We propose a neighbourhood approach to the ever-expanding needs of the elderly isolated, offering close to zero cost to the Treasury, to Councils and to the taxpayer. Getting more people the help they need, when they need it - and providing much needed employment within local communities.

How to do Prevention at low to zero cost?

The Solution Is Human Care:

What if the unmet **low-level** needs could be met by people in their own communities – at very little cost to the tax-payer?

**We propose:**

Opening up the neighbourhood assistance agenda by providing a market for neighbours to offer local help services such as befriending, wellness checking, shopping, phone calls, help with getting to appointments etc.

The idea builds upon a number of successful “sharing economy” initiatives where it is made easy (in a win-win situation) for people to help each other eg Airbnb.com (accommodation) or Rated People.com (handyman services). But our intent would not be about profit but carried out as a social enterprise aiming to free up human potential, whilst at the same time enhancing the opportunity for earning money for those who need to and investing in people in our cities towns and neighbourhood. An organisation enriching people's lives....adding value to altruism.

It would have the following advantages:

- allowing those who are not entitled to statutory services to purchase low cost local help from neighbour providers
- allow children and relatives living outside Sheffield to purchase low cost help for their parents
- allow long term relationships and commitment to develop between a neighbour helper and those being helped
- producing greater consistency of service and satisfaction for both the customer and neighbour provider
allow local people with some spare time (e.g., single parents on benefits, students or retired people) to earn extra cash
release both money and good will into the local economy
allow communities to become more inwardly neighbourly and supportive
be self-sustaining
offer enhanced security through a review system
begin to address the never-ending “pipeline” of new “arrivals” into the social care system
offer the prospect of the “silver bullet” of prevention at zero cost to the Treasury, Councils, and tax-payer. With the eventual outcome of significant savings in total health care and social services costs.

Companies like Airbnb and Rated People have led to both lowering of costs (up to 50% and greater) for consumers and increasing customer satisfaction. We see no reason why Local Help Ltd would not lead to a similar reduction in costs together with more consistent help and an increase in satisfaction levels.

The Role of Neighbours Can Ltd Help (UK) and Local Help Ltd.

We have been looking at the use of digital technology to enhance neighbourliness for seven years. We received a grant from the Nominet Trust in 2012 to test a voluntary-based approach and to develop an accompanying website.

Despite some success, their help has enabled us to learn that the purely voluntary approach is not a disruptive long-term solution, partly because it depends on continuous cash injections but also because it suffers from an unsustainable one-sidedness.

However, we have learnt a great deal about what could work and how to overcome many of the problems we encountered in the original proposal.

We wish to put that knowledge to good use in the newer approach within a dedicated social enterprise, one whose aim is
We need help to find:

- access to social thinkers with influence who recognise the potential of the above
- initial finance (£50K) for prototyping to implement a pilot project that would test the idea in a specific city - and up to £100K for first stage commercialisation thereafter

Regards

John Pickin, David Child and Ella Wiggins

Local Help Ltd - Social Entrepreneurs aiming to get more people the help they need, when they need it...

Why is this new approach needed?

The Problem Is Social Care Funding:

“We recognise that the size of the ‘cake’ is limited, whilst the number of people who want a ‘slice’ is increasing. In the long term, there is no alternative to radical reform of the way the social care system is funded...”

Cutting the cake fairly CSCI review of eligibility criteria for social care. Commission for Social Care Inspection October 2008

Exacerbated by Changing Demographics:

“The risk of having an unmet care need is greatest for the oldest and those who live alone.”

Age UK Briefing: The Health and Care of Older People in England 2015 Jill Mortimer and Marcus Green October 2015

“Between 2005/06 and 2014/15 the number of people aged 65 or over in England increased by almost a fifth and the number aged 85 and over rose by approaching a third.”

Owing to the above issues, support needs for the elderly and their associated issues such as A&E and GP attendance is growing as people live longer but often also in poor health.

Social Services funding to address these needs is under increasing pressure. The level of needs set for becoming eligible for social care funding is therefore naturally getting higher and higher – so that only a thin slice at the top of those who need help to live with dignity, get it. The rest (estimated 85%) rely on friends, relatives and neighbours. Yet the number who don’t see anyone from one week to the next is also getting higher. It is estimated that more than a million older people in England now have at least one unmet need for social care and receive no help from their local authority or from family, neighbours or friends.

“Councils should target services to tackle social isolation and support independent living. Targeted services should focus on the underlying causes of dependency in later life.”


Much is spoken about “prevention”. The reality is there is very little cash to implement preventative measures when all acute needs are hard to meet even though there are potential overall cost savings from doing so.

While ever this continues, there will always be a never ending funnel for new “arrivals” into the social care system – as the physical and mental health of those with low level needs deteriorates to the point where they become acute and must be addressed at maximum cost.

If those unmet low-level needs had been addressed at an early stage and on a regular and consistent basis, many more would live far healthier lives and significantly without the need for costly state intervention. (See Appendix 1)
Appendix 1

Extract from: “Loneliness – the state we’re in” A report of evidence compiled for the Campaign to End Loneliness. Written by Margaret Bolton for Age UK Oxfordshire 2012

Reduced loneliness equals lower public spending

Evidence indicates that interventions to alleviate loneliness can significantly reduce spending on health services. Older adults who are socially disconnected and who feel lonely rate their physical health as lower than that of others. As a result, lonely people are more likely to visit their GP and to use other health services. For example, one study demonstrates that loneliness is a predictor of use of accident and emergency services independent of chronic illness.

Research suggests that relatively low-cost approaches to addressing loneliness and isolation among older people can result in:

- fewer visits to the doctor, lower use of medication, lower incidence of falls and reduced risk factors for long-term care
- fewer days in hospital, physician visits and outpatient appointments
- fewer admissions to nursing homes and later admissions.

These and other services designed to promote the health, well-being and independence of older people, thereby preventing or delaying the need for intensive or institutional care, also make a significant contribution to reducing health inequalities.

The box below provides information about two research studies examining the cost-effectiveness of services.

Cost-effectiveness: SCIE concludes in its briefing that research into cost-effectiveness is sparse but it cites two studies that indicate that services to address loneliness among older people can be cost-effective:

1. An assessment of befriending services which cost about £80 per person per year estimated that within the first year such services would provide some £35 in savings. When the quality-of-life improvements resulting from the reduction in depression were factored in, the monetary value was calculated at about £300 per person per year. The economic benefits of community navigator services were calculated as even greater.

2. A study of older individuals involved in group activities estimated that the total cost of health service use (hospital bed days, physician visits and outpatient appointments) per person in the group was €1,522 per year, compared with €2,465 for the control group. This statistically significant difference between the groups of €was greater by €62 than the costs of the intervention – €881 per person.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756979/?tool=pubmed
96 Pitkala, KH et al. (2009). Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomised, controlled trial. Journal of Gerontology: Medical Sciences, 64A (7)
http://biomedgerontology.oxfordjournals.org/content/64A/7/792.abstract
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
100 Pitkala KH et al. (2009), op. cit

March 2018