

Dartmouth Caring

A small charity delivering wellbeing for clients and generating cost savings

Executive Summary

This study shows that Dartmouth Caring

- Makes a significant difference to the lives of its service users improving their wellbeing, social connections and financial position
- Delivers real cost savings for the NHS and Social Care Services
- Operates services that offer demonstrable value for money by maximising use of volunteers and leveraging in external funding
- Plays a key role in addressing current and future health and social care challenges in and around Dartmouth

It is difficult to encapsulate the breadth of what Dartmouth Caring does in a short report. Equally, it is impossible to put an accurate monetary value on the contribution it makes to the local community. This report focuses financially on only a partial aspect of the charities service provision and not what it offers as a whole that has a cost impact on the NHS and Social Care Services.

The following are some facts and figures that aim to highlight the significant contribution that the organisation makes:

In 2011-12 Dartmouth Caring

- Provided over **1800 home visits** to vulnerable adults
- Provided **over 2,190 lunches**
- Provided **over 3,200 hours of subsidised transport** to vulnerable clients
- Delivered a potential **saving of over £400,000** by the Bridge Worker support to vulnerable clients and preventing hospital admission
- Volunteers delivered **3018 hours of visiting in 2011-12 at a value of £31,417**
- Dartmouth Caring enables early hospital discharge offering **potential bed savings of over £35,000 per year**
- Supported older people discharged from hospital to remain at home and prevented readmissions within 90 days at a potential **saving of over £750,000** Even if only **25% of these clients were prevented from readmission this would result in a saving of £187,500**
- Reduced costs for GPs of approximately **£10,4000** by reducing the need for home visits

The study also shows that even on conservative estimates, the charity with an income of less than £150,000 per year, delivers potential savings of over £700,000.

What does Dartmouth Caring do?

Dartmouth Caring delivers a wide range of economic and social benefits. This report focuses on Dartmouth Caring's achievements in two key areas:

- (i) How its **services improve the wellbeing of service users and the local community**
- (ii) How it **generates cost savings** for the public purse

The Dartmouth area

Dartmouth comprises the main town and the rural areas around and including Blackawton, Dittisham, Kingswear, Stoke Fleming and Strete. As a whole, Dartmouth has a much higher proportion of independent older people with relatively active lifestyles in comparison to the area covered by Devon County Council. This accounts for approximately 44% of the population and is the most prominent group in the area.

The rural areas of Blackawton and Dittisham comprise mostly people whose pattern of living is distinctively rural whereas there is a mix of both independent older people and rural groups in Kingswear, Stoke Fleming and Strete. However the 2009 mosaic profile for Dartmouth highlighted pockets of isolated older families group and low income elderly people in otherwise relatively wealthy areas. **Social isolation and access to services will be a growing challenge for an ageing rural population.**

Dartmouth & Kingswear ward is dominated by pensioners who own their homes and who have some source of income beyond the basic state pension (63%) but Dartmouth Townstal ward has 71% from deprived groups including low income families living in estate based social housing, people living in social housing with uncertain employment and older people living in social housing with high care needs.ⁱ

Dartmouth also has an ageing population with people over 80 expected to make up 9% of the population by 2021 and those over 65 making up 35%.ⁱⁱ

Dartmouth Caring charity

Dartmouth Caring delivers a wide range of services in close connection with the Medical Practice, the Community Hospital and Social Services. The charity has developed to meet its community's needs. The key to its effectiveness is that it provides a one-stop shop for clients to help them address all their needs – health, social care, advice, financial and emotional support etc.

Dartmouth Caring staff:

Support vulnerable people whatever their problem.

Visit people in their homes to provide a range of support services. They support people face to face and via telephone and email after the initial contact.

Monitor clients with **regular phone calls and contact**.

Help people to **access relevant services including filling out forms and accompanying** clients to interviews.

Organise weekly lunch services enabling isolated, older people to socialise, meet others in a similar situation and obtain support

Manage a volunteer home visits service offering befriending, support, shopping, collecting prescriptions and a myriad of other small but essential services.

Connect people to professional counselling sessions and other services and charities offering advice and support such as the CAB.

Follow up clients to **ensure that support is provided**.

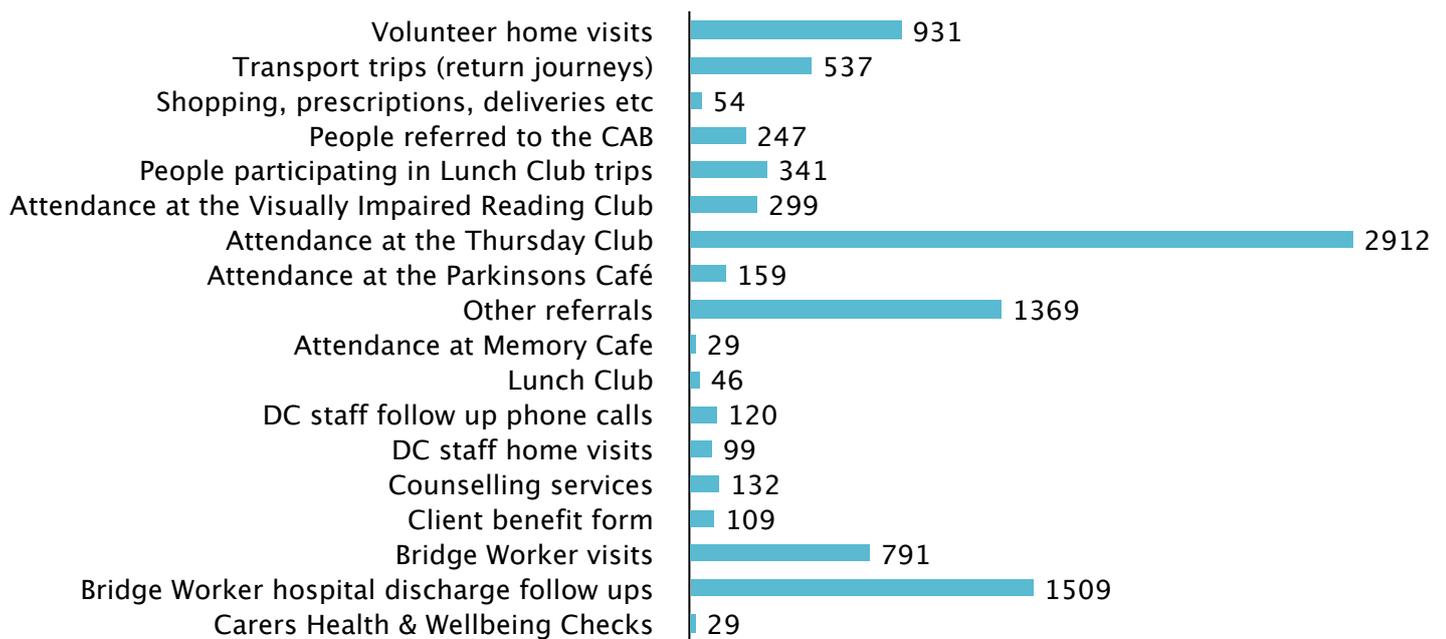
Run an extensive transport service connecting patients with the GP surgery and all local hospitals. It organises volunteer drivers, ensures quality and reliability of service.

Organise a range of social activities and ensure that volunteers are trained to support those activities such as a Memory Café, Parkinson's Cafe, trips....

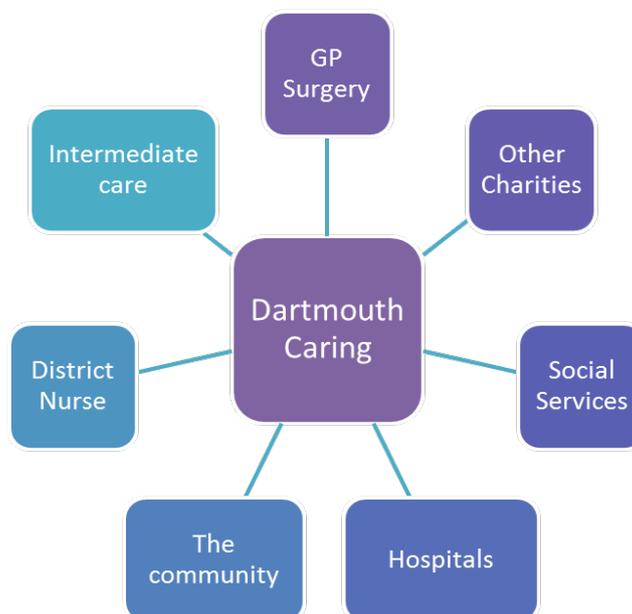
Facilitate carer's health and wellbeing checks in liaison with the Medical Practice including identifying carers and referring to Devon Carers.

The **Bridge Worker** helps the charity's staff support clients in **more complex phases** and those **on discharge from hospital** who fall outside the remit of social care.

Here are some of Dartmouth Caring's facts and figures for 2011-12:



The diagram below shows way in which Dartmouth Caring connects a wide range of other services in order to provide an integrated approach to the clients it works with.



Section 1: Improving the wellbeing of service users and the local community

This report uses statistics and other information collected by the organisation to evaluate its outcomes and impact. Based on this information, the report evaluates that Dartmouth Caring delivers the following outcomes for its clients:

- It **enhances quality of life for people** with long term conditions through a variety of clubs and social activities including a Parkinson's club, Memory Café, Thursday Club and Lunch Club.
- It enables people to **remain socially engaged and living independently in their own homes through a wide range of activities** including befriending visits, shopping, collecting prescriptions and advocating on behalf of patients in a variety of ways (contacting relevant services, arranging for support in the home – see below for a typical example of how Dartmouth Caring delivers its services).

Case Study

Mr W is 63 years old and is deaf, has significant visual impairment to the point of almost being blind and a serious lifelong health condition. Mr X lives alone and has no other close family. He was isolated and struggling to deal with his affairs. Dartmouth Caring has supported him with home visits, helps in his communication with medical professionals for appointments, and various benefit arrangements. He now attends the weekly Lunch Club and often the Thursday Club, ensuring he has two good meals and socialises, having made some new friends. Because of his medical condition he requires regular medical check-ups and Dartmouth Caring provides the transport for those trips.

- It **helps people access primary care services in a timely manner** through its voluntary transport scheme thus preventing the need to access more expensive acute services.
- It **helps older and vulnerable people recover** from episodes of ill health through its Bridge Worker, home visiting and transport scheme which takes people to and from follow-up appointments. It ensures that people get the support they need to remain at home.

Case Study

In 2012 Mr & Mrs X, in their late early nineties, were both admitted to hospital over the same period for different reasons. Both are frail and live alone with no near family. With the support of Dartmouth Caring and the Bridge Workers Mr X was able to return home followed later by his wife. The charity was involved in organising a suitable care package, liaising with distant family and the medical professionals, and Mr & Mrs X following return home received daily visits and telephone checks.

On one home visit by charity staff it was recognised that Mrs X had deteriorated quickly and the agency carer wasn't coping. The staff member, known to Mrs X and trusted, was able to get her to drink and eat something as well as take her medication. An alert was put in with the medical professionals and the Bridge Worker was also sent in straight away to assist, with the result that Mrs X was quickly readmitted to hospital as she was suffering from an infection. Fast intervention enabled Mrs X to be promptly treated, serious deterioration prevented and, after recuperation in hospital, she was again discharged with Bridge Worker support which ensured continuity and wellbeing. Additional care support was also actioned with the agency and monitored. Throughout this period Mr X was also looked after by the charity through his distress about his wife and he was kept safe and reassured.

- It **enhances quality of life for carers** by offering support through the various clubs and through its advice and counselling services.

Case Study

An elderly gentleman Mr Y called Dartmouth Caring because he was looking after his wife at home who has dementia and was finding it harder to cope. He hit a crisis point which the charity staff and its Bridge Workers supported him through; he then always felt he had someone to turn to and would call them with any problems. They attended the Memory Café.

When he needed to go into hospital, the Bridge Workers kept an eye on his wife at home. He was discharged from hospital with continued Bridge Worker support but found it all physically too tiring with his wife's constant needs. Respite was arranged and now he has time out each week for himself.

Mr & Mrs Y continue to live at home and are both settled and happier in their circumstances with the charity behind them.

- It **delays and reduces the need for care and support** by identifying vulnerable individuals, signposting them to the GP or other medical professionals to ensure early intervention and supporting them on an ongoing basis.
- It provides **an advice and information service** to ensure people know what choices are available to them locally, what they are entitled to, and who to contact when they need help. It is an **accredited DWP partner** and its staff help people to fill out forms (Attendance Allowance, Housing Benefit, DLA, blue badge etc) and signpost them to relevant services often accompanying them to appointments.

Case Study

Mr Z called Dartmouth Caring because he was of ill health and he was in debt. He was estranged from his family who lived out of the area. Dartmouth Caring liaised with all the debts concerned and managed to stall the constant harassment from debt collectors and, with the help of CAB, filed a Debt Relief Order. The charity obtained higher rate Attendance Allowance for him due to his health issues and also succeeded in finalising a Housing Benefit dispute that had been going on for several years further exacerbating his financial situation. His health issues were addressed by actively involving the GP and ensuring he attended the appointments. An Occupational Therapist visited his home and extra equipment was provided with the charity also obtaining a much needed electric recliner chair for Mr Z. The charity's staff also accompanied him to medical appointments including the optician and dentist. They continue to assist with his affairs on a daily basis liaising with all parties concerned. He advised his GP that he would never have made it without the charity's support and assistance.

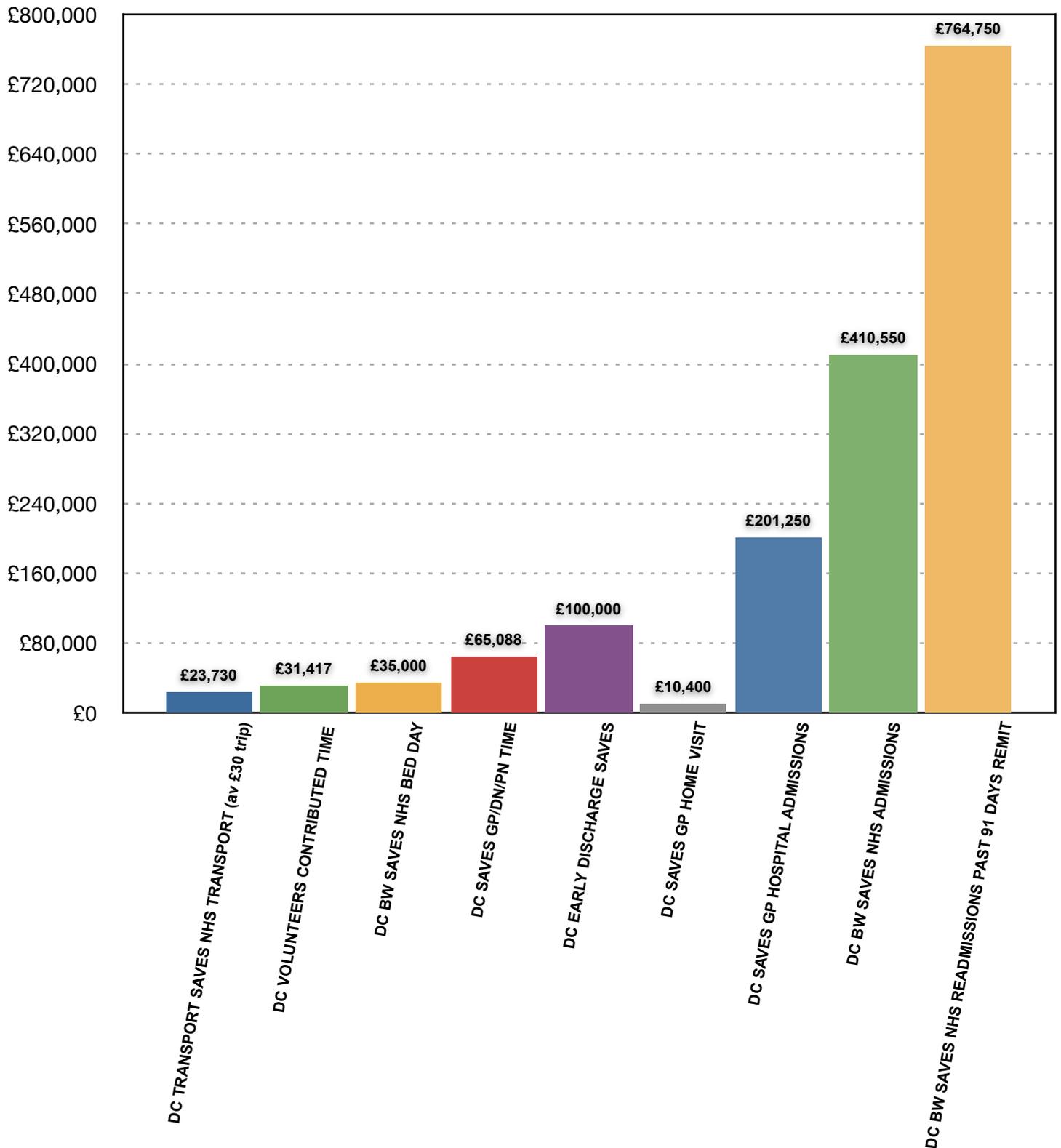
He continues to live independently with the charity's daily support and he now has some social interaction plus there is a link between the family and the charity.



Section 2: Public Sector Cost Savings

Saving the public purse in a number of ways

SOME OF DARTMOUTH CARING'S SAVINGS TO THE PUBLIC PURSE



These figures are based on factual information but with some approximate values

Dartmouth Caring helps to reduce unplanned admissions to acute hospital settings

Dartmouth Caring ensures that vulnerable patients attend appointments regularly and offers them access to social opportunities that keep them well and active. **It provided 791 journeys to access medical appointments in 2011-12** including follow up appointments at hospital. This service helps keep people healthy and reduces the need for more acute care.

Dartmouth Caring staff also play an important role in prevention by visiting vulnerable clients who are at risk of hospital admission and providing them with the support they need to get back on track. **In 2011- 2012, the Bridge Worker role alone has been evaluated as saving approximately £410,550 on preventing hospital admissionsⁱⁱⁱ.** But this is only a small part of the charity's work.

Dartmouth Caring's Work also reduces readmissions

The home visit support services provided by Dartmouth Caring staff and Bridge Workers offer important support to patients on discharge. Older people after hospital care can struggle to return to their normal routine due to loss of confidence. The support provided by Dartmouth Caring helps get them through this period and back to normal or into a new routine if required. It provides vulnerable people with support post-discharge. The value of these cost savings has been estimated using the monitoring data collected by Dartmouth Caring but they are seeking to obtain more robust academic evidence working with the University of Plymouth again.

For 2011-2012, Dartmouth Caring evaluated the Bridge Worker role in some detail. There is not currently capacity for detailed monitoring of the outcomes delivered by its core staff. Dartmouth Caring estimate that **the Bridge Workers have potentially saved £764,750** for the NHS by preventing hospital readmissions within 91 days of clients over the age of 65 discharged from hospital ^{iv}. For 2012-2013, as client numbers increase, **the potential saving rises to £920,670** in reduced re-admissions^v. **Even if Dartmouth Caring played a pivotal role in only 25% of these cases this would still amount to a huge saving of £230,167.**

Other factors such as the individual's circumstances, family friends and support and general health are all factors affecting re-admission rates and we cannot attribute all the outcomes to the Bridge Worker intervention. Nonetheless, **there are a number of factors that support the argument that this role achieves real cost savings**

- Initial research by Dartmouth Medical Practice in 2010-11 showed a 5% decrease in hospital admissions for the first year of the Bridge Worker. The main reason that could account for this was the Bridge Worker role. **The value of this cost saving was £201, 250^{vi}**
- There are no other similar services. Many of Dartmouth Caring's clients are isolated and have few other sources of support. If Dartmouth Caring did not exist they would contact their GP or other public service.
- An evaluation of a similar service by the Centre for Regional Economic and Social Research (CRESAR)^{vii} estimated that offering enabling support on discharge from hospital to older or vulnerable people, who need assistance to regain their independence after a spell in hospital but do not qualify for home care under the current Fair Access to Care Services criteria, **saved approximately £1000 per client per year.**

The charity saves considerable time and money for GPs and other health professionals

The Bridge Workers supported 273 clients over the first two years. The charity itself also supports over 700 clients a year. In 2011 - 2012 the Bridge Workers delivered 537 home visits and 991 follow ups and 2012 shows a similar trend. Between staff and volunteers over 800 home visits were made – an average of 15 per week. 2012-2013 is on line to show at least a 5% increase. This does not include the befriending, shopping or prescription visits.

This extensive home visits service **supplements and complements** the service provided by GPs and enables medical professionals to focus on those with most need rather than those who are ill or dealing with long term multiple conditions.

Dartmouth Caring's own evaluation of the Bridge Workers suggests that it generated minimum savings of £65,088 for District Nurses, Practice Nurses and GPs as it allows medical professionals more time and money to spend on other necessary calls, diagnosis and treatment for patients^{viii}.

<p>By providing transport to and from medical appointments, Dartmouth Caring also reduces the number of home visits that GPs are required to make as well as reducing missed appointments.</p>	<p>A GP missed appointment costs approximately £25. The cost of a home visit is varies according to area, but can average £200.</p> <p>If Dartmouth Caring prevented only one home visit per week this would result in a cost saving per year of £10,4000.</p>
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Reduction in the number of bed days required by local Hospitals

<p>It is estimated that the Bridge Worker service saves a minimum of one bed day per client which equates to approximately 100 beds each year.</p> <p>A reduction of just one bed day in a hospital per client means that the discharge service creates an estimated saving of at least £35,000 each year.</p>	<p>Dartmouth Caring's services free up valuable bed days in hospitals by speeding up the discharge process. Dartmouth Caring work closely with all the medical professionals to support early discharge in collaboration with its Bridge Worker role. The charity works particularly closely with the Hospital Matron and the Multi-Disciplinary Team.</p>
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Better financial situation for clients

Dartmouth Caring does not currently have the full capacity to track and monitor the impact of its advice and form filling service. As a **recognised DWP partner**, Dartmouth Caring plays a vital role in enabling people to access the support they need by helping them to navigate the benefits system, making appointments with area worker for pensioners to have benefit checks; supporting people to fill out Attendance Allowance forms; helping people claim blue badges etc. It also helps carers claim appropriate allowances and advises on Housing Benefit and other claims – often accompanying vulnerable people to specialist appointments.

If we just take the Attendance Allowance lower rate of £49.30, Dartmouth Caring helped to fill out 54 claims in 2012 which amounted to **extra income for clients of over £138,000.**

This money improves quality of life enabling clients to afford better food, heating, trips and home help as well as benefitting the local economy.

The economic value of volunteering

Dartmouth Caring also uses volunteers to visit particularly isolated or vulnerable clients. They offer companionship and support and help identify any problems or concerns clients may have. In total, the service has 100 volunteers who provide 300 hours of support each per year^{ix}. This excludes driver hours. This volunteer time has **considerable economic value** as it represents an additional input in the delivery of the service that the public sector does not have to pay for. The value of this input, that is the amount that it would cost to pay employees to do the work carried out by volunteers, can be used to value their contribution. It can be calculated by multiplying the number of hours that volunteers give per week by an estimate of how much it would cost to employ someone to do that work.

Taking the Devon average wage of £10.41 as a benchmark, **the annual economic value of befrienders is estimated to be £31,417.38**

Attribution

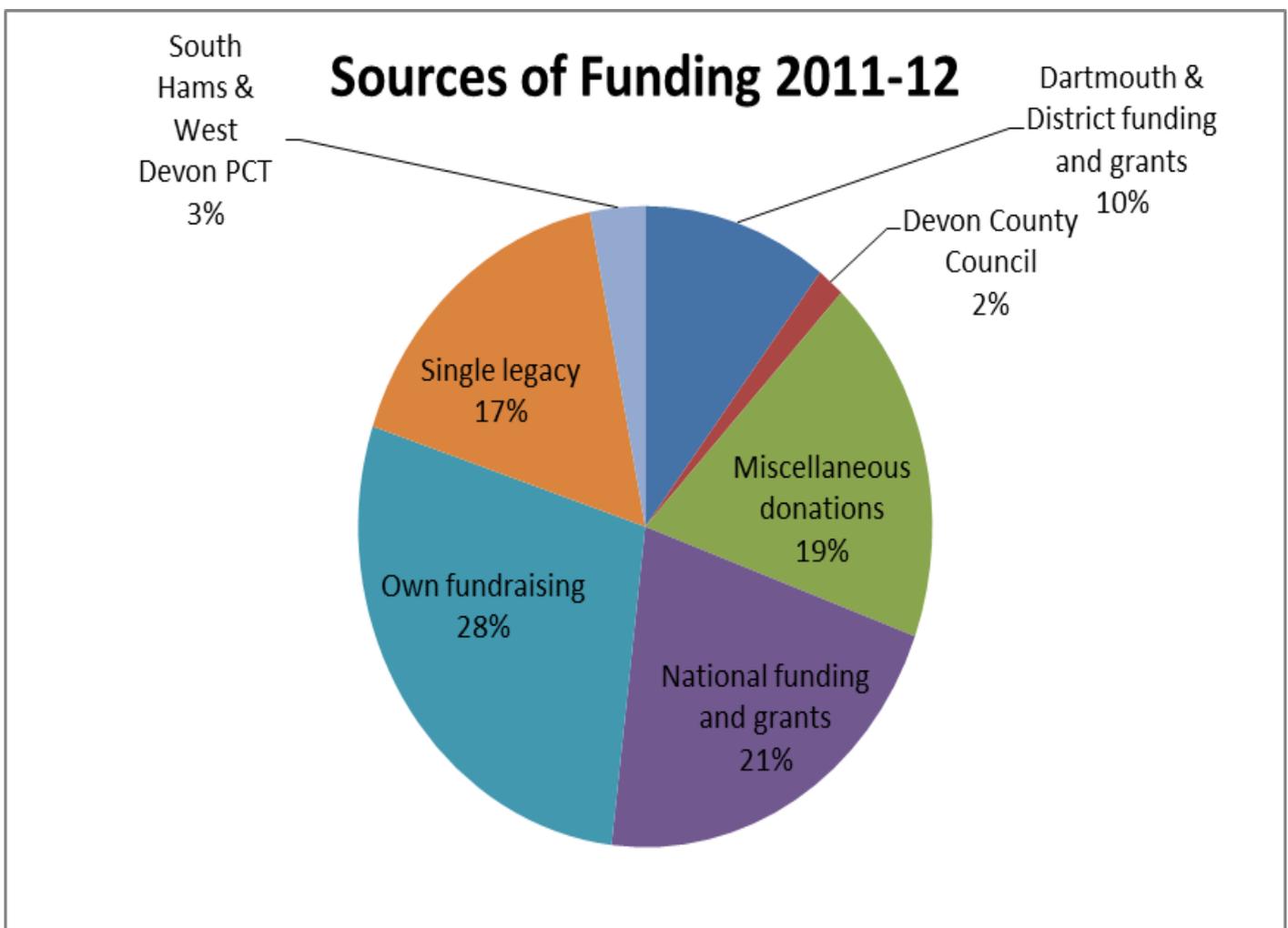
There are many factors that contribute to health and social care outcomes and this report does not seek to claim that all client outcomes are entirely due to Dartmouth Caring as opposed to other interventions. However, there are a high number of Dartmouth Caring clients who are either living alone, are housebound or

who have no family living locally and therefore have limited sources of additional support. Most find dealing with the complicated forms, processes and communication beyond them. Without Dartmouth Caring it is not clear how they would access the support and information they need without going directly to their GP or social services.

How Dartmouth Caring is funded

In 2011-12 Dartmouth Caring had an **income of just over £143,000**. Less than 5% came from South Hams and West Devon PCT and Devon County Council. The vast majority of the income was generated by fundraising and by the activities (donations from passengers, club participants etc). The charity relies on funding and grants obtained year by year through funding bids. There is no core contribution or predictable funding provided by the NHS, County Council or other public body which makes it difficult to plan ahead with any certainty.

The two Bridge Workers are funded 50% by Dartmouth Caring and 50% by the South Devon and Torbay Healthcare Trust at an annual salary cost of £18,000. The charity also has a main team of five staff (mainly part-time) at annual salary cost of £55,480. Dartmouth Caring strongly believes that only by having paid and trained staff in place is it possible to deliver the high quality of service and management of the 100 volunteers and almost 1000 clients and to ensure that safeguarding and best practice is delivered at all times. The funding mix in 2012 was as follows



Outcomes

Nature of benefits	Measure	Indicator	Evidence
Economic	Reduction in readmissions and use of other health services	Cost saving associated with fewer admissions	Data on the number of people still at home after 91 days The most detailed tracking is of those individuals supported by the Bridge Workers where there is a full monitoring system in place
	Reduction in the number of hospital bed days	Numbers of clients who either avoid hospital admission or who are discharged early as a result of DC intervention	Numbers of people using the home visit service delivered by staff and Bridge Workers Numbers of people receiving support from staff or Bridge Workers post discharge Information from a study conducted by Dartmouth Medical practice in 2011
	Reduction in demand for social care support	Numbers of clients enabled to remain independent in their own homes for longer.	Numbers of people over 65 accessing support services Data on overall client numbers and anecdotal information collected by Dartmouth Caring
Social: Improvement in well-being	Increased well-being of carers	Number of carer health and wellbeing checks	Number of carers supported and some case study material
Improvement in health	Reduction in social isolation and better mental health	Number of clients reporting improved social connections	Number of clients using the befriending service, number of staff and volunteer visits, number of clients attending the various clubs and other social opportunities
	Improved physical health	Clients have access to fresh food.	Number of clients supported through shopping Number of clients using the Lunch Club
Economic (for the individual): Improvement in a person's financial situation	Improved financial situation	Number of clients receiving support for benefit applications or other financial support	Number of clients supported with form filling and other claims. Results are not tracked systematically but are followed up on a client by client basis which suggests a high success rate

Conclusion

This case study provides **clear evidence of the social and economic benefits that Dartmouth Caring delivers on a shoestring budget.** It also highlights the potential role that this service can play in dealing with the future demographic challenges facing Dartmouth and the surrounding area with an anticipated population increase of people over 65 of 498 people between 2006 and 2021 – a rise of 3.8%.

The older age groups (65 years and older) are due to see an increase of 35.8% between 2006 and 2021 with the largest change predicted in the 70 to 74 age group with an increase of 50% ^x. The majority of Dartmouth Caring clients are 65 years and older and one can only draw the conclusion that demand for its services will continue to increase year on year. The charity has also noted increasing numbers of younger people (under 65) seeking support.

The study also shows that even on conservative estimates, the charity with an income of less than £150,000 per year, delivers potential savings of over £700,000.

There are a number of lessons for both the third sector and public sector arising from this study:

- Investment in preventative services can have long term benefits, both financially (for the public sector and wider society) and in terms of the well-being of service beneficiaries and their families. Groups like Dartmouth Caring play a key role in supporting vulnerable clients and preventing them from needing more intensive support.
- There needs to be a joined up approach and intelligent commissioning. One of the strengths of Dartmouth Caring is the close co-operation with the GP surgery and local hospitals which has enabled development of a service that is tailored to the needs of specific groups and which builds directly on Dartmouth Caring's expertise in supporting vulnerable and elderly people.
- An imperative consideration is that 'local people' know their local population and the community. Local charities such as Dartmouth Caring have a basis of trust and in depth knowledge often knowing more about people, their lives and their family, and the community than others. They are often acting as surrogate family and clients remain in their radar.
- Working out the financial savings of any service is challenging. This report can only offer a snapshot of some actual and some potential savings. Without a full Social Return on Investment analysis, it is difficult to reach firm conclusions. However the monitoring that has been undertaken and the case studies suggest that if Dartmouth Caring did not exist, the cost to the public purse would be significant.
- Greater resources for monitoring and evaluation and a joint outcomes evaluation approach with the NHS and Devon County Council would enable Dartmouth Caring and other partners to be in a better position to demonstrate the full value of their services and decide where best to allocate resources.
- Funding is a real challenge. Inevitably part of the capacity of the organisation is diverted away from delivering services into pursuing funding opportunities. Serious consideration should be given to core funding some of the services that Dartmouth Caring provides to ensure its long term sustainability.
- Locality is an important issue and the use of local people for local problems is imperative. They have a knowledge of their community, its problems in a local entity, a basis of local trust and an in depth knowledge of the vicinity and its population. Local providers of services know more about people's past, present and future and the ability to act possibly in the place of family support and maintain a continued radar of support and interaction

AUTHORS

This joint study has been written by Deborah Fisher and Alison Stocks

Deborah Fisher, OBE - a freelance consultant with over 20 years experience in the public sector and with recent experience in the not-for-profit sector, mainly focusing on health and social care issues. She seeks to create connections between statutory and third sector partners and turn policy aspirations into practical actions. Deborah is also an active Trustee of two local charities.

Alison Stocks - with over 20 years experience in business at senior and worldwide level, moved to Devon and has been the Manager & Coordinator of Dartmouth Caring for several years. The charity has developed significantly during these years in response to the needs of the community. She has first hand experience of the requirements of the vulnerable in the local population and successful working partnerships with the health and social professionals, resulting in achieving a better outcome for those in need.

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ENDNOTES

ⁱ Dartmouth Mosaic Profile, 2009 http://www.devon.gov.uk/text/index/councildemocracy/neighbourhoods-villages/devontownprofiles/dartmouth_devontown.htm

ⁱⁱ Dartmouth Devon Town Population Projection 2007

ⁱⁱⁱ This figure has been calculated using figures for the cost per admission and discharge plus a 3 day hospital stay (£8050) provided by Dartmouth Medical Practice multiplied by the number of interventions helping to prevent admissions (51).

^{iv} This figure has been calculated by using figures for the cost per admission and discharge plus a 3 day hospital stay (£8050) provided by Dartmouth Medical Practice multiplied by 95 clients over the age of 65 that the Bridge Workers have supported and who have remained at home more than 91 days after discharge in 2011-12.

^v The figure has been calculated by estimating the increased number of clients supported in 2012-13 and multiplying that figure by the £8050.

^{vi} The reduction amounts to 25 admissions/discharges and three day stay in hospital at a cost of £8050 per person

^{vii} Centre for Social and Economic Research, Sheffield Hallam University "Case Study Report : Age Concern Rotherham Hospital Aftercare Service" Chris Dayson and Ian Wilson, April 2011

^{viii} This figure has been calculated by using the number of clients where Dartmouth Caring estimate they have prevented deterioration (117) and multiplying this by the average cost of a home visit (£120) either by a GP or a medical worker.

^{ix} Figures provided by Dartmouth Caring

^x Dartmouth JSNA 2009