



Remarkable research
for healthy ageing
THE DUNHILL MEDICAL TRUST



IMPACTAgewell



AN INTEGRATED COMMUNITY DEVELOPMENT
APPROACH TO IMPROVING THE HEALTH & WELL-BEING
OF OLDER PEOPLE

SHARING OUR LEARNING

Year 3 Evaluation Update

(1ST APRIL 2017 – 31ST MARCH 2020)

WELCOME

Our first 'Sharing our Learning' Report was published in January 2020, captured our extensive action research evaluation based on datasets secured during the first two years of operation.

[\(<https://www.meap.co.uk/impactagewell2020>\)](https://www.meap.co.uk/impactagewell2020)

IMPACTAgewell® partners are delighted to share with you the learning which now incorporates the datasets from Year 3, thereby providing a robust evidence base for the benefits of supporting a community led integrated care approach. It is important to note this is our Year 3 update. To view the full methodology, background to project and action research evaluation we would direct you to the link above which will take you to the full 'Sharing the Learning" Report.

As before, the elements of the evaluation complement each other to assess the service from the perspectives of all of the partners involved. We are also pleased to include the final report from our partners PACT on their 2 year independent evaluation of the community pharmacy element of IMPACTAgewell® which commenced in April 2018.

Our focus is on improving the health and wellbeing of our ageing population, with great efforts made to improve the quality of services available by building local knowledge and diversifying services to meet the emerging needs of older people in the Borough. It is hoped that this integrated approach will not only improve the lives of older people and the health care practitioners involved, but will also help achieve cost savings in terms of the use of unscheduled health and social care support at a time when financial resources are increasingly limited.



IMPACTAgewell

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I. FISCAL RETURN ON INVESTMENT

Following an informed consent process with service users who received ongoing support, MEAAP secured data sets from the various partners, relating to each service user's personal use of unscheduled health and social care services over three time periods: Before, During and After the support.

By the end of Year 3 (March 2020), data sets for all three time periods were present for 279 service users. This data was then used by York Consulting Limited (YCL) to complete an economic assessment comparing the "costs to the state" for these service users with the cost of IMPACTAgewell®



ANALYSIS

To conduct their analysis they excluded service users who had no costs to the state in the 'before' period. This is arguably the fairest approach, as it only includes service users for whom a cost saving was possible. The analysis then tracks each of the service users through the 'during' and 'after' periods.

Table below shows the number of service users in each category (n=) and the change over time

Category	No. of service users
Received one-off support only	577
Full programme of support completed	480
Currently receiving support	108
Pending assessment	112
Total	1,277

Service users with a potential saving in the 'before' period								
Category	District Nurse Contacts	Domiciliary Care	A&E	Hospital Admissions	Hospital Bed Days	Primary Care	Prescriptions	Grand Total
Total cost – before	£8,736 n=73	£182,982 n=52	£4,464 n=49	£7,560 n=41	£75,276 n=35	£209,692 n=268	£228,335 n=277	£717,045
Total cost – during (adjusted to 181 days)	£10,452 n=49	£190,411 n=44	£2,356 n=18	£2,940 n=12	£46,818 n=11	£205,421 n=252	£219,621 n=276	£678,019
Total cost – after	£11,292 n=48	£191,617 n=46	£2,728 n=17	£1,960 n=8	£23,409 n=7	£195,000 n=252	£213,654 n=274	£639,660

Most significantly, the grand total in the 'after' period is lower (by £77,385) than in the 'before' period. In other words, amongst those service users for whom a cost saving was possible given their 'before' data, the costs to the state/health service have reduced by £77,385.

It is also the case that, with the exception of district nurse contacts and domiciliary care, the 'after' costs are lower than the 'before' costs in each category. Proportionately, the largest reductions occurred in the cost of hospital admissions (-74%) and, evidently related to that, hospital bed days (-69%).

The average annual cost reduction per service user is £1,358:



**TOTAL REDUCTION IN COSTS
TO THE STATE = £77,385**

**NUMBER OF SERVICE USERS TO
WHICH THE SAVINGS APPLY = 114**

**AVERAGE COST REDUCTION PER
SERVICE USER IN THE SIX-MONTH
'AFTER' PERIOD = £679**

**AVERAGE COST REDUCTION PER
SERVICE USER – ANNUALISED = £1,358**

**The estimated financial return
on investment, is calculated
by dividing the Average Cost
Reductions to Health and Social
Care Costs per service user by
the Average Delivery Costs per
service user, i.e.**

Average Cost Reduction per Service User (annualised) = £1,358

Average Cost of IMPACTAgeWell® per Service User (annualised) = £901

**THIS MEANS THAT FOR EVERY £1 INVESTED IN THIS
SERVICE, £1.51 WAS SAVED.
(OR A NET OR ADDITIONAL £0.51 WAS SAVED)**

This figure is a much more robust figure as it is not based on estimates but rather on definite data and still reveals a very positive figure going forward.

We cannot say that all of these savings are directly attributable to IMPACTAgeWell®.

However, it is equally important to note that the data set does not give any indication of the preventative effects of IMPACTAgeWell®, for which some savings in terms of unscheduled use of health and social care are likely to have occurred but are difficult to accurately calculate.



2. SOCIAL RETURN ON INVESTMENT

During Year 3, MEAAP were able to secure 14 further survey responses from carers of people receiving the service. This allowed us to revise the tentative SROI figure included in last year's report, which included only a very small number of carers responses.

Overall, the updated analysis shows a combined SROI value of £2.22 for supported service users, those who had one-off support, healthcare practitioners and carers, i.e. for every £1 spent on the service, it delivered £2.22 of social value.

This is a small reduction from the SROI value in NEF's report, but that was highly provisional because of the small number of carers included. We can be much more confident that this SROI is based on an accurate assessment of the impact on carers.

Scenario	Updated SROI value
Supported service users (363) and healthcare practitioners	£1.38
Supported service users (363), healthcare practitioners and carers	£2.07
Supported service users (363), healthcare practitioners and those who had one-off support* (401)	£1.53
Supported service users (363), healthcare practitioners, those who had one-off support* (401) and carers	£2.22

* Based on people who received one off support receiving an estimated 10% of the benefit of those receiving full support.
 * Does not include benefits to the Community Voluntary Sector / Community Partners

As well as providing us with a more reliable SROI ratio, the 18 responses to the carers survey indicates that IMPACTAgewell® has a significant positive impact on carers of those receiving the service.

Carers were asked about changes in their awareness of services, levels of stress, loneliness and happiness, before and after their partner received IMPACTAgewell®. All of these showed a positive change following IMPACTAgewell®:

- 49% increase in awareness of services for themselves
- 35% increase in awareness of services for the person they care for
- 23% reduction in reported level of general stress
- 22% reduction in loneliness scores on the De Jong Gierveld scale
- 23% increase in reported level of happiness

The sample was comparatively small, and respondents were asked to retrospectively rate changes in these domains, nevertheless, these results indicate that IMPACTAgewell® has likely had a significant positive impact on the carers and partners of those who receive support.

"My experience with IMPACTAgewell® has been very positive. I have been put in touch with people and services that have been most helpful, and would recommend the service to all carers."

IMP263, Female 66-80

3. IMPACTS AND OUTCOMES FOR OLDER PEOPLE

Each service user who consented to ongoing support was given the opportunity to consent and participate in evaluation elements of the programme, including surveys issued at three time points (entry, exit and 6 months follow up) as well as recorded interviews.

At end of Year 3, well over 800 surveys had been received, with 126 received for all three time-points as shown in table below and 9 service users had completed a recorded interview.

Service User Survey Responses

Time-point	No. of responses
Entry	417
Exit	255
Follow-up	151
All three time-points	126

Across the majority of the items measured in the survey, scores increased at the exit point, indicating that IMPACTAgewell® has had a positive impact. At the point of the follow up survey, scores typically return to near, or just higher than, entry scores.

Rather than being seen negatively, this finding may indicate that over the longer term IMPACTAgewell® is having a preventative effect, given that the population are at a point in their lives where health conditions are likely to be worsening and having a greater impact on their lives.

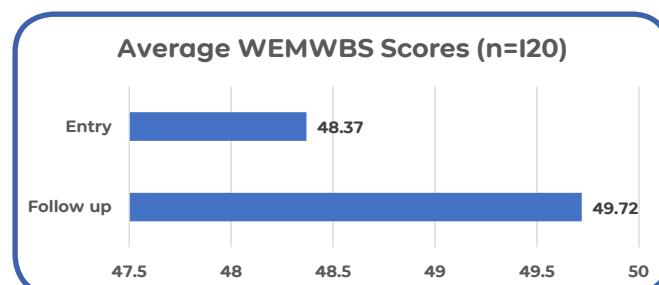
"The IMPACTAgewell® officer was a big help by just listening. She was very understanding, sympathetic and respectful and not patronising. She was very helpful. I am more aware of help I can access and how to get it."

IMP380 Female 80-85

SERVICE USER WEMWBS SCORES

As shown in the graph below the general trend in the WEMWBS responses mirrors the general trend in the survey results as a whole, i.e.:

Average scores at exit are typically higher than at entry;
 Average scores then typically reduce at follow-up, in most cases to a level that is reasonably similar to the entry score or slightly higher.

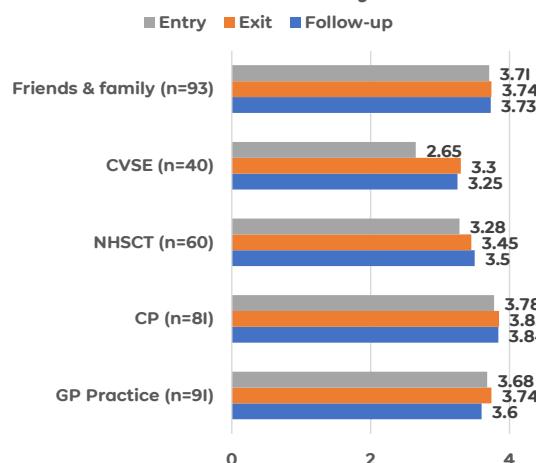


This shows IMPACTAgewell®'s continued positive impact on service users 6 months after follow up.

SERVICE USER VIEWS ON SUPPORT FROM HEALTH CARE PRACTITIONERS (HCPs)

The scores at exit and follow up ranged between 3 and 4 (3 = partially met needs, 4 = fully met needs) across all categories. The largest increase in entry and exit was in the scores of the community and voluntary sector, with 40% of service users reporting a positive change in their lives.

Info/support from HCP, CVSE & Friends & family



SERVICE USER VIEWS ON MANAGEMENT OF HEALTH AND WELL-BEING

Service Users were asked about the extent to which they agreed or disagreed with various statements to do with their health and well-being. The results mirrored the theme that runs throughout the service user survey, whereby the average scores rose between entry and exit and then typically fell slightly follow up.

Importantly though, two thirds of the statements, the average score at follow up exceeds the average score at entry, which indicates IMPACTAgewell® could be having a long term positive impact on health and wellbeing.

The positive changes are more focused on service users' awareness and understanding of accessing support, while the negative changes are more about how they feel they are being treated and included in their health care plans and decisions by healthcare professionals.

"I must admit that I did not know half the things that are available until we got your IMPACTAgewell® officer started visiting and their assistance was valued."

IMPI01 MALE 70-75

Positive:

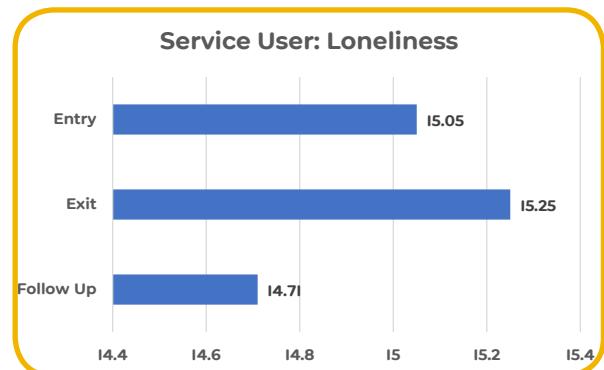
- I know how to access the support I need;
- My long-term health condition(s) don't stop me from doing things I want to;
- I have support whenever I need it.

Negative:

- I feel valued, respected and treated with dignity by my Health Care Professionals.
- I feel involved in decisions about my healthcare.

SERVICE USER - DE JONG GIERVELD 6-ITEM LONELINESS SCALE

This scale is a common way of measuring loneliness. Service users rate themselves against a range of positive and negative statements pertaining to loneliness.



Whilst the changes are small, the results, as seen in the graph above, do show positive changes between entry and exit across all of the items.

Older people often voiced their wish for support and visits from our IMPACTAgewell® Officers to continue despite being made aware at the outset and during support that this was not a long term style of support. The results at follow up may show those who miss the companionship they built up with their appointed officer and hence report a higher level of loneliness in that period.

"I enjoyed the visits from Agewell and I miss them. I found them very helpful." IMP04 Female 75-80

There is growing [evidence](#) that shows loneliness is a growing problem for all ages, especially older people in our modern world and despite countless government initiatives including a Minister for Loneliness.

In NISRA's first [report](#) on Loneliness published in February 2020, almost two-thirds of respondents who described their health as "bad" or "very bad" felt "more often lonely" (66%). Over half (55.2%) of people who reported having a limiting long-standing illness were "more often lonely".

SERVICE USER RATING OF IMPACTAGEWELL® SUPPORT

This question captured service users' views at the exit and follow-up timepoints only, asking them to agree or disagree with the four statements to do with their support they had received from IMPACTAgewell®

The scores were universally high at exit and reduced a little at follow-up six months later.

Average scores across two-time points			
IMPACTAgewell® has made it more likely for me...	Exit average score	Follow-up average score	Change between exit and follow-up
To be involved in decisions about managing my Health and Wellbeing (n=124)	4.10	3.73	-0.38
To be able to focus on things that are most important to me in managing my health and wellbeing (n=122)	4.16	3.81	-0.34
To be able to find and access the support I need when I need it (n=125)	4.16	3.83	-0.33
To feel confident about managing my health in the future (n=124)	4.02	3.76	-0.27

A score of 4 means that a user agreed with the statement, 5 would mean that they strongly agreed. So the results suggest that, on average, each service user selected 'agree' or better in their response to each statement.

"Although I may have been aware of some of the services available to me and my husband, at times I felt completely overwhelmed by my husband's illness and its progression and the effort of finding information was just too much. Sometimes admitting that you are struggling and that outside help is needed is very difficult. The IMPACTAgewell® officer helped me get some perspective and had information on various organisations and how they might help and often made the first call to gauge what assistance might be given enabling me to take things further. It was great to have that continuity with someone who came to know us over those months."

IMP372 , Female 50-65

"I have enjoyed my times with the IMPACTAgewell® officer. They have shown me how to access help if I need them, and it is reassuring to me to know I can contact them if needed."

IMP61 Female 90-95

"This scheme has helped me by introducing me to various activities and options available to me. I enjoyed getting to meet others at breakfast and I am waiting for them to start again."

IMP244 MALE 60-69

4. COMMUNITY PHARMACY EVALUATION



Primarycare and
Community Together

Primarycare and Community Together (PACT) represents the roughly 20 community pharmacies within the MEA area and thanks to the investment made available via the IMPACTAgewell® model to support the costs of HCPs, PACT initially facilitated six community pharmacists to represent the surrounding network of pharmacies on the IMPACTAgewell® locality hubs.

These PACT pharmacists advise the locality hubs on pharmacy related issues and also ensure that there are no gaps in provision of commissioned community pharmacy.

PACT worked with the Medicines Optimisation Innovation Centre (MOIC) to deliver an additional two-year independent evaluation of the community pharmacy element of IMPACTAgewell® which commenced in April 2018. This additional evaluation complements and adds value to the overall action research evaluation. We are now happy to be able to share the final report's findings with you in summary so far.

EVALUATION OBJECTIVES:

- Effectiveness of the PACT Pharmacist working within the IMPACTAgewell® Locality Hubs
- Effectiveness of the community pharmacies delivering community pharmacy services referred via IMPACTAgewell®

EVALUATION OF SERVICE DELIVERED



ACCEPTANCE OF RECOMMENDATIONS

- 426 recommendations were made by community pharmacists
- Recommendations were sent to the GP and IMPACTAgewell® Hubs the majority 96% were accepted and actioned

Using the University of Sheffield, School of Health And Related Research (ScHARR) model, cost avoidance related to the pharmacists' clinical interventions were calculated

Costs avoided by the Health Service up to **£58,158** per annum

This means that for every £1 spent on community pharmacists within the project they delivered an investment to save return of £5.81

The majority of clinical interventions by Community Pharmacists were classified as Grade 4 (71%) using the Eadon scale (i.e. Intervention is significant and results in an improvement in the standard of care)

There were 8 grade 5 clinical interventions (intervention is very significant and prevents major organ failure or adverse reaction of similar importance) These were all reviewed and independently validated

This evaluation has allowed community pharmacy to demonstrate an enhanced delivery of clinical expertise within a new service model developed in collaboration with IMPACTAgewell®. The benefits of the programme of care, as highlighted in the body of the report clearly demonstrate the value of community pharmacy via the PACT model of care in providing this service to both the service users and community pharmacy as a whole.

Cost avoidance (reduction in healthcare utilisation) associated with community pharmacist interventions



Potential Harm	Mean Estimate Cost of Harm ScHAAR	Eadon Criteria	No. of interventions	Cost avoidance
Severe	£1,085-£2120	6	0	0
Moderate	£713-£1,484	5	8	£5,704-£11,872
Minor	£65-£150	4	304	£19,760-£45,600
Unlikely	0-6	1-3	114	0 - 684
TOTAL			426	£25,464-£58,158

VIGNETTE

John and Kathleen were referred by their IMPACTAgeWell® Officer for a medicine use review. John was the main carer and organised the medicines for both. He was beginning to struggle with this which led to them both running out of tablets. Kathleen wasn't keen on taking a fluid tablet at lunchtime as she had difficulty making it to the toilet. The PACT Pharmacist resolved this by suggesting an increased dose of fluid tablet in the morning, therefore removing the need for a lunchtime tablet.

John was forgetting his diabetes tablets and his blood sugars were poorly controlled. The PACT pharmacist resolved this issue by introducing a long-acting tablet, thereby removing the need for multiple doses throughout the day.

The PACT Pharmacist reconciled what medicines they had at home and ensured they were synchronised to run out at the same time - making reordering prescriptions much easier for John.

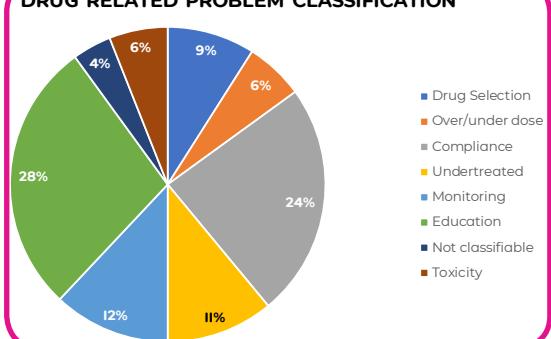
FEEDBACK FROM COMMUNITY PHARMACISTS

"I am a lot more familiar with colleagues in the GP surgery due to meeting with the staff on a bimonthly basis. When I ring the surgery they know who I am and maybe respect my position a bit more and respect that what I am recommending should be followed through."

"It has definitely Increased my awareness of what goes on in our community, I was more aware of different groups in some areas but less aware of areas further afield. This has now given me a better understanding of what is available to support patients."

"I contacted the social worker involved in our project, they contact me a lot more if there is a problem with a patient, not necessarily from this Pharmacy. There is a pathway of communication that wasn't there before."

DRUG RELATED PROBLEM CLASSIFICATION



5. SUMMARY OF FINDINGS

Below is a brief summary of the key findings from the evaluation activities which have been completed to date:

FROI RATIO

£1.51 : £1

This means that for every £1 invested there has been at least £1.51 of savings generated in terms of unscheduled health and social care.health and social care.

SROI RATIO

£2.22 : £1

This means that for every £1 invested, there has been at least £2.22 of a social return on investment when considering all service users, health care practitioners and carers.

This is a small reduction from the SROI value in NEF's report, but that was highly provisional because of the small number of carers included. We can be much more confident that this SROI is based on an accurate assessment of the impact on carersadd more data

COMMUNITY PHARMACY RATIO

£5.81: £1

This means that for every £1 spent on community pharmacists within the project they delivered an invest to save return of £5.81

6. PLANS FOR THE NEXT FIVE YEARS

As we embark on the next five years of IMPACTAgewell® we do have plans to reduce the level of evaluation due to the comprehensive evidence base gathered in the initial three-year proof of concept phase.

We are however continuing to work with our partners gathering our data sets to inform our continued Fiscal Return on Investment figures however throughout this year (2020) and perhaps next these will be affected by the ongoing Coronavirus pandemic.

We have already started to pilot a more Social Determinants of Health focussed reporting system to allow us to see which themes our support can be targeted to in the future.

Of course, the views of our service users are always paramount to us, so we will be drafting a light touch evaluation entry and exit survey to continue to capture their thoughts and feelings through their IMPACTAgewell® journey.

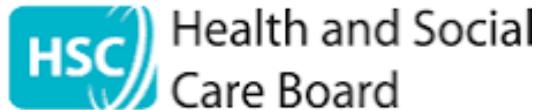
THANK YOU TO ALL OUR PARTNERS



Community Development
& Health Network



social care
institute for excellence



IMPACTAgewell



Primarycare and
Community Together



**NORTHERN
PHARMACIES
TRUST**



Photos from our IMPACTAgewell® 2020 Sharing Our Learning event in January 2020



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