year 2	Year 3	Year 4	Total
£25,637.04	£21,404.46	£22,195.93	£23,019.53	£92,256.97

BACKGROUND INFORMATION

2. The Independent Calling and Visiting Service was developed following a review of the Lay Inspector Scheme and discussions between the Council and Age UK Lewisham and Southwark (AUKLS) exploring how to use the experience and expertise of AUKLS to support our residents in care homes, rather than duplicate the formal visits to care homes from the council's contracting team and the Care Quality Commission (CQC).
3. The calling and visiting service is intended for care home residents who are unbefriended, do not have family living nearby or who are able to visit. A pilot scheme ran between July 2021 and March 2022, funded by the grant funding for 2021/22 which was already in place, to test out the new concept of a calling and visiting service for unbefriended residents in care homes within the borough.

4. AUKLS is committed to working with those in later life and in particular the over 60s and it was therefore agreed that the Independent Calling and Visiting service would provide visits to residents in Care Homes for Older People. There are currently eight Care Homes for Older People (five residential and three nursing homes). It should be noted that, older people over 65 reside in Working Age Adults' care homes as well, of which there are nine in the borough. These are currently out of scope of the Independent Calling and Visiting service.
5. The aim of the service is for volunteers to regularly visit residents who would like a visitor from their local community, and build up relationships that are meaningful. Volunteers would be able to check that the residents are happy, comfortable and safe in their homes and experiencing good quality care, very much like they would if visiting a family member. For example, the volunteer may notice that a resident does not seem to have a jug of water/access to a drink or seems upset or maybe withdrawn.
6. Southwark Council commissioners and AUKLS worked closely together to agree a simple reporting mechanism for the volunteer Care Visitors and a number of clear outcomes for the service, based on a selection of "I" Statements defined by The Care Act 2014. It is intended for the reported outcomes to inform and complement contract monitoring, and potentially inform future commissioning and development discussions.
7. There is an agreed process in place so that if there is something that a volunteer has concerns about from a visit, there is a quick and efficient way of reporting these concerns e.g. safeguarding concerns.
8. Volunteers are given the appropriate training for the visits including safeguarding, information governance and confidentiality and utilising the professional supervision that AUKLS have in place for their volunteers. The service co-ordinator is employed 14 hours per week and accompanies the volunteers to initial visits until they are fully trained. The Director of AUKLS directly manages this role.

KEY ISSUES FOR CONSIDERATION

9. Since the Omicron outbreak in December 2021 and revised Department of Health and Social Care guidance issued to mitigate Omicron transmission, care homes were hesitant to restart visits, with a pause in visits from 4 December 2021 to 14 February 2022.
10. Between 30 September 2021 and 30 March 2022 the following visits were carried out. A full breakdown of these visits can be seen in Appendix 1:
 - ten visits were carried out to five Older People's care homes
 - Visits were suspended from 4 December 2021 to 14 February 2022 following revised Department of Health and Social Care guidance issued to mitigate Omicron transmission

- 77 people who live in those care homes were visited
 - 13 residents have been visited more than once
 - 27 residents visited are understood to have no family who visit
 - It is estimated that about 80% of residents visited are living with dementia
- Six volunteers were recruited, most are working age adults
 - eleven prospective volunteers were going through DBS/Reference checks in March 2022 and will receive induction training on receipt

11. Visits involved two volunteer Care Visitors, and lasted around three hours each. The intention for the new contract is for visits to involve two volunteer Care Visits initially, and then decrease to one volunteer once the scheme is established within the care home. Following the visit, the home is sent a record of interactions with each resident (to include in care notes as necessary as well as a summary of observations under four strategic headings, which are aligned to the Council’s Residential Care Charter:

- Food
- Social Activities
- Maximising Independence
- Communication with staff and families

12. During the visits, no significant areas of concern or significant gaps in care service delivery were identified, although AUKLS have highlighted opportunities for service development under the strategic aims identified for this service. Please see table below for details:

Strategic outcome	Positive Practice	Opportunities for service development
<p>Food “I can eat and drink safely at regular intervals”</p>	<ul style="list-style-type: none"> • Most residents were positive about their food • Bed bound residents had water within reach • Anchor provided mid-morning snacks – which include fresh fruit • All homes provide drinks and food outside of meal times at residents’ request • Menus looked varied and appetising 	<ul style="list-style-type: none"> • Homes sometimes change menus at last minute, which causes frustration • Availability of cultural meals appropriate for a diverse resident population • Cleaning up residents who feed themselves, but with very limited capacity

<p>Activities and socialising “I am able to socialise with others in the home – they are my neighbours and friends”</p>	<ul style="list-style-type: none"> • A very positive “Namaste”¹ session was held at Greenhive • Engaging with the homes to support more community in reach into the homes once Covid measures allow • Exploring opportunities to use tablets and SMART phones to play music and find pictures to prompt reminiscence conversations 	<ul style="list-style-type: none"> • Lack of time for staff to pursue individual interests and activities bespoke to each resident • Tendency for residents to be encouraged to go into communal rooms with TV blasting – but no one actually watching it • Many residents lack mental capacity to be involved in group activities
<p>Communication “It is easy for me to talk to staff in the home at any time and for my family to know what’s going on”</p>	<ul style="list-style-type: none"> • Residents are generally very complimentary about staff being kind and supportive • Care staff communicate with residents in a kind and friendly manner • Three out of the four family members we have met were complimentary of staff 	<ul style="list-style-type: none"> • Most residents lack sufficient cognitive capacity to express a view • One home (Tower Bridge) did appear to have a large turn- over of staff which impacts on effective communication • One family member said Tower Bridge did not communicate well • Care Visitors do not have authority to look at care plans in order to make an informed assessment • We have yet to meet a family member at any of the Anchor homes
<p>Maximising Independence “I can still do things for myself and I want to do them”; “I can’t get out of bed but my room is set up so I can do some things for myself”</p>	<ul style="list-style-type: none"> • Residents who are able, were dressed and encouraged to be out of their room • We observed residents with very limited physical and mental capacity to feed themselves • Residents were encouraged to bring their own furniture to their room 	<ul style="list-style-type: none"> • Given so many residents have very limited mental capacity due to advanced dementia, options appear limited • Care Visitors do not have authority to look at care plans in order to make an informed assessment

¹ The Namaste Care programme offers sessions that focus on touch, music, nature, sensory experience, aromas and interactions with objects delivered in a way to enhance feelings of enjoyment and wellbeing for residents with dementia.

13. The two key themes which repeatedly came up in relation to service improvements are; the food not being to everyone's individual preferences and cultural backgrounds, and a desire for more personalised social activities which matches individual residents' interests.
14. The most frequently requested by residents to be included on the menus are dishes from Nigeria, the Caribbean and Poland. Although not part of the strategic outcome question, which focuses on the question "I can eat and drink – safely at regular intervals", this is an area AUKLS can develop if residents mention that the food they would like to see on the menu, or have asked to see, is not being served.
15. Ways to encourage homes to address the feedback about culturally appropriate food was discussed with AUKLS and one suggestion was for AUKLS to develop a calendar of dishes to reflect cultural events taking place within the month and share this with providers. This is a topic that will be discussed and developed further in the wider care home provider forums.
16. Ageing Well Southwark have developed a directory of services detailing activities for older people, which can be accessed on the home page of their website.² It is also noted that due to the level of frailty and advanced dementia of residents, their capacity to join in with group activities is often highly limited.
17. The calling and visiting service is intended for those residents who are unbefriended, do not have family living nearby or who are able to visit. At each visit, volunteers will ask the care home manager to identify this cohort of residents to ensure the service is being delivered to those in need. Due to information governance, capacity to give consent and general confidentiality, it is not possible for volunteers to look at support plans of individual residents.
18. Most residents in care homes have advanced dementia and volunteers have reported that they have found it very difficult to go into care homes and establish meaningful conversations during a first visit.
19. Volunteers aim to generate a sense of wellbeing during their visits, to have meaningful personalised conversations with residents above and beyond the remit of care home staff.
20. Of the older residents visited, it is estimated that around 80% are living with various forms of dementia. Some of these being of an advanced diagnosis, which means that residents often do not have the cognitive capacity to give an informed view about their care or well-being. Many for example, are unaware that they are living in a care home. The volunteers use observation and reminiscence to build a relationship with the older person and assess

² [Older People and Carers Hub \(ageuk.org.uk\)](http://ageuk.org.uk)

their experience of care and overall sense of well-being. The use of photographic images and music has proven a highly effective way to prompt reminiscence as well as getting to understand individual residents personalised preferences and care requirements. Any immediate issues are fed back to staff on duty.

21. Given the majority of residents are living with advanced dementia, volunteers aim to promote a sense of wellbeing with the resident that can last far longer than they may be able to remember the visit itself. A staff member noted on one visit that it was the first time that they had heard one resident actually laugh.
22. There are five different organisations/providers in the borough running the eight care homes, each having a slightly different culture and approach to partnerships. The engagement of the providers has been varied, with two nursing homes, Tower Bridge and Queens Oak in particular being most open and supportive of the service model. It is however noted that the visits were launched at a time when care homes were in a state of learning how to manage their services during the ongoing Covid pandemic. This meant that it was difficult for some care home managers to engage to prioritise facilitating the service whilst also ensuring that they were dealing with staffing shortages, Covid outbreaks etc. Emails to the managers of some homes were often not responded to and two registered managers have also left since the service was launched.
23. Recent conversations with the District Manager from one care home provider has resulted in smoother access to the homes and improved engagement with volunteers and AUKLS.
24. Due to the level of cognitive capacity of residents, quite sophisticated approaches have to be adopted on visits to communicate effectively with residents. This means that volunteers require a high degree of training, support, induction and supervision than befriending type services. To date all visits have been conducted with the service lead present and it is envisaged that this will continue to be necessary for some time moving forward. This also gives confidence to the care home managers.
25. Significant work has been undertaken to attract and recruit the right calibre of volunteers. Matching individual volunteers to specific residents and care staff is appearing the most effective way of moving forward with the service, although this is challenging given the level of resources AUKLS receive to recruit, train, monitor and supervise volunteers alongside service development.
26. Care homes are regulated premises, with robust security arrangements, and it is not possible to either gain access or work in these establishments without the full support of the manager and staff. It is felt that by trying to cover all Older People's homes in the first few months may in effect have spread the service too thinly.

27. The budget holder has agreed in principle to roll out the scheme one home at a time over an agreed timeline, as opposed to trying to concurrently set up a scheme with 8 different care homes at once. Please see Appendix 3 for agreed timeline.
28. Building on the I Statements, the council and AUKLS have developed KPIs to measure the impact of the service and streamline delivery. Please see Appendix 3 for KPIs including agreed timeline for the new scheme.
29. Care home managers have been asked to identify the number of unbefriended residents in their homes so that volunteers can focus on building relationships with them. It was noted that during the pilot scheme, unbefriended residents were not identified by the care homes which led to only 35% of those visited having no family or friends able to visit.

Policy framework implications

30. The Care Act 2014 confers duties on local authorities to promote individual wellbeing, establish preventative services, provide information and advice about care and support, and provide appropriate support for adults and their carers.
31. Southwark's Vision for Adult Social Care is to deliver well-coordinated personalised health and social care services to prevent, delay or reduce the need for care and support to be able to live as independent lives as possible.
32. The recommendation set out in this report is in line with Fairer Future Promise 10 (making the borough a place in which to age well) as well as being shaped by the Fairer Future Promise 1 (value for money).
33. Southwark Five-year forward view, and the NHS Long Term Plan 2023/24 offers the commitment to upgrade the quality of care and access to dementia services and also focus on prevention of long-term conditions including dementia.
34. The Southwark Health and Wellbeing Board agreed a joint Mental Health and Wellbeing Strategy 2021-24. The vision for the Strategy is to combine high quality commissioning with partnership working to improve the mental health and wellbeing of our local residents.
35. Priorities for the Older People and Dementia work stream within the Joint Mental Health Strategy include supporting those affected by Dementia through innovative service models.
36. Southwark Stands Together has also developed a model of community engagement with the Black Asian and Minority Ethnic communities to inform the commissioning of services that are effective and appropriate to their needs around mental health.

Community, equalities (including socio-economic) and health impacts

Community impact statement

37. Southwark's Borough Plan describes the vision for the borough and sets out priorities and promises to the people of Southwark. The Plan was refreshed in 2020 to consider the progress made since 2018 when it was first developed and to reflect the new demands and priorities Southwark faces from the COVID-19 pandemic.
38. The delivery of this service contract aligns with Southwark's Borough Plan, specifically promoting independence, safety, social inclusion and quality of life for residents through enabling access to community activities and creating a fairer future for all with reduced health inequalities.
39. Southwark Council have recently embarked on the Southwark Stands Together programme which brings together local organisations, community groups and individuals across the borough committing to identify, and then implement solutions to address entrenched racism and injustice. It recognises the importance of listening to the voice of the workforce to hear their concerns and most importantly identify solutions to address areas of inequality by taking positive action to address these imbalances. In addition, the programme seeks to ensure we meet the needs of our residents and ensure those from all ethnic backgrounds are treated equally and fairly, and receive the same service.
40. Partnership Southwark is a Local Care Partnership within South East London Integrated Care System, working with other health, care and non-statutory organisations and local communities to bring together services and support at a neighbourhood level so that they do a better job of keeping people healthy and meeting their needs. Since 2019, they have been working to better join up services and support, tackle the causes of inequality, and improve the health and wellbeing of Southwark residents.
41. Partnership Southwark focuses on the groups most affected by long-standing health, social and racial inequalities. Their work is informed by engaging the community in Southwark to understand their needs, develop services and support that work for them, and empowering people to look after their own wellbeing and live longer, healthier lives, by focusing on prevention and self-management.

Equalities (including socio-economic) impact statement

42. The Public Sector Equality Duty under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:
 - The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
 - The need to advance equality of opportunity between persons who

share protected characteristics and those who do not, and

- Foster good relations between those who have protected characteristics and those who do not.

43. 'Protected characteristics' are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment. The council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce.
44. This grant award should not have a negative impact in relation to the groups identified as having a "protected characteristic" under the Equality Act 2010 and the Councils' equality agenda: Race, Gender, Age, Disability, Faith and Religion, Sexuality, Gender re assignment, Marriage and Civil Partnership and Child Care and Pregnancy. It will benefit those living with dementia.
45. The demographics collected for referrals to the service during 2021/22 details the following breakdown of protected characteristics:
 - Age range covered 65+ years of age
 - 80% of service users had dementia
 - 58% were female, 42% male
46. Data was not collected for other protected characteristics but will be included in the contract going forward.

Health impact statement

47. The Health Inequalities Framework, which was approved at the Health and Wellbeing board in March 2021, notes that health inequalities are avoidable, unfair and systematic differences between different groups of people that influence our opportunities for good health, both physical and mental.
48. The Framework notes that the COVID-19 pandemic has exacerbated existing health inequalities in Southwark, impacting all groups but particularly people from Black, Asian and minority ethnic backgrounds, low-income households and those with disabilities.
49. Outcomes from the Southwark Stands Together (SST) programme have been used to develop five recommendations to tackle health inequalities experienced by Black, Asian and minority ethnic communities. The Health Inequalities Framework will incorporate the findings from SST and address these alongside the other influences of inequalities; including other protected characteristics such as socio-economic factors and inequalities experienced by socially excluded groups.

50. One of Southwark's Borough Plan key aims is to support and protect vulnerable residents so that they can lead healthy and fulfilling lives. This contract will help to improve residents' health and wellbeing and decrease feelings of loneliness.
51. Health benefits of the service provision are noted in case studies captured by AUKLS, and include:
 - Enhancing quality of life for people with long term conditions
 - Enhancing quality of life for older people with care and support needs
52. All staff employed under this grant funded contract are volunteers.
53. The assignment of volunteers to each care home so that visits are carried out by the same person will help develop more meaningful relationships, and a more personalised service as volunteers will get to know the residents and care staff. It will also ensure value of the experience for the resident and maximise volunteer retention.

Climate implications

54. All volunteers assigned to this grant funded contract are local residents of Southwark and surrounding London boroughs, and either walk or cycle to work, or take the bus.

Resource implications

55. The grant will be managed through current staffing resources contained within the Partnership Southwark Commissioning Team structure.

Legal implications

56. Please see concurrent from the Director of Law and Governance.

Financial implications

57. A multi-year grant agreement is sought with the relevant break clause and inclusion of additional wording, if it is decided that the contract is to be renewed for another period of time.
58. The terms of the contract allow either party to give three months' notice to the other to terminate although the council can terminate earlier if there are serious performance concerns or a substantial breach of the contract or negligence on the part of the AUKLS.
59. Legal Services confirmed that there is no reason why a multi-year grant could not be awarded subject to the inclusion of an appropriate break clause, which would allow the council to end the relationship before the expiry of the contract term, on giving a defined period of notice to the AUKLS.

60. A sustainable multi-year budget with a corresponding level of activity has been agreed in principle by the budget holder subject to cost modelling carried out while developing the KPIs. AUKLS propose the following costs based on the project worker doing two days per week (up from 1.5 in the pilot scheme) to reflect the additional work required to deliver this project effectively. See Appendix 4 for full cost breakdown.

Year 1	Year 2	Year 3	Year 4	Total
£25,637.04	£21,404.46	£22,195.93	£23,019.53	£92,256.97

61. There is currently £18k worth of Better Care Funding (BCF) Allocated towards the Independent Calling and Visiting service, hence there is a budget requirement of £7,636 in year one. This requirement will be funded from slippage in other BCF funded schemes. From year 2 onwards this service will be fully BCF funded utilising potential inflationary growth and/or reallocation of our current schemes.

Consultation

62. Service user outcomes and feedback are positive and evidenced through case studies in the service monitoring submissions by AGUKLS.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

63. This report seeks approval of a multi-year grant to Age UK Lewisham and Southwark in the sum as set out paragraph 60 for the delivery of the Independent Calling and Visiting service from 1 October 2022, as summarised in paragraph 5.
64. The decision to approve the report recommendation is one which is expressly reserved to the Cabinet Member under Part 3D of the council Constitution. The proposed grant award is consistent with the council's statutory duties and powers (notably the Public Sector Equality Duty imposed by the Equality Act 2010) and with corporate policy, in particular, the Borough Plan, Fairer Future Promises and Southwark Stands Together.
65. The report notes that the proposed grant award will be regulated by appropriate funding conditions, including a break clause which would allow the council to end the funding arrangement in the event of any serious and/or persistent failures in service provision.

Strategic Director of Finance and Governance

66. Not applicable.

Other Officers

67. Not applicable.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Age UK Lewisham and Southwark	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://www.ageuk.org.uk/lewishamandsouthwark/#		
Care Act 2014	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted		
Southwark Five Year Forward View	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://moderngov.southwark.gov.uk/documents/s65995/Southwark%20Five%20Year%20Foward%20View.pdf		
NHS Long Term Plan	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://www.longtermplan.nhs.uk/		

Updated Joint Mental Health and Wellbeing Strategy July 2022 - 2027	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MId=7058&Ver=4		
Item 6.1 Refresh of the Council Plan 2018-2022: Borough Plan 2020-22 Southwark Stands Together	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://moderngov.southwark.gov.uk/documents/s92006/Appendix%20A%20Southwarks%20Borough%20Plan%202020.pdf		
Equalities Act 2010	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://www.legislation.gov.uk/ukpga/2010/15/contents		
Public Sector Equality Duty	Children's and Adults' Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty		

Item 8 – Better Care Fund 2022-23	Children’s and Adults’ Services Commissioning Directorate 4 th Floor, 160 Tooley Street, London, SE1 2QH	Cynthia Davis 0207 525 4227
Link: https://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MId=7513&Ver=4		

APPENDICES

No.	Title
Appendix 1	Independent Calling and Visiting Service Activity
Appendix 2	Independent Calling and Visiting Service Protocol
Appendix 3	Independent Calling and Visiting Service KPIs
Appendix 4	Independent Calling and Visiting Service proposed budget

AUDIT TRAIL

Lead Officer	David Quirke-Thornton, Strategic Director of Children’s and Adults’ Services	
Report Author	Sarah Bullman, Commissioning Project Officer, Adults and Older People with Complex Needs	
Version	Final	
Dated	28 October 2022	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	Yes	Yes
Strategic Director of Finance and Governance	N/A	N/A
List other officers here	N/A	N/A
Cabinet Member	Yes	No
Date final report sent to Constitutional Team	28 October 2022	