Research and Consultation Leading to Time to Shine Bid

An immense amount of consultation and research went into the development of the Vision and Strategy for Time to Shine where we consulted 656 older people and carers and 207 workers and volunteers to understand the underlying triggers for social isolation, the needs of those currently experiencing or at risk of being isolated and the best approaches for tackling the issues in Leeds. During the project planning phase we have continued to engage with older people and other stakeholders to refine our plans but no major changes have been necessary as the initial research has proven to be robust. Stakeholders have contributed to four meetings of the core partnership and two wider partnership meetings. In total over 150 people have been involved and have helped the Project consider how best to:

• select delivery partners;
• develop our Theory of Change;
• draft the Partnership Agreement;
• develop the communications plan;
• agree that we have the right activities to be delivered;
• involve the private sector;
• continue meaningful engagement of older people;
• manage our risk appropriately and develop a positive appetite for a test and learn approach;
• develop the Time to Shine Project Plan to provide strong strategic direction;
• draft the Time to Shine Policies and Procedures that will strengthen the partners and the quality of the activity delivered.

All information and learning from the Wider Partnership meetings has been disseminated through events advertised on the the LOPF website, Twitter, and through partner networks

Asset maps were started at the Vision and Strategy stage for each of the 37 wards in Leeds. Part of the application form for bidders wishing to deliver activities as part of the Project states, "Time to Shine believes that local assets are the primary building blocks of sustainable community development. Older people are key stakeholders in our communities and have much to offer. In this section we want you to tell us about your existing community strengths and how you will use them to build stronger, more sustainable communities and reduce social isolation in the future. Describe your assets in terms of physical, social and financial resources and how you plan to maximise them during the project."

The information gathered from the applications will be added to the asset maps for each area and will be monitored through the contract management process. Ongoing work with

Public Health, one of the core partners, to develop a Social Isolation Index for the city and further develop the data sets will also continue to inform our understanding through the life of the Project.

The breadth of skills, knowledge and dedication displayed by the members of the Core Partnership has continued to be a real strength of the Project. Initially the Partnership was to continue until the end of December 2014 to support the Project through to the submission of the Project Plan. This has been extended, by agreement of all Partners present at the meeting on 18th November until the end of March 2015 when the formal Partnership Board will be convened, as the vital process of commissioning delivery partners will take place between January and April 2015.

Major challenges to the Project and Partners have been the amount of work to be completed in the project planning phase, the time required from partners and the amount of information to be disseminated. The challenges have been overcome by tight project planning, strong and decisive leadership from the LOPF Co-ordinator and supportive yet rigorous oversight by LOPF'S Management Committee. For example the Selecting Delivery Partners sub group tackled a lot of complex information that was new to the majority of the members.

In facilitating the group the Project Development Officer made sure to break down the information into manageable 'chunks', avoided jargon and acronyms where possible and gave definitions where it couldn't be avoided and provided 1:1 support to group members via emails and phone calls between meetings where comprehension appeared to be insufficient. As a consequence the group was able to provide healthy challenges to the processes developed to ensure that they really were simplified and transparent. Group members have commented on how much they learned from being involved about a subject they had previously felt alienated from.

We have also facilitated a number of sub groups. The sub groups have benefitted from the membership of LOPF trustees, core partners and wider partners.

Each draft of the Partnership Agreement has been brought to the Partnership meetings not only to ensure full consultation but also to engender clear strategic ownership of Time to Shine. Additional clauses regarding who is eligible to be a partner, expectations in terms of attendance and responsibilities have been included to inspire continued commitment from Core Partners.

d) Project need
The problems, issues or situations socially isolated older people face

Time to Shine has continued to build on the work developed during the original consultation which informed its Vision Strategy. Some further research and consultation has taken place, the detail of which can be found in the Evidence section on page 10. This was extensive and in depth, including asset mapping by ward, focus groups, interviews with individual older people in a range of settings including their own homes and interviews with workers. This work has demonstrated that there is no reason, at this stage, to change our focus from socially isolated older people who:

- are restricted to their home environment (including care homes) through ill health, disability and dementia;
- are carers;
- live alone, coping with personal circumstances which reduce their social networks e.g. bereavement, retirement, poverty;
- have social and cultural needs which are not fully met. For example, older men, older adults with learning disabilities, older lesbians, gay men, bisexual and transgender people (LGB& T) and Black and Minority Elders.

The research at the Vision and Strategy stage demonstrated that the barriers faced by the groups we have identified are not always the result of gaps in service provision. They could be the result of less specific factors. For example, lack of social contacts in the first place, lack of knowledge as to what sort of services and activities are available, having problems accessing those services or fears about taking that first step and not be rejected.

Areas where we will be targeting funding and how we are planning to prioritise beneficiaries

As a result of these findings Time to Shine is targeting funding in a variety of ways to ensure that it reaches the maximum number of older people who are socially isolated and are either lonely, or at risk of becoming lonely. We have identified existing assets, working deeper and wider with the existing infrastructure, to address social isolation. Where these exist we will develop work from pilot projects with new groups or in different areas in order to build upon the learning already gained and spread good practice.

This 'Test and Learn' principle will apply to:

Street Links: in this initiative Community Connectors work on a street by street basis to support neighbours to make stronger links within their own communities. As well as promoting general community spirit, volunteers link people into information, social opportunities and practical support. These could be people who have little or no formal contact with established services and who are unaware of what exists. Additionally, they may be reluctant or unable to take part in activities which are already on offer – perhaps they lack the confidence to do so or feel that they are not appropriate for them. Street Links will be developed in three phases:

- Phase 1: from Year 1 for 2 years. Richmond Hill Elderly Action has piloted this work with good results in part of their area. Time to Shine will enable them to develop this very local work in streets they have currently been unable to reach and to target different times such as evenings and weekends.
- Phase 2: from Year 2 for 3 years. Developed in a geographical area yet to be decided upon, based upon the learning from Phase 1, Public Health data being developed, needs assessment and asset maps.
- Phase 3: as with Phase 2 but in a different area, again chosen using the data and evidence described above.

Seniors Networks have worked in several areas in Leeds, using a community development approach to support new activities based upon shared interests. At this stage it is intended that the existing schemes will be able to apply to develop their work for an extra 2 years. It is intended that one of the three existing schemes will be given this opportunity.

There will be a second phase to this work based on the learning from the first phase. The detail of this is yet to be determined but it is envisaged that the successful organisation will demonstrate a commitment to community development.

Social Prescribing (working with older people referred via integrated health and social care pathways to address their social and practical needs). Here, the learning gained from existing projects will be used to develop new areas of work in other parts of the city. There will be 2 schemes:

- From Year 1 for 2 years a pilot will develop a 'Test and Learn' approach for an existing scheme which has an older people's focus. It will take a citywide approach.
- From Year 2 for 2 years the second scheme will focus on a specific geographical area not covered by a social prescribing project. Public Health is identifying those areas with the greatest propensity for social isolation which will help to determine the location of this scheme. It will also be informed by learning from the first project.

Time to Shine also recognises that projects such as Street Links, Seniors Networks and Social Prescribing will benefit from having a wide range of activities for people to consider. Therefore, a range of activities is being developed to address the needs of older people who are socially isolated. They will be able to access them in a variety of ways, not exclusively by Street Links and Social Prescribing. However, in the development of these activities active consideration has been given to the fact that they need to be available both inside and outside the home, at various times in the day and the week and be easy for people to join if they are lacking in confidence. These activities come into the following categories:

- **Digital Inclusion**: focused on people restricted to their own homes in deprived areas or care homes.
- **Culture and Arts:** local groups will develop a range of activities based on the expressed needs / wishes of potential participants. The focus will be on accessible social activities.
- **Walk Together:** mentors will support older people to gain confidence to walk outside their own home and to use different transport options.
- **Dinner Dates:** will provide opportunities to share a meal, drink and conversation with a volunteer buddy.

Groups from across the city will be able to apply to deliver these activities. Prospective Delivery Partners will need to demonstrate that they have identified the need, how the activity will address social isolation in older people, which particular groups (if appropriate) the activity will be aimed at, what evidence they have to support this and how they have engaged with their targeted group to produce this evidence.

Time to Shine has also identified specific groups whose social / cultural needs are not fully met. These include older men, older adults with learning disabilities, older lesbians, gay men, bisexual and transgender people (LGB& T) and Black and Minority Elders. These groups will be able to access all the activities listed above and applications will be invited from Partners to deliver specifically to them. However, because of the particular challenges these communities confront Time to Shine is adopting a range of approaches to address their specific needs:

- For older men: Delivery Partners will be asked to adapt some of the above activities to target older men. Capacity building funds will be used to test new approaches to working successfully with older men.
- For older adults with learning disabilities: support will be through a community development approach and will provide infrastructure support.
- For older lesbians, gay men, bisexual and transgender people there will be both a community development and a case finding approach.
- For BME Elders a Seniors Network approach will help this group to develop social networks, share information and skills and access to mainstream services.

The evidence we have to support our approach is the best way to do this.

Since the Vision and Strategy stage, project planning has benefited from additional research, publications and activities. These have helped to refine the original proposals so that we can be sure that the approach we have adopted is the best way to address social isolation. These include:

- Interviews with the Street Links provider to identify successes and gaps. This has helped to develop understanding of the demographics, lack of assets and to target the areas to be worked in.
- Local evaluation of the Seniors Networks We also had direct conversations with Commissioners in Adult Social Care and all three of the providers to seek their feedback on what worked well and what didn't and lessons to be learned for the future.
- Evaluation of Social Prescribing: Making the Link.
- The governance of the project means that the Core Partnership and Management Committee of Leeds OIder People's Forum are monitoring all proposals and interventions.
- As a result of 2 sessions held for the Wider Partnership (80+ participants) the project is in touch with the wider voluntary sector and able to gather their views on the development of services and activities.
- During the Vision and Strategy stage Leeds Older People's Forum, in partnership with Public Health (a Core Partner), started to develop a Social Isolation Index and city-wide Social Isolation maps identifying the social isolation 'hotspots'. In the Project Planning phase the Index has been refined by Public Health. At the time of writing Public Health, with the involvement of Leeds Older People's Forum, has commissioned University of Leeds to test the results involving 150 interviews of

socially isolated older people. This work will be undertaken December 2014 - March 2015 and will be considered when targeting activities.

How our understanding of the needs of the people our project will target has changed since submitting our vision and strategy.

Since submitting our Vision and Strategy our understanding has been refined by the information listed above rather than changed. We anticipate that this will be an ongoing process, particularly as the Social Isolation Index is developed.