

DAY SERVICES FOR OLDER PEOPLE

Adult Social Care

Report By: Associate Director of Integrated Commissioning

Wards Affected

County-wide

Purpose

This report sets out specific plans and seeks agreement to progress the recommendations of the Adult Social Care and Strategic Housing Scrutiny committee review of day care, which were subsequently approved by Cabinet on 22nd January 2009.

Financial Implications

1. Proposals for the same number of service users will have the potential to achieve efficiency gains in the region of £50,000. However, there could be the opportunity to use the greater capacity to support more older people in their communities, thus making savings in more traditional service areas or achieving non cashable savings by increasing the number of older people supported.

Background

2. In 2007/2008 the Adult Social Care and Strategic Housing Scrutiny Committee reviewed day opportunities for older people commissioned by the Council. The review raised two main issues, the lack of usage of some centres and the corresponding high unit cost and the type of day care available.
3. Significant progress has been made in differentiating the types of service needed and where these services need to be located in order to get best usage, and therefore best use of resources. In addition significant programmes of consultation have been carried out to determine service users and carers' wishes, but a follow up programme on the specific proposals contained in this report is currently completing. All services have now been mapped to clearly identify locations where services need to be developed, and areas that may be demonstrating under usage because of overprovision.
4. In brief, services need to meet the following broad aims
 - a. access to specialist health and social care services, such as therapies, clinics, re-ablement services, memory 'cafes' etc.
 - b. access to early intervention and 'socialisation' opportunities to maintain skills for daily living and mental health
 - c. breaks for carers, whether in the service users own home or in a day care setting.
5. To ensure that Herefordshire is able to meet these needs, a model has been developed that specifies a 'hub and satellite' service structure, with specialist centres as the local hubs, supporting a range of socialisation and early intervention services operating in their

area. This is set out in **Appendix 1**. The model will ensure that more costly services are fully utilised to achieve the best value for money and unit costs, while low cost local groups highly valued by older people are best supported. The hub services would be provided by Shaw Healthcare and other voluntary organisations.

6. Services are currently commissioned from Shaw Healthcare under a strategic partnership contract, Age Concern, a range of small voluntary groups, and an in house service at Norfolk House (immediately next door to Waverley House in Leominster which is run by Shaw Healthcare).
7. Norfolk house service does not have suitable facilities, certainly not at the standard of the Waverley house service and is obviously duplicating the geographical coverage for service users. On this basis it will be recommended to Cabinet that the service closes and services users invited to move to the service at Waverley house.
8. The 10 small voluntary groups were funded by Adult Social Care (each less than £5,000) as part of the Prevention Services Initiative to offer socialisation and support. Each group supported in excess of 16 service users, and the overall project evaluation demonstrated that the services were deemed by service users to have improved their quality of life.
9. Most attention has been devoted to the Age concern centres, and the following comments relate to these services. The mobile day centres that have been identified for possible closure are Arkwright Court, Canon Pyon, Dinedor, Longtown and Sellack. The reasons for proposing these centres are as follows:
 - a) Arkwright Court is part of the Age Concern Leominster and District contract for mobile day centres, commissioned to provide services in rural areas but is situated in the centre of Leominster. It is not in an ideal venue, due to space and seating restrictions, as noted by the Scrutiny Review Group who recommended a review of such day centre facilities. Attendance levels have been consistently low for a lengthy period. This service is only provided fortnightly, whereas service users could be transferred to Waverley House, which is less than a mile away and have more regular and frequent attendance with increased activities.
 - b) Canon Pyon is another mobile day centre with consistently poor attendance. Those attending were not local, therefore travelling and mileage to the centre was quite high. Attendees could have been comfortably accommodated at other centres with little or no increase in travelling or mileage. However, the provider has pre-empted this proposal, closed Canon Pyon and another mobile day centre at Staunton-on-Wye, and opened a new mobile centre at Weobley.
 - c) Dinedor is one of the mobile day centres commissioned through Age Concern Hereford and Rural, with consistently poor attendance. Attendees are not local, as evidenced by the travelling and mileage incurred. Attendees could be comfortably accommodated at other centres with little or no increase in travelling or mileage.
 - d) Longtown is a mobile centre located in the East locality area, where two other mobile centres are also run. Attendance is average but people are travelling in to this centre. Attendees could be comfortably accommodated at other centres with little or no increase in travelling or mileage.
 - e) Sellack is a mobile centre located in the East locality area and situated reasonably close to Woodside, another part of the 30-year Shaw Healthcare contract, to provide a 7-day service for 105 people per week. Attendance is average but people are travelling in to this mobile centre. Attendees could be

comfortably accommodated at other centres with little or no increase in travelling or mileage

10. The project manager has consulted with service providers for these services, along with local members for these areas.
11. It is also proposed that the following contracts should be extended without variation for 12-months to 31st March 2010, to allow time to determine what services should be commissioned in the future, taking account of some of the issues arising from extending the option of individual budgets to older people:

Age Concern Hereford and Rural contract to provide day services at Golden Valley Day Centre;

Age Concern Hereford and Rural contract to provide day services at Ballinger Court and Caldwell Court (Formerly provided at Disraeli Court);

Age Concern Herefordshire and Worcestershire contract to provide day services at Drybridge House; and

WRVS contract to provide day services at Glenton Lodge.

12. Variations are needed within the following contracts, to reduce the number of mobile day centres within each contract and agree a reduction in contract value, to correlate with reduced level of service provision, for 12-months to 31st March 2010

Age Concern Hereford and Rural contract to provide day services for older people at mobile day centres. To reduce number of mobile day centres in contract to four, namely Ewyas Harold, Madley, Orcop and Sutton St Nicholas; and Age Concern Leominster and District contract to provide day services for older people at Kington Court and mobile day centres. To extend element of contract that relates to Kington Court Day Service provision without variation. To reduce number of mobile day centres in contract to two, namely Leintwardine and Weobley (formerly provided at Staunton-on-Wye)

RECOMMENDATION

THAT;

- (a) To note that Norfolk House is scheduled to close.**
- (b) The Prevention Services Initiative is supported for a further period to evaluate its impact in terms of helping older people to remain living independently.**
- (c) Closure of the mobile day centres for older people at Arkwright Court, Canon Pyon, Dinedor, Longtown and Sellack and relocation of service users to another centre;**
and;
- (d) To extend a proportion of current day services for older people provider contracts without variation, for an interim period of 12 months, to take effect from 01/04/2009.**

BACKGROUND PAPERS

- Appendix I attached

Specification of a hub service

Community Hub / Resource / Health and Wellbeing Centre

The community hub model is designed as a resource and health and wellbeing centre, which provides a drop-in facility but also gives access to specific services. This model supports service users towards greater independence, choice and control, minimising social isolation.

The community hub would support partnership working between users, carers, health, social care, independent sector and voluntary organisations.

The community hub would have a main reception area with small clinic / treatment / therapy rooms available, drinks facilities and possibly a small cafeteria. It would also have function rooms for hire at an affordable rent, where community organisations and self-help groups could meet.

A range of activities could be offered, tailored to the needs of individuals. The centre's focus would be on people's individual strengths and skills, and wherever possible, would encourage individuals to support one another, with staff acting as facilitators and enablers, rather than providers.

The resource centre would provide information on a range of services, charitable organisations and community initiatives such as:

- Benefits advice
- Assistive technology, e.g. fall detectors, medication reminders / dispensers, smoke detectors
- Information leaflets
- Local events
- Further education opportunities
- Leisure opportunities
- Local clubs

The community hub would also operate as a wellbeing centre, where individuals could seek advice from health and fitness professionals and be supported to take control of their own physical and emotional wellbeing. Individuals could, through a programme of enablement, develop self-help regimes to manage such things as:

- Long-term conditions, e.g. diabetes, arthritis, asthma
- Medication
- Diet, nutrition and healthy eating
- Exercise and fitness
- Relaxation techniques
- How to reduce alcohol intake
- How to stop smoking
- How to control substance misuse

As well as providing enablement, the wellbeing centre would operate as a drop-in facility and provide access to rehabilitation, where individuals would be supported by occupational therapists and physiotherapists to:

- Seek advice and get practical solutions to aspects of daily living
- Get practical hints and tips on how to improve mobility
- Seek advice on falls prevention
- View a selection of small daily living aids, e.g. kettle tippers, large handled cutlery, key fobs
- View a small selection of mobility aids, e.g. walking sticks, frames

The wellbeing centre could provide regular drop-in clinics with qualified health professionals, for such things as:

- Blood pressure checks
- Cholesterol checks
- Weight checks
- Continence advice / management
- Foot health care
- Falls clinics
- Flu clinics
- Asthma clinics
- Hearing aid battery replacement

One of the key features of the community hub / resource and health and wellbeing centre would be the culture of ongoing risk assessment, to not only minimise unnecessary risks but also allow an element of controlled or positive risk taking, to enable individuals to participate in activities that might otherwise have been denied them. Individuals would be supported to access activities and facilities in the wider community, in a planned way. This culture of ongoing risk assessment actively promotes the ethos of greater independence, choice, control and social inclusion.

The resource centre model could meet a wide ranging level of need, from low-level prevention services through to high-level dependency. It is also a service that promotes independence, reduces social isolation and encourages community integration.

The Community Hub would develop two-way signposting links with the wider community, offering mutual benefits. An example of some potential links is shown in the following diagram and indicated by dotted lines. The more formal links to social care and health services have been indicated with solid lines:

