IMPACT
Improving Adult Care Together

Northern Ireland Implementation of Lessons from the IMPACTAgewell® Demonstrator

IMPACT is a UK wide programme that aims to spread learning and best practice in adult social care. It is based in the University of Birmingham, with demonstrator projects in all four UK nations. The programme is funded by ESRC, the Economic and Social Research Council and the Health Foundation.

The Northern Ireland IMPACT Demonstrator in 2022/23 was IMPACTAgewell®, a project that facilitates the use of community assets to support older adults with impaired health. It achieves this by IMPACTAgewell® officers meeting service users in their own homes, assessing their personal needs and using social prescribing to connect them with community services that improve their social and physical wellbeing.

This summary document extracts the core learnings from the project and makes recommendations on how those learnings can be embedded in practice in Northern Ireland. While many of the lessons apply to all of the UK, there are specific challenges that face service delivery in Northern Ireland, given its unique health and social care structure and public sector governance situation.

Key points of learning and recommendation for Northern Ireland

1. The IMPACTAgewell® demonstrator model for supporting older adults works well and should continue and be replicated across Northern Ireland.
2. Tackling isolation and loneliness is core to improving health outcomes and quality of life, especially for older adults.
3. The Integrated Care System is the structure for taking a coherent approach to planning and delivery of care, recognising the wide range of services and departments that impact on care.
4. The voluntary and community sector is integral to the delivery of social care. It requires funding certainty and strategic influence, including through ICS partnership boards.
5. Social prescribing is a valuable process for supporting the VCS delivery of care services, yet there is no policy, strategy or statutory funding for social prescribing in Northern Ireland.
6. There needs to be a clearer strategy in relation to pharmacy provision, including the re-establishment of funding for community pharmacy.
7. Community transport is a core service for health and social care outcomes for vulnerable people without personal transport. Its importance for the Department of Health will increase as the programme of hospital reforms accelerates, yet the services are funded by another department.
8. People who have moved into Northern Ireland from outside the UK would benefit from explanations soon after arrival with regard to the health, social care, social housing and welfare benefits systems.
9. Government value for money service assessments should consider inputs and outcomes across the public funding spectrum, not be limited to a single departmental budget.
10. Staff morale, churn, vacancies, recruitment and pay need to be addressed in the public and related health and social care sectors as a matter of urgency.
11. The absence of government and forward budget certainty undermines confidence, planning and efficiency in the public and voluntary and community sectors.

What needs to be done?

An exemplar to be replicated

IMPACTAgewell® has demonstrated that using the assets of the voluntary and community sector to provide support to vulnerable and isolated older adults is an important, effective and cost-effective means of mitigating ill health and preventing higher levels of demands on GPs and hospital services.

The programme operates across traditional public and voluntary sector boundaries. Audits of its costs show strong value for money outcomes, with savings that accrue across various budget heads and departments. This is an illustration of why coherent, cross-departmental decision-making is essential, while being operationally difficult to achieve.

Implications for the Integrated Care System (ICS)

All governments struggle with the challenge of silo decision-making and budget setting. A core function of the new ICS will be to bring greater coherence and co-operation to service delivery in the health and social care sectors. It will need to bring together a broad range of sector representatives, including from the voluntary and community sector (VCS). Given the lack of a common outlook and set of interests within the VCS, this will be challenging to achieve. Selecting genuinely representative voices of the VCS to sit on ICS partnership boards will be difficult, yet essential.

ICS partnership boards may need to consider the role of bodies and agencies operating outside the health and social care sector, yet whose activities affect health and social care outcomes. An example would be floating support services funded through the Supporting People programme, administered by the Housing Executive, which deliver services that should ideally dovetail with social care. It is unclear whether Supporting People funded floating support services are delivered in ways that fully align with, complement and support other social care services.

Within Northern Ireland there are multiple examples of where budgets and policies overseen by one department have outcomes and impacts that affect other departments. Public services that affect health and social care outcomes include libraries, community centres. lifelong learning, sports and leisure facilities, as well as community transport. Taking a holistic view of how these services influence health and social care outcomes might form part of the role of the ICS partnership boards.

Voluntary & Community Sector should be a core partner

Valuing the role of the VCS needs to go beyond the funding of their services. VCS organisations and their representatives need to be involved in strategic decision making, including policy development. Among other things, this will help to address the silo approach of departments, given that the operations of VCS organisations seldom fit neatly within the remit of any single department.

IMPACTAgewell® uses community assets to improve the wellbeing of older adults. It does this by employing officers with strong interpersonal skills whose role is to develop relationships with both service users and service providers, acting as a link between services and people who need them. Those interpersonal skills are essential for this approach to be effective. The use of social prescribing is an effective way of facilitating this and can be used as a system to distribute payments for services that are provided.

Community transport is essential

IMPACTAgewell® demonstrates clearly how tackling isolation and loneliness improve the mental and physical wellbeing of service users and patients. Older adults who may have disabilities, reduced eyesight, physical impairments, or who have never passed their driving tests are reliant on community and disability transport arrangements to access community resources. Without these, their mental and physical capacities can deteriorate quickly. The service is funded by an external funding stream, from the Department for Infrastructure.

Moreover, the Department of Health's dependence on community transport to achieve its objectives is set to increase. The health reforms recommended by the Bengoa review are leading to greater specialisation within hospitals and less use of smaller general hospitals. This can require patients to travel further for treatment. Yet some hospitals – Antrim, Craigavon and Enniskillen, for example – are very difficult to access by public transport, while private taxi journeys can be too expensive for people on low incomes to use. Community transport infrastructure (or expanded public transport) is therefore central to the roll-out of the hospital reform programme.

Support for social prescribing

The current absence of any policy on social prescribing is a barrier to its use in Northern Ireland. Northern Ireland is the only part of the UK without such a policy, with the other UK nations having not only policies but also funding structures in place to support social prescribing. The limited use of social prescribing in Northern Ireland has required some groups to rely on lottery funding to meet the costs.

There is widespread evidence of the benefits of social prescribing, yet this has not been sufficiently taken into account in policy development in Northern Ireland. This raises broader questions about Northern Ireland governmental decision-making and whether it is sufficiently evidence based. This is a matter that might usefully be considered within a wider context of Northern Ireland policy-making.

The use of social prescribing is in part intended to address issues around the social determinants of ill health. An absence of policy related to social prescribing raises questions as to whether there is sufficient consideration within policy-making of the social determinants of ill health and shorter life expectancy amongst the sections of the population who live in deprived communities.

People new to the UK require system explainers

The increasing presence of migrant workers and refugees in Northern Ireland requires consideration of how existing policies and practices affect these sections of the population. This includes those who arrive from other parts of Europe, for example, are likely to have experienced very different types of health care.

Few of them will have had experience of the NHS ‘gatekeeper’ model of GP and may expect to be able to immediately access a specialist, without needing to see a GP and then have to be on an often long waiting list. Providing information on how the NHS works, how to access social care and social housing, benefits processing, and other services, would be of significant assistance to new arrivals to Northern Ireland.

Crisis in government has negative effects for all services

It is evident that the absence of the Northern Ireland Executive and ministers undermines the ability of departments to enter into forward commitments and set policies beyond the current financial year. It equally prevents the development of reforms and multi-year strategies. In particular, this undermines the use of what might be regarded as ‘invest to save’ initiatives – including spending on preventative social care that reduces demand on GPs and hospital admissions.

In the 2023/24 financial year, many voluntary and community groups were uncertain at the onset of the financial year whether they had funding beyond the initial months. This damaged not only their planning and sustainability, but also staff retention.

Staff and professional ‘churn’ is a massive problem in the health and social care sectors in Northern Ireland. This has to be resolved in order to improve health outcomes, support older and disabled people, and to cut waiting times and waiting lists. The high level of staff vacancies and sickness absence is related to low morale, which is also linked to staff complaints of low pay. These grievances exist across the health and social care sectors, including GPs, their staff, nurses and medical professionals within hospitals. There are similar challenges within pharmacy, given the cuts to community pharmacy funding and uncertainty resulting from reforms of the pharmacy sector. It is essential that these challenges are grasped and resolved as a matter of urgency.

Stable government, medium term budgets and strategic policy coherence are the central elements of the delivery of any public service. This applies with regard to social care provided by both the statutory sector and the voluntary and community sector – and even with regard to contracting with the private sector. While this is an obvious challenge across all of Northern Ireland government, it nevertheless has to be noted as an impediment to the efficient and effective delivery of social care.

Table 1: Summary of Learning

PROFESSIONAL ENGAGEMENT	REFLECTING DIVERSITY
Professional engagement requires continual focus due to changes in personnel, structures and operational environments. Demonstrating value of asset-based approaches in different situations helps professionals to appreciate relevance to their work. In-person contact between professionals and link workers facilitates trust and builds confidence in collaboration. Professional networks facilitate access to professionals and provide credibility for approach.	Comparing referral data to population level data helps to pinpoint communities who are not accessing support. Developing partnerships with bodies which represent different communities identifies barriers and potential solutions. Training and support may be necessary for project officers to develop skills and confidence in supporting people from different cultures. Community development activity must consider the needs of minority communities. Awareness must be developed of indirect and passive discrimination in process and practices.
EXPANDING REACH	**SYSTEM FACTORS**
Direct approaches to community groups proposing service partnerships are more effective than open calls. Backing social prescribing with fees per individual prescription helps to build capacity and meet costs of community sector Facilitating opportunities for community groups to meet with each other and project officers help to build relationships, encourage joint work, and developing new assets. Alternative funding models such as social finance can result in additional investment alongside public sector contracts	Community organisastions should be involved in wider changes to structures, roles, and processes to maintain joint working and enable effective communication. Strategic investment in community resources and navigator services needs to be co-ordinated across health and social care and complementary sectors. People who are new to a country will benefit from guidance on how the health and social care system and other services function. Instability in government and strategic decision-making limit the capacity, morale and planning processes of the community and statutory sectors.