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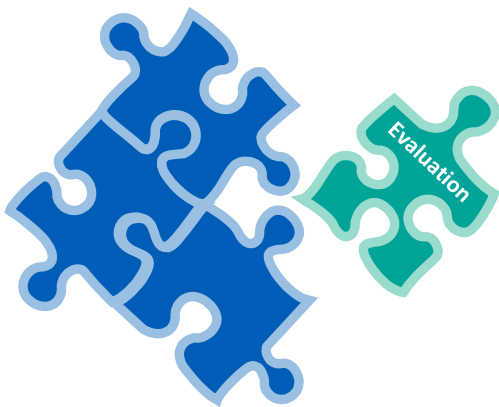


Evaluation of the Supporting Wellbeing and Independence for Frailty (SWIFt) Service

Highlight Report

Health and Care Evaluation Service

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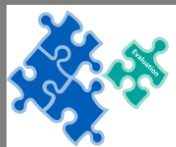
Evaluation Findings on a Page

Supporting Wellbeing and Independence for Frailty (SWIFt) Service

SWIFt provides targeted, holistic support for people over the age of 50 living in Leeds.

SWIFt is commissioned by Leeds City Council and delivered by eleven lead voluntary, community and social enterprise organisation partners.

THIRD ROUND EVALUATION FINDINGS



PARTICIPATION



Estimated 368 referrals and 345 contacts made by SWIFt project workers between 1st April and 30th September 2020



37% of people supported by SWIFt lived in the most deprived decile, compared with 24% of the Leeds population



13% of people supported by SWIFt were from an ethnic minority, compared with 10% of the over 50s population of Leeds



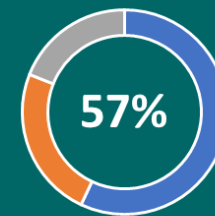
83% of people were lonelier at the start of support from SWIFt, compared with the national over 50s population

DELIVERY

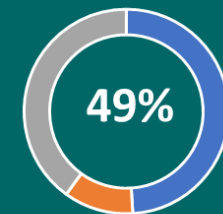
- ✓ Clear and strong support for SWIFt and its delivery model from SWIFt project workers and managers
- ✓ Unanimous agreement that a genuine need exists for the service in Leeds and that it plays an important role in supporting the frail population
- ✓ SWIFt delivery partners have very successfully adapted and continued to support people throughout the Covid-19 pandemic
- ✓ Most frequently noted challenge by project workers was around completion of the outcome measures

KEY OUTCOMES FOR PEOPLE SUPPORT BY SWIFt

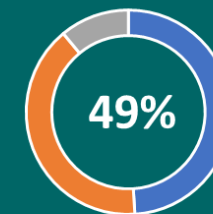
The message from the qualitative evidence is that SWIFt is making a substantial difference to people's lives. The quantitative findings are less clear-cut and based on a small sample, though nonetheless indicate some positive signs, especially within the context of the Covid-19 pandemic.



of people (n=37) reported an improvement in their health and quality of life



of people (n=45) reported an improvement in their mental wellbeing



of people (n=45) reported feeling less lonely

Blue=improvement
Orange=no change
Grey=deterioration

Why is SWIFt making a difference?



More time and in-depth support



Personalised and tailored support

Holistic packages of support



About this report

This is a highlight report from the third-round evaluation of the Supporting Wellbeing and Independence for Frailty (SWIFt) service. Undertaken between January and March 2021, this evaluation has been carried out by a team of researchers from the Health and Care Evaluation Service (HaCES) based at the Leeds Clinical Commissioning Group (CCG).

The overarching aim of this round of evaluation was to provide an up-to-date assessment of the delivery and outcomes of the SWIFt service. Within this, the key questions that the evaluation was tasked with answering were:

- To what extent (if at all) is SWIFt meeting its targets around participation and being successful in attracting people from diverse groups?
- How successfully (if at all) is the SWIFt service being delivered?
- To what extent (if at all) is SWIFt achieving its stated aims for people receiving support?

The evaluation involved five main strands of activity:

- Analysis of activity data provided by SWIFt delivery partners;
- Analysis of outcome measure¹ data collected by SWIFt delivery partners²;
- Five focus groups attended by 18 people, representing 10 of the 11 main delivery partners;
- Two one-to-one qualitative interviews with commissioners at Leeds City Council (LCC);
- Analysis of 12 people³ case studies provided by SWIFt delivery partners.

This report focuses on one, short time period in the delivery of SWIFt and a period which included changing restrictions due to the Covid-19 pandemic. Reports from previous evaluations of SWIFt are available on request.

The evaluation team would like to place on record their thanks to everyone who has contributed to this evaluation, including staff working at the SWIFt delivery partners and the team at Leeds City Council (LCC).

¹ Four outcome measures were used: University of California, Los Angeles (UCLA) Loneliness Scale, Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), EQ5D Decimal Questionnaire, and EQ5D Visual Analogue Scale.

² 'Delivery partners' is used as a collective term for the voluntary, community and social enterprise (VCSE) organisations that are currently involved in delivering SWIFt.

³ 'People' is used as a collective term for those who have received support from SWIFt.



What is SWIFt?

The Supporting Wellbeing and Independence for Frailty (SWIFt) service provides targeted, holistic support for people over the age of 50 living in Leeds. Operating since 2016⁴, the service was designed to create referral pathways from health and care services to voluntary, community and social enterprise (VCSE) delivery partners that enabled partners to work one-to-one with people to understand their needs and aspirations and support them to achieve their goals. In April 2019, the LCC public health team assumed responsibility for commissioning SWIFt and received iBCF funding and a contribution from the Leeds CCG to extend the service into areas experiencing high levels of health inequalities and/or had high proportions of people living with frailty.

SWIFt is currently delivered by eleven lead VCSE organisation partners (Figure 1) with some working in partnership with other VCSE organisations to deliver across a geographical area.

Figure 1: SWIFt delivery partners



The SWIFt delivery model has six key stages of activity:

- **Referrals** are made to either Age UK Leeds (the citywide delivery partner) or directly to local delivery partners;
- If the referral is made to Age UK Leeds, **the person is either passed to the local delivery partner** (where there is one) or **taken onto the caseload of Age UK Leeds**. Age UK Leeds are also able to offer support where a more complex mental health need has been identified;
- If a person is deemed suitable for support from SWIFt, a SWIFt project worker **undertakes a holistic assessment** focussing on what matters to the person and what goals they want to achieve;
- Following the assessment, the SWIFt project worker **co-produces an action plan** based on the person's goals;
- A SWIFt worker then **provides person-centred, one-to-one holistic support** with the aim of achieving a person's goals as set out in the action plan. This may include referring and signposting to other organisations and community assets/groups;
- Support from SWIFt project workers **continues until the person's goals are achieved**. There is no limit on the amount or length of support that can be provided and new goals can be identified throughout, meaning, for some people, support may not have an end point.

⁴ Four SWIFt projects were originally delivered as part of the Time to Shine programme, managed by Leeds Older People's Forum (LOPF) and funded by Big Lottery.



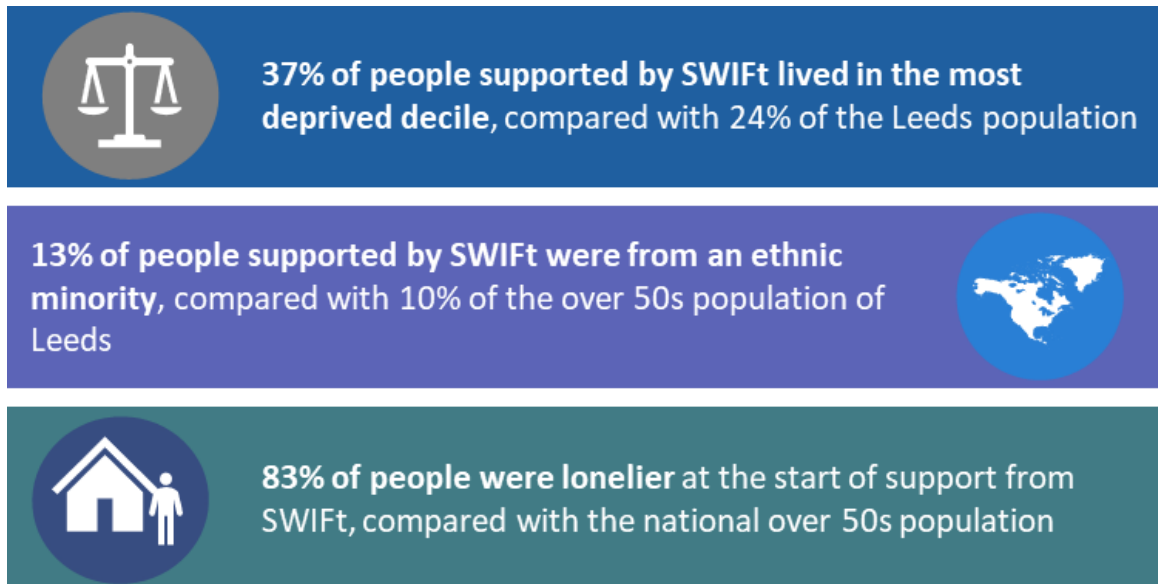
Participation in SWIFt

Currently available data indicates that between 1st April and 30th September 2020, 368 referrals were received by SWIFt delivery partners and 345 contacts (such as home visits and phone calls) undertaken. The reader though should keep in mind when interpreting this data that a number of factors make it hard to determine with any certainty whether SWIFt is or isn't meeting its targets around participation. These factors include: the relatively short period of time covered by the data, the varying start dates of SWIFt project workers, the impact of the Covid-19 pandemic on support delivered, and differences in the complexity of needs of people supported across delivery partners.

The ability of SWIFt delivery partners to adapt the length and intensity of support provided to best meet people's needs also makes comparison of activity across delivery partners challenging. This flexibility though is clearly a strength of the SWIFt delivery model and the evaluation findings do not suggest that there is a need to substantially revise this. The challenge going forward though will be for LCC to find a more accurate way of monitoring and enabling comparison of activity levels across delivery partners.

The evaluation has found positive evidence that SWIFt delivery partners are working well to attract people to the service that are most in need of support and in some cases, SWIFt is supporting proportionately more people with certain characteristics than the Leeds population (Figure 2). Importantly, it is people from these groups (ethnic minorities and deprived communities in particular) where there is clear evidence within the literature that they are more likely to suffer from loneliness and social isolation, and be more likely to need support to maintain their independence and wellbeing.

Figure 2: Reaching people with diverse characteristics – key findings



Delivery of SWIFt

There was clear and strong support for SWIFt and its delivery model amongst the operational staff and commissioners who contributed to the evaluation. There was unanimous agreement that a genuine need exists for the service in Leeds and that it plays an important role in supporting the frail population of the city to maintain their independence and wellbeing.

SWIFt project workers and managers have also derived substantial professional and personal satisfaction from their jobs. They spoke of “*loving my job*”, it “*being so rewarding and worthwhile*” and “*enjoying making a difference*”. The most significant driver of job satisfaction was the amount of time and direct contact SWIFt project workers have been able to have with people. This has allowed project workers to develop close and trusting relationships with people, identify and find solutions to people’s needs and provide person-centred, holistic packages of support.

“The beauty of SWIFt is that you can work longer with people and can do more in-depth, meaningful work with the luxury of time...there is less pressure on you as a worker and also on the person because it doesn’t have to be rushed.” Project worker

There was a clear message from all of those who contributed to the evaluation that SWIFt delivery partners have very successfully adapted and continued to support people throughout the Covid-19 pandemic. Support during the pandemic has taken a different focus as people’s needs changed, with greater emphasis on providing practical support (including accessing food), maintaining social contact without face-to-face groups and supporting digital inclusion. That is not to say that it was a completely positive picture, undertaking assessments and co-producing action plans was felt to be harder due to Covid-19 restrictions and people’s willingness to engage with technology and remote support varied greatly.

Undoubtedly the most frequently noted challenge in relation to the SWIFt project worker role was the completion of the outcome measures. Challenges were felt to include the measures being too blunt and not sensitive to the challenging situations faced by people supported. SWIFt project workers and managers also felt that the outcome measures were too focussed on measuring a specific set of outcomes, rather than reflecting the varied outcomes that are achieved as a result of the person-centred and holistic SWIFt support. Whilst none of those who participated in the evaluation questioned the need or importance of collecting data to monitor the outcomes of SWIFt, there was a clear appetite for a change in approach.

“I don’t think the forms [outcome measures] capture what we do, because our support is very varied and so what we achieve is too. They [the outcome measures] don’t reflect that and so I don’t think we are actually capturing what we as a service achieve.” Project manager

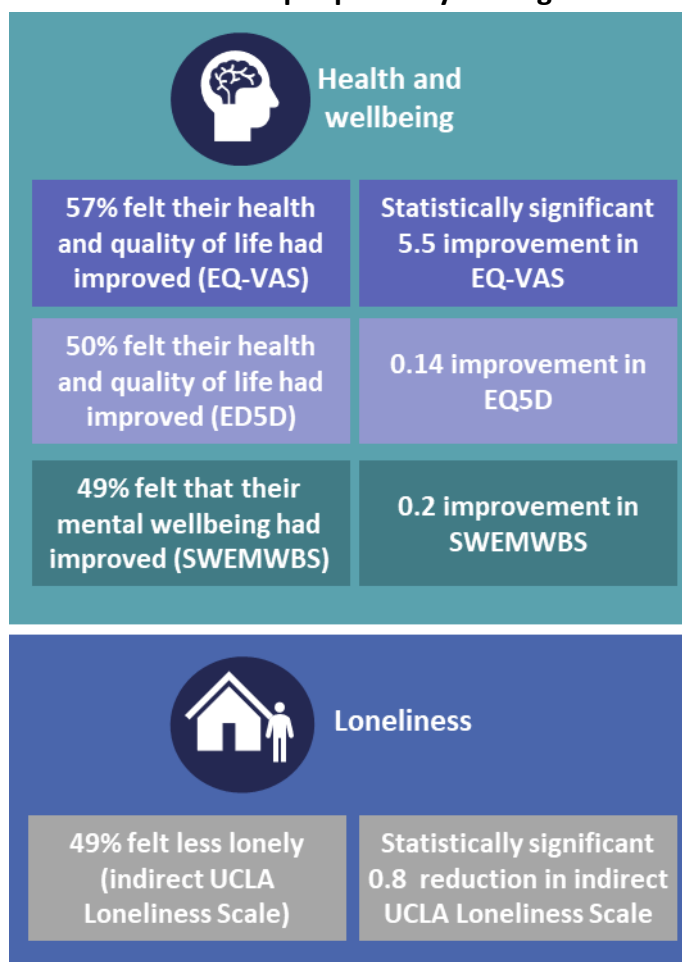


Achieving stated aims for people supported

This evaluation has found widespread positivity and confidence from commissioners and delivery partner staff that the aims of SWIFt for people supported are very much being achieved. The message is clear that SWIFt is making a substantial difference to people's lives and is a really important and valuable service for the people of Leeds.

It is somewhat paradoxical that the quantitative elements of the evaluation (Figure 3) have resulted in less clear-cut conclusions, although this is likely, in no small part, to be influenced by the challenges reported by project workers in completing the outcome measures, the small sample sizes and the impact of the Covid-19 pandemic. Research⁵ has shown the substantial negative effects that the pandemic has had on older people's quality of life and so it is very possible that the small improvements seen in the data are a substantial achievement for the SWIFt service during the pandemic.

Figure 3: Quantitative evidence of outcomes for people – key findings



The below pages provide a summary of the evaluation evidence against each of the seven aims of SWIFt.

⁵ For example: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/241120_tackling-loneliness-among-older-people-this-covid-winter.pdf and <https://www.ageing-better.org.uk/sites/default/files/2020-07/experience-of-people-approaching-later-life-lockdown.pdf>.



Achieving stated aims for people supported continued

■ Improve the health and wellbeing of older people reducing their risk factors for increasing frailty

There is strong qualitative evidence to support the view that SWIFt is improving the health and wellbeing of older people. SWIFt project workers and managers reported that their support had (amongst other things) supported people's access to health and care services by providing advice, guidance and encouragement, helped people to remain mobile and active, and supported people to make positive choices to support their health and wellbeing.

Quantitative outcome measures data also indicates that SWIFt has resulted in some improvement in people's health and wellbeing and importantly the majority of people saw either an improvement or their scores remaining the same.

"I had a client who had been very negative about things especially with the pandemic, but now she's much more cheerful and positive about life after our chats and me encouraging her to go for short walks. If I hadn't been there, I'm sure her mental state would have deteriorated further and it is not like I did something amazing, but we shouldn't forget how much the little things mean to people." Project worker

■ Reduce social isolation and improve support networks for older people to increase resilience

During the Covid-19 pandemic, SWIFt delivery partners have successfully adapted their delivery model to continue connecting people with their support network, improving people's connections within the community and providing people with opportunities for social and emotional support. There was also evidence that these factors were working together to increase older people's resilience.

The quantitative evidence also shows a small, statistically significant reduction in the loneliness and social isolation of those supported, which within the context of Covid-19 should be considered a substantial achievement for the service.

"I supported a lady to set up zoom so she could call her family. I did a practice call with her and when she saw my face she burst into tears and said "you are the first real face I have seen in ages, I am so happy". Honestly just being able to do that for her made such a huge difference to her life...I am welling up just telling this story, I knew just how much it meant to her." Project worker

■ Support a greater number of older people to live independently and safely in their own homes, increasing time spent at home and reducing hospital and care home admissions

Much of the qualitative evaluation evidence supports the view that SWIFt is helping older people to live independently and safely in their own homes. There are also anecdotal examples of SWIFt project workers helping people move to more suitable accommodation and preventing the need for more intensive support, including residential care.

Looking at the quantitative data around reduced hospital and care home admissions was outside the scope of this evaluation. Previous rounds of evaluation though have not found any conclusive evidence of substantial change in health or care usage.



Achieving stated aims for people supported continued

- **Enable independence by providing older people with choice and control over the services they use and their health and social care decisions**

The finding that has resonated with the greatest clarity and consistency throughout the evaluation is that SWIFt project workers have the time to provide older people with personalised and tailored support that enables them to have control and choice over the goals they set, the support they receive and how they interact with health and care professionals. It is a ringing endorsement of the delivery model that SWIFt project workers and managers are unequivocal in their view that this has successfully supported people's independence.

"Supporting independence I think is the essence of SWIFt... we really strive to help people find solutions so that they can stay at home and we can support them to remain independent by looking at what works for them." Project manager

- **Provide person-centred support for older people, complementing existing services across the health and social care system**

The provision of a personalised and tailored service is integral to the SWIFt delivery model and without which many of the positive outcomes discussed in this section would not have been possible. Alongside this, SWIFt project workers having time to work in-depth and over an unrestricted period of time to deliver holistic packages of support is undoubtedly a central benefit of SWIFt.

From the available evidence, the SWIFt delivery model also seems to be working well to co-ordinate and complement existing services in the Leeds health and care system. Importantly, this evaluation has not found any evidence that SWIFt is duplicating existing support. In fact, it appears that the opposite is true, i.e. that the service is playing an important additional role within the system.

- **Improve the wider determinants of health, including economic disadvantage and discrimination**

The evaluation has identified positive examples of SWIFt improving people's financial and housing situations and supporting the reduction of health inequalities through the delivery of holistic, person-centred packages of care. There is also evidence that SWIFt delivery partners are successfully engaging with people from groups that are likely to be in greatest need of support around the wider determinants of health, notably those from ethnic minority and deprived communities. Accurately assessing the scale of these impacts though is very difficult, as is understanding the resulting impact on people's health.

"I think we work proactively with the whole person to pick up wider things that wouldn't necessarily be picked up by other services, like GPs. For example, I can sort out someone's benefits, make sure their house is habitable and make sure they aren't paying over the odds for their bills." Project worker

- **Reduce premature winter deaths**

It is not possible for this evaluation to say with any certainty that SWIFt is or isn't helping to reduce premature winter deaths. It appears likely that SWIFt could be having a positive impact simply due to the achievement of the above outcomes and particularly reducing the escalation of health concerns and the risk factors for increasing frailty. Nonetheless, quantifying this would be needed to provide a more conclusive picture.



The difference of SWIFt

The obvious question that follows then is 'why has SWIFt resulted in these positive outcomes?'. The answer appears to have three main elements:

- **Time:** people had benefitted from more time and in-depth support than SWIFt project workers and managers believed would have been possible from other services. Having this time was felt to have enabled more complex issues to be resolved, which might not have been possible in a shorter period of time and with less contact. SWIFt project workers also felt that the positive outcomes were potentially more sustainable, because they had taken the time to embed new behaviours and routines.
- **Personalised and tailored support:** the SWIFt delivery model had allowed and encouraged support to be delivered in personalised and tailored ways, which enabled SWIFt project workers and people to develop close and trusting relationships, based on people having choices and retaining control. Project workers provided examples of where this approach had persuaded some people to accept support where other services had failed.
- **Holistic package of support:** the ability of SWIFt project workers to provide holistic packages of support was felt to be invaluable, as was their role in co-ordinating support from other services. The SWIFt project workers reported the benefits of undertaking small tasks for people which, on the surface, may appear incidental but which were actually very important in building trust and a rapport, and which were often causing, or preventing other problems from being resolved.

"One lady I worked with was really struggling to live alone in her home. Social workers were worried, her GP was involved and it was looking likely that she would have to go into a [residential] home. That would have been very much against her wishes. This is the point I got involved and worked intensively with [her] and the GP and social worker and was able to really find out what the problems were and work with her to find solutions that were safe but kept her at home as she wanted...It was taking that time that SWIFt gives us and offer a personal solution that I think made the difference...Now she has remained at home and she is happier and has a better quality of life because she is independent." Project worker

"I had a gentleman who was not very pleased to receive a call from me because he was in his words 'coping on his own just fine'. I could really quickly tell that he wasn't and he just didn't want to be a burden. What was good about SWIFt was that I was able to persevere with him and build up our relationship until he started to open up. Once he was willing to accept support, I could take the time to really work with him and empower him to do things for himself, rather than me doing it for him. I honestly think if I hadn't have been able to work with him in that way, he wouldn't have accepted any support at all or engaged with me at all. Now he says that he is so grateful to have had me there, he is so much happier and his quality of life is much improved." Project worker



Recommendations

The following nine recommendations were identified by the evaluation and LCC has committed to implementing these in order to improve the SWIFt service.

Recommendation 1: Review processes for reporting SWIFt activity to ensure accurate monitoring, including recognition of the diversity of activity undertaken by delivery partners.

Recommendation 2: Give consideration to ways that commissioners can support delivery partners in attracting referrals to the service, for example through greater citywide promotion of the service.

Recommendation 3: Work with SWIFt delivery partners to clarify and confirm expectations around the referral criteria for SWIFt and what constitutes an 'appropriate' referral.

Recommendation 4: Clarify referral pathways between local delivery partners and the citywide delivery partner.

Recommendation 5: Work with SWIFt delivery partners to develop the approach to monitoring the outcomes of the service, including giving consideration to revising/reducing the outcome measures used, developing agreed standards and processes, and supporting delivery partners through training to implement these.

Recommendation 6: Continue, and where possible increase efforts, to share information, good practice and learning across the delivery partners to foster a greater culture of collaboration.

Recommendation 7: Continue to gather regular feedback from delivery partner staff about what is working well about the operation and delivery of SWIFt and what could be improved.

Recommendation 8: Make efforts to promote existing resources (e.g. the Leeds Directory) to further improve the knowledge of SWIFt workers about their options for onward referral and signposting within Leeds.

Recommendation 9: Continue to reflect on the most effective evaluation methods to evidence the outcomes of the service, including gathering feedback from people supported by SWIFt.

