

Communities that Care

Demonstrating the impact of older people's services



Introduction

This report looks at the impact that community-based services have on improving the mental and physical wellbeing of older people, including through a reduction in loneliness.

As well as showcasing the benefits to the individual, this report also highlights the value for money that investment in activities and services can provide, by improving health and delaying the point at which

older people access social care. The report shows that these savings have a clear benefit for the public purse.

The evidence used in this report has been gathered from services provided by MHA in schemes across Hampshire, which currently benefit from Hampshire County Council’s Community Grants. Data was collected between 2020 and 2022.



About MHA

MHA is the UK’s largest charity care provider dedicated to enabling older people to live later life well. Through specialist care homes, thriving retirement living, and vibrant community groups and befriending services, we inspire the best care and wellbeing at every stage of later life.

What services does MHA provide?

Our activities are designed to improve mental and physical wellbeing whilst also being stimulating, educational, and entertaining social opportunities. MHA prides itself on tailoring the services provided to to each local community, to cater to the interests of its service users.

As well as befriending service users (face-to-face and by telephone), our services range from active exercise classes to social groups, at-home support if service users are unwell or just home from hospital. There is always a friendly face in the office to offer help and advice, or to signpost to other services where necessary.

We are also able to offer a range of short-term services such as our projects to support clinically vulnerable people post-pandemic, and to encourage older people to access public transport.

The services showcased in this report are supported by Community Grants received by MHA from Hampshire County Council. This funding represents approximately 25% of MHA Hampshire’s total funding, and primarily covers core costs (overheads and salaries). Most of the remaining funding is earmarked for specific projects and activities.



What we achieve

As a snapshot of what we have achieved in Hampshire alone, more than **2,300 older people** use our services and consider them a lifeline.

Our service users see so many benefits from being part of our community. **57%** say that our services make them feel less lonely, and **51%** say that they enjoy life more because of our support.

We also know that we provide a real benefit to local health and social care services. In 2021, **325** service users were able to delay their need to access social care services, and we estimate that services **save at least £312,418** per year by reducing loneliness, falls, and ill-health – **at least £72,000** more than the value of the grants we receive from Hampshire County Council.

Our activities and services are a valuable asset to local communities, and allow older people to live later life well. Over the last year, we have engaged with service users on at least **148,037** occasions through a variety of activities:

Activity / Service	Total engagements
Social activities in groups	84,845
Befriending	43,200
Newsletters	8,508
Transport	8,428
Shopping & prescription deliveries	1,308
Hot meal deliveries	1,080
Online groups	588
Supported handovers	80



Pillar one

Preventing loneliness

The Covid-19 pandemic has made the value of social interaction and being around our loved ones all the more understood.

Loneliness is something that is felt across society, with the Office for National Statistics (ONS) highlighting in April 2020 that over 30% of adults had felt lonely in the previous week.¹ But for older people, who often live with just their partner, alone, or in residential care settings, it is a particular challenge. Age UK predicts that the number of older people who feel lonely will increase from 1.4 million to 2 million by 2025/6.²

Often loneliness is an issue that is seen as ‘just’ a mental health challenge, but in reality it can have a significant impact on physical health—people who experience loneliness are at much higher risk of heart disease, dementia, and strokes.

- 1.8 times more likely to visit the GP
- 1.6 times more likely to visit A&E
- 1.3 times more likely to experience an emergency admission³

We know that our work helps to prevent and reverse loneliness and increases older people’s independence, which in the last few years has been vital. MHA’s services and activities are often focused on social contact and integration. These are not just in-person activities and social occasions, but also giving our service users opportunities to talk to others – for example telephone befriending, checking-in-on-wellbeing calls, creating telephone trees, and setting up WhatsApp groups.

In Hampshire, **60%** of our service users told us that our services help them to meet new people, and **57%** felt that the services make them feel less lonely.

Nearly a third (**29%**) of our service users also told us that our services have helped to provide emotional support during difficult times, proving an important lifeline during the instability of the recent past.

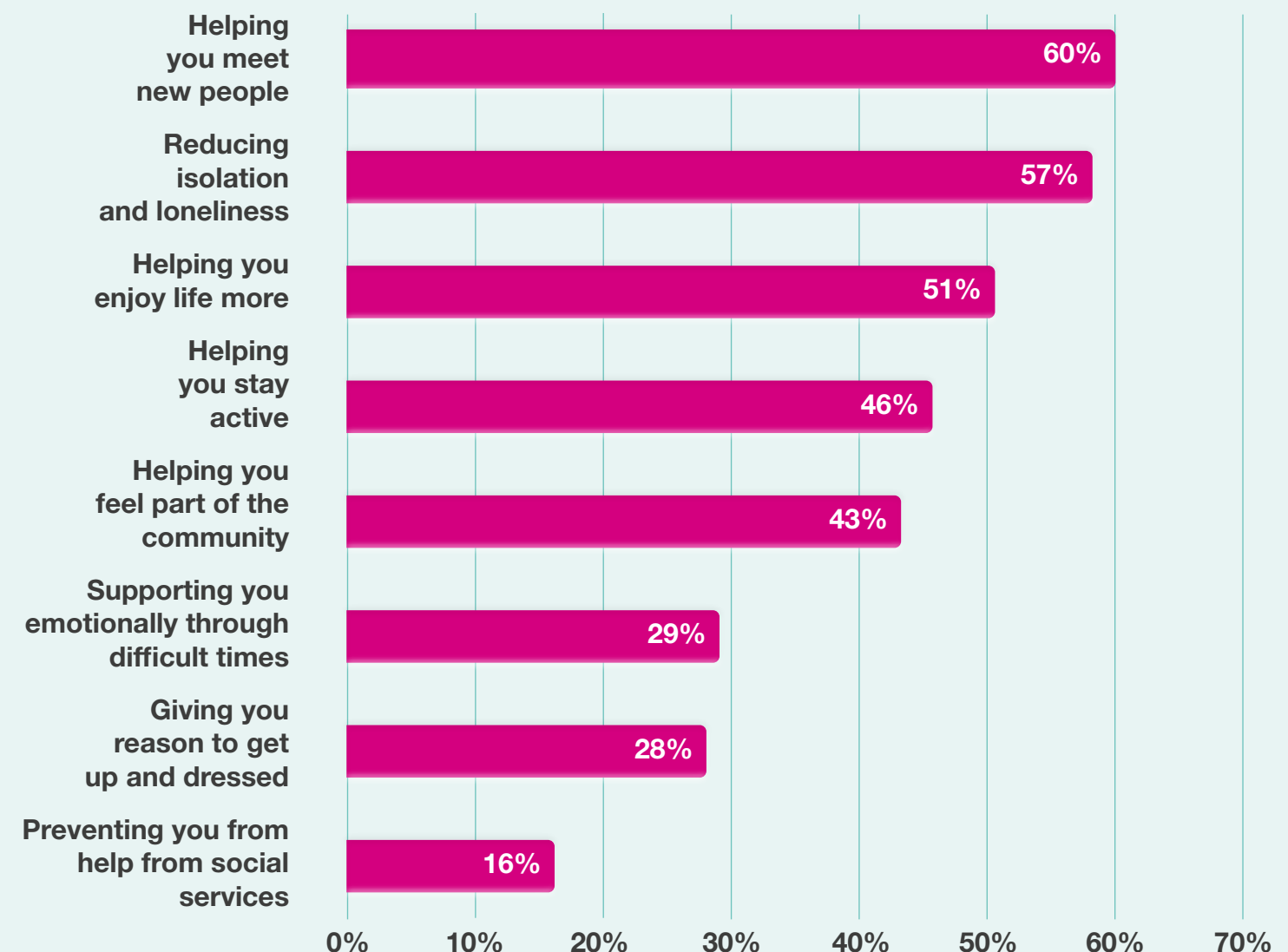
We also know that being part of a community reduces the feeling of loneliness. Alongside the health and financial benefits that our services provide, they help to enhance

community cohesion, with **43%** of our service users saying that they felt more part of the community through their involvement in one of our activities.

We are also undertaking a one-year project supporting older, clinically vulnerable people to ‘get going again’ post-pandemic – a project that would not have been possible without having our existing countywide network in place. As we highlight later in this report, reducing the reliance on NHS and adult social care services means that our services provide real financial benefits as well as good health outcomes.

Benefits to Members

Survey of 624 service users in Hampshire, November 2021.



Pillar two

Improving health and delaying the need to access adult social care

The Government has recently published its plan to reform the adult social care system, which has long been overlooked. The aim of this plan is to increase funding to the social care system, but also to look at moving from a reactive service to a preventative one – emphasising a person-based approach that delays the need to access adult social care services.

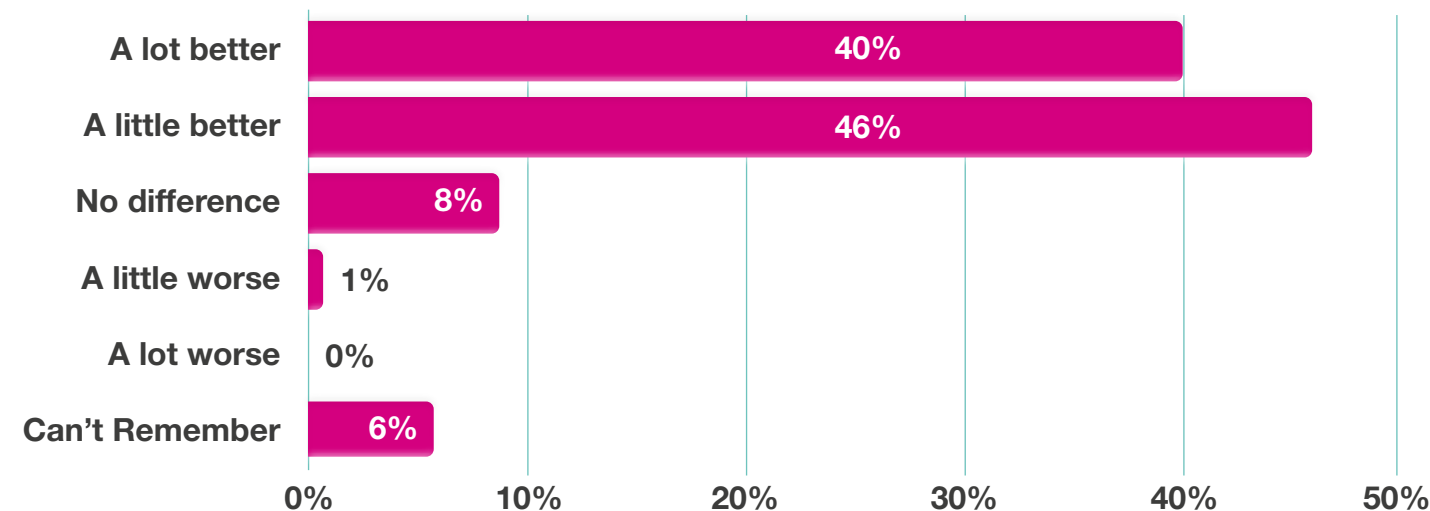
We know from our experience that there is no ‘one-size-fits-all’ approach to delivering services for older adults in need. Our services focus on activities designed to improve mental and physical wellbeing, including physical exercise and stimulating and educational and social opportunities, and are tailored to local communities and the interests of our service users.

We tailor our support to the individual, ensuring better health outcomes and creating meaningful benefits—86% of those older people who took part in activities including strength and balance groups, cheerleading, and tai chi felt that they had improved their physical abilities.



Impact of participation on physical abilities

Survey of 624 service users in Hampshire, November 2021.



Age UK research suggests that 1 in 4 older people are unable to walk as far as they did before the pandemic,⁴ showing the importance of schemes that improve the physical abilities of older people in light of the dramatic impact Covid-19 has had on older people's mental and physical health.

On top of that, **325 service users told us that they delayed needing to access social care services in 2021**, and 244 told us that MHA's services reduced their need to access health services as a result of ill health.

Our activities and services are exactly the kind that the Government's Social Care White Paper aspires to – preventative, people-focused, and seeking to delay the need for adult social care. They should serve as the inspiration for future preventative services across the country's health and social care system.



Pillar three

Creating savings for the public purse

Investment in community-based services creates long-term preventative savings for the public purse. MHA currently receives £240,000 per year from Hampshire County Council in Community Grants; this equates to approximately £2 per week per service user.

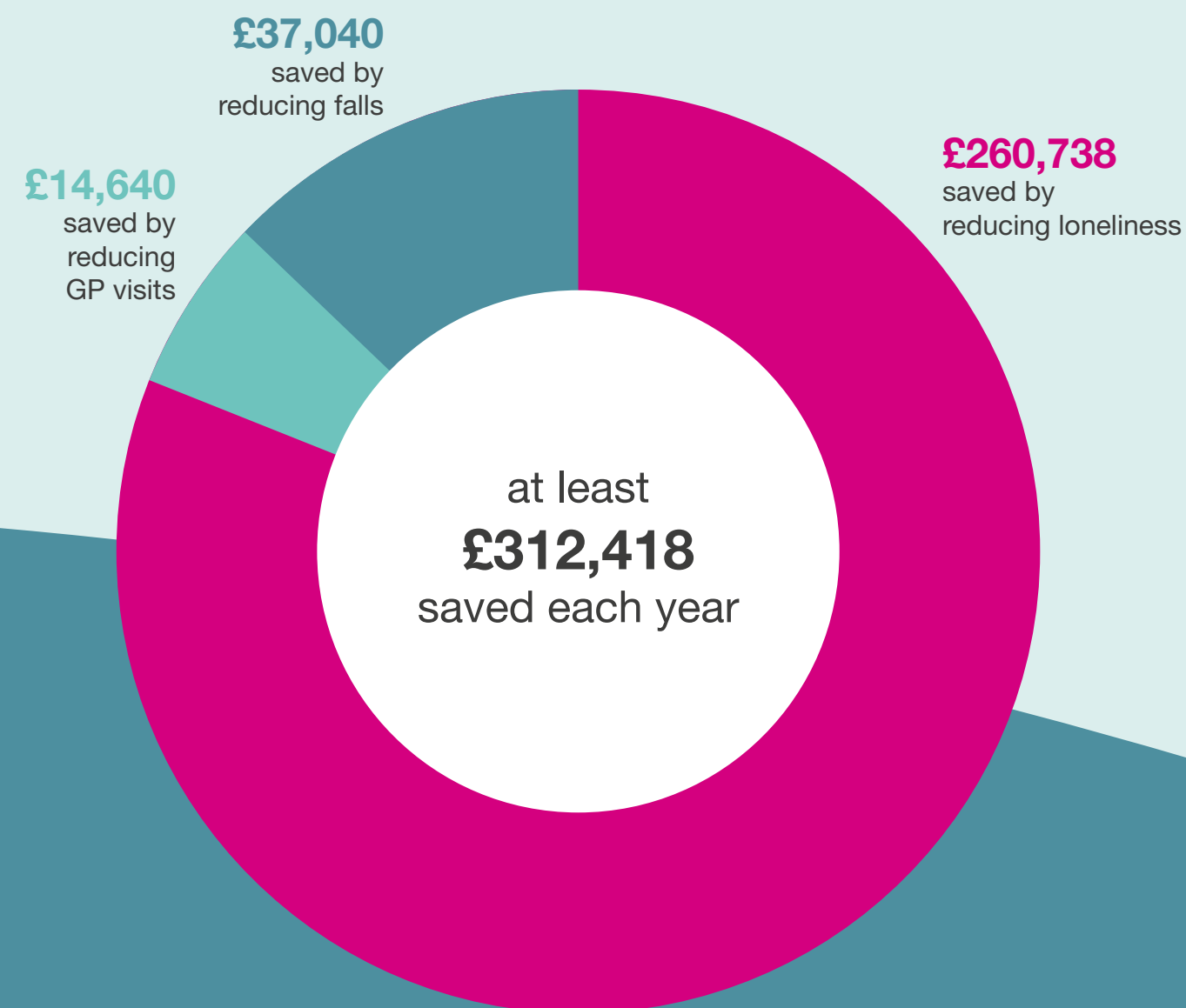
These services help to reduce loneliness and improve health and wellbeing for those that use them. However, our value doesn't end there – our services directly contribute savings to local councils' budgets by preventing or reducing loneliness, falls and ill-health.

Our data shows that we create savings to the public purse totaling at least **£312,418** per year in the Hampshire County Council area—at least **£72,418 per year more than the value of the grants we receive**. This breaks down as follows:

- **£260,738 per year savings due to reduction in loneliness** (this includes average savings to HCC of approximately £136,697 per year in residential care fees⁵ and other costs to support loneliness⁶)
- **£14,640 per year savings on reduction in number of GP visits** (based on NHS estimates that a GP visit costs a minimum of £30 per visit⁷)
- **£37,040 per year savings on reduction in falls**, (including GP visits, ambulance callouts, A&E visits, inpatient stays, and follow-on care⁸)

These calculations are a significant under-representation of our full value in Hampshire, as it is hard to put a financial value on a preventative service. There will be other savings and benefits from our services that are difficult or impossible to measure or put a monetary value on. However it is clear that at a time where local health services and local authority budgets are stretched, our services play a vital role in both saving money and improving health outcomes, and any savings that we provide would be lost completely should the grants be cut.

Savings to public purse based on interventions and support in Hampshire



Case studies

Case study: Della



My mother lived on her own for three years after the death of my father and unfortunately, fairly soon after his death, she started experiencing memory loss. As it got worse, it became difficult for her to keep appointments, remember food cooking in the oven, or take her medication regularly. So at Christmas 2014, at the age of 87, she moved in with me, my husband, our two children and two dogs.

While Mum lived with us my husband worked full-time, I worked part-time, both children went to school/college and had to be driven to numerous activities in the evenings and at weekends, and the dogs needed daily walking, so it was a busy household.

Not long after moving in with us, Mum's worsening dementia meant it was no longer safe for her to continue driving her little blue Peugeot and we had to persuade her to surrender her licence and sell her car. Mum sorely felt this loss of independence and the loss of her old friends, and became quieter and less bubbly.

While searching the internet for local organisations she could join, I came across MHA. I contacted them and in no time Mum was signed up for a lunch club, craft activities, and singing. I couldn't transport Mum to the activities due to my working hours, but volunteer private car owners or a minibus would turn up to collect her and ensure comfortable joining and back safely. The drivers were exceptionally patient.

All these activities gave Mum a sense of belonging and achievement. Her days flew by, and she had something to talk about with us when we all got home. Her poor memory was never an obstacle to her attending as the staff made everything safe and easy for her. She really looked forward to the days when she was attending a club and would sit in her hat and coat by the window half an hour or so before the bus was due because she didn't want to keep them waiting!

When Covid struck and the clubs had to close, Mum was 91 but had still been regularly attending the clubs and trips organised by MHA. When her regular activities stopped, Mum became increasingly withdrawn and quiet. Every day seemed the same to her and the confusion caused by her dementia increased. She didn't see a soul most of the day as we were all busy working, and she spent all day watching tv and doing jigsaw puzzles. There was nothing in the diary to look forward to. I watched her distress increase week by week as lockdown dragged on. **This is what life could be like all the time for elderly people if clubs like MHA can no longer provide the level of service they have in the past.** In fact, the demand for their services already outstrips supply as Mum would have attended clubs on more days had transport been available.

MHA enabled Mum to continue living with us at home, cared for by the family. The effect on Mum when she could no longer attend the clubs due to Covid demonstrates that taking away or curtailing these services would be akin to a permanent lockdown for many of the older people who benefit from them so much.

Case study: Jane

Jane contacted us after she was given our details from the Volunteer Centre. After discussion with one of the team it became clear that she would benefit more from being involved in activities than providing support to other members. Jane started attending our weekly walking group; she was nervous at first but over a few weeks she started to open up. She was widowed a few years ago and was feeling very lonely without the companionship and support of her husband. Jane has a mild learning disability which can make it difficult for her to meet new people, as when she is nervous she can come across as aggressive in an attempt to appear confident.

Jane is over 60 and no longer working, but has not yet reached state pension age. She explained that she had been sent to the Volunteer Centre by the Job Centre, who are asking her to look for work. Jane is physically mobile and lives in council sheltered housing but is clearly struggling financially. She revealed that she won't use her oven or hob as it is too expensive to turn it on, instead using only the microwave to cook. When discussing a walking route the group were intending to take she declined to attend as the ground may have been muddy. As she only owns one pair of shoes she was concerned about them getting wet or ruined. When the group has been out walking in cold weather she only wears a light jacket, not seeming to have appropriate warm clothing.

With her consent we have also referred Jane to Citizens Advice to be considered for their Surviving Winter Fund. We have also been able to offer Jane places at our Friday lunch groups without charge, ensuring that she is eating a nutritious and well-balanced meal at least once a week. These groups, along with the walking groups, ensure that she has an opportunity to meet new people in an environment in which she feels comfortable and more at ease. She has been enjoying the groups so much that she has enquired about becoming a 'member helper' at the lunch groups, helping to set the tables and serve drinks to the other members as she says she 'likes to feel useful'.

Conclusion

MHA is proud of the work we do to help older people live later life well. As well as showcasing the benefits to the individual, this report clearly highlights the wider benefits that activities and services can provide – by improving the physical and mental health of older people, and delaying the point at which older people need to access social care.

Activities that are funded by Community Grants provide clear value for money: the £240,000 that MHA receives from HCC via the current Community Grants enables us to deliver activities and services across the County that save the public purse at least £312,418 every year – at least £72,000 per year more than we receive in the grants.

Costing an average of just £2 per person in Hampshire, our activities and services are vital for the people that they support. Over the past year, our community services have helped over 2,300 Hampshire residents, engaging with service users at least 148,000 times through all of our face-to-face and online groups, befriending services, food deliveries, transport and newsletters.

We are urging councils and local authorities to work with charity providers like MHA to continue to provide funding for services that benefit older people across the county, and reduce the likelihood of – or delay the time at which – older people need to access social care services.

To find out more about MHA and the services we provide, visit our website at <https://www.mha.org.uk/>



References

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- 3 Social Finance, Investing to Tackle Loneliness (2015): https://www.socialfinance.org.uk/sites/default/files/publications/investing_to_tackle_loneliness.pdf
- 4 The impact of Covid-19 to date on older people's mental and physical health (2020) Age UK
- 5 LaingBuisson, "Care of Older People UK Market Report 29th edition" (2018), quoted on <https://www.payingforcare.org/calculators/residential-care-costs/>, with 1% annual increase applied from 2018 to 2021
- 6 Social Finance "Investing to Tackle Loneliness" (2015), accessed at <https://www.socialfinance.org.uk/resources/publications/investing-tackle-loneliness-discussion-paper>
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- 8 Public Health England, "A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community" (2018), accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf