









Introduction

I am delighted to introduce the 2016/2017 Safe And Independent Living (SAIL) Impact Report. This is the fourth impact report since the launch of SAIL in 2013 and the data presented in this report shows the significant progress of the SAIL programme and how well it is now used across all sectors in Southwark. It is clear that local professionals find real value from using SAIL, including in general practice where referrals have almost doubled. SAIL and SAIL Care Navigators in general practice have proved to be an important resource for GPs accessing social support for their patients and as a result, more vulnerable older people are able to benefit from this important community based support.

Effective partnership is at the heart of our plans for health and social care transformation across south east London, with the voluntary, community and statutory sectors working together with a common purpose; to ensure the best possible outcomes for local people. This report shows how local people receive better support when services with a clear vision come together and enable older people to remain connected to their communities and to live safely and independently in their own homes.

What I see on every page of the report is the impact on the big and small problems that the SAIL partners are supporting people with. This might be through providing equipment so that someone can have a bath, or getting someone out into the community so that they feel more like their old selves, like the man on page 20 who is now wearing a tie again for the first time in years as a result of going to exercise classes.

These everyday improvements to the lives of local people are inspirational. They are also the product of personal commitment and effective close working between the voluntary and statutory sectors. I am hugely grateful to the SAIL team, to the staff in our VCS organisations and to the staff in our statutory services for developing and maintaining the strong partnerships that make SAIL a reality.

I look forward to seeing the progression of SAIL as local services continue to provide vital support to people in Southwark.

Dr Jonty Heaversedge – Chair Southwark CCG

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ACRONYMS KEY

CASC - Contact Adult Social Care

CCG - Clinical Commissioning Group

CMHT - Community Mental Health Team

CRAFS - Community Rehabilitation and Falls Service

DCH - Dulwich Community Hospital

GSTT - Guy's and St Thomas' Hospital

IAPT - Improved Access to Psychological Therapies

IHL - Improving Health Limited

KCH - Kings College Hospital

LFB - London Fire Brigade

NAPC - National Association of Primary Care

OT - Occupational Therapy

PCN - Primary Care Navigator

QHS - Quay Health Solutions

VCS - Voluntary Community Sector

SAIL UPDATE

About Southwark SAIL

SAIL checklist

SAIL throughout 2016-2017

Referral data

- Number of referrals
- Who is referring into SAIL?
- Who is being supported by SAIL?

SAIL and Southwark demographics

Holistic support from SAIL



About Southwark SAIL

Southwark SAIL is a partnership between statutory, voluntary and community services who all contribute to supporting people over the age of 50 to not only remain safe and independent, but to live fulfilled lives.

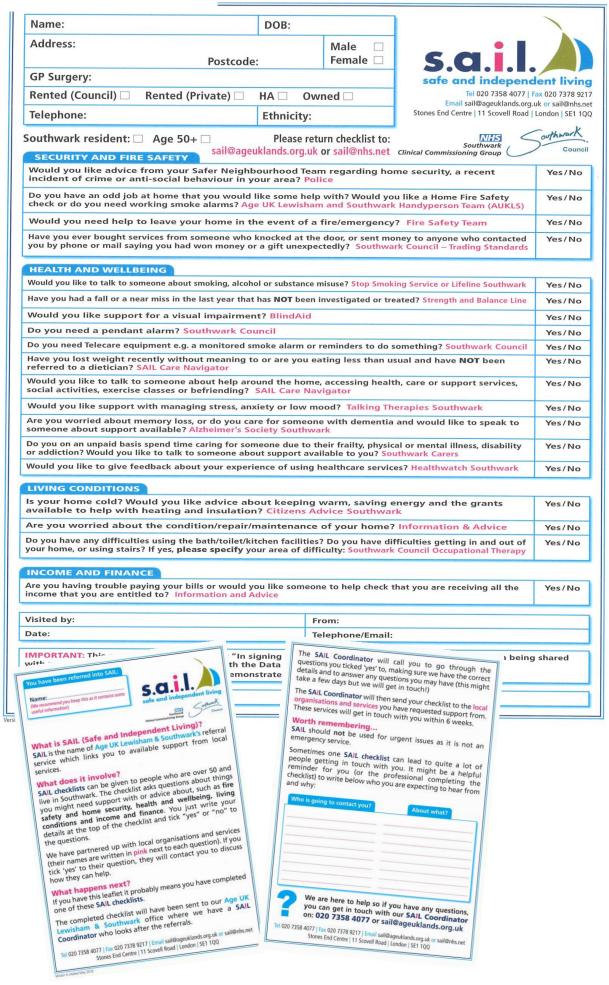
It is comprised of a one page checklist with 19 yes/no questions, which all refer to a support service. As such, it is an easy way for older people, family members and professionals, to access a wide range of services that provide support in the areas of:

- Security and fire safety
- Health and wellbeing
- Living conditions
- Income and finance

Completing a SAIL checklist and answering 'yes' to a question will trigger a referral to our partner service who will then contact the older person and work with them to resolve their need.

Underpinning the SAIL checklist are SAIL Care Navigators, who visit the older person at home and work with them to identify goals and support needs, facilitating and joining up professional involvement in the older person's care.

The Checklist



Numbers at a glance

Since the launch of SAIL in December 2013, we have received **5634** referrals.

From April 2016 to March 2017 we received **2338** SAIL checklists, an average of **195 per month** and an increase of 32 per month on last year.

Despite the increase in referrals, we are still phoning the older person and referring out to partners within 10 days of receiving the referral

Partnership working

Southwark SAIL works closely with SAIL partners to ensure that older people are supported holistically.

Our team also continues to work closely with the other services at Age UK Lewisham & Southwark and the Consortium of Older Peoples Services

(COPSINS), to ensure we have up to date knowledge of local community groups and other sources of support, information and

Our COPSINS partners include:

<u>Time and Talents</u>, <u>Blackfriars</u>

<u>Settlement</u>, <u>Southwark</u>

<u>Pensioners Centre</u>, <u>Alzheimer's</u>

<u>Society and Link Age Southwark</u>.

Social prescribing

Referrals from GP practices increased from **667** in 2015-16 to **1226** in 2016-17. They accounted for **52% of SAIL checklists** received in 2016-17.

This is largely because since October 2015, 3 of our SAIL Care Navigators have been working with Southwark CCG and the GP Federations QHS and IHL to provide a **Care**

Navigation service within Primary Care.

SAIL Care Navigators are now spending time at 13 GP practices in Southwark, supporting patients with non-clinical needs.

This year, SAIL Care Navigators on the GP Programme received

504 referrals from GP

practices and carried out 746

home visits to older people. This generated a

further 1503 onward

referrals to other services and organisations.

Funding for these roles has been confirmed for another year. It is hoped we will see better outcomes for patients, and reductions in unnecessary GP appointments and unplanned hospital admissions as a result of this social prescribing programme.

Integrated support

SAIL is used widely across health and social care disciplines. Between 2016 and 2017, of the SAIL checklists

received, **15%** were from

hospitals, 52% from primary care

and **11%** from

community services.

This suggests that older people have access to SAIL wherever they may be presenting with issues.

In 2016-17 there was an increase by **20%** of **self**

referrals indicating SAIL is better known in the community.

This year we have piloted a role in collaboration with IHL, the GP Federation for South Southwark

for an **Integrated Care Assistant**, a Navigator that

also delivers Holistic

Assessments. This role has been hugely beneficial for patients who have had both a

medical check over as

well as more support with accessing services which address more **SOCial**

needs.

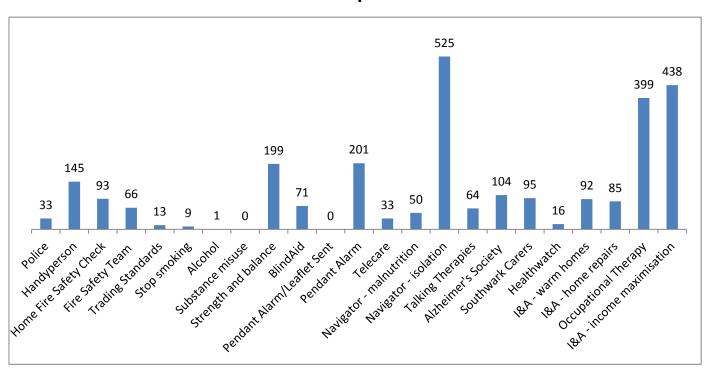
advice.

Number of completed SAIL checklists

Since SAIL launched in December 2013, **5634** SAIL checklists have been completed (data up to March 2017).

There were **2338** referrals into SAIL and we made **2732** referrals out to partners in the last year.

Referrals to SAIL partners 2016-17

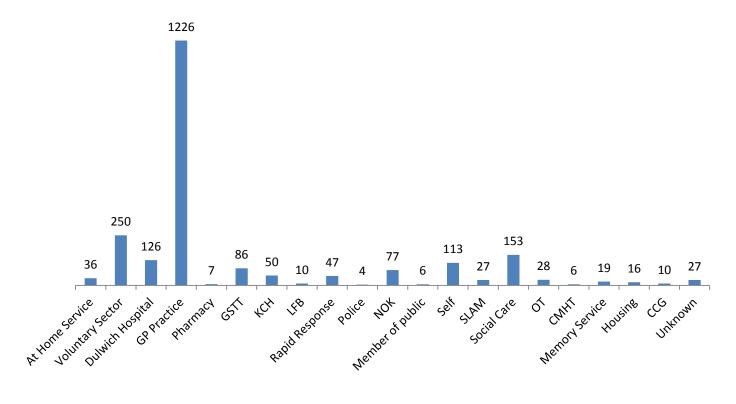


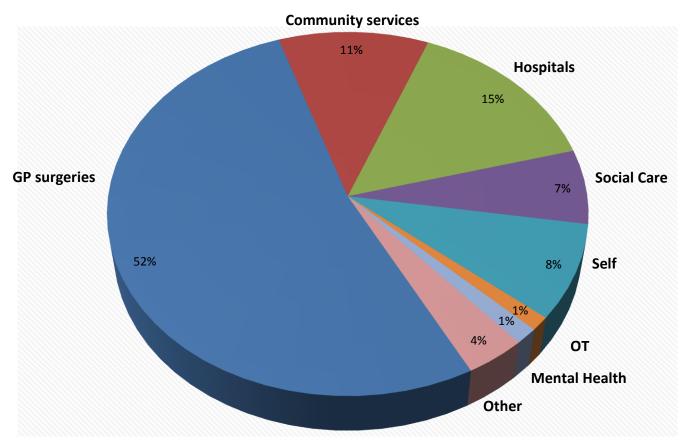
In 2016-2017, the highest numbers of referrals came into:

- ❖ SAIL Care Navigation for people who are socially isolated (525 referrals)
- Information & Advice income maximisation (438 referrals)
- Occupational Therapy (399 referrals)
- Handyperson service odd jobs and Home Fire Safety Checks (238 referrals)

These are consistently in the top four most requested services on the SAIL checklist.

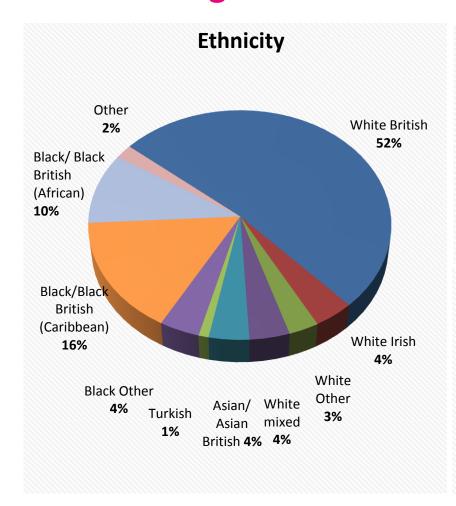
Who is referring into SAIL?

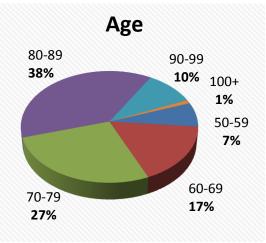


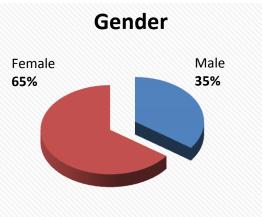


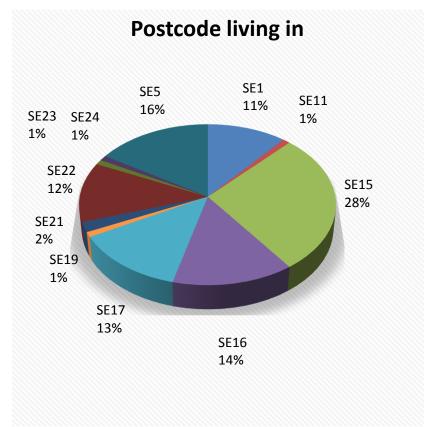
GP practices continue to be our largest referrer. The number of checklists received from surgeries has almost doubled from **667** in 2015-16 to **1226** in 2016-17.

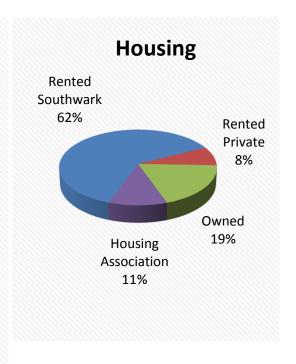
Who is being referred in?











SAIL and the demographics of Southwark

We looked at Southwark Council's Demographic Factsheet from May 2015 to see how the SAIL data collected 2016-2017 corresponds to the demographics of Southwark's older population.

Deprivation

Southwark is a deprived borough. The number of older people living in income deprived households is the 7th highest in England.¹

According to the Index of Multiple Deprivation 2010, the most deprived wards within Southwark are Livesey (which mainly covers parts of SE15 and SE16) and East Walworth (which mainly covers parts of SE1 and SE17).

10% of older people live in Livesey and 10% in East walworth.

The least deprived wards were The Village (which mainly covers parts of SE21 and SE24) and pockets of East Dulwich (covering mainly SE22).

It is clear that SAIL has integrated well into the more deprived areas of Southwark and responds to a higher need there than in Southwark's less deprived areas. The highest numbers of referrals were for people living in SE15, followed by SE5, SE16 and SE17 all of which fall in the most deprived wards in the borough.

Ethnicity

Southwark's older population is less ethnically diverse than the rest of Southwark's population, with 81% White and 19% Black, Asian or Minority Ethnic (BAME) individuals.²

SAIL is reaching across all ethnicities, despite White British making up the majority of Southwark's older population. In the last year we reached 59% of white ethnicity and 41% within BAME groups, indicating we are supporting disproportionately high numbers of people within ethnic minority groups when looking at the older population.

Within the BAME group, referrals into SAIL for Black or Black British (African and Caribbean) older people (26%) were signficiantly higher than referrals for Asian or Asian British older people (4%) who make up only 2.7% of the older population.

Gender

Gender in Southwark's older population is split 57% female and 43% male.

Of the total SAIL referrals in 2016-2017, 65% were for women and 35% for men, showing that we are reaching far more women than men. This is typical of most services and has been consistent since SAIL was launched. There are many reasons for this, including men often being less wiling to access support.

Over the next year we are focussing on reaching out to more men through different events and promotions in the community.

Age

Southwark is a 'young' borough. Just 14% of the population is aged between 50-64 and 8% is over 65, both lower than the London average.

7% of SAIL referrals received were for people aged 50-59 and 65% were for people aged 70-89. This age group has consistently been our largest as some people become increasingly isolated and less able to access services in older age.

Isolation and loneliness have a huge impact in later life. There is evidence that loneliness can be as harmful for our health as smoking 15 cigarettes a day.³

Southwark is ranked 6th out of the London boroughs and **13th nationally for the**prevalence of loneliness for people over the age of 65.⁴

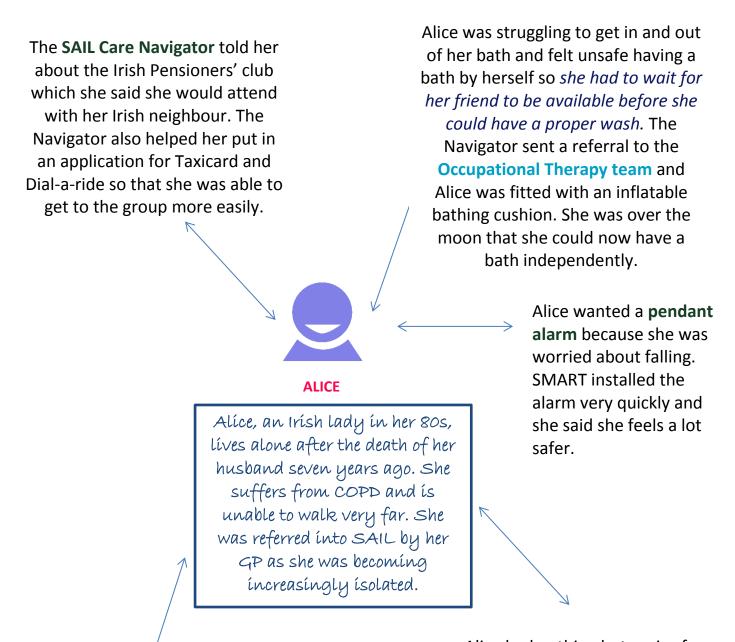
There are many factors associated with people feeling lonely such as housing, health, income and living arrangements.

This demonstrates the importance of working holistically to provide support to people in all areas of their lives in order to see the greatest improvement in people's health and wellbeing.

"I order things off eBay because then I know there will be someone at my door to talk to"

A lady one of the Navigators is working with

SAIL offers a **holistic and integrated approach** to supporting older people. Below are real examples of the services SAIL partners provide, supporting older people to remain safe, independent and connected.



Alice was also referred to the **Stop Smoking Service** and she has now *stopped smoking* with the help of the advisor. She says the support given was invaluable.

Alice had nothing but praise for the **Handyperson service** who hung up a large jewel framed mirror she received from her grandchildren on her 80th birthday.

HOME SECURITY AND FIRE

SAIL Handyperson Service

Fire Safety Team

Safer Neighbourhood Team

Trading Standards

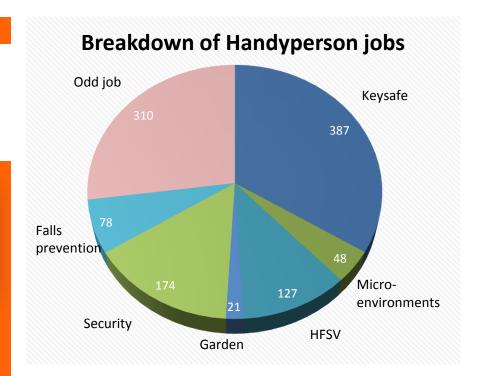
SAIL HANDYPERSON SERVICE



1,145 jobs were completed by the SAIL Handyperson Team in 2016-2017

The majority of requests come via SAIL checklists or from referrers who have heard about the service through SAIL

- **387** key safes fitted
- **310** maintenance jobs
- **174** home security jobs
- **127** fire safety checks
- **48** micro-environments
- **21** gardens cleared
- **78** falls prevention jobs



Our SAIL Handyperson service is free of charge and enables older people in Southwark to live safely and independently at home. Axel and Steve will help with anything – and if there is something they can't do, they will take a look at the job and advise where people can go to get help. These are some of their frequent jobs:

- Fitting smoke alarms provided by London Fire Brigade
- Completing fire safety checks
- Changing lightbulbs
- Securing loose flooring
- Fitting new curtain rails
- Fixing toilet seats
- Fitting new locks and spy holes
- Fixing draughty doors and windows
- Moving furniture for hospital discharge
- **❖** Putting up shelves
- Fitting key safes
- Clearing gardens



Kevin assembling a flat pack chest of drawers

We would like to thank our Corporate Partner, Pool Re, for their continued support. Kevin and other members of staff have helped us with many jobs for people in Southwark this year, including garden clearances.



Before

A keen gardener in her 80s was no longer able to tend to her garden which had become very overgrown. The team cleared it for her and she was very grateful to be able to go outside and enjoy the space.



After

SAIL HANDYPERSON SERVICE

Axel and Steve visited Mr and Mrs Nye twice to fix several of their curtain rails. They had been without the comfort and security of curtains for a while so when the rails were fixed and the curtains were back up their home felt safer and cosier again.



A SAIL Care Navigator visited Mrs Patel and whilst there noticed that the kitchen door wouldn't fully open which meant that Mrs Patel needed to keep squeezing through the gap. She was pleased when she found out our Handyperson team could go and fix the runners on the sliding door for free and the door now opens fully.

SAIL **HANDYPERSON SERVICE**

Axel went and fitted a blind for Gillian.

Gillian called up and wanted to say a big thank you to Axel. Having the blind up has really changed her life. She now feels safe to be going in the kitchen and making herself a cup of tea at night without having to worry that people can see her.

Steve purchased and changed Mary's light bulb for her when the council said there was a long wait for her to be seen.

Mary called up afterwards to say how thankful she was for Steve.

A lady referred into the service was concerned about her privacy and security since a storm had pulled her fence down. Axel and Steve were able to prop it up for her and she said she would now feel a lot safer in the garden.





it's nice to be able to use the garden again. we had a nice chat.

> thankyou so much. you can come again! so helpful. lovely men.

very quick. such a difference.

very helpful. thank you. i couldn't have done it myself.

they worked so hard.
really appreciated the help.
such a small thing has made a difference.

brilliant service.

We have a partnership with Southwark Council's Fire Safety Team and SAIL helps to identify older council tenants who may find it hard to leave their home in the event of a fire. Their surveyors carry out Fire Risk Assessments to identify possible sources of fire and work with the Resident Service Officers to recommend adaptations and repairs. These were some of their actions to protect older council residents referred from SAIL last year:

- Fire blanket provided for the kitchen
- Recommendation for the installation of a lift
- Supported to remove all stored clothing (helper agreed to take to charity shop)
- SMART monitored smoke alarm system installed
- New Yale lock fitted as door had been left ajar all night
- Installed fire doors to kitchen, living room and 3x bedrooms, removed and replaced fanlights and polystyrene ceiling

Safer Neighbourhood Teams

Southwark's **Safer Neighbourhood Teams** support members of the public who are concerned about anti-social behavior, personal safety and security (either in the home or when out and about), and those who have experienced crime.

Janice, an older person referred to the SNT from SAIL was housebound and in poor health. Following attempted burglaries and rough sleepers entering her block on occasion, she was concerned about her security. There was a door leading to the communal area on the ground floor which was insecure just outside her flat. An officer visited her and adjusted the lock so it is now secure. Janice was reassured by this and knew to call the Safer Neighbourhood Team if she was concerned again.

Trading Standards

Trading Standards visited an 82-year-old lady who was becoming increasingly distressed at the level of junk mail that she had been receiving. In trying to reduce it, she was contacting the sender. What she did not realise is that lots of junk mail is sent on the off chance someone will respond to it. Contacting the scammers only prompts them to send even more mail in the hope they will be sent money. Having explained this to the client she said that she would no longer contact them. Trading Standards also passed her details to the National Trading Standards Scams Team in case during their investigations they come across any junk mail destined for her.

FIRE SAFETY AND HOME SECURITY

128 Home Fire Safety Checks carried out by the SAIL Handyperson Team

57 Southwark Council tenants referred to Southwark Council's **Fire Safety Team**

33 referrals to
Safer
Neighbourhood
Teams
(Metropolitan
Police)

13 referrals to Trading Standards

HEALTH AND WELLBEING

Falls prevention

Visual Impairment

SAIL Care Navigators

Talking Therapies

Healthwatch

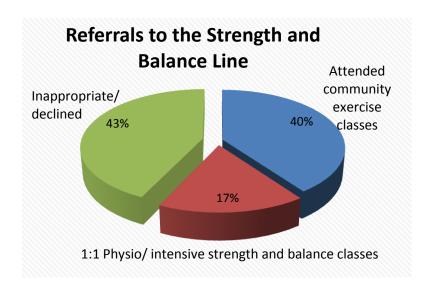
Pendant Alarms

Telecare

Stop Smoking, Alcohol & Substance Misuse

Carers' Support

Dementia Support



40% of the people referred engaged in community exercise classes (30 week programme at local centres). 17% received either physio at home or more intensive strength and balance classes (8 weeks in a hospital setting where transport is provided).

Clients were deemed not appropriate for several reasons – they may have been receiving other physical therapy, were deemed medically too unwell and referred back to the GP or had recently completed one of the exercise classes.

"The classes have given me a reason to get up and get dressed. I feel like I've got my life back now. I've started wearing a tie again for the first time in years"

Gloria had a fall a while ago and hadn't had the confidence to go out by herself much. A Navigator worked with her and referred her to the Strength and Balance Line. She started going to exercise classes at Dulwich Library and really enjoyed them. She said everybody chats and she feels comfortable there. She has felt more confident going out by herself and has just finished a round of UCanDoIT classes and has now learned how to use a computer. Dulwich Library is starting up a knitting group, which she is also looking forward to joining.

FALLS PREVENTION

176 SAIL referrals into Strength & Balance Line

The Strength & Balance
Line supports people
who are keen to start
strength and balance
building exercises to
prevent falls. Older
people are asked some
initial questions to
establish their falls need
and a GP medical
summary will be
obtained to make sure
they are safe to exercise.

71 referrals to **BlindAid** for support for people with visual impairments

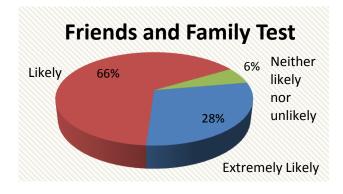
They provide fortnightly befriending home visits and help with opening post etc. They also offer telephone befriending and supply some audio equipment.

Ade had recently learned that he had diabetes which he didn't know anything about. The SAIL Care Navigator found a social support group just a few minutes from his house which he will join to learn more about the condition and how other people manage it.



Florence was referred to Navigation as she had been feeling increasingly lonely. She was interested in getting a house cat so the Navigator supported her to find some different organisations providing cats for adoption and she was able to adopt a pair of house cats. Although she still can't get out of the house very much, she is very happy that she has some cats to keep her company at home and she now looks forward to getting out of bed to care for them.

Adeline enjoying herself at Bingo at the <u>Healthy Living Centre</u>. She was one of many people who were searching for an opportunity to socialise since the closure of various community groups. A Navigator connected her with the centre where she won bingo for the very first time, much to her surprise and delight.



Navigators ask everyone they support whether they would recommend the service to friends and family. These were the responses.

Steven was referred into SAIL as he had become socially isolated and was not getting out and about as much as he would like. A Navigator took him to a walking group in a local park. He found the exercise strenuous at first but enjoyed the challenge. He is now attending the group every week and has got to know the other members and made new friends.

Patrick is a musician and was looking for local music groups and activities he could get involved in. A Navigator told him about the COPD choir in Dulwich. He started attending and before long found himself joining the choir in a performance at the Southbank Centre. Patrick was very pleased to be involved in the event and says without SAIL, he would never have had this exciting opportunity. He continues to attend the choir and through it, has made new connections with fellow musicians.

SAIL CARE NAVIGATION

1079 referrals into SAIL Care Navigation

998 home
visits carried out by
SAIL Care
Navigators

Seven Care Navigators across Southwark visit older people who are socially isolated or at risk of malnutrition for up to six weeks.

During this time, they help them to access appropriate health, care and support services.

implement person centred support plans with the older person, unpicking issues and sharing information between the older person and professionals involved in their care.

SAIL CARE NAVIGATION

We work closely with the Consortium of Older People's Services in Southwark to find groups, activities and support for the people we work with



Alzheimer's Society









Safia referred herself into SAIL as she wanted help with finding English classes. Having visited Safia, a Navigator spoke with one of the managers of a national course and explained Safia's needs as she has a dual diagnosis of learning disability and mental health. Although she did not meet all of their criteria, they agreed to accept her on the course. With some support and encouragement, Safia attended all the classes and used a computer, something she had been dead set against. She was proud to show the Navigator her homework at the next home visit. Safia passed the units and now has the certificate framed and hanging in the living room. This was Safia's first ever academic qualification, something she is very proud of. This gave her the confidence to attend a social group that the Navigator suggested. The Navigator was informed by the Project Lead there that Safia has now formed a social circle and has been arranging the activities for the members to do outside of the group.

"This has made me aware of what's out there"

"Thankyou for all of your help and for taking the time to come and visit and feeding back to me what is happening"

"You do a great job in the community. You need to be told this. Without youz, we'd be snookered. God bless you."

A lady was referred to Navigation for support with malnutrition as she had recently lost a lot of weight. The Navigator visited her at home with her daughter present, who advised that her mum used to be a well-built lady and it was quite shocking to see her looking so much slighter. A GP had investigated and advised the problem wasn't medical and had prescribed forticep drinks which she enjoyed drinking and were helping to stabilise her weight. This was a positive as she had stopped eating full meals at other times. It seemed that the main problem was that her appetite had shrunk so she wasn't getting the calorie intake she needed. After checking with a dietician, the Navigator provided different milkshake recipes and a mixer so they could get the right measurements and enjoy making the shakes together. Now when the forticep prescription runs out she will be able to continue getting her nutrition intake to maintain a stable weight.

In September 2016, we started a pilot in collaboration with IHL to employ a Navigator who also delivers Holistic Assessments (an Integrated Care Assistant). The benefits of this dual role are that patients have a medical check up and are also linked into social support. Between September 16 and March 17, our Integrated Care Assistant completed **100 home based Holistic Assessments.**

"The aim of creating the ICA role was to identify and meet the varied needs of patients in a way that avoids multiple interactions from different people. We know that our patients often find this obtrusive and confusing. We are delighted with the success of the role which has enabled social and medical needs to be identified with consistency. We know this has made a real difference to the quality of life of many people, in a way that previously would not have been achieved. I am sure this is a model for the future and one that in various forms will be adopted by partners across the health and social care system. This is a real example of the integration we often talk about and strive for but find difficult to achieve." (Nigel Smith, General Manager IHL)

The ICA visited Patrick and Mary who are 84 and 81 years old. They were childhood sweethearts and have been together ever since. During the Holistic Assessment, Patrick reported feeling unwell. He'd had a funny turn a few days ago and was suffering from frequent headaches and his BP was a little higher than usual. Mary was tired and worried about Patrick. She said he was not his usual self and she was helping him put his trousers on in the morning. She had fallen a few times on the step up to her living room coming in from the back garden. The couple had rails inside their home but no rails on the outside or at the entrances. They had 2-3 steep steps up to the front door. As a result of the HA, the GP saw Patrick and he was diagnosed with an antibiotic resistant urine infection which was promptly treated. The ICA referred the couple to the Occupational Therapy team and Community Rehabilitation and Falls Service (CRAFS). Within two weeks Patrick was measured for a walking stick and the OT fitted sturdy outdoor rails to both the front and the back door. When the ICA visited just over 2 weeks later the couple were looking well. Patrick, who was subdued on the first visit, was lively and talkative and Mary looked rested. They both said that the HA had made an immediate positive change to their lives and they were full of praise for the service.

"We have never had this type of visit at home before – we feel like we've had a good check up. It's reassuring to know that this service for the elderly is available and it is much needed."

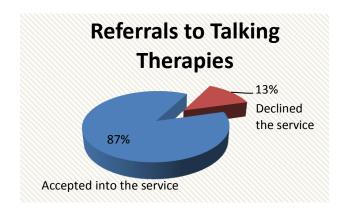
SAIL CARE NAVIGATION IN PRIMARY CARE

We continue to have three Navigators based in surgeries across Southwark, taking referrals and feeding back to practice staff. Navigators also attend CMDT meetings to discuss how to support patients with complex needs.

"We have a much better understanding of what Navigators can help patients with and it's helpful to talk face to face to agree an immediate plan." (GP)

Navigators continue to support Primary Care
Navigators in collaboration with QHS. In the next year they are supporting the training up of new cohorts of PCNs supporting patients to access the right support at the earliest point.

"It's really useful having a Navigator's support. I know when she's in I can ask her questions and get things done" (PCN)



Talking Therapies provide psychological therapy for people with low level mental health needs, such as anxiety, depression, and people who have experienced a bereavement.

87% of people referred in through SAIL were accepted into the service. Reasons for referrals not being accepted include clients who had a diagnosis of dementia or psychosis, or who were being seen in another SLaM service.

68% of clients who were offered an appointment attended the initial assessment session. Of those referred in, a higher proportion are having counselling, followed by Cognitive Behavioural Therapy, guided self help and high intensity CBT.

The Pendant Alarm is provided by SMART for people at risk of falls. The pendant is a button worn around the neck or wrist which can be pressed in an emergency, alerting a 24 hour monitoring system which then contacts emergency services and/or next of kin.

Telecare is for people with visual, hearing, physical or cognitive impairments. The Telecare team can provide assistive technology like flashing door bells, monitored smoke alarms and falls sensors.



HEALTH AND WELLBEING

64 Referrals to Talking Therapies

16 Referrals to Healthwatch Southwark

201 requests for **pendant alarm** assessments

33 requests for **telecare** equipment

10 referrals to Stop
Smoking service and
Lifeline Southwark

(See Alice's story on p13)

HEALTH AND WELLBEING

95 referrals to Southwark Carers



104 referrals to Alzheimer's Society



Southwark Carers

Carol was referred into SAIL and Southwark Carers made contact with her husband, David to see what help and support they could provide. A support worker helped David apply for a **Carers Assessment**. During their chat David explained he felt that should anything happen to him, nobody else would know what to do if he had an accident, Southwark Carers helped complete an **emergency plan**. In their conversation it was also revealed that David had given up work to look after his wife but the family were now in financial problems as they didn't understand the benefits system. Southwark Carers helped to maximise the family's benefits and referred to Money Savvy Southwark for further financial support. Southwark Carers also offered energy advice through their partnership with the Big Energy Saving Network to help save funds on utility bills.

Pat was referred into SAIL and Southwark Carers made contact with her daughter, Vivienne, her primary carer, who lives in Kent. In their conversations it became apparent that Vivienne had multiple caring roles and was also caring for her sister who had been diagnosed with ovarian cancer. This news had really affected Vivienne as she had recently lost another family member to cancer and felt overwhelmed and needed someone to talk to. Southwark Carers were able to help her access services from a local carers centre to help with the second caring role she has for her sister.

Pat is already in receipt of a comprehensive care plan so Southwark Carers have provided information to Vivienne and an **emergency plan** for her to complete in case anything happens to Pat that will allow emergency services to know what medications and arrangements are in place for Pat and who to contact in an emergency.

Alzheimer's Society

Elizabeth has a diagnosis of dementia and lives with her husband. With no one else around, they are both becoming increasingly dependent on their daughter for support with most things. Their daughter works full time and is struggling to cope. Elizabeth was referred into SAIL and had a visit from a Dementia Community Navigator who has supported the couple to apply for benefits and is helping them to make a Lasting Power of Attorney. The Dementia Navigator is also helping them to apply for Taxi cards so that they can go along to social groups which they are interested in as they believe this will also give their daughter a rest.

IMPROVING LIVING CONDITIONS

Keeping Warm & Well and Energy Advice

Home repairs and maintenance

Occupational Therapy

ENERGY ADVICE AND KEEPING WARM &WELL

92 referrals to
Citizens Advice
Southwark



85 referrals to
Information &
Advice for home
repairs and
maintenance



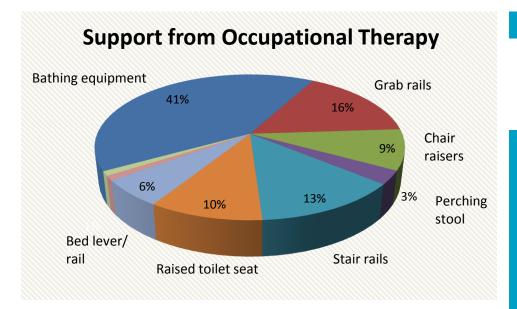
Southwark Citizens Advice Bureau

Marcia has Parkinson's and is housebound. She wasn't turning her heating on much because she was concerned about the cost. She was referred to Citizens Advice Southwark to see if they could support with saving money on Marcia's bills. Her carer had set her up with EDF online gas & electricity accounts and the adviser suggested she change tariffs and submit readings online, which immediately adjusted the bill from £750 to £175.66 owed. They carried out a price comparison on the uSwitch website and discovered it would be possible to make a further saving of £100 per year. They provided Marcia with the guide to the switching process which her carer could help her with as well as the contact details for the cheaper suppliers. They also advised that Marcia sign up to the Priority Services Register so that she can receive priority support in the event of supply interruption among other services.

12.1% of Southwark's population aged over 65 live in homes that have no central heating, a greater proportion than England (9.8%)

Information & Advice Age UK Lewisham & Southwark

David's boiler had broken down and he was unable to afford a new one. He was in receipt of Pension Credit guarantee credit and owned his own home. The client was referred to the Information and Advice Team who determined the client would be eligible for the London Better Boilers scheme. They helped the client make an application and the new boiler was installed within a month. The Information and Advice Team approached the client again who expressed difficulty operating the machine. They then contacted the installers who arranged another visit to break down the operation of use to the client. David is extremely happy with the outcome as he can now heat up his home and has hot water throughout the property.



Stella was seen by a Navigator. She was having difficulty getting in and out of the bath and was strip washing which was uncomfortable. She had made several attempts through her Housing Association to get a walkin shower but hadn't been successful. Stella had consulted a plumber who had given a quote to remove the bath and install a shower but it was very expensive. The Navigator talked to Stella about the Occupational Therapy team and explained they would be able to do an assessment and recommend the right equipment for her and that the landlord would be responsible for the cost. Stella was very pleased to learn about the service and gladly accepted to be referred. She rang the Navigator a few months later to say that the team had prescribed a wet room and works were going to be carried out. Chair raisers were also fitted and she was given a perching stool and a trolley.

Stella was very grateful that the Occupational Therapy team were able to see her so quickly and was pleased she wouldn't have to pay for the walk in shower.

'I just wanted to call and say thank you for your help. The OT team has sent me a perching stool for me to cook in the kitchen and they have installed a handrail which makes the stairs a lot easier to use'

OCCUPATIONAL THERAPY

399 referrals to Occupational Therapy

Occupational Therapy aims to provide support and intervention to help people with disabilities adapt to changes in their everyday life, overcome practical problems and maintain or improve independence.

They can provide grab rails, bathing equipment, perching stools, toilet frames and raisers, chair raisers, and assess for stair lifts and walk-in showers.

INCOME AND FINANCE

Information and Advice services

Local Support Team

Age UK Lewisham & Southwark

We'd like to say a huge thank you to the Local Support Team who have supported our Information and Advice team by taking more referrals this year. They have provided a prompt and exceptional quality telephone and home visiting service that produces positive outcomes for customers that benefit them and their families, both financially and emotionally.



Graham wanted help appealing his Personal Independence Payment (PIP) award. Graham was initially only awarded £55.10 per week. He suffers from a rare condition, which means he is susceptible to chest infections and other health complications. In the last couple of years his health problems have deteriorated rapidly and have had a big impact on his mobility. His condition is unique because for 8 months of the year he is virtually housebound and his mobility and personal care needs are extremely high. For the other 4 months of the year his needs aren't as high but living conditions are still difficult. Even though Graham was over the deadline to appeal, the adviser supported him to challenge the decision and the client was awarded a weekly amount of £76.90 and a lump sum payment of £3,758.95.

References

- 1 Indices of deprivation 2015- London datastore
- 2 Joint strategic needs assessment, factsheet 1- the older population 2012
- 3 Social relationships and mortality risk: a meta-analytic review. Holt-Lunstad J, Smith TB, Layton JB. PLoS Med 2010;7(7))
- 4 Data store, probability of loneliness for those aged 65 or over

INFORMATION AND ADVICE

438 referrals for financial advice, income maximization and benefits checks

73 referrals to the Local Support Team

Age UK Lewisham & Southwark's Information & Advice team access older people through SAIL and regular drop in sessions at their offices as well as home visits. In the last financial year they generated £1,123,064 of benefit income for older people in Lewisham & Southwark.

Acknowledgements

A huge thank you to all of our SAIL partners, who by receiving SAIL checklists and responding to them as referrals, have ensured that the success of the SAIL service continues month on month:

Age UK Lewisham & Southwark Handyperson Team Age UK Lewisham & Southwark Information & Advice Team **Age UK Lewisham & Southwark SAIL Care Navigators Alzheimer's Society Blind Aid Citizens Advice Bureau Southwark Contact Adult Social Care - Southwark Council Healthwatch Southwark Lifeline Southwark Local Support Team Police SMART team Southwark Carers Southwark Council Fire Safety Team Southwark Council Occupational Therapy Southwark Council Trading Standards Talking Therapies Southwark Telecare Stop Smoking Service Strength and Balance Line**

Thank you to the older people of Southwark, their friends and families, and to everybody who has supported SAIL by funding, promoting the service, connecting us to key individuals and referring to us:

Advising London
Age UK Lewisham and Southwark
Blackfriars Settlement
GSTT hospital
Good Gym
Home Library Service
Improving Health Limited
King's College Hospital
LAMP dieticians
Link Age Southwark

Local Care Networks
London Fire Brigade
South London Cares
Southwark CCG
Southwark Council
Southwark Pensioners Centre
Time & Talents
The wider voluntary sector
Quay Health Soluations