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| DECISION-MAKER: | CABINET | | |
| SUBJECT: | REDESIGN OF OLDER PERSON'S DAY CARE SERVICES (AS PART OF THE DEVELOPMENT OF A NEW OFFER OF SUPPORT AND ACTIVITIES FOR OLDER PEOPLE IN SOUTHAMPTON CITY) | | |
| DATE OF DECISION: | 17 OCTOBER 2017 | | |
| REPORT OF: | CABINET MEMBER FOR HOUSING AND ADULT CARE | | |
| <u>CONTACT DETAILS</u> | | | |
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STATEMENT OF CONFIDENTIALITY

Not Applicable

BRIEF SUMMARY

The proposals set out a new model of support and day time activities for older people and will improve outcomes for older people and increase independence by transforming over time the traditional model of day centres for older people that currently exists in the city.

The new model will focus on giving people more choice and control over the support and services they are able to access, utilising direct payments to offer more personalised forms of care and will promote the ethos of early intervention and prevention by developing the market to support more people and maximising the use of community assets.

The proposals have been developed within the context of a range of other developments aimed at supporting older people to maintain their health, wellbeing and independence. The community wellbeing centres described in the proposals will particularly align with developments related to Advice, Information and Guidance (recently tendered by the Council), Southampton Healthy Living Behaviour Change Service (a new service which went live April 2017), Community Navigation (currently being tendered by the CCG) and Housing Related Support to form a new offer of support and activities for older people.

The proposals will be underpinned by and help enable a strengths-based approach to social work practice.

RECOMMENDATIONS:

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| | (i) | To note the feedback from the engagement with current day care service users, their carers, service providers and wider services and residents. |
| | (ii) | To approve the proposals in this report to develop a new model of |

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| | | activities and day time support across the city to help people maintain their health, wellbeing and independence. |
| | (iii) | To approve the recommendation to proceed with a procurement to deliver the new service model, which over time will transform the current traditional model of day centre provision for older people in Southampton. |
| | (iv) | To delegate authority to the Director of Quality and Integration, following consultation with the Cabinet Member for Housing and Adult Care to decide on the final model of commissioned services and all decision making in relation to this procurement. |

REASONS FOR REPORT RECOMMENDATIONS

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| 1. | The over 65 population makes up 14% of the Southampton population (34,600 people) and is set to grow more than any other age group, increasing by 15% between 2015 and 2021 (to 39,800 people), with the over 85 population set to increase by over 20%. |
| 2. | As people get older they are more likely to have health problems that limit their day to day activities and impact on their independence. Furthermore there is evidence that the prevalence of depression increases with age. It has been estimated by the Scrutiny Inquiry on Combating Loneliness in Southampton (2017) that 5,482 people aged 65 and over are experiencing loneliness. Evidence shows that loneliness can have serious consequences and negative impacts at both a personal and community level. It can cause and, at times, worsen existing personal problems (psychological, social, and behavioural) and community issues (fewer social connections, lack of confidence to leave the home). |
| 3. | Given the changing demographics and increasing demand, it is important that the health and care system in and around Southampton adapts to meet the changing and growing needs of the population and has a focus on promoting healthy ageing. The Southampton Health and Wellbeing Strategy notes that there is a clear need to empower people to stay well. |
| 4. | Current day care provision is a traditional basic range of activities and personal care. Services are provided under block contract with limited flexibility for individuals. The current day care service contracts, which are with Social Care in Action (SCA) and Age UK, expire on 31 March 2018 providing an opportunity to review the current model. |
| 5. | The new model has been developed through a process of co-production and engagement with current day care users, their carers, service providers and wider services. It will improve outcomes by focusing on giving people more choice and control over the support and services they are able to access thereby promoting independence, utilising direct payments to offer more personalised forms of care and will promote the ethos of early intervention and prevention by broadening the offer to more people and maximising the use of community assets. It will encourage independence and community resilience. |

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

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| 6. | <p>In considering the future procurement of older person's day care provision, a number of alternative options were considered. These included:</p> <ul style="list-style-type: none"> • To re-commission the day care services as is (this would still require a procurement as contracts end on 31 March 2018) <p>This option is not recommended because it does not respond to increasing demand and the need to broaden the offer to also focus on early intervention; it does not offer greater choice for people; and it does not promote people's independence.</p> <ul style="list-style-type: none"> • To decommission day services entirely and provide current and future service users (on the basis of assessed need) with a direct payment to purchase their own support and care from the market. <p>This option is not recommended as the market does not currently offer sufficient choice and capacity to meet the needs of all current service users. There would therefore be a strong likelihood that this option would increase pressure on already over-stretched social care provision e.g. domiciliary care.</p> |
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DETAIL (Including consultation carried out)

| | CURRENT POSITION AND CASE FOR CHANGE |
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| 7. | <p>The Council currently commissions Southampton Care in Action (SCA) and Age UK Southampton to provide five day centres across the city, which are based in the following locations:</p> <ul style="list-style-type: none"> • Padwell Road in central Southampton • Freemantle Community Centre on west of city • Brook Centre on east of city • Oak Lodge on east of the city • Holy Family Church on west of city |
| 8. | <p>As well as providing these day services under contract to the Council, Age UK and SCA also offer their services to self funders.</p> |
| 9. | <p>151 older people (over the age of 65) are provided with a service by the Council through the SCA and Age UK day care contracts. Approximately a further 60-70 people access the services as self funders. Data on the Council funded day service users shows that:</p> <ul style="list-style-type: none"> • there were 151 older people (+65 years old) using day care services, funded by adult social care as at 30 September 2016. • 32% of these users were aged 65-74, 33% were aged 75-84 and 34% were aged 85 and over. • the majority of day care users live alone and this reflects the need for tackling people's social isolation as a central element of any future provision. • 40% of service users were having day care on one day of the week and 28% on two days a week. |
| 10. | <p>An assessment of current user need undertaken by the current providers</p> |

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| | <p>showed that 21% of service users have high needs (defined as requiring two members of staff to support them with moving and handling, eating, engaging with group or individual activities), 56% have medium level needs (defined as requiring one member of staff to help them with the above activities) and 23% have low level needs (defined as being able to undertake the above activities unaided most of the time). Detailed care management reviews are planned for all 151 service users prior to the procurement.</p> |
| 11. | <p>The care offered is a traditional basic range of activities and personal care. Individuals are restricted to using the services on offer at the day centres, although providers do engage with individuals to inform how the service is delivered. For reference, 110 (73%) of people using day care services have a “personal budget”. The term personal budget refers to the service user budget either being directly managed by adult social care, a third party or by a direct payment to the service user. However, only 6 (4%) of current day service users have a “direct payment”.</p> |
| 12. | <p>SCA provide transport for SCC clients to all the centres, under the Council’s contract with SCA.</p> |
| 13. | <p>Access to the existing day care services is dictated by eligibility under the Care Act, or the ability to pay for the service as a self funder. To try to understand how the current numbers of service users compares to potential levels of need, a comparison with the numbers of people known to have long term conditions in the over 65 population was undertaken. This showed that 50% of the over 65 population (17,584) had up to 2 long term conditions and might therefore be classified as having low level needs, 11,443 (32.5%) had 3-5 long term conditions and might therefore be classified as having medium level needs and 6,149 (17.5%) had 6 to 8 long term conditions and might therefore be classified as having high level needs. This is a relatively crude way of looking at demand, but highlights the significant difference between the current 211 – 221 day care centre users (which includes people with eligible needs for care and support funded by the Council as well as the number of self funders estimated to be using the current provision) and the wider population who might benefit from being able to purchase more readily available support and activities to maintain their wellbeing and independence.</p> |
| 14. | <p>While it is important that the care and health needs of people who have the greatest needs in Southampton are met, there is also an opportunity to develop the market to support more people to maintain their independence and wellbeing for longer and thus reduce demand on services.</p> |
| | <p>AIMS AND OBJECTIVES OF PROPOSALS</p> |
| 15. | <p>The overall aim is to develop an offer of activities and support to more older people across a broader continuum of need that will:</p> <ul style="list-style-type: none"> • promote wellbeing and independence • reach a greater number of Southampton residents • increase access • be more closely linked to local communities • increase the range of activities available, promoting greater choice. |

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| 16. | <p>Specific objectives include:</p> <ul style="list-style-type: none"> • To enable individuals to be active members of their local community (e.g. volunteering, Timebank members), fostering a sense of positive self esteem. • To promote self-care. • To promote reablement to maintain or regain independence. • To increase access to leisure, cultural activities, exercise, good nutrition and healthy living opportunities which promote physical and mental health and wellbeing. • To enable carers to carry on with their caring roles. • To make information easily available about what is on offer within local communities in terms of support and activities and where to go for additional help. This will include maximising the use of technology. • To support the take up of personal budgets taken as a direct payment and the establishment of a vibrant market that is driven by person centred outcomes. • To ensure that care is person centred and coordinated for those who need it. • To meet need in the most cost effective way and deliver savings • To enable and support a strengths-based approach to social work practice |
| PROPOSALS | |
| 17. | <p>It is proposed to transform over time the current traditional model of day care for older people into a new model of community wellbeing centres across the city. This will offer support and activities to older people across a broader continuum of needs, a significant proportion of whom will be self funders. There are 3 basic components to the proposals which aim to increase independence:</p> <ul style="list-style-type: none"> • A stronger focus on personalisation and choice, through the use of personal budgets taken as direct payments, enabled by a new third party budget management option. • Transforming the traditional day centre model and building on existing provisions to develop a number of community wellbeing centres across the city which will provide support and activities that promote health and wellbeing as well as day care • The development of a greater range of activities in local communities as well as within the community wellbeing centres. |
| 18. | <p>The community wellbeing centres will be based in current day centre buildings (detailed in para 37) but over time could be delivered out of a wider range of buildings including libraries, community centres, faith buildings and Extra Care and other supported housing schemes. The focus will be on delivering activities and support out of a range of facilities which are central to local communities.</p> |
| 19. | <p>The centres will provide activities and support for people across all levels of need, from those wanting to socialise and find out what is happening in their</p> |

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| | local community through to those with high level needs and their carers, whose needs might be more focused on personal care and replacement care (i.e. those who currently access day care). |
| 20. | People who are eligible for Adult Social Care funded services would, wherever appropriate, be supported to take their personal budget as a direct payment and to use this to access services and activities in any one of the community wellbeing centres across the city (i.e. the current day care users who are funded by Adult Social Care). Other people will need to pay a contribution to the provider towards the costs of these services/activities. |
| 21. | The proposals also include developing a wider range of activities in local communities . This might include walking groups, dance, yoga, tai chi, chair based exercise, helping people with shopping and odd jobs, befriending schemes as well as cooking and eating well activities. These activities will be dependent on feedback from local people, both through the engagement undertaken to inform these proposals and further engagement by the Service Provider. Other suggestions from the recent engagement process included outings and walks, singing, gardening, hairdressing, swimming and art. |
| 22. | Finally the proposals include a stronger focus on personalisation and choice, through supporting more people to take their personal budget as a direct payment . The use of personal budgets, particularly when they are provided to individuals as direct payments, offers greater choice and control over the way care is provided. This is not general support but support provided to people who are assessed as eligible under the Care Act 2014. |
| 23. | Individuals are already able to choose who and how their Personal Budget can be managed. They can take it as a direct payment, where they manage the money themselves, leave it with the Council to manage (a managed budget) or ask a provider to help them manage their budget (a third party managed budget). Currently only 4% of day service users are taking their personal budget as a direct payment. |
| 24. | It is recognised that some people may have reservations about managing a direct payment and choosing their own care and support. The proposals therefore include the development of a new third party budget management support function . People can choose whether they want to use this service or not and the service will support people to choose and purchase any activity or service (i.e. it will not be limited to purchasing those services described in this proposal). |
| 25. | Two case studies are included at Appendix 1 to illustrate how the new services will look different to the day care provision available now. |
| 26. | It is proposed to go out to tender for a Service Provider to coordinate the delivery of all three components of the model (the community wellbeing centres, the wider range of community activities and the third party budget management service) as well as provision of transport. It is expected that providers will come together to form consortia or other collaborative arrangements through sub-contracting in order to deliver the full offer. |
| 27. | There will be strong links between this procurement and the commissioning of the community development model. The community development model will |

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| | link with the services in this proposal to support innovation and further growth in community activities. |
| 28. | The proposals will support and help enable a strengths-based approach to social work practice that the council is implementing. This approach looks at an individual's abilities and networks and, wherever possible, supports people to draw on these first to achieve their goals before statutory services are provided and funded. This involves early conversations with individuals and their families about practical steps that can be taken to maintain independence and the proposed community wellbeing centres will support this. |
| | CONSULTATION DETAIL |
| 29. | At this stage a formal consultation on the changes has not been carried out, owing to the fact that no significant changes to current provision are planned in the first year of the new contract (2018/19) and that commissioners will be working with the new provider post April 2018 on the detail of provision, following which a formal consultation will be undertaken by the provider as required. There has however been considerable service user, carer and provider engagement in the development of the model and a more formal engagement exercise was undertaken on the final proposals. |
| 30. | This engagement process was conducted over August 2017 through a series of workshops and focus sessions with providers, service users, their carers and other members of the public as well as an online questionnaire, 500 copies of which were also circulated in paper copy. Over 80 service users and their carers attended the workshops. In addition a range of community organisations and stakeholders attended engagement sessions reaching a further 80 plus people and organisations supporting people in Southampton. |
| 31. | Detailed feedback from the engagement can be found at Appendix 2. By far the majority of respondents supported the concept of community wellbeing centres and expanding choice. The following were highlighted as important to service users: <ul style="list-style-type: none"> • opportunities for socialising with other people • accessibility and transport • support for carers • stimulating activities • the importance of marketing the offer • support for people who have very limited mobility needs |
| 32. | There were also some creative ideas about establishing partnerships with local business. Specific concerns highlighted were related to: <ul style="list-style-type: none"> • Accessibility/Transport • That day care provision could be reduced or diluted • Specialist support for people with dementia (particularly the more active people with dementia) • Change. |
| 33. | The proposals take account of the concerns raised above as follows: <ul style="list-style-type: none"> • Transport will continue to be commissioned as part of the new model |

although we will be looking to the Provider to explore more innovative ways of providing transport which reduce transport costs (freeing up more funding to be invested in service provision).

- Over time, the intention is to increase the number of community wellbeing centres and local activities, embedding them within local communities, so that people have less distance to travel.
- Further work is underway to refine the needs assessment to better understand the number of people with dementia currently using the day centres and their specific needs. This will inform the final service specification but it is envisaged that there will be a specific service requirement to improve outcomes for people with dementia and their carers.
- The transformation to the community wellbeing centre model will take place over a period of time and to begin with the centres will be delivered out of the current day care settings. The Provider will be required to work with service users and their carers to develop the model and undertake formal consultation as required.

RESOURCE IMPLICATIONS

Capital/Revenue

34. The funding in scope for these proposals is the commissioning budget for Older Person's day care provision plus the associated costs of the accommodation.

| Contract | Budget Code | Budget 17/18 £ |
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| <u>Day Care Contracts</u> | | |
| SCA Community Care Services | SEV17 4162 | 660,000 |
| Age UK Southampton - Padwell Road Day Centre | SEV17 4162 | 132,600 |
| | | 792,600 |
| <u>Costs associated with leases for Day Care Buildings</u> | | |
| Brook Day Centre - Annual Lease | SEV17 2061 | 34,100 |
| Brook Day Centre - Business Rates | SEV17 2062 | 4,700 |
| Oak Lodge - Annual Lease | SE301 2061 | 28,900 |
| Oak Lodge - Business Rates | SEV17 2062 | 3,700 |
| Oak Lodge - Visitor meals | SE301 4162 | 19,600 |
| Freemantle Community Centre and Holy Family Church - rent | SM631 4150 | 23,000 |
| | | 114,000 |
| | | 906,600 |

The joint contract value of the day care contracts with Age UK and SCA is £792,600. The total costs associated with leases for the day centre buildings

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| | comes to £114,000; the Council holds the leases for Oak Lodge and the Brook Centre, whereas the provider invoices the Council separately for the costs of Freemantle Community Centre and Holy Family Church. Therefore the total funding in scope for the proposals is £906,600. |
| 35. | A full year saving of £75,000 has been listed against the re-procurement of older person's day services which accounts for approx 8% of the total funding in scope for the proposals of £906,600, leaving a net budget of £831,600. |
| 36. | This total budget of £831,600 will be spent on personal budgets, running of centres, transport and initial set up of broader activities. |
| <u>Property/Other</u> | |
| 37. | <p>The existing older person's day centres are based in five buildings across the city. None of these are owned by the Council. Three of the buildings (Padwell Road, Freemantle Centre and Holy Family Church) are leased directly by the Service Providers.</p> <p>Two of the buildings (Oak Lodge and the Brook Centre) are leased by the Council. Saxon Weald Housing Association own the Brook Centre and Oak Lodge is owned by BUPA.</p> <p>The lease for Oak Lodge commenced on 08/02/2010 and ends on 08/02/2060; there is however a break clause which can be activated a minimum of six months before the tenth anniversary and therefore terminated on the 08/02/2020. It is recommended that the break clause is activated and negotiations are commenced to seek an earlier termination.</p> <p>The lease for the Brook Centre commenced on 01/09/2008 and ends on 31/08/2033. There is no break clause in the lease. There, however, may be opportunities to change the use of the building to allow the council to either terminate early or recover rental and business rates costs from another party. It is recommended these options are explored.</p> <p>Bidders to run the service should therefore be invited to put forward alternative proposals that do and do not make use of these buildings.</p> |
| LEGAL IMPLICATIONS | |
| <u>Statutory power to undertake proposals in the report:</u> | |
| 38. | Section 2 Localism Act 2011 and various local Government Acts. The procurement will be governed by EU procurement rules depending on value. |
| <u>Other Legal Implications:</u> | |
| 39. | <p>Full consultation has not been undertaken as there was no statutory or common law duty to consult at this stage. It will be considered whether consultation is required once the new provider has produced further details of the new model of provision and after consideration of the possible effect this new provision will have.</p> <p>Cabinet should take into account the response given during the engagement process before making any decision.</p> |
| 40. | The Equality Act 2010 imposed various duties on Local Authorities and in particular all Local Authorities must have due regard to its public sector equality |

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| | duty when carrying out any function. In particular the duty to eliminate discrimination, harassment and victimisation and advance equality of opportunity and fostering good relations. Local Authorities also have a duty under the Human Rights Act 1998, when carrying out any function, not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms. In particular Article 8, right to respect for private and family life and Article 25 the rights of elderly to lead a life of dignity and independence and to participate in social and cultural life. |
| 41. | Local Authorities when carrying out any function must adhere to the United Nations Convention of the Rights of Person With Disabilities and in particular respect for dignity, autonomy, freedom to make own choices, equality and elimination of discrimination. |
| 42. | The Care Act 2014 imposes various statutory duties on Local Authorities when exercising Adult Social Care functions. This includes the duty to promote the individual's well-being and protect them from abuse and neglect, including self-neglect; the duty to prevent or delay needs for care and support; the duty to provide advice and information on care and support available. The Act also places various duties and responsibilities on Local Authorities to commission appropriate, efficient and effective services and encourage a wide range of service provision to ensure that people have a choice of appropriate services and an emphasis on enabling people to stay independent for as long as possible. The recommended option of moving to a more integrated and personalised service approach with a broader range of activities would support greater compliance with the Care Act 2014. |
| POLICY FRAMEWORK IMPLICATIONS | |
| 43. | The recommendations in this paper support the delivery of outcomes in the Council Strategy. They also contribute to the City Strategy and the Health and Wellbeing strategy. The proposals particularly support the following priority outcomes in the Council Strategy: <ul style="list-style-type: none"> • People in Southampton live safe, healthy and independent lives |

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| KEY DECISION? | Yes | |
| WARDS/COMMUNITIES AFFECTED: | All | |
| <u>SUPPORTING DOCUMENTATION</u> | | |
| Appendices | | |
| 1. | Case Studies | |
| 2. | Engagement Report | |
| Documents In Members' Rooms | | |
| 1. | Equality and Safety Impact Assessment | |
| 2. | Privacy Impact Assessment | |
| Equality Impact Assessment | | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | | Yes |
| Privacy Impact Assessment | | |
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out. | | Yes |
| Other Background Documents | | |
| Equality Impact Assessment and Other Background documents available for inspection at: d.chapman1@nhs.net | | |
| Title of Background Paper(s) | | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
| 1. | None | |