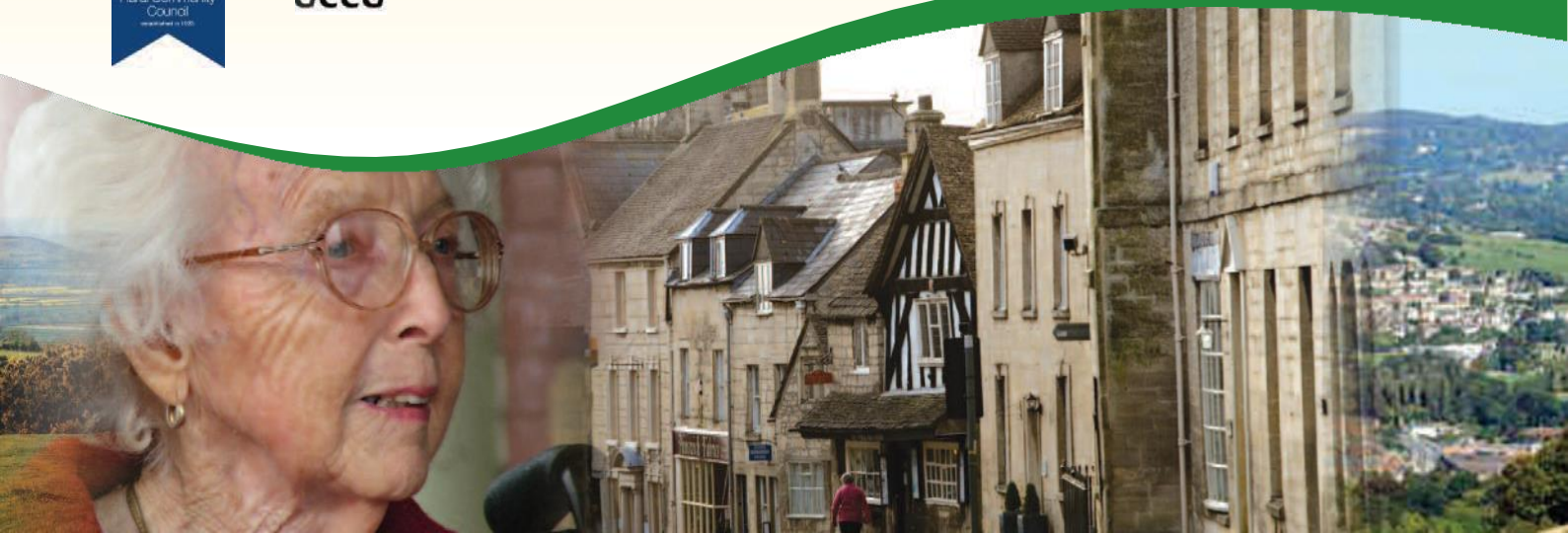




Gloucestershire Village & Community Agents

April 2013 to March 2014
Full Year Report

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Gloucestershire Village & Community Agents Managed by GRCC

Jointly funded by



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Executive Summary

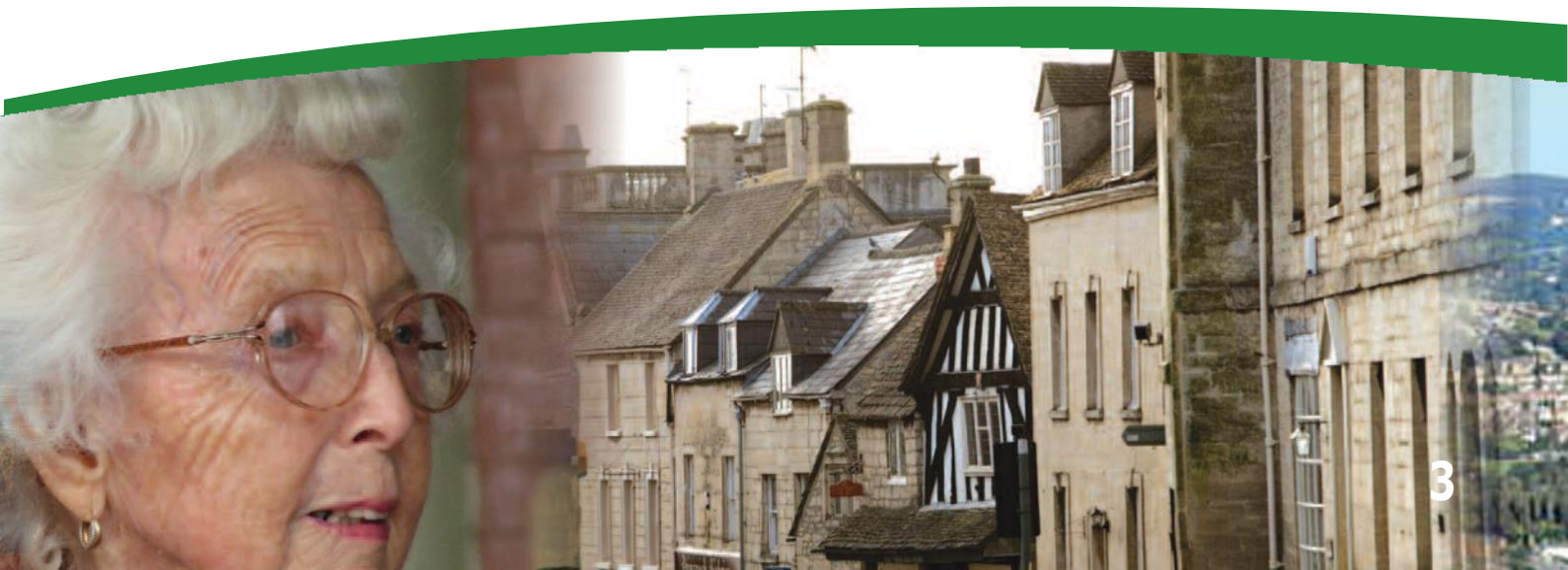
- **38** Village and Community Agents operate countywide including in Cheltenham and Gloucester
- Between April 2013 and March 2014, **7,425** 'Gateway' forms were submitted by Agents
- **81%** of gateway forms submitted were for community related activity, community led solutions, signposting and information finding and supporting clients
- Referrals to partner agencies amounted to **19% (1,407)**
- The top five agencies referred to were:
 - The Adult and Social Care Helpdesk
 - Age UK
 - DWP
 - Gloucestershire Fire and Rescue
 - Gloucestershire Constabulary and PCSOs
- **52%** of clients seen were new clients to the scheme
- **57%** of clients were female
- **26%** of clients were aged over the age of 80
- **40%** of clients lived alone



I honestly do

**not know what
we would do
without her**

**Stroud GP Practice
Manager
March 2014**





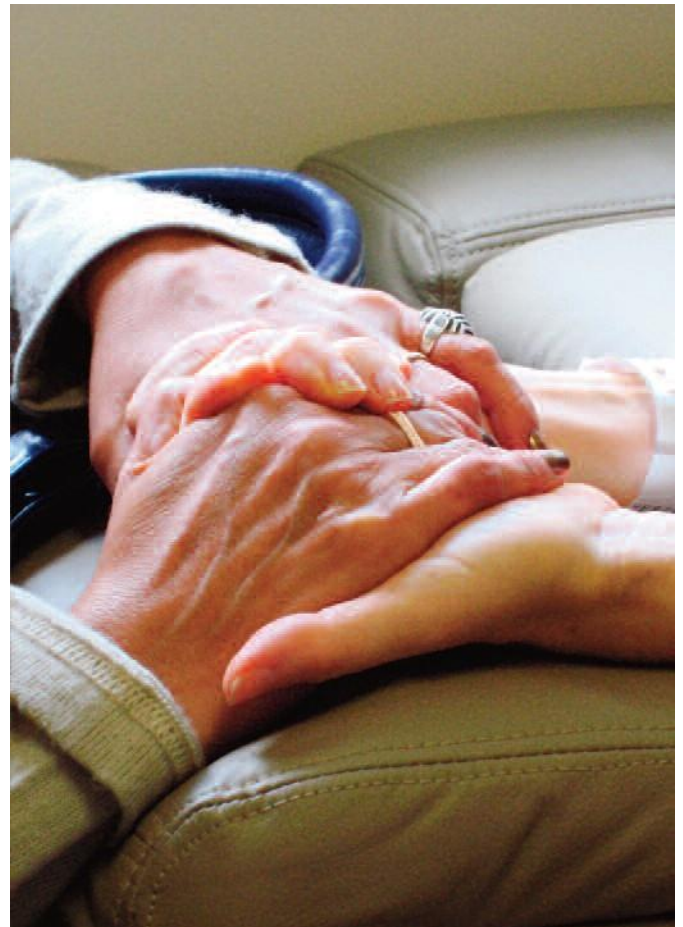
1.0 Background

Gloucestershire Village and Community Agents is funded by Gloucestershire County Council and Gloucestershire CCG and delivered and managed by the Gloucestershire Rural Community Council.

- There are 38 Village & Community Agents.
- Each Village Agent has a geographic area in which they work. The majority of Agents live within their area.
- Five Community Agents work with the Black and Minority Ethnic (BME) communities across the county. Each Agent deals with a different community: Gujarati, Bengali, African Caribbean, Chinese and Polish.
- Four Agents work specifically in Cheltenham and Gloucester, with two in each. They are supported by the Village Agents working the border areas of Cheltenham and Gloucester.
- Agents work part time, the majority contracted for ten hours per week. Four of the Agents, due to the size of their areas, work additional hours.
- Eleven Agents have received additional training to work with people over the age of 18 who have been affected by cancer. The Specialist Agents receive an additional time allowance of ten hours per month to carry out this part of the role, which is funded by GCCG.

Objectives

1. To help older people in Gloucestershire feel more independent, secure, cared for, and have a better quality of life.
2. To promote local services and groups, enabling the Agent to provide a client with a community-based solution where appropriate.
3. To give older people easy access to a wide range of information that will enable them to make informed choices about their present and future needs.
4. To engage older people to enable them to influence future service planning and provision.
5. To provide support to people over the age of 18 who are affected by cancer.



Outcomes

1. Older and more vulnerable adults will have easy access to a wide range of information which will enable them to make informed choices about their own wellbeing.
2. Older adults, especially those who are older, frail and vulnerable feel more secure, cared for and thus have a better quality of life.
3. Older adults to have a better awareness of and to be in receipt of preventative measures and any service or assistance which can help them remain independent in their own homes.
4. Older adults feel part of a supportive community where social networks are supported and promoted.
5. Older adults will be engaged to enable them to influence both the transformation of social care and future service provision in the area.

This report is based on figures and activity from April 2013 to March 2014 and aims to provide evidence based on the outcomes set out in the Gloucestershire Village and Community Agents Service Specification as listed above.



We are grateful for the support of the service and very much look forward to working collaboratively for the good of our local community with Christine, Sue and other colleagues. This is an excellent scheme and a valuable addition to supporting the local populace and their many and various needs which Village Agents with their special skills and approach can often help where we and others cannot.

GP in the Stroud District

Glossary of Terms

Gateway Form

A gateway form is filled in every time an agent sees a client, goes to a lunch club/social group or completes any activity to do with a client or community, this can be research, information finding or liaison with agencies and partners. The gateway form is also used as a monitoring and performance tool

Referral

Any gateway form filled in that requires action by an agency





2.0 Outcome 1:

“Older and more vulnerable adults will have easy access to a wide range of information which will enable them to make informed choices about their own wellbeing.”

Gloucestershire Village and Community Agents are trusted members of the communities & parishes in which they work, all have good local knowledge and links and are aware of those people who may need access to help and assistance. This knowledge and relationships with communities has been built over time.

Agents visit lunch clubs, social groups, community events and get to know 'key players' through parish councils, WIs and Community groups, therefore if an older person requires help, the community knows that the Agent is the person to contact.

Village and Community Agents use parish magazines to publicise their service and to convey key messages, through these local connections the agents have become widely known as a single point of contact to go to for trusted, accurate and timely information.

Able to make home visits, the agents have become widely known by word of mouth as well as more traditional means of advertising through local publications, leaflets and posters.



**I'm impressed! Thank you very much Richard for all that you're doing... Fingers crossed that there's someone out there that does home visits. If anyone can track them down, I think you will Richard!
Thank you again.**

Client in the Forest of Dean



Agents receive training through monthly sessions about a wide range of issues and topics, delivered by district and countywide organisations. They are given information about services available, who to contact and where possible, organisations are added to the 'gateway' referral system so that agents can make a direct referral to that service.

Relationships between the service providers and the Village and Community Agents are strong and during 2013-2014, the following organisations have spoken or attended Village and Community Agent meetings to highlight their services:

- Age UK
- DWP
- The 2Gether Trust
- The Adult and Social Care Helpdesk
- Healthwatch Gloucestershire
- Gloucestershire Constabulary
- Gloucestershire Fire and Rescue
- Citizen's Advice
- Forest of Dean Community Transport
- SWEA
- GRCC In Touch & Connect for Carers
- Gloucestershire County Council – Paying for Care
- The Royal British Legion
- The Independence Trust
- Victim Support
- Mears Safe at Home
- Third Sector Services
- The Barnwood House Trust
- The Red Cross – Positive Steps Programme
- Agents have also received **dementia training** and **first aid training** during the past year.



Village and Community Agents have also received updates about schemes including the Positive Caring Programme, Gloucestershire Deaf Association Events; Gloucestershire County Association for the Blind, Let's Talk, District and Borough Councils. This is also supplemented by the Agents own links with small, local initiatives that can provide much needed support, informal befriending, transport and community led schemes.

The agents are equipped with knowledge and information to allow them to inform their clients and communities with confidence about what is available to them and to make referrals if appropriate, be it to an agency or organisation who is able to provide a service or back into the community, allowing the client to remain as independent, happy and healthy as possible.

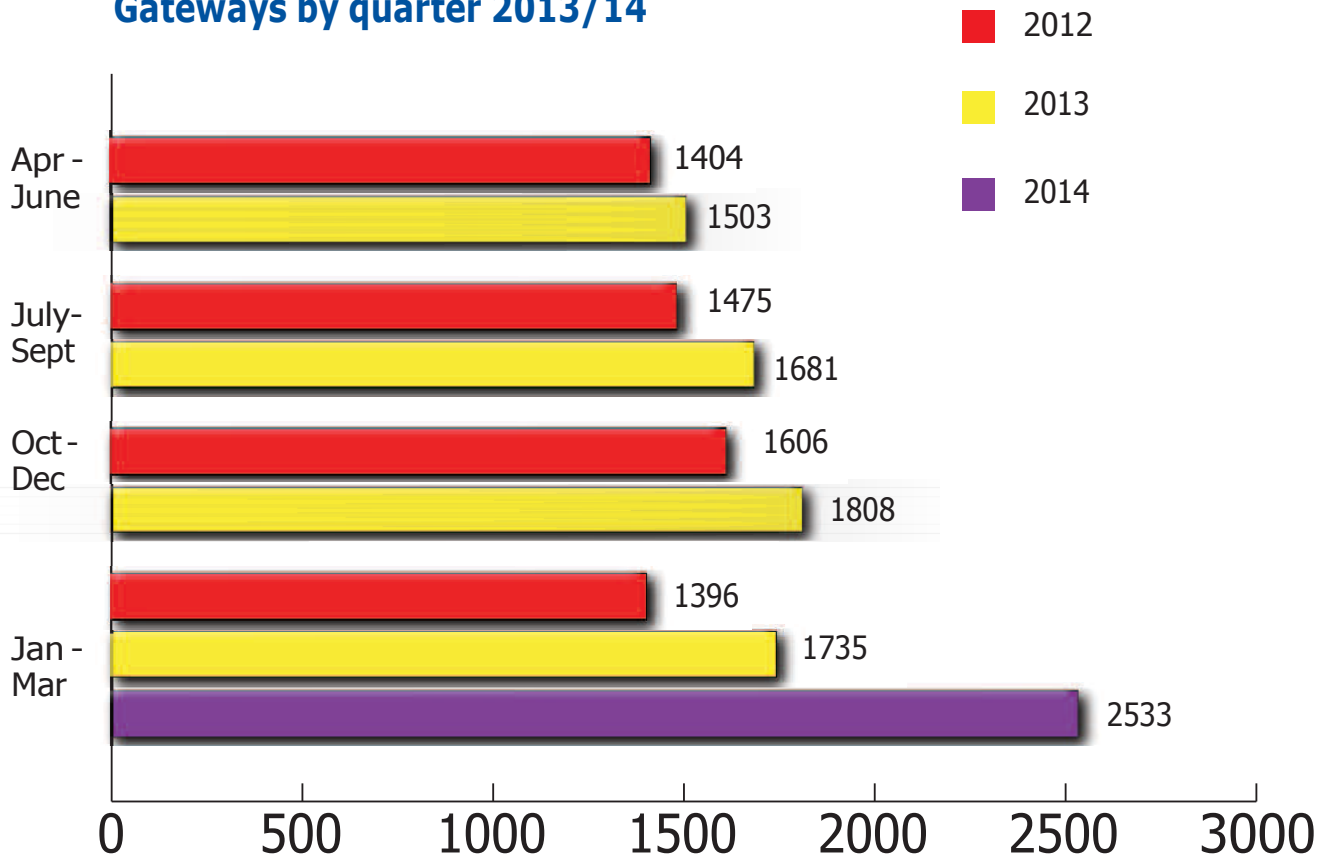
Gateway Forms

Gateway forms are completed by Agents whenever they visit someone at home, visit a lunch or social club, hold an information session/surgery or attend an event as part of their role in the community, this does not necessarily result in a referral to an agency but creates a picture of activity and records an agents involvement with a client and the work that is done to promote the service in the wider community.





Gateways by quarter 2013/14



From April 2013 to March 2014, a total of 7,425 gateway forms were completed by Agents, an increase of 1544 on the previous year. This significant increase can be attributed in part to the Agents in Cheltenham and Gloucester becoming more established as well as the profile of the scheme remaining high.

The chart above details the number of gateway forms submitted each quarter compared to the previous year.

The following tables & charts detail the key information for the Village and Community Agent scheme from April 2013 to March 2014 fulfilling Outcome One in the schemes service specification: "Older and more vulnerable adults will have easy access to a wide range of information which will enable them to make informed choices about their own wellbeing."



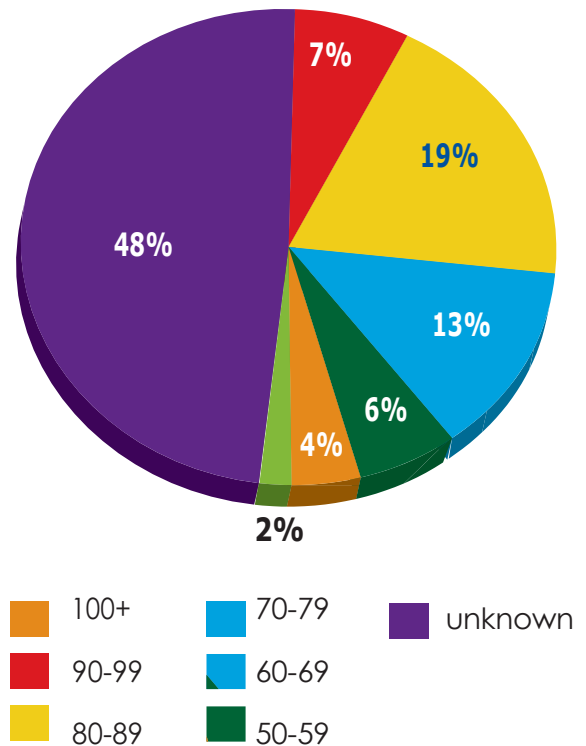
Scheme Statistics – April 2013-March 2014

Total Number of Gateway* forms submitted	7,425	*This is the total number of gateway forms submitted for the year. An agent is required to fill in a gateway form every time a visit or contact is made with an individual or a club
Total Number of Individuals* Seen	2,528	*This is the number of individuals seen and not visits made, one individual could receive multiple visits resulting in more than one gateway form being submitted.
Total Number of Groups* Visited	2,029	*This is the number of groups that have been visited by Village and Community Agents in the year, an Agent may visit the same club more than once

Age Groups

Total Referrals by age Group	Number	%
100+	6	*
90-99	176	7%
80-89	479	19%
70-79	323	13%
60-69	163	6%
50-59	97	4%
Under 50	48	2%
Unknown	1,236*	48%

*Date of birth is not a compulsory field, many gateway forms are filled in anonymously as the client does not wish for personal data to be passed on. When dealing with vulnerable clients it is sometimes not appropriate to ask for date of birth. If an Agent is speaking to someone on the phone answering a quick query, again it is not appropriate to ask for their date of birth, therefore the number of 'unknowns' is relatively high.



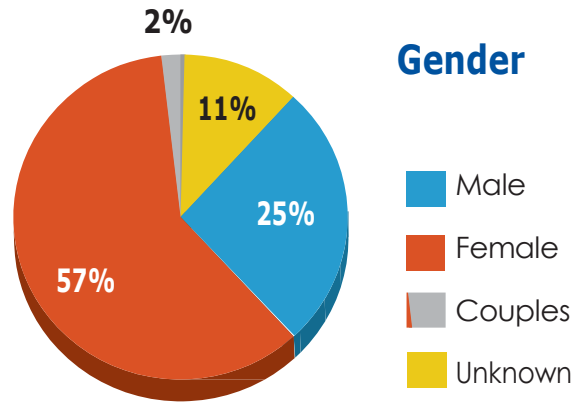


Gender and Living Status

40% of Village and Community Agent clients live alone. The remaining 60% of clients were seen as either part of a couple, living with a relative or friend or living in a care home environment.

A quarter (25%) of clients seen by Village and Community Agents were male, traditionally a harder to reach group to offer support to but a group that the agents are able to reach through their network of community contacts.

Gender	Number	%
Male	638	25%
Female	1,443	57%
Couples	62	2%
Not Recorded	385	11%



New and Repeat Clients

Over half (52%) of clients receiving the services of a Village or Community Agent in 2013-14 were new to the scheme. Despite the scheme now being in its 8th year Agents, through keeping their profile high within the areas that they work are now extremely well known and established and through more people hearing about the work that they do and their effectiveness, new clients are being visited all the time.

Clients are able to access the scheme frequently and some people will need more ongoing support than others resulting in a high proportion of individuals having seen a Village or Community Agent before. The Village or Community Agent will become, in many cases a key point of contact for a person, perhaps before they may have accessed their GP surgery if they were worried or unsure of a situation, after making contact with an Agent and being part of their network, the Agent may now fill that role, preventing a client from reaching a crisis point and consulting with the appropriate agencies or health professionals to enable them to remain independent and living a safe and healthy life.

No. of new clients	1,306	52%
No. of repeat clients	1,222	48%

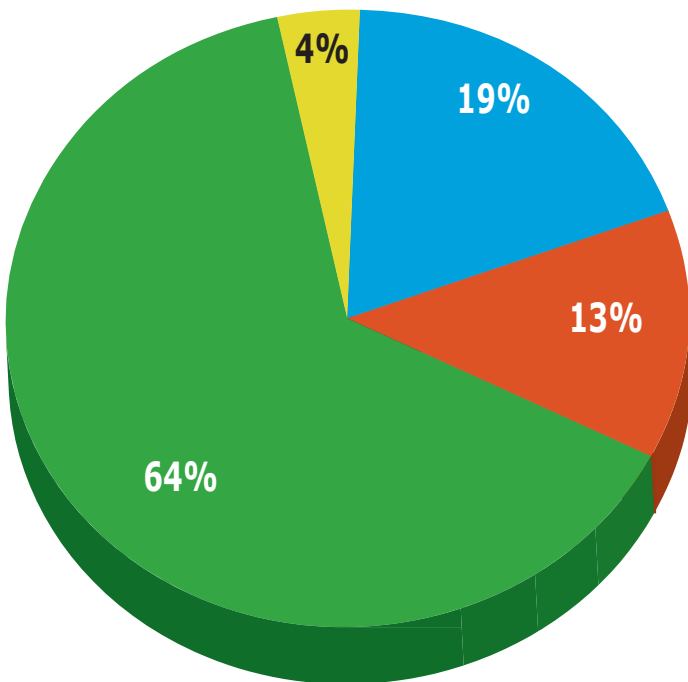


Origin of Clients

Almost two thirds of clients been seen by a Village or Community Agent were through word of mouth or by self referral. Throughout Gloucestershire the Agents have built up trust and gained the respect of the clients with which they work. The Agents, through their timely, accurate information and their caring approach has meant that confidence in the

scheme has grown. This has led in the past year to an increase in referrals from GP's and other health professionals (19% in 2013/14). Partner agencies also refer into the scheme resulting in the client receiving all that they should be in terms of both community led support, income and their care package.

Origin of Referral to Scheme	Number	%
Health Professional inc GPs, district Nurses etc	477	19%
Social Care referrals inc Adult Help Desk, OTs, Community Teams	324	13%
Word of Mouth/Self-Referral	1,622	64%
Other referrals from agencies incl Age UK, PCSOs, Neighbourhood/Street Wardens, Fire and Rescue	105	4%



Origin of referrals

- Health Professional inc GPs, district Nurses etc
- Social Care referrals inc Adult Help Desk, OTs, Community Teams
- Word of Mouth/Self-Referral
- Referrals from Partner Agencies





District Breakdowns

The table below shows the breakdown by district for Village and Community Agent gateway form submissions during 2013-14.

	No. of Gateway Forms submitted	Total No. of individuals visted	Average age	Female	Male	Clients living alone	First visit
TOTAL	7,425	2,528	75	57%	25%	40%	52%
Cheltenham	302	158	71	56%	33%	59%	70%
Gloucester	734	209	80	57%	22%	44%	56%
Stroud	1,667	633	79	59%	29%	40%	48%
Forest of Dean	1,743	492	79	56%	18%	38%	56%
Tewkesbury	812	297	78	62%	31%	45%	54%
Cotswolds	1,633	539	80	53%	23%	37%	48%
BME Agents	517	190	60	67%	30%	17%	42%
Out of County*	17	10	68	60%	40%	60%	50%

*Warwickshire, Worcestershire, Monmouthshire, South Gloucestershire and Herefordshire



3.0 Outcomes 2&4:

“Older Adults, especially those who are older, frail and vulnerable feel more secure, feel more cared for and thus have a better quality of life” and “Older adults feel part of a supportive community where social networks are supported and promoted.”

Gloucestershire Village and Community Agents are able to visit clients in their own homes providing a face to face service. This allows them to build relationships with their clients and therefore, trust. Agents are often contacted for one matter, only to discover that there are multiple underlying reasons why that person is struggling to cope. Agents work closely with the local communities to find community led solutions where possible, where people feel connected to the area in which they live they feel more secure and with effective networks available older people can maintain their independence at home for as long as possible.

In many instances, Agents have accompanied clients on their first visits to social groups to help them settle in and meet people, providing that little bit of confidence and encouragement which gets them out and socialising again. This can be particularly effective in partnership with more formal services that a client may be accessing. The social aspect and community involvement can make a real difference above and beyond the service provision.

Where a community has identified a need and proposed a solution, the Village & Community Agents can help with sources of advice, information and support that they need to get the scheme off the ground. This may be within GRCC, for example the In Touch project which can help with setting up lunch clubs and social groups, or other sources of information.

- A volunteer befriending service has been set up based around the GP surgery in Frampton on Severn following a meeting between the local Village Agent and the Patient Participation Group based at the surgery.



- In December 2013, the Village & Community Agents assisted County Community Projects with their 'Hamper Scamper' scheme. Local businesses donated goods which were put together to make Christmas hampers for older people in need. The Agents were able to distribute 30 hampers to clients, which were much appreciated. This initiative has been running for several years and the agents have been involved, allowing them to help their clients at a difficult time of year.
- In order to improve the health and wellbeing of older people and to provide opportunities for social interaction, a partnership has been formed with Westonbirt Arboretum. We are working with them to invite Village Agent Clients and In Touch clubs to attend specialised workshops for older people at the Arboretum. Activities and opportunities include nature trails and woodland crafts.





Case study

The lady lived alone and had recently moved to the area. She was having difficulty making contact with people and was feeling isolated.

The Agent made contact with her. After discussing her interests, the Agent was able to put her in touch with people attending a local chapel. From this, she went on to join a knitting group. The Agent was also able to put her in touch with a well-being and exercise group.

One of her interests was playing Scrabble, although she had recently lost her fellow players due to illness. The Agent was aware of another single lady who enjoyed Scrabble and who lived near to the client. With the permission of both of them, the Agent passed on their contact numbers to each other. The two ladies arranged to meet and they now enjoy regular games of Scrabble in one another's homes.



- The Agents have been involved with numerous information events throughout the year. These help raise the profile of the scheme with the public as well as providing networking opportunities with partner agencies. Agents also visit parish council meetings, community events and hold surgeries within their parishes where appropriate, this is in addition to the 2,069 lunch clubs and social groups attended during the year.

Some of the events at which the agents have had a presence throughout the year include:

- The Over 50s Roadshow in Gloucester in May
- The Montpellier Midsummer Fiesta Cheltenham in June
- 4G Awareness Raising Events to alleviate digital isolation throughout the summer 2013
- The Older People's Roadshow series of events run by Gloucestershire County Council throughout October.
- GRCC's In Touch Dementia events held between October and February
- GP forum Tewkesbury in February
- Cheltenham Borough Homes Taster Event at Goldfoot House, Cheltenham.
- District Carers Forum
- Gloucestershire Primary Care Dementia Summit at Cheltenham Racecourse
- Bromford Housing Taster Day at Bourton on the Water.

Through parish magazines and articles the agents are able to reach a wide range of people, both raising the profile of the scheme and conveying important messages to the community.

An example of Village Agent magazine article is shown right:



News from your Village Agent

DEMENTIA WALKS:

On Thursday last week I went to the first Dementia Friendly Walk in Stratford Park. It was absolutely wonderful, even though it was raining, ever so slightly! There was quite a crowd and all who came enjoyed the beauty of the park, touching and smelling the flowers and herbs. These walks are designed for the benefit of those living with all stages of dementia. It's gentle exercise, in beautiful surroundings and a chance to get out in the open. It's been so well planned that there are two walks, one short and for the most hardy, one long! Trained volunteers act as walk leaders and the walks take about an hour. They are wheelchair friendly. If you have a carer they should accompany you. You can bring friends and any family members and you can even bring a packed lunch for afterwards. You can of course buy coffee and cake in the Museum. The walks meet at the Museum in the Park on alternate Tuesdays and Thursdays on the following dates: June 12, 17 and 26; July 1, 10, 15, 24 and 29; August 7 and 12.

The meeting time is 10am and walking starts at 10.30 and last for about an hour. Lifts can be arranged, if you can't get to the Museum.

DO YOU LOOK AFTERSOMEONE?

I'd like to give you some information on being an unpaid carer. If you are supporting a family member or a friend – somebody who is living at home – there are some free local sessions to help you. You do not have to be living with the person. These sessions are informal and focus on helping people with their particular issues/problems in coping and planning for the future.

These are local weekly sessions where you will have the opportunity to meet with other unpaid carers to gain support and information.



I am writing on Behalf

of Miserden Parish Council to thank you for your talk at the recent Parish Assembly. Your commitment and enthusiasm was a refreshing change from all the gloom and doom press reports about no-one caring and I am sure will encourage others to be more responsive to older people's needs

Miserden Parish Council - 2013





4.0 Outcome 3:

“Older adults to have a better awareness of and to be in receipt of preventative measures and any services or assistance which can help them remain independent in their own homes.”

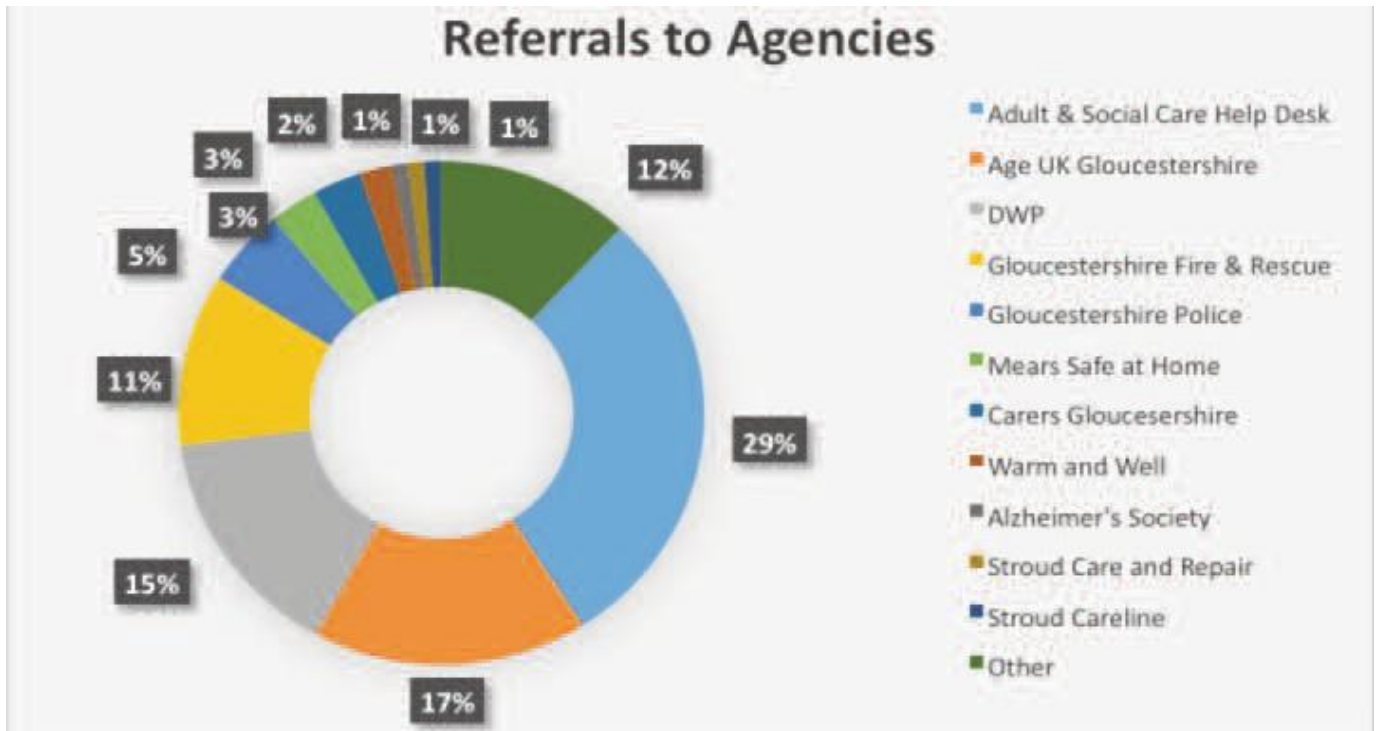
During the course of 2013-14 **1,407 referrals were made directly to agencies using the gateway system.** This amounted to only 19% of all gateway forms submitted, meaning that over 80% of Village and Community Agent referrals were community based.

29% of these were made to the Adult and Social Care Help Desk for OT assessments, Telecare and other social care requirements followed by 17% to Age UK Gloucestershire for their Home from Hospital Service, Information and Advice and form filling.

Referrals to Partner Agencies

TOTAL	1407	% of all Gateway Forms Submitted
Adult and Social Care Help Desk	406	29%
Age UK	246	17%
DWP	215	15%
Gloucestershire Fire and Rescue	157	11%
Gloucestershire Police & PCSO's	77	5%
Mears Safe at Home	46	3%
Carers Gloucestershire	40	3%
Warm and Well	22	2%
Alzheimer's Society	21	1%
Stroud Care and Repair	19	1%
Stroud Careline	19	1%
Other	139	12%





*Other agencies used by Village and Community Agents include

- Citizens Advice,
- Community Health Trainers
- Fairshares
- Gloucestershire Association for the Blind
- Gloucestershire Deaf Association
- Forest Linkline
- Severn Vale Housing
- District & Borough Councils
- Healthwatch Gloucestershire
- GRCC
- Stroke Association
- Volunteer Transport Schemes
- P3
- Red Cross Positive Steps
- Positive Caring Programme
- the2GetherTrust
- Neighbourhood Wardens
- Street Wardens.



I would like to say that I have worked with Angela King on a lot of cases in the Rodborough, Cashes Green, Paganhill, Whiteshill and Ebley Area involving Vulnerable people and found that she is a very dedicated village agent. Not only is she very capable in her role but she also has a good sense of humour. I look forward to working with her in the future.

Stroud Neighbourhood Warden





Agents keep in touch with their clients to ensure that the agencies referred to have contacted them and that the outcome is what was expected. If an agency has failed to act upon a referral the agent will then make sure that a response is given or the reason as to why not communicated to the client. Communication is key for the agents and the relationships that they have built up with agencies and clients alike are an important element of their work.

Village and Community Agents have an awareness through training provided of services that are available to clients that enable them to feel more independent and remain in their own homes for longer, including the message in a bottle scheme, key safes, links to organisations such as Remap, Keep Safe and Fairshares. By empowering the client, it helps to improve quality of life and raise confidence, preventing in many cases a decline into ill health and therefore the need to access formal services.

Through monthly training sessions Agents are kept up to date with any changes within organisations, new initiatives, special events and leaflets are distributed so that they are able to equip their communities and clients with up to date information. A list of training provided to the agents throughout the year is listed on page 7.

Case study

Mrs P's grand-daughter contacted me to see if I could help to get her Grandma an outdoor walking frame, as she was finding walking increasingly difficult and was losing her confidence to go out of doors alone; consequently she was becoming more isolated. I arranged a home visit to see Mrs P and her grand-daughter. Mrs P is 90 yrs of age – a widow for several years – living in her own bungalow with regular support from her family. She was managing very well but agreed that getting out

of the house was becoming more difficult. She had given up trying to get to a local older persons group that she used to enjoy and was missing her friends. Mrs P's income was retirement pension and small occupation pension.

We discussed the criteria for Attendance Allowance (AA) – Mrs P satisfied criteria and agreed referral to Pension Service for AA claim and Pension Credit – also Council Tax benefit.

Outcome – few weeks later AA was awarded and Pension Service was to follow up claims for Pension Credit and Council Tax Benefit.

Social Care referral also made for handrails in bathroom and front door – plus blocks to raise armchair.

Outcome – few weeks later all aids fitted and Mrs P managing better

Referral made to Community Physiotherapy Dept. for outdoor walking frame – arranged to get Mrs P to local group until walking aid received.

Outcome – Mrs P received walking frame and has confidence to go out of doors again – has visited local group to meet with friends again and doing a little shopping on her own.

Referral to Fire Service for Home safety check

Outcome – smoke detectors fitted and general safety check made.

Feedback from Mrs P's grand-daughter is that Mrs P's has new lease of life and is extremely happy with the help she has received – still waiting for decisions on Pension Credit claim and CTB claim.

More case studies can be found in Appendix 1 detailing outcomes for clients achieved by Village and Community Agents.

5.0 Outcome 5:

“Older adults will be engaged to enable them to influence both the transformation of social care and future service provision in their area.”

A strong partnership has formed between Village and Community Agents and Healthwatch Gloucestershire. This gives the Agents a mechanism to feed in their experiences of health and social care ‘on the ground’ and allows their clients to have a voice. The Agents encourage their clients to report on their experiences both positive and negative in order to influence future decisions. During the course of the year many agents have engaged and now sit on Healthwatch Gloucestershire task groups relating to:

- Hospital Discharge
- Podiatry
- Patient Transport

Examples of Village and Community Agent client feedback to Healthwatch during 2013/14 are shown:

“My client has a condition that means that her skin is extremely thin to the extent that she sometimes bleeds if she knocks herself. On one particular day she bled so heavily that her husband called an ambulance as they were unable to stem the bleeding. On reaching the hospital the ambulance crew had to clean the cubical she had been allocated before they could take the patient in. Once inside the hospital, my client was left on a trolley, it was 2.15pm on Thursday afternoon. It was not until 3.15pm on Friday afternoon that they found her a bed having had only her blood pressure taken. During this time my client had a heart attack as a result of losing so much blood. Once on a ward she was administered 7 pints of blood.”

“My client has recently come out of hospital, having had surgery on her lung. She was transferred from



Bristol to Gloucestershire Royal Hospital because her bed was needed. The ambulance transfer took 4 hours. When she was admitted to GRH she was in pain and was offered oramorph as a pain killer. She has epilepsy (grand mal) and oramorph brings on fits, she feels very strongly that this should have been passed on in her notes”

“My client had a follow up appointment at Cheltenham Hospital following an eye operation. Arriva transport was booked but they failed to pick her up. My client claims pension credit and had to pay £24 for a taxi to get her to Cheltenham at short notice. On the return journey my client was ready to be collected at 3pm; she was eventually picked up at 7pm and returned to her house at 7.45pm.”

Village and Community Agents, through their contact with individuals and their local knowledge, are able to identify issues arising on the ground and gaps within service provision and report back through the appropriate channels, whether it be health or social care issues or problems facing the wider community. Examples of these throughout the past year are included within the table overleaf.





District	Issue Identified	Agent Activity & Assistance
Forest of Dean	Bus timetables not available in larger print/easy print for partially sighted clients at locations around the Forest. Many clients are unable to access the internet to read them there where they are freely available	Issue raised with Forest of Dean District Council transport co-ordinator who has arranged for copies to be placed in libraries and post offices where demand for them is high
Stroud	A partially sighted client has been trying to get her medical appointment letters sent to her in large print.	Contacted Healthwatch who gave some suggestions Contacted Glos Assoc for the Blind Referral to the sensory team
Tewkesbury	Client discharged from hospital following operation to remove plate in hip, with no assessment to put a support package in place. He was barely able to walk. Client then had another fall at home and hurt his ribs. This made his situation worse	Contacted the Adult Helpdesk, and was later contacted by Tewkesbury Locality Office who were able to put an emergency package in place to cover the weekend until a proper assessment could take place.
Gloucestershire	Translation Services for those without English as a first language	Agents raised concerns with the appropriate agencies including at Gloucestershire Royal Hospital
Cotswolds	Patient Transport to hospital: E.g. Client called with a problem about his hospital transport. As he lives in a different post code to his doctors surgery and has an appointment in Oxford, he cannot get hospital transport	Village Agent researching options through voluntary transport GP surgery Informal networks
Gloucestershire	Lack of affordable transport: e.g. Client has recently had to give up driving due to his health but is still sharp mentally and wants to be able to socialise. Although there are a number of coffee mornings and lunch clubs within a 5 mile radius he is unable to get to them.	Researched meeting groups and through links at the clubs looking for someone to give client a lift. Details of voluntary transport given and costs associated with this.
Cotswolds	An agent received a call from Gloucestershire Healthwatch to say that a gentleman in rehab in Cirencester Hospital needed someone to visit his home to collect some clothes and mail and also to do some shopping for him during his stay in hospital.	Village Agent passed on a telephone number of someone who visits people in Cirencester and the surrounding villages who was able to help. Agencies were unable to be involved as the gentleman was still in hospital at the time.



6.0 Recruitment & Staffing

- Two new Agents were recruited in March 2013 in Stroud District to replace outgoing agents in the Stonehouse and in Wotton-Under-Edge areas.
- Two Agents have been recruited in Tewkesbury Borough during the course of the year to cover the Tewkesbury town and Bishops Cleeve areas. These Agents have replaced agents who have retired from the scheme.
- One Agent was recruited in Cheltenham following the resignation of one of the agents in the town in December 2013.
- No change in personnel in the Cotswolds, Forest of Dean or Gloucester in 2013-14
- All new agents are required to undergo an induction with GRCC as employees of the organisation. Training is also provided by referral partners such as the Adult and Social Care Helpdesk, Age UK, SWEA, DWP and Gloucestershire Fire and Rescue.



- New Agents are mentored by existing Agents to enable them to experience the role first hand, to get to know clients and to learn about the referral process in more detail. All new Agents recruited in the period April 2013 to March 2014 have undergone this process.



We make a real difference, we really do, and that's what I love.

Village Agent, 2013





7.0 Additional Activity

In addition to the publicity that is produced by individual Village and Community Agents locally in the form of leaflets, posters and parish magazine and newsletter articles; marketing is carried out centrally to ensure that the profile of the scheme remains high both in Gloucestershire and at a regional and national level. This has continued throughout 2013-14

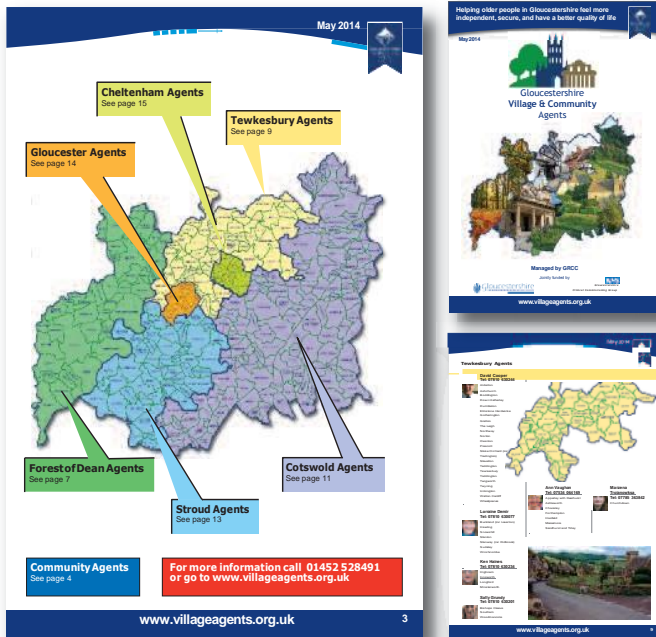
A Twitter page for GRCC: Older People's Projects including Village and Community Agents was launched in February 2014 and we currently have 121 followers. We are working to develop this, but we have already identified the benefits that it has as a tool:

- Promoting the latest health and social related information
- Linking with agencies across the county so they are aware of the service we provide.
- Sharing key messages from partners
- Advertising information events & initiatives
- Receiving feedback

- Radio interviews in March 2014; a reporter interviewed Mo Griffiths, an Agent in the North Cotswolds, this was broadcast on BBC Radio Gloucestershire. A live studio interview was also held with Kate Darch, the scheme manager, who talked about the background and history of Village and Community Agents. These interviews generated a number of calls from members of the public requesting a visit from a Village or Community Agent.
- In January 2014 Gloucestershire Village and Community Agents were invited to host a workshop at the National Police Conference held in Coventry in partnership with Somerset Village Agents. The scheme is widely regarded as an example of best practice.
- The scheme continues to attract other counties wanting advice on how to set up similar projects. In 2013-14 these have included Oxfordshire (pilot started), Berkshire, Kent and Yorkshire.



8.0 2014-2015: Moving Forward



- A new promotional map has been produced and has been available since May 2014. It shows the areas of work, contact details for each agent and case studies.
- Specialist Cancer Agents will continue to work with anyone over the age of 18 who has been affected by cancer to signpost them to appropriate places of help and assistance and to support them through the process.
- Village and Community Agents will all undertake the MECC (Making Every Contact Count) training in June and July 2014.
- The Cost Benefit Analysis completed in 2010 will be updated in 2014.
- Village and Community Agents will be involved in research commissioned by Public Health into loneliness and isolation in Gloucestershire.
- A Village and Community Agent seminar involving other schemes from around the country is planned following a successful event in 2012.
- Partnership with Gloucestershire Police to ensure that vulnerable people in the Forest of Dean and Tewkesbury areas affected by the badger cull are aware of the appropriate channels to obtain information and advice.
- Safeguarding training to be undertaken in June 2014.
- Sovereign Housing pilot – working with tenants of sheltered schemes in Bishops Cleeve and Moreton in Marsh. The Agents will be involved in signposting new tenants to local groups and activities in which they may like to be involved as well as to support them with referrals to agencies that will be able to assist them with issues that may arise. This pilot will work with all ages including families.
- Village and Community Agents is a partner in social prescribing pilots across the county working with the Forest of Dean District Council and the Cheltenham CCG locality in particular.
- The Village and Community Agents awards will take place in September 2014 for the 6th year, this popular event allows the scheme to recognise members of their communities; in 2014 the theme will be 'celebrating local legends'.
- In partnership with the In Touch project, Agents will be involved with two boat trips for older people taking place in July and August 2014. These trips will involve clients who are usually housebound or socially isolated and enable them to experience a day out in the company of others.
- An audit of Village and Community Agent skills and experiences will take place to utilise the skill set of the team and to provide new training opportunities.





Appendix 1 Gloucestershire Village and Community Agents Case Studies: April 2013-March 2014

A day in the Life of a Village Agent

On a damp, cold Cotswold morning my day started with a phone call from sunny Spain. My calls generally don't come from overseas so I was keen to learn how could I possibly be of help to a young man living hundreds of miles away in Valencia (bearing in mind my role is to provide older people in Gloucestershire with easier access to information and services) well...

This particular young man was concerned about his mother who lived in a North Cotswold village and was at the time in a Gloucestershire hospital. He was due to fly to the UK to visit his mother and wanted information in arranging care at home when she was discharged. He had discovered my number from our website

www.villageagents.org.uk

So... I advised him who to speak to at the hospital, emailed him relevant information and arranged to meet him at his mother's on his arrival in the UK later that week.

After allowing myself a very quick cuppa I then leave home and drive to one of the villages on my 'patch' to meet with a group of community volunteers to discuss how best to tackle current issues that older people in the North Cotswolds are dealing with. Their support, advice and local knowledge is invaluable to me. We meet as always in a local coffee shop (choosing coffee but NO delicious looking cake). Some topics that we chat about on this particular morning include a) transport to social groups/leisure clubs b) loneliness and isolation c) existing groups for older residents in the village. Between ourselves we agree to take away various 'actions' to work toward better provisions of services.

Next I'm off to visit Mr and Mrs A who live a few miles away. They had called me after they saw one of my articles in a local parish magazine. Mrs A is having mobility issues and wants to talk about a Blue Badge. I am able to explain the process and offer to have an application form sent to their home. I establish that Mrs A may be





entitled to extra financial support by way of Attendance Allowance. Due to her disabilities it is clear that to apply for this allowance she would need help. I agree to make the necessary arrangements for the benefits agency to contact her.

During our conversation (with another cuppa and this time a chocolate biscuit!) other issues come to light and I make arrangements for free smoke alarms to be fitted and suggest that I make a referral to the Adult Help Desk to discuss the provision of various equipment in the home.

Later I complete relevant confidential referrals for Mrs A and check my emails. One of the emails I receive contains details and information relating to funding support for local organisations. I am able to forward this on to my group of contacts/volunteers/charities within my 'patch' (Willesley, Saintbury, Weston Sub Edge, Aston Sub Edge, Mickleton, Hidcote Boyce, Chipping Campden, Ebrington, Blockley, Paxford and Draycott).

Whilst doing this I receive a call from Mr S who simply wants me to give him dates for the next Hard of Hearing sessions in Mickleton and Campden. Mr. S is a regular at the quarterly sessions although missed the last one as he was away visiting his daughter. We have a chat about his holiday and how his arthritis is and then finally I call it a day.

Case Study 1:

I received a phone call from the daughter of a lady who has MS. She was worried about her mother as she feels she is depressed and lonely. She is going out less and less especially as her mobility is limited.

I visited Mrs P who is a very friendly lady with a lovely sense of humour. I suggested that she might like to go along to the local 'Drop in Afternoon' at the church on Wednesday afternoons. It is not very far away and is very





friendly. She may also know some of the people who attend because they are local. A few of the residents of the nearby Care Home attend too as it is a change of scenery for them. I felt as though she would be a cheerful addition to the Club. The Club runs a taxi service so she does not have to worry about how to get there.

Mrs P attended for the first time last week and really enjoyed it. I think she'll be going on a regular basis from now on.

Case Study 2:

Mrs F is 82 and lives in a small estate cottage. She has become very unwell in recent months and is in and out of hospital, and her bed is now in the living room as she can no longer get upstairs. She has regular visits from the district nurses and I stick my head round the door whenever I'm passing. She is waiting to move into sheltered

housing but in the meantime her mobility issues mean she is becoming more and more housebound.

Recently I helped organise an afternoon concert and tea locally, and thought Mrs F would enjoy an outing. I arranged for someone to collect her and on the day, as I had checked in earlier in the week and thought she was a bit less mobile than previously due to a persistent leg problem, I went along to help her in and out of the car etc. She was nervous about the event but still wanted to go, so we agreed a sign that would tell me if she had had enough.

Sure enough, the sign came halfway through the concert so we whisked her away home with her afternoon tea on a plate. When I checked in the following day, she was much more cheerful for having had a bit of an outing a posh tea, even if it was shortlived!



Case Study 3:

A Village Agent visited client who needed support in completing application for housing benefit and council tax. Although the client was offered help by Cotswold District Council in completing the application, he preferred to use the services of the Village Agent as he had a relationship with the Agent, built up over the years, in whom he felt comfortable and safe in disclosing personal/financial matters. The Village Agent had also in the past secured pension credit for the client. Many older people are often intimidated by bureaucracy and therefore often fail to take advantage of benefits that are available to them. However, the presence of the Village Agent; allows them to bypass the bureaucracy, thus ensuring that the older person gets all the help they are entitled to.

Case Study 4:

I was contacted recently by Mrs J. I had met her nearly 10 months before, when her daughter had asked for my help with her parents. Mr J died soon after I met them.

I went to see Mrs J and she was most distressed about a letter she had received from the Inland Revenue. She was distressed on two counts: first, it was addressed to her husband, who had been dead for 10 months; and second, it was a demand for income tax on his income. Mrs J didn't understand the letter. Her husband had been retired about four years when he died.

I rang the Inland Revenue to ask about the letter. The gentleman I spoke to was very understanding and apologised for the upset the letter had caused. He then spent a long time looking into this case. It would appear that Mr J had had too much coming in because he received a state pension and a very small works pension. The Inland Revenue had been in touch with Mr J about a year before he died and he had paid some off, but there was still an outstanding amount of £250.

I asked the Inland Revenue to look into this case – why they had left it so long to contact Mr J when he was alive, and also the fact that he had been dead for over 10 months when they sent this letter. The Inland Revenue had been notified by the DWP that Mr J had died. He had left his wife no money and she didn't know where she was going to find £250. She has six children – one died in his early 20s and the others are very good to her. She didn't want to go to them to pay this debt.

I was passed to a manager at IR who would consider this case. About a month later I received a phone call from Mrs J to say that the debt had been written off. She was very delighted.



Case Study 5:

Mrs W has broken both her wrist and her thumb. She also has macular degeneration and finds getting out more and more difficult, especially as she has to rely on her family for lifts. I have contacted the Stroud VCA so she can register with them for car transport. I have also had details sent to her of the Macular Club which is held monthly in Nailsworth. If she registers with the VCA she will be able to get transport to the club. I have also suggested she join the Maypole Club and have asked the organiser if there are any vacancies. Mrs W wants to come along with a friend and there are vacancies for the two of them.

Case Study 6:

I had a phone call asking for help finding a cleaner. During the lengthy and extremely interesting conversation I had with the client, it became apparent that they had many skills they currently offered on a voluntary basis.

I put them in touch with Fairshares in Newent which enables them to bank the hours they earn by volunteering and in return, receive help with jobs they may find difficult or are unable to carry out e.g. gardening or decorating – a service the client has now benefitted from.





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