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Oxfordshire County Council

Consultation on Daytime Support in Oxfordshire – analysis of the responses

Report from The Campaign Company (TCC)

December 2016













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1 Executive Summary

1.1 Background to the consultation

In early 2016, Oxfordshire County Council carried out a review of daytime support for people aged over 18 in Oxfordshire. The review focused on understanding the needs of vulnerable people for daytime support with the aim of proposing a model and options for future daytime support that met their needs and the Council's aims within current financial resources. As part of this review, the Council engaged voluntary and private sector providers of care and support, staff who work in services, volunteers and community groups, people who use the services (including older people, people living with dementia, people with learning disabilities, carers) and their families and friends.

Using the feedback from the review, the Council have now set out its aims and proposals for daytime support that will provide a core service for the most vulnerable, while supporting services provided by local communities. Key features of the proposals include:

- Supporting people to live well in the community
- Open access tailored support for more vulnerable people
- Providing a core service for people with assessed eligible needs through personal budgets.
- The introduction of a new council-provided flexible, countywide 'Community Support Service' to replace current Health and Wellbeing Centres and Learning Disability Daytime Support services. Two options on how to deliver this are being proposed.

The Council wanted to seek views from interested people on these proposals and launched a public consultation on 1 November 2016 which closed on 20 December 2016.

The consultation was broad in scope seeking opinion and input across a range of channels. By the end of the consultation, over 1000 people had given their views in the following ways:

- 332 consultation survey responses were submitted online or by paper. 86 of these were Easy Read surveys
- 543 participants took part in 44 focus groups
- 94 participants took part in 1 workshop for service providers and 4 workshops with other stakeholders (mainly service users and carers)
- 79 written submissions, e-mails and calls of which 12 were on behalf of organisations, 1 from a Councillor and 2 from local MPs. One e-mail submission was sent to an MP and referred on to the Council and is included in this response.

Although not analysed in the consultation report, we want to recognise that petitions have been underway throughout the consultation.

These include:

- An online petition that can be viewed at https://www.change.org/p/victoria-prentis-mp-stop-oxfordshire-council-closing-day-support-centres-for-adults-with-learning-disability. There are over 60 signatures to this petition.
- A paper petition from the Bicester Health and Well-being Support Group which includes 238 signatures
- An online petition from 'Save Our Bicester Health and Well-being Centre' campaign with over 1200 online signatures which can be viewed at https://you.38degrees.org.uk/petitions/save-bicester-s-health-and-wellbeing-centre.

36% of respondents were service users and 30% were carers. A detailed profile of survey respondents is included in Appendix 1.

1.2 Headline findings

The key messages and headline themes among the consultation response overall, and across all channels, generally centre on the following:

Overall key messages to the Council

- There are concerns about the funding changes to familiar and trusted services. The other significant concern consistently raised was the impact in the reduction of centres and staff on the quality of services experienced by users.
- While these options were not universally supported, there was a preference shown for Community Support Service Option A: Centre-based option for the Community Support Service over Option B: Mixed option for the Community Support Service.

Headline findings on the proposals

'Support for living well in the community'

- Majority of survey respondents do not think the proposals will sustain and develop community-based daytime support well
- The importance of accessibility to services was emphasised by many
- Concerns were raised about an overreliance on volunteers compared with paid, trained staff
- Concerns were also raised about the Sustainability Fund and Innovation Fund's ability to maintain services in light of wider cuts
- The need for a transition plan was identified to support council-funded providers and the users of their services before funding is withdrawn and replaced

'Open access tailored support for more vulnerable people'

• The potential to help people on a one-to-one basis was praised in principle (particularly regarding Dementia Support Service), but deliverability and cost were questioned

'Personal budgets for people with eligible needs'

 Choice was welcomed by some but not by others who thought personal budgets might present a challenge to many service users

'Community support service'

- Community Support Service Option A was generally preferred to Option B although advantages and disadvantages were shared for both options
- Familiarity and retention of centre-focussed approach was praised for Option A
- The fact that the number of centres was being reduced in both options meant people were concerned about the impact on the quality of care that people would receive.

 Overcrowding or oversubscription was also a key anxiety raised.
- Option B was praised by some for the flexible community-focussed approach. It was also seen as more accessible to some as well. The idea of developing dedicated specialist centres was also welcome.
- Concerns around Option B centred around placing service users in community situations in which they are uncomfortable or in places where there might not necessarily be facilities appropriate for their needs.
- The remoteness of the four specialist centres in Option B was seen as a problem by many especially those living in more rural communities.
- Mixing service users with very different needs was also a concern in both options
- It was also felt by many that whichever option was chosen, that tailored approaches should be developed where possible to ensure high quality of care and staffing.

Overall impact and needs

- Needs for daytime support beyond those mentioned in the questionnaire include:
 - o Carers' opportunities for work
 - o Routine and security, as well as independence and stimulation for service users
 - Access to expert support
- Specific references were also frequently made to the needs of people with autism
- Concern that those not classified as 'vulnerable' but rely on centres will be disproportionately adversely affected
- Specific negative impact on carers due to less respite as a consequence of fewer centrebased activities was also mentioned by many.

2 About the consultation

This section of the report describes the background to the consultation and the way the consultation has been conducted. It provides a summary of the different types of responses that were received throughout the consultation period; the quantity of responses by each consultation method; the process that was carried out to collect and manage these responses; and how they have been analysed to produce this report.

2.1 Background to the consultation

In early 2016, Oxfordshire County Council carried out a review of daytime support for people aged over 18 in Oxfordshire. It followed the joint budget that was set between the Council's major political parties in February 2016 which committed to a review to save £1 million. It had taken place in the context of the Council having £15.2 million of unidentified savings to make between 2017/18 and 2019/20.

The review focused on understanding the needs of vulnerable people for daytime support with the aim of proposing a model and options for future daytime support that met their needs and the Council's aims within current financial resources. As part of this review, the Council engaged with over 600 people who use the services and their families and friends who care for them as well as voluntary and private sector providers of care and support, staff who work in services, volunteers and community groups.

As a result of this review, the Council have now set out its aims and proposals for daytime support that will guarantee a core service for the most vulnerable, while supporting services provided by local communities. Key features of the proposals are explained within three themes.

Supporting for living well in the community

The proposals set out how the Council will support people to live well in the community through information and advice; council services such as the Comet (the Council's bookable transport service) and voluntary and community sector support. This includes replacing the Council's annual funding of 47 community-based daytime support services with advice and support to groups to help them become more self-sustaining, alongside new Innovation and Sustainability grant funds they can bid for. They would continue to work with the Age UK provided Community Information Network.

Open access tailored support for more vulnerable people

The proposals are to continue to fund at current levels, open access tailored support for more vulnerable people, free of charge, and available to everyone who could benefit. This will be delivered through the Dementia Support Service, which will continue to provide support to people with dementia and their families, and the Wellbeing and Employment Service, which

will continue to provide support to people with learning disabilities, autism and physical disabilities.

Personal budgets for people with eligible needs

Continue to provide a core service for people with assessed eligible needs through personal budgets, giving people a choice between a range of voluntary sector, private sector and county council services.

Community Support Service

A new council-provided flexible, countywide 'Community Support Service' would be introduced to replace the current Health and Wellbeing Centres and Learning Disability Daytime Support services (22 building based services) for people with a wide range of needs for daytime support including older people, people with learning disabilities, physical disabilities and dementia. There are two options for how this might be done:

Option A: Centre-based option – where the service would be delivered from 8 dedicated building bases in Oxford; Banbury; Didcot; Witney; Bicester; Wantage; Abingdon and Wallingford.

Option B: Mixed option – where the service would be provided to four geographical areas in Oxfordshire: City, North, South and West. A range of flexible options would be provided to people in their communities and four building bases in oxford, Didcot, Banbury and Witney would be used to ensure sufficient specialist facilities and safe spaces are available to meet everyone's needs.

The Council wanted to seek views from interested people on these proposals and launched a public consultation on 1 November 2016 which closed on 20 December 2016.

2.2 Consultation process

The following channels were provided for people to respond to the consultation throughout the consultation period:

- Online consultation survey hosted on Oxfordshire County Council's consultation hub website www.consultations.oxfordshire.gov.uk. The questions were developed by Oxfordshire County Council. The survey included primarily open questions around the proposals to allow respondents to express views in their own words. Some closed questions were also included to measure levels of support around the Community Support Service options. Information about demographics and the context in which people were responding to the consultation were also asked for sub-group analysis.
- Paper surveys were also available and sent to all Day Support Centres. These contained the same questions as the online survey with a freepost return option. There were no requests

- for translation into additional languages. Easy Read versions of the survey were also available on request and distributed to all Learning Disability Services
- Self-managed focus groups the Council developed focus group packs that were sent to all council delivered services and included service providers who receive funding from the Council. This enabled them to conduct their own groups with service users, carers and others. A standardised feedback form was included to ensure responses were captured in a consistent way.
- Workshops were held with people who use services (including older people, people with learning disabilities and dementia), carers, family members and anyone interested in the proposals. These took place in Didcot (21 November), Oxford (on 22 November and 6 December) and Banbury (23 November). A workshop for Service Providers was also held on 8 November in Oxford. A briefing for providers was also held before the consultation launched to inform them of the proposals outlined in the consultation and to encourage them to involve service users and their carers, families and friends in the consultation.
- Submissions in the form of letters, emails, phone calls and petitions could be submitted to the consultation by post or online.

The consultation was promoted in a number of ways to encourage participation. This included: surveys and supporting documents being available in all libraries across Oxfordshire; the consultation being promoted on Oxfordshire Clinical Commissioning Group's 'Talking Health' website; and being promoted through other networks including Carers Oxfordshire, and parish, town and district councils. Oxfordshire Community Voluntary Action also cascaded the information to all organisations with whom they work, who may have an interest in this issue.

2.3 Responses to the consultation

The number of responses received through each consultation method are shown below.

Table 1: Responses by response method

Method	Responses
Online survey	146
Paper survey – standard	60
Paper survey – Easy Read	86
Focus groups	44
	(543 participants)
Service Provider and Stakeholder	5
workshops	(94 participants)
Written submissions	35
E-mail submissions	41
Phone calls	3

Of the written, email and phone submissions, 11 were received from organisations, 1 from a local councillor and two from local MPs. One e-mail submission was sent to an MP and referred on to the Council and is included in this response.

In addition, the following petitions were submitted as part of the consultation. These include:

- An online petition that can be viewed at https://www.change.org/p/victoria-prentis-mp-stop-oxfordshire-council-closing-day-support-centres-for-adults-with-learning-disability. There are over 60 signatures to this petition.
- A paper petition from the Bicester Health and Well-being Support Group which includes 238 signatures
- An online petition from 'Save Our Bicester Health and Well-being Centre' campaign with over 1200 online signatures which can be viewed at https://you.38degrees.org.uk/petitions/save-bicester-s-health-and-wellbeing-centre.

These are not included in the consultation response but will be responded to separately, in line with the Council's formal petitions scheme.

http://portal.oxfordshire.gov.uk/content/publicnet/council_services/about_your_council/local_government_oxfordshire/constitution/2010/Part11-1PetitionsScheme.pdf

2.4 Interpreting the responses

The Campaign Company was commissioned by Oxfordshire County Council to provide an independent analysis of the consultation responses of each of these channels. This report sets out the findings from this analysis.

Oxfordshire County Council's Cabinet will make a recommendation on the future funding of daytime support and approach to delivering this in January 2017, for a final decision by the Council in February 2017. The findings from this consultation will be used to inform the final decision about the future model for day support in Oxfordshire.

The Campaign Company collated responses made throughout the consultation period and feedback representations made through the different engagement formats. Data collected by Oxfordshire County Council was shared with The Campaign Company for the purposes of this analysis.

The methods used to collective evidence are designed to allow everyone to contribute to the consultation, but the evidence collected is not representative. Responses are self-selecting: only people who chose to give their views have had them recorded. Public consultations tend to over-represent responses from people with the strongest views and those most directly involved with the services being considered.

As the responses are self-selecting, particular attention is paid to understanding who has responded to the consultation, to understand where some groups are being under or over represented through the findings.

The primary method of analysis is qualitative with approaches used to understand the particular issues raised by those who have contributed, to capture the themes that emerge from response and gauge the strength of perceptions by different groups. Quantitative data is analysed in this way, as indicators of the perceptions of different respondents.

For the analysis of the survey responses, closed question responses are described as percentages. Due to a high number of partially completed responses, varying from only one question to all but one question being answered, the number of responses included in each response varies. As a result, the base number for many questions varies and is stated for each question.

In places percentages may not add up to 100 per cent. This is due to rounding or questions allowing multiple responses. Where questions have allowed multiple responses this is clearly stated.

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVIvo) all text comments have been coded

thematically to organise the date for systematic analysis. To do this a codeframe was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response is categorised and could be analysed in context.

The analysis has been presented thematically based on the method through which the responses were received. Quotations from responses and submissions are included to illustrate these themes.

3 Analysis of survey responses

3.1 Introduction

This section reports on the response to the consultation survey on the Review of Daytime Support that was available online and via paper copy on request. The survey was open to all members of the public, providers of services and proactively promoted among people who use Daytime Support services (including older people, people living with dementia, people with learning disabilities), carers and their families and friends.

To support the survey there was a supporting consultation document that provided information on the proposed changes and detail to help respondents to understand how the proposals had been reached. A copy of the survey questions is included in Appendix 3.

As with all public consultations the response cannot be seen as representative of the population but rather a cross section of interested parties who were made aware of the consultation and were motivated to respond. Within the analysis, we cannot be clear the extent to which responses are informed by the supporting information that has been provided. We have conducted analysis on the response using statistical software and coding software.

This section breaks down question by all of its elements (quantitative and / or qualitative). Where there is a notable difference we have included breakdowns of the data by type of user, geography and demographics. For quantitative data, we have included a base figure to highlight the number of responses.

3.2 The survey response

332 survey responses were submitted during the consultation period either online or by paper. 86 of these were Easy Read surveys (26% of responses).

36% of respondents were service users and 30% were carers. A detailed profile of survey respondents is included in Appendix 1.

Differences between Easy Read questions and survey questions whose responses were not exactly comparable and how these have been reported are explained in section 3.4.

3.3 Summary of findings

This section breaks down question by all of its elements (quantitative and / or qualitative).

Q1: Additional needs

Are there any additional needs that we have missed? (Standard questionnaire)

Do people need daytime support for anything else? (Easy read questionnaire)

Just over half of respondents feel there are additional needs for daytime support that the council has missed in its summary at the beginning of the consultation questionnaire (54%). (Fig. 1)

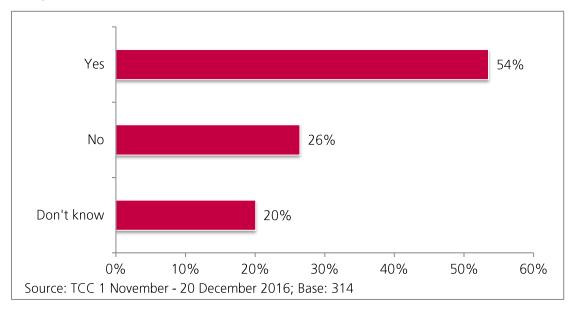


Fig. 1: Q1: Are there any additional needs that we have missed?

Service users (68%) and carers (61%) are more likely to have said additional needs have been missed than service providers – funded (43%) and non-funded (60%) – or professionals (45%). (Fig. 2)

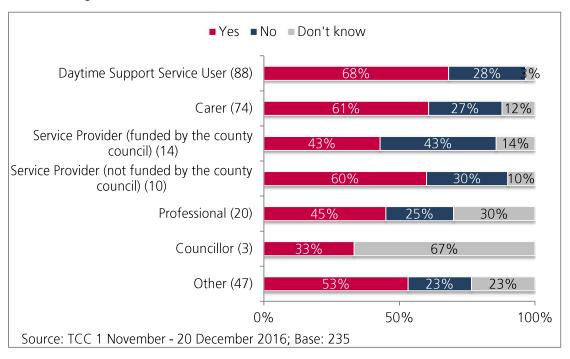


Fig. 2: Q1: Are there any additional needs that we have missed? - by About You 1. Do you consider yourself to be a ...?

There is little difference in the level of feeling that needs have been missed between those responding about different services, except those who say 'other', who are much more likely to have said that needs have been missed (95%). (Fig. 3)

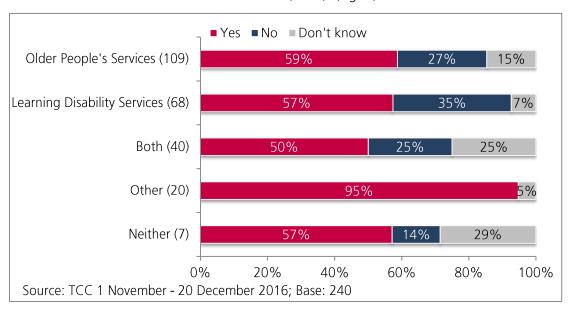


Fig. 3: Q1: Are there any additional needs that we have missed? - by About You 2. Are you responding in relation to.....?

When asked in a follow up question to comment on any needs that have been missed, many have outlined aspects for which people need daytime support, others have made more wide-reaching comments on what is needed to access daytime support.

In the case of the latter, transport and accessibility are mentioned by several respondents as a core need, particularly for rural communities.

Identified needs met by daytime support that are felt to have been missed are organised around general themes: provision for carers and service users, needs of individual groups, opportunities and staff.

For carers, the ability to work as well as respite is mentioned, while for users, the provision of a routine and regular stimulation in a safe environment are mentioned alongside more specialist needs.

Among specific groups' needs felt to be missed, those of people with autism, people with learning disabilities are cited, as well as more isolated references to the needs of other groups, for example people with multiple sclerosis, and people with mental health problems including anxiety and depression.

Although there are several opportunities cited that had been outlined in the questionnaire, such as acquiring skills and social networks, the need to be out in the community and to be more generally independent are mentioned by some.

The need to access expert and dedicated staff themselves is mentioned on several occasions, varying from practical to emotional, and specialised support.

Support for living well in the community

Q2a: How well do you think [the council's proposal for support for living well in the community] will sustain and develop community-based daytime support?

The quantitative data here excludes responses recorded for easy read surveys, as the question format was different (open) in those cases (see section 3.4).

Almost half of respondents feel the council's proposal will not sustain and develop community-based daytime support at all (45%). A further 26 per cent feel it will do so a little. 2 per cent feel it will do so very well, and 7 per cent quite well. (Fig. 4)

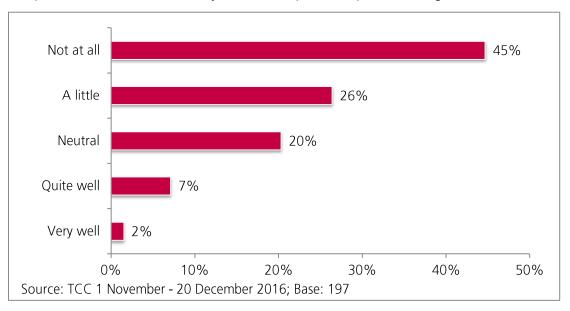


Fig. 4: Q2a: How well do you think this will sustain and develop community-based daytime support? - Total

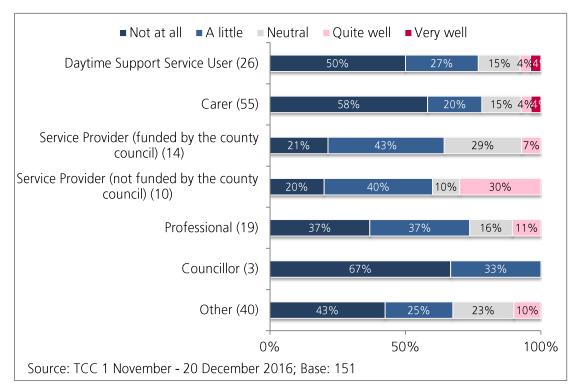


Fig. 5: Q2a: How well do you think this will sustain and develop community-based daytime support? by About You 1. Do you consider yourself to be a ...?

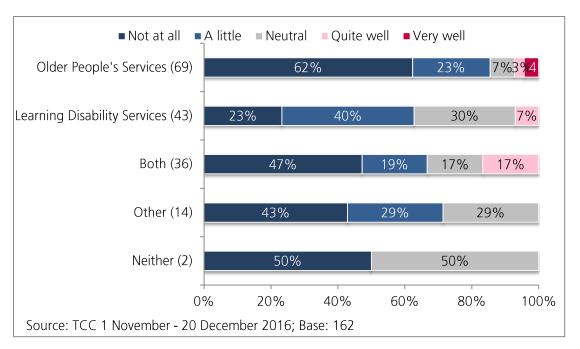


Fig. 6: Q2a: How well do you think this will sustain and develop community-based daytime support? by About You 2. Are you responding in relation to......?

"The population is widely dispersed so having good access to all the wonderful facilities will be key to providing people with choice"

Positive comments about the proposals include the idea that it will improve access to a wider range of local opportunities across a wider area, with a widely-spread population potentially benefitting from private budgets and transport. The transport portion of the changes outlined received the most support because of the opportunities this presents to access more community-based daytime support.

Comments in opposition to the proposals include concerns about overreliance on volunteers, who are praised but seen by some as lacking the necessary training, expertise and availability to take the place of paid and trained staff. There is also some scepticism around how well the proposed transport system will work, particularly in respect of individual needs, as well as who is expected to deliver the services. Potential accessibility of services generally is a concern.

Funding is a concern to many respondents, with repeated doubts about the reality of the two grant funds' ability to support services, or the capability of many services to become self-sustaining. Several respondents express uncertainty about how prevalent self-sustained services are and how they will cope when needing to fill gaps in provision. Some question the real cost savings through grant funding, also considering any knock-on effects.

There are also a number of comments made that there is not enough information to make an informed assessment. This includes information about how many people will be directly impacted and the specific alternative provisions for them; the direct impact on individual

voluntary and community groups who receive current Council funding (for example, grant received as a percentage of its turnover).

"The new grant funds might help set up new initiatives, but the more there are the smaller the slice of the cake. I don't think it would be helpful in the long run and potentially a huge waste of public money if and when new initiatives fail for lack of continuing funds".

Q3: Can you suggest any other ways that would sustain and develop community-based daytime support?

Suggestions of other ways to sustain and develop community-based support are varied, including different ways of using centres and spaces, support and backing to both volunteers and paid staff, and different priorities for funding, both within and outside of daytime support. There are also suggestions to simply maintain current provision.

Open access tailored support for more vulnerable people

Q4: Please say what you think are the key strengths of these options

Perceived strengths of the proposals around open access tailored support for more vulnerable people, including OxForward and the Dementia Support Service, include the general idea that it will indeed help people in need, although this is caveated in some cases with the notion that this is only a benefit to those who are able to access the services. OxForward is praised in some cases for supporting users to gain skills and access employment opportunities, and the Dementia Support Service is seen by some as vital in supporting both dementia sufferers and their families or carers, with one-to-one support regarded as particularly important.

Q5: Please say what you think are the key weaknesses of these options

Weaknesses in the proposal are perceived by many to be in its deliverability. Costs, funding and targets are cited as unsustainable or unrealistic – in the case of the Dementia Support Service there are doubts about whether supply can meet demand for one to one support. OxForward elicits little recognition, and where it does there is some negativity

Personal budgets for people with eligible needs

Q6: How do you think the Innovation Fund can increase the range of support options available to people to buy with their personal budgets or self-fund?

The potential of the Innovation Fund to increase the range of support options available to people to buy with their personal budgets or self-fund is deemed by many to be limited. While there is some praise for the idea of more choice for service users and the ability to tailor their own budgets, there is scepticism around whether the fund will help to develop this or hinder it, as some assert that its positive effects are likely to be nullified by the wider cuts to services.

For some, personal budgets and the choice it brings are not wholly welcome. There are comments around the perceived difficulty in users managing their own finances and in some cases their ability to make informed choices without support. There are also some criticisms expressed about the lack of information given, particularly around how much people will receive, how will they be accessed, what support to manage these will be provided and by whom.

Council-provided Community Support Service

Option A: Centre-based option for the Community Support Service

Q7: Please say what you think are the key strengths of this option

Q8: Please say what you think are the key weaknesses of this option

Q9: How well do you think that Option A meets the needs of people who use services? (standard survey)

Will Option A meet the needs of people who use services? (easy read survey)

29 per cent of respondents feel Option A meets the needs of people who use services at least quite well, 17 per cent saying 'very well'. 23 per cent feel it does not at all, and 27 per cent a little. (Fig. 7)

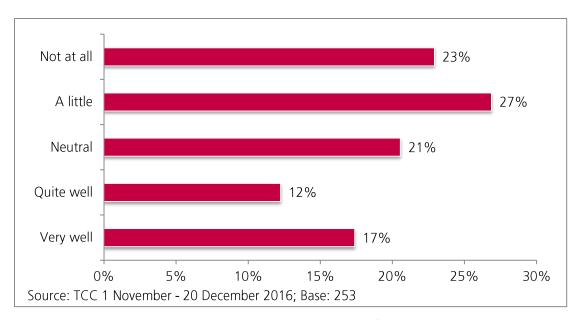


Fig. 7: Q9. How well do you think that Option A meets the needs of people who use services? – total

Carers are more positive about Option A than service users, with 37 per cent feeling it will meet needs either very or quite well, compared with just 23 per cent of service users. (Fig. 8)

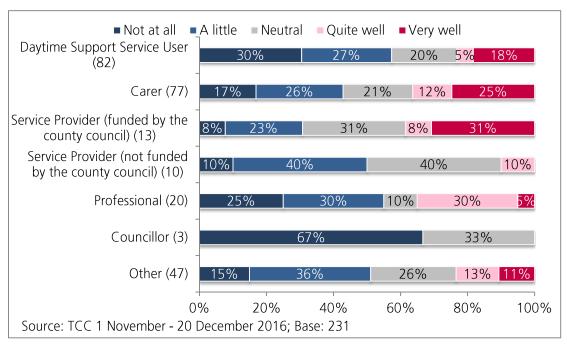


Fig. 8: Q9. How well do you think that Option A meets the needs of people who use services? by About You 1. Do you consider yourself to be a ...?

There is little difference in sentiment between those responding about older people's services and learning disability services. The latter are slightly more likely to have said 'not at all' (60% to 51%). (Fig. 9)

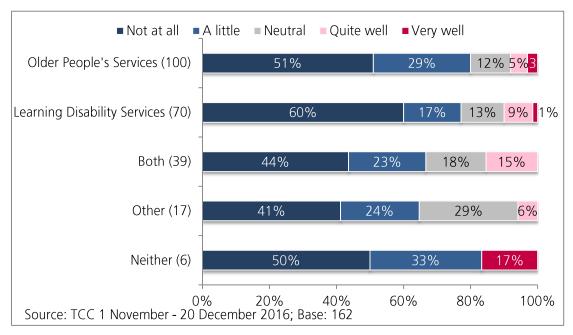


Fig. 9: Q9. How well do you think that Option A meets the needs of people who use services? by About You 2. Are you responding in relation to......?

Strengths of this option are described by some respondents as being in the accessibility provided, with centres covering most of the county. For some, however, the benefits of the option will only apply to those who can travel to the centres. The integration offered is also considered by some to be more conducive to multi-agency working and shared expertise and resources.

The familiarity offered by being centre-based is similar to the day support service users are used to and is also mentioned as a strength, particularly when compared to Option B's community-based model. The retention of buildings itself is commended by some as offering a safe space and reassurance to service users, and in some cases the very fact that what is being proposed is more like the current system is in its favour.

While there are some comments that respondents require more details and reassurance around some key elements of the option, including a couple of doubts about the reach and capacity, in other cases, specific concerns are stated. In contrast to the praise given by a few respondents about the accessibility offered by the option, a lack of accessibility for some users, especially those in rural areas, is among the most common concern raised about the option.

"8 centres is significantly less than 22 and would therefore offer less and more widely spaced provision."

There are also concerns that fewer centres and staff will be able to cope with the demand for services, resulting in overcrowding and/or a downturn in quality of care – the proposed level of provision in Oxford is specifically cited as insufficient. The grouping of different service users with different needs is a serious concern from some respondents, with the idea of expecting elderly service users with those with learning disabilities representing a lack of understanding of their needs.

"I feel that putting together elderly, individuals with learning disabilities or individuals with dementia will not work as all individuals will have different needs . . . having everybody together will mean we are unable to meet those individual needs."

An additional concern is noted by some respondents that the knock-on effects for those who are not eligible for subsidised care would not be able to access affordable alternatives, with self-funders unable to afford high cost remaining services.

Option B: Mixed option for the Community Support Service

Q10: Please say what you think are the key strengths of this option

Q11: Please say what you think are the key weaknesses of this option

Q12: How well do you think that Option B meets the needs of people who use services? (standard survey) Will Option B meet the needs of people who use services? (easy read survey)

Opinion is stacked more heavily against Option B than Option A – half of respondents feel it does not meet the needs of service users at all (50%). A further quarter feel it does so only a little (25%). 2 per cent feel it does so very well and 9 per cent quite well. (Fig. 10)

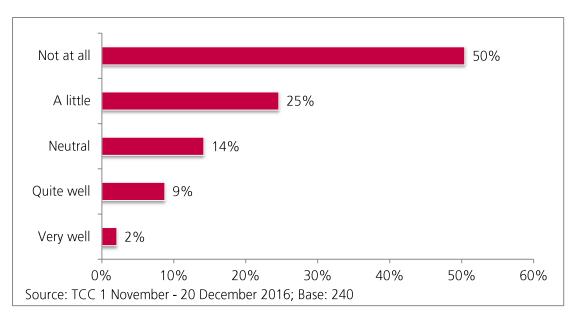


Fig. 10: Q12: How well do you think that Option B meets the needs of people who use daytime support services?

– total

Negativity about Option B is fairly unanimous, although service providers are slightly less heavily negative than service users, carers and professionals. (Fig. 11)

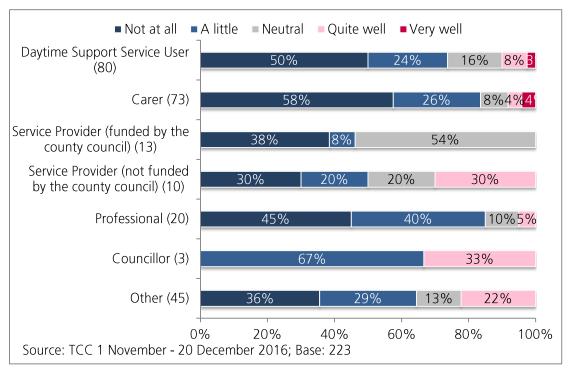


Fig. 11: Q12: How well do you think that Option B meets the needs of people who use daytime support services? by About You 1. Do you consider yourself to be a ...?

There is stronger negativity about Option B from those responding about just one of older people's services (80% say not at all or a little) or learning disability services (77%), than those responding about both (67%). (Fig. 12)

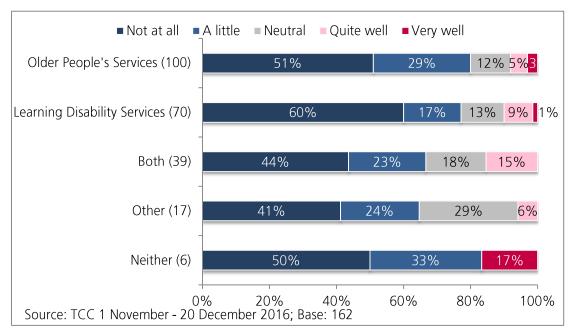


Fig. 12: Q12: How well do you think that Option B meets the needs of people who use daytime support services? by About You 2. Are you responding in relation to......?

"Reaching people on their 'territory' allows for greater initiative and flexibility and makes effective use of existing community facilities"

Identified strengths of this option are fewer than for Option A, but among those that are cited, the more localised model is seen by some as creating less reliance on transport and could be more accessible for more service users. The sharing of resources and expertise, and the provision of specialist support and equipment, are also mentioned by some as a strength of this option.

Weaknesses of Option B include the long travel times expected for users who have complex needs and are restricted to one of four centres across the county, with the mental health impact of long journeys cited by some respondents.

The dominant theme in terms of identified weaknesses of Option B is its perceived overreliance on community locations for service provision, with many arguing this carries risks around integrating service users with members of the public, and others unhappy at the suggestion that certain facilities could be used, with allotments eliciting a particularly strong response. The lack of space and suitability of community facilities in general is commented on, and there is a popular sense that the lack of a 'base' will detrimentally affect many service users.

The impracticality of integrating some service users with other members of the public is another point raised. The replacement of a safe, familiar environment, with a potentially more irregular and less routine service would, some suggest, make service users more vulnerable or discourage them from seeking daytime support – applying to both older people and those with learning disabilities.

Q13: What do you believe are the most important things that <u>must</u> happen in either or both options (A and B).

Q14: Is there anything that either option A or option B or both options will not provide that you think should be provided?

When asked what the most important things that need to be considered in each option are, and those that have been missed, similar points to those raised in response to each option are reiterated. The need to make services accessible to all, including those in rural areas, is repeated. Transport needs are specifically mentioned.

Maintaining high quality services is also a priority mentioned – appropriate facilities and staffing are seen as important, as well as ensuring a safe and welcoming environment for service users. Staff are specifically mentioned as needing to have the adequate expertise and training, and to be paid, to manage services for those with varying needs, and to give carers respite. 'Clubbing together' service users with different needs is referenced as something that must be avoided, with an emphasis on person/individual-centred care rather than being overgeneralised.

Avoiding closures of existing services is frequently mentioned, as well as less specific points around the need for continuity and familiarity for service users. Financial sustainability is referenced in places, as is continued availability of care. Some respondents call for no change, and/or for their current provision to continue, with neither option felt to meet the needs of users.

The lack of a person-centred or tailored approach is specified as an area that both options miss, as is proper consideration of the accessibility and suitability of proposed services. Some asked for more or clearer information about the implementation of these plans and how it would work in practice.

Overall impact of proposals

Q15: Do you believe that you, the person you care for or someone else who may wish to use services could be more greatly affected by the proposals than anyone else? Please state why.

When asked whether the proposals are likely to affect any service users or carers more than others, respondents give a variety of responses.

One group mentioned in several responses is those service users who fall outside the 'vulnerable' criteria or are considered able to access community facilities and services, who are seen to be liable to lose out on the support they currently receive and rely on. At the other end of the spectrum, those with the most complex needs are also felt by some to be particularly vulnerable to the proposed changes, suffering from fewer staff, suitable activities and support.

Again, those facing longer journeys to access support are considered particularly liable to be affected by the changes, particularly those in rural areas with poor or more costly transport provision.

The effect on staffing and an increase in use of volunteers is seen as negatively affecting both of these groups, with paid jobs at risk and an unfair expectation on volunteers to plug the gap, without the same training, expertise or remuneration. Carers also stand to lose out, it is suggested, on time for themselves for work, leisure and other respite.

In addition to these points there are various assertions that those with dementia and learning disabilities will be particularly negatively affected in general.

Additional comments

Throughout the survey response, there are numerous comments on the consultation and process itself. A large portion of these concern the feeling that the proposals in general contained within the consultation do not adequately meet the needs of service users and stakeholders, and in some cases are thought to be ill-thought out and uninformed. There are also some comments asserting that the consultation is not informed enough by the needs and feelings of service users, carers or other stakeholders, with a number of comments suggesting the feelings raised in previous engagement have not been taken into account.

3.4 Interpreting the different survey formats

The quantitative ranking questions 2a, 9 and 12 had different answer options on the online and paper versions. While the paper version prompted respondents to give a score of 1 (not at all) to 5 (very well), the online version used specific descriptors: not at all; a little; neutral; quite well; very well.

The following procedural note needs to be taken into account when reviewing these responses. The easy read version of the survey did not include question 2a, and for questions 9 and 12, used the answer options: Not at all; Not much; Not sure; Yes, a bit; Yes, definitely.

The responses reported in this section are a total of both, as the scales are broadly comparable, as shown in the table below, but an individual breakdown by paper and online is included in Appendix 2.

Online (2a, 9, 12)	Standard paper (2a, 9, 12)	Easy read paper (9, 12)
Not at all	1 (not at all)	Not at all
A little	2	Not much
Neutral	3	Not sure
Quite well	4	Yes, a bit
Very well	5 (very well)	Yes, definitely

Table 2: Key to comparable answer options for Q. 2a (Online and Standard paper) and Q9 & 12 (Online, Standard paper and Easy read paper)

4 Analysis of Focus Group responses

4.1 Introduction

This section outlines the headline findings from the focus group feedback received during the consultation.

Focus groups were conducted by providers of services with their service users and carers. Notes of these groups, usually following a reporting template were taken.

43 focus group feedback forms were returned during the consultation. 358 people took part in these groups.

4.2 Summary findings from the groups

"Support for living well in the community"

Accessibility, cost and transport

While in some cases the proposal is seen as offering a spread of services and choice, there are concerns raised about the accessibility of services. These include queries about the cost and affordability of the Comet transport service, the need for accessible vehicles, one-to-one transport provision and the journey times and reliability.

Support for the proposal is in a few cases conditional on a good transport service. There are additional suggestions that pre-booked transport is more difficult for some service users, such as those with memory difficulties, and can restrict the amount of time users can spend at centres.

There are also comments, some specific to transport and some more general, about the cost of accessing services being 'too much', or difficult to access for service users who do not have bank accounts or debit/credit cards.

Effect on those with severest needs

The idea that specialist services will be harder to access for those with the greatest needs is seen by some as likely to lead to them being marginalised or suffering especially. These groups include those with dementia, and there are isolated comments that the proposal seems less favourable to dementia sufferers and older people than those with learning disabilities.

Impact of funding cuts on quality

There is a general feeling expressed by some that funding cuts will inevitably lead to a downturn in quality of service, or an increased cost to the service user. There are a few

isolated concerns that some day centres will not be able to survive when start-up or current funding ceases.

Staff and volunteers

As well as concerns about the reliability of volunteer-run services, there are more fundamental concerns that the changes will mean there are not enough staff to support service users. It is stated that volunteers cannot be expected to replace the work paid, trained staff currently do.

Suggestions

Aside from a range of suggestions that the current system should be maintained, a handful of different suggestions for ensuring provision of daytime support in the community are recorded.

Transport

Differing suggestions are made about the use of transport. Service users who live in the same area sharing transport to centres is suggested, as is the provision of services that cater for day trips. A repeated point highlights the need for skilled drivers.

Integration/use of existing facilities

A small number of comments are made suggesting better use of community buildings for continued provision, and the establishment of a new dementia day centre alongside an existing centre in Cornhill.

"Open access tailored support for more vulnerable people"

Specificity/exclusivity

The options are variously seen as too specific to those with learning disabilities and with dementia. Others comment that they do not therefore feel this is relevant to them, particularly from older people who do not have dementia.

There are also a few comments that it appears not to affect all areas, and that it is Oxford-based.

Financial impact

As well as a continued assertion from some that lowering the budget cannot improve services, and a note that the options do not appear to help save money, others are more concerned with the personal financial impact, with a few questions about the cost of the options to the user.

Comments on specific options

Comments on the individual options specifically are more sparse. OxForward is mentioned a couple of times but only with a lack of interest or lack of awareness, having not heard of it.

The dementia support service is praised in an isolated case as a strength for its one to one support, but is also seen as potentially expensive and not having enough capacity to support all who will need it.

"Personal budgets for people with eligible needs"

Effect on choice

Some respondents do praise the proposal for the increased choice, but there is also a counter-point from others that it may not increase choice, with worries about cost and personal budgeting as detailed below, and the feeling that there may be fewer options for some service users, including, in one specific comment, older people and dementia sufferers.

Difficulties in using personal budgets

Personal budgets are highlighted by several respondents as a challenge for service users. There are suggestions that some are not well enough, proactive enough, or require extra support, to manage their own budgets and make choices about how they spend them. Concerns are expressed by users that they struggle even with help.

Cost

There are practical queries respondents have about the cost of the services, and their support for them will depend on finding out whether they can afford to access them – with some respondents already assuming they will not.

A few more comments are made about universal costs of the proposal, with some arguing there will be a large financial cost to starting new services.

Continuity

A repeated theme on increased choice is the feeling that it is not necessarily desired. Service users, it is suggested by some, would much rather continue to access their current centre or services.

Council-provided Community Support Service

Option A preferred over Option B

Option A is widely preferred over Option B, and is seen as likely to continue the current service they are happy with. In some cases, this preference appears to be as the lesser of two

evils but there is a fair amount of genuine support for Option A. Option B is seen by some as unworkable.

Continuation of centre/building-based model with known staff

A key reason for the more favourable reception to Option A is its maintenance of a centre-based approach. Although there are isolated responses in favour of getting out in the community and the variety that goes with it, as offered by Option B, most respondents are much more comfortable with the continuity of having a base they know.

Asked what the top priorities are for them in either of the options, having a safe, inclusive place where there is a roof over their head and opportunity to socialise and have a meal, is among the most common responses. Furthermore, there are repeated suggestions that the current service should remain unchanged.

There is a social aspect to this too, with comments that the preference is for a place where users can meet friends and have a hot meal, and are concerned about the prospect of losing their friends if services are dispersed into the community.

Staff themselves are identified as important, and respondents identify a priority of keeping consistent, trained staff who they know. Concerns were also raised in response to the options proposed about changes in staffing and how existing staff would be affected.

Concern about 'clubbing together' users with different needs

There are concerns in response to both options about the notion of 'clubbing together' service users with vastly different needs. Aside from the perceived overcrowding that may occur with a reduction in centres, particularly in Option B, and the discomfort at the idea of lots of newcomers, it is seen as inappropriate and worrying to integrate older people and those with dementia with those with learning disabilities – this is a particular concern in relation to Option A.

Community settings unsuitable for many; importance of basic facilities

There is considerable concern about the suitability of community buildings and facilities for service users.

In some cases, this is based on the very practical absence of basic aspects such as full accessibility and disabled toilets. The suggestion of using allotments was considered particularly unfeasible with respondents questioning how this works in bad weather, and how older people are expected to participate.

There are further concerns mentioned about the suitability for service users and their safety in community settings.

Other comments are based more on the interaction with the settings and their other users. There are suggestions that daytime support service users may not be welcomed, and that some may find it very difficult to interact with other members of the public.

Accessibility, transport provision and cost

Practical concerns about accessing services remain paramount, with comments about the cost of transportation to centres or community settings commonplace. Many respondents are concerned the cost of traveling may stop them accessing services, and in the case of Option B in particular, the length of journey is seen as an obstacle. Some are concerned about the idea of staff or carers having to provide transport alongside other responsibilities.

While there are concerns about accessibility in response to both options, some respondents prefer Option A explicitly because, due to their location, Option B appears unfeasible.

Locality is a key theme and priority for respondents, with a number of comments that having support in their hometown or local area is a key overall priority.

'Impact'

Asked who would be most affected by the changes to daytime support, respondents mention those who live furthest away from services, who would need transport in place; older people and dementia sufferers, who would struggle with suggested community activities; carers and service users affected by stress.

'Other comments'

There are several comments from various groups that users would be happy to pay more for their services.

Additionally, there are a number of comments that the options on offer are not fair. Evidence of where the options have worked in other local authorities is requested in one group.

A number of respondents feel that the decision has already been made, and that there is not enough time to respond to the consultation. Several respondents implore the council to carefully consider the feedback to the consultation in making any decision.

5 Analysis of written submissions, e-mail submissions, and phone calls

5.1 Introduction

This section outlines the headline findings from the written, email and phone submissions received during the consultation.

79 submissions were received during the consultation period:

- 35 written submissions
- 41 e-mail submissions
- 3 phone calls

Of these 12 are from organisations, 1 from a Councillor and two from Members of Parliament.

5.2 Headline themes from responses

Summary of the responses from individuals

Many respondents feel that the closure of local day support services will have a negative impact on service user's health and wellbeing. It is believed that this will reduce a lot of people's accessibility to services and will increase levels of social isolation as a result.

A large portion of the letters were part of local campaigns against closing specific centres:

- o Bicester Wellbeing Centre: 21 responses
- o Volunteer Link-Up: 9 responses

Other specific centres were mentioned in standalone cases, or at a lesser frequency:

- o Daybreak, the Lilacs
- Daybreak, Oxford Rosewood
- o Daybreak, Oxford The Limes
- o Elms Health and Wellbeing Centre
- o Kingsmoor Day Cantre
- o Abingdon Day Centre

Respondents feel that the closure of local centres will cause an increase in care costs over time. The impact of these closures on the health and wellbeing of service users will increase the need for more costly social and health care.

There is also a concern that the loss of local centres will reduce opportunities for carer respite, which could result in a detriment to both carer and service user health and wellbeing.

Issues are raised regarding the reduction of skilled staff. Respondents are concerned that replacing permanent trained staff with volunteers will lead to a service provision that is unable to meet the complex needs of many service users.

Summary of the responses from organisations

The following is a list of organisations and representatives who have sent in extended responses. The key themes have been summarised and listed.

Daybreak Oxford

Believes a decision should be made quickly regarding the continuation of funding specialist daycare for people with dementia so that families can plan their futures accordingly.

Volunteer Link-Up

The results of a survey carried out by the Volunteer Link-Up service are summarised in this letter. The prevailing themes from their findings express concerns over accessibility and transport.

Chipping Norton Age Concern

Expresses a preference for Option B over Option A due to the geographically sporadic nature of their service users. They also believe that the budget for the Innovation Fund and Sustainability Fund should be combined in order to retain existing services.

Oxford Aspies – an organisation for people with Autistic Spectrum Disorder (2 submissions)

Outlines a need for funding to continue operating and puts forward a case as to why they should stay open.

Oxford Chinese Community Advice Centre

Outlines a need for funding to continue operating and puts forward a case as to why they should stay open.

UNISON

Expresses firm opposition to funding being cut. States that Option "A was slightly less harmful than B."

Autism Oxford (2 submissions)

One submission raises concerns that residents with high functioning Autism/Asperger syndrome were not involved in the consultation.

The second one provides feedback from parents using the Autism Oxford service. The key theme presented is that "the needs of people with autism have not been properly considered in the proposal."

Royal Voluntary Service

Believe that awarding funding based on deprivation indices will not benefit the people who require support the most and funding should instead be awarded to areas which show high levels of loneliness.

Shared Healthy Communities

Wish to have more information regarding funding and transitionary plans.

Kingswood

"People with autism have been underrepresented in the review and proposal for daytime support."

Oxfordshire Clinical Commissioning Group (CCG) (full response quoted)

"The CCG would want to see the Dementia support service maintained; this is an important service and withdrawal of Council funding from it would have significant impact on health services

On balance, the CCG prefers the mixed option for the community support service but seeks clarity that this is not then a vulnerable service.

We would want to see that this service links well with primary care community services through locality based teams and also services such as care navigators/social prescribing."

Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire (ACO)

A detailed submission was received by AUKO and ACO which was informed by a consultation they had conducted with 400 individuals and groups. Some of the key issues raised are summarized below. The full submission is included in Appendix 4.

They broadly **support** the following elements of the proposals:

- the three 'levels' of daytime support, which provide a helpful framework
- the establishment of an Innovation Grant
- the establishment of a Sustainability Grant
- Option A (with elements of Option B)

They do have significant concerns about the impact of the proposals on:

- people whose needs fall just short of being eligible but are nevertheless quite high level, and
- people with eligible needs whose savings and / or income mean that they narrowly miss out on being eligible for a personal budget.

A number of recommendations are made to address some of the issues raised:

- 1. Oxfordshire County Council (OCC) works with strategic partners to review the need for community building / community development approaches to 'develop the market' in daytime support.
- 2. OCC works with the Community Information Network on a **phased implementation** plan.
- 3. Older people affected by the changes must be routinely offered a **benefits check** and support to complete applications for Attendance Allowance, Pension Credit etc where appropriate.
- 4. The **Sustainability Grant**: those areas of the county where deprivation amongst older people does not match deprivation in the wider population should be included in the eligibility criteria for the grant.
- 5. The **Innovation Grant**: clear guidelines and criteria should be co-produced, and include that the grant should be used to **unlock potential** in organisations, communities and partnerships.
- 6. A tapered **Transition Grant for one year only** should be established to enable independent day centres to make the changes /adapt provision. The grant would have clearly set goals.

- 7. OCC invests in adequate accessible, affordable **transport** to underpin the new model, meeting a range of different needs.
- 8. OCC to engage with specialist providers of **independent dementia day care** as a group, to clarify their strategic place within the new model, build on their strengths and skills and agree a way forward which ensures that vulnerable people are not put at risk
- 9. OCC works with AUKO and other providers to **raise the profile** of the new Daytime Support service.

Summary of the responses from MPs / councillors

Member of Parliament A

- Concerned that the reduction of local centres will result in reduced accessibility.
- Asks that proximity of local users be taken into consideration when deciding which services to cut and that transportation be provided to accommodate people that cannot access local services.

Member of Parliament B

- Raises the need for transition funding to be made available for existing support services.
- Believes current services should be provided with more information regarding future fund criteria.
- Expresses concern that the Innovation Fund proposed to encourage new daytime services is reducing the amount of funding available to existing services, which may have to close as a result.
- Is concerned that local services will close and the impact this will have on his constituents.

Councillor C

- Expresses a belief that Option A is viable provided a there is no reduction in service quality, accessibility and transport is provided to enabled isolated residents to attend the centre.
- Is concerned that Option B could "cause real harm" and reduce numbers of volunteers.

6 Analysis of workshop responses

6.1 Introduction

This section outlines the headline findings from the workshops with service users and carers that took place during the consultation period.

These were held in Didcot (21 November), Oxford (22 November and 6 December) and Banbury (on 23 November). A workshop for providers of services was also held on 8 November in Oxford. A total of 94 people attended these workshops.

6.2 Headline themes from responses

The common themes identified across ALL workshops are reported below. Where specific issues have only been raised by providers of services these are stated.

"Support for living well in the community"

Transport

These proposals caused concern on two main levels. Firstly, there was an anxiety expressed that the burden of costs on service users and their carers would increase. The second type of concern centred on those who lived in more rural locations who might now struggle to access services.

People also noted that dial and ride services like the Comet were not suitable for people with dementia.

Transport sharing solutions were also discussed as a way of overcoming some of the potential concerns.

Providers of services also noted the inflexibility of the Comet (in terms of timings for example) and some expressed anxiety about the additional burden of service placed on them.

Funding

The impact of reduced funding was a big concern. Each workshop raised the need to have a transition plan that would enable voluntary and community sector organisations to adjust to funding cuts and to enable them to be more self-sustaining.

There was some support for the idea of the Innovation and Sustainability grant funds but it was agreed that they were not an adequate substitute for current levels of funding.

It was also noted that there should be clear criteria and transparent processes in place to make sure that the new grants were not just given to a handful of providers but were spread more widely.

In addition, providers of services also noted that grant application processes can be complex and add an administrative and time burden on staff - if the grants available were small scale in nature then many who need them may not apply.

Staffing implications

There was a concern that these proposals would lead voluntary and community sector organisations to rely more on volunteers than paid staff which was a huge concern since many of these groups were struggling to recruit volunteers.

Concern about the cost of training them to deal with specialist tasks (eg manual handling if they were to be a volunteer driver) was also raised.

The other concern raised was losing the expertise of trusted and skilled staff if funding were to be cut and the numbers of centres to be reduced.

"Open access tailored support for more vulnerable people"

The main issue raised across all workshops with respect to these proposals was the anxiety that other vulnerable groups were being excluded including people with neurological illnesses such as MS.

"Personal budgets for people with eligible needs"

There is a problem with 'choice' as many do not always know what is available in their locality and therefore cannot 'choose'.

Older people do not want choice, they want things to be organised for them. They don't want to have to make their own arrangements.

This was a sentiment expressed across all workshops: while choice can be good for some, others are not as equipped to make the most of the choices on offer.

There was also a view expressed on a number of occasions that the proposals did not take account of 'social needs' which were, for many, more important than 'eligible needs'.

Some people also felt that there was a lack of clarity about how personal budgets would work for service users. From a service provider perspective there was an anxiety raised that the burden of risk would fall on them – particularly if they were not able to recover the debt of any money owed to them by users who could not pay for the services they used.

"Community support service options"

There was a lot of anxiety expressed across the board about losing access to current trusted and familiar centres. Questions were raised about what would happen to them and their staff.

There were also concerns raised from carers' perspectives – many relied on services to provide them with respite and they were also worried about the additional pressure placed on them through having to negotiate new transport arrangements to different places.

While people liked the idea of more community-based support to allow service users to do activities closer to home and with local friends, this was outweighed by concerns around losing access to a dedicated physical space that could be regularly accessed to meet social needs.

There was also a perception that people with different needs were being 'clubbed' together, for example people with dementia and learning disabilities and that this would be at a cost to a person's individual needs.

Most participants across all workshops expressed a preference for Option A and some were open to a compromise between Option A and Option B (ie an option with more than 4 centres but with access to community-based solutions too).

Concerns around Option B were mainly focused on access to services particularly if you lived in a rural area.

"Impact"

Some of the groups identified across the workshops who might be impacted most were:

- Older people and people with dementia who are unlikely to want to / or be able to travel far. They may also struggle with personal budgets.
- Those who rely on the centres for social needs.

Other comments

There was a perception that communications around the consultation and the previous engagement had been poor (very strongly expressed by those in the Henley area).

There was also a worry that the whole focus of the consultation was on costs when the emphasis should be about care.

Appendix 1: Profile of survey respondents

Summarised in this section is the demographic profile of survey respondents as self-described. Please note that where percentages are shown, they are percentages of those respondents who gave any response to the question (except for the question about disability, which specifically only asked respondents to respond if they have a disability, so any non-response has been treated as a 'no').

Survey channel and format

56 per cent of survey responses were made online, while 44 per cent were paper versions. (Fig. 13)

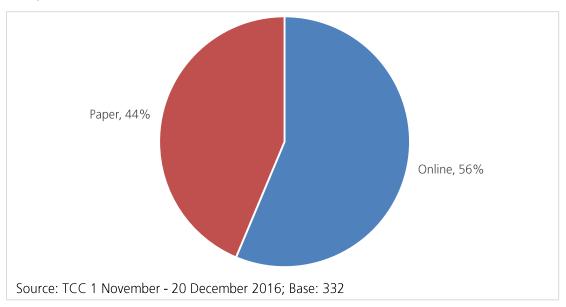


Fig. 13: Survey responses by channel

Just over a quarter of the survey responses were in easy read form (26%). (Fig. 14)

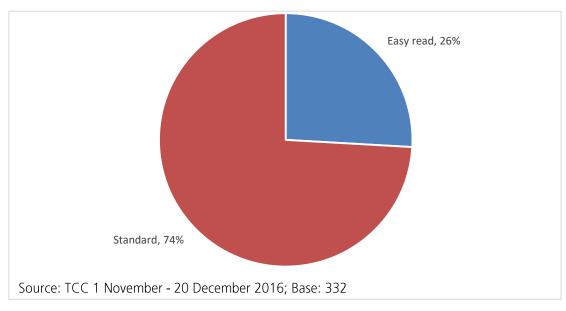


Fig. 14: Survey responses by easy read/standard

3.1 Respondent details

3.1.1 Responding as...

Of those who answered the question, 'Do you consider yourself to be a...?' the 36 per cent are service users, and 30 per cent carers. (Fig. 15)

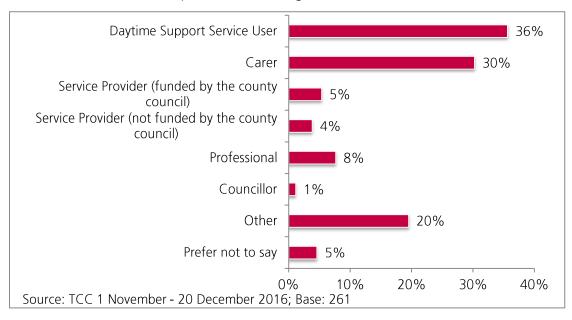


Fig. 15: About You 1. Do you consider yourself to be a ...? (all that apply)

3.1.2 Responding about...

45 per cent of respondents responded about older people's services, 29 per cent about learning disability services, and 16 per cent about both. (Fig. 16)

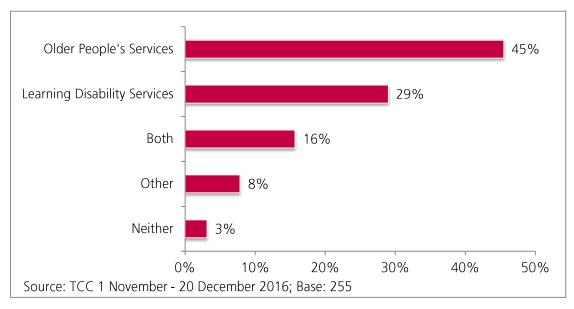


Fig. 16: About You 2. Are you responding in relation to.....? (All that apply)

3.2 Gender

65 per cent of respondents have identified themselves as female, compared with 30 per cent male (fig 17).

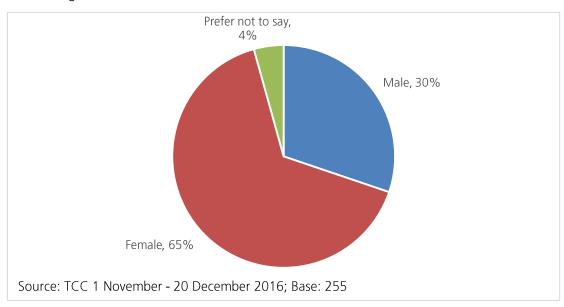


Fig. 17: Survey respondents by About You 5. Are you...?

87 per cent of respondents describe their gender as the same as that they were assigned at birth, while 0.5 per cent of respondents say it is not. (Fig 18).

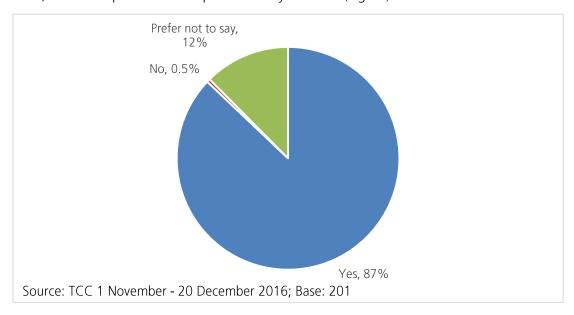


Fig. 18: Survey respondents, by About You 13. Is your gender identity the same as the gender you were assigned at birth?

3.3 Age

The largest ten-year age groups represented among survey respondents are 65-74 (21%) and 55-64 (19%), followed by 45-54 (16%) and 75-84 (14%). No respondents have identified themselves as aged 12-17. (Fig 19).

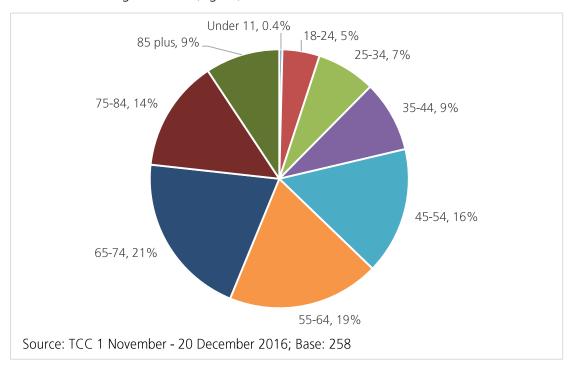


Fig. 19: Survey respondents, by About You 6. What is your age group?

3.4 Marital status

Of the 180 respondents who have described their marital status, the majority are married or in a civil partnership (53%). (Fig 20).

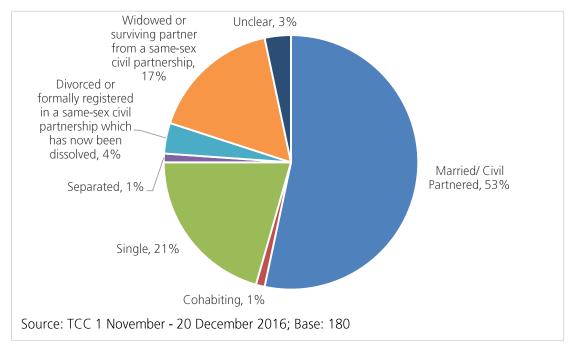


Fig. 20: Survey respondents, by About You 7. Please describe your marital status (coded)

3.5 Ethnic group or background

47 per cent of respondents describe themselves as White English or British (or one of the variants shown in Error! Reference source not found. 21 below), 14 per cent as White O ther or unspecified White, and 23 per cent as British or English without specifying an ethnicity. 9 per cent of respondents describe their ethnic group or background as Chinese.

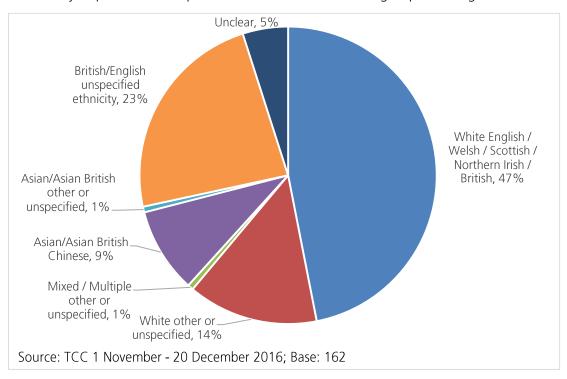


Fig. 21: Survey respondents, by About You 8. Please describe your ethnic group or background (coded)

3.6 Religion

More than three quarters of respondents (78%) identify as Christian or one of the variants shown in Fig 22 below, and 16 per cent as having no religion.

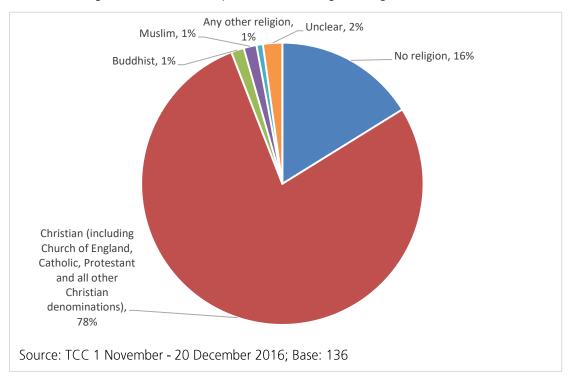


Fig. 22: Survey respondents, by About You 9. Please describe your religion (coded)

3.7 Disability

21 per cent of respondents describe themselves as having a disability. (Fig 23).

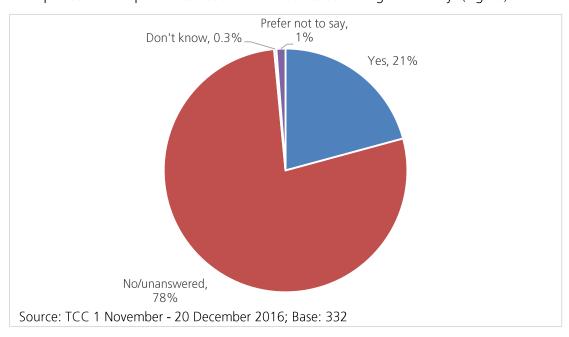


Fig. 23: Survey respondents, by About You 10. If you have a disability, please describe it (coded yes/no)

3.8 Pregnancy

1 per cent of respondents are or have been pregnant in the past year.

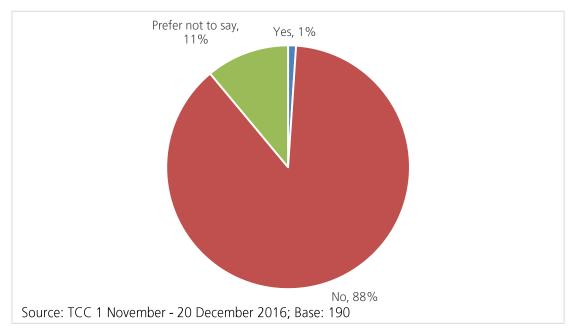


Fig. 24: Survey respondents, by About You 11. Are you currently pregnant or have you been pregnant in the last year?

3.9 Sexuality

70 per cent of respondents describe themselves as heterosexual or straight. The vast majority of other respondents prefer not to say (27%).

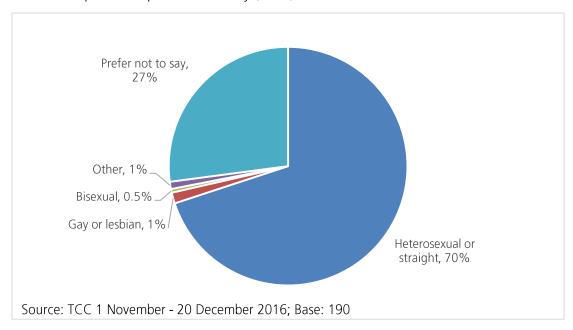


Fig. 25: Survey respondents, by About You 12. Do you consider yourself to be...

3.10 By area

Respondents were asked to provide the first part of their postcode to help us understand where the responses were coming from geographically. These have been mapped to the five district areas within Oxfordshire.

Table 3: Responses by district area (base: 238)

District	Number of responses
West Oxfordshire	72
Vale of White Horse	59
Cherwell	37
South Oxfordshire	36
Oxford City	34

Appendix 2: Detailed quantitative survey response

This section outlines the breakdown of different responses according to the differing wording of answer options on the various survey types.

3.11 Support for living well in the community

3.11.1 Online survey

How well do you think [the council's proposal for support for living well in the community] will sustain and develop community-based daytime support?

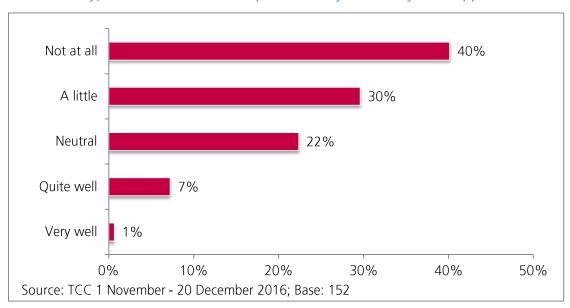


Fig. 26: Q2a: How well do you think this will sustain and develop community-based daytime support? - Online only

3.11.2 Standard paper survey

How well do you think [the council's proposal for support for living well in the community] will sustain and develop community-based daytime support?

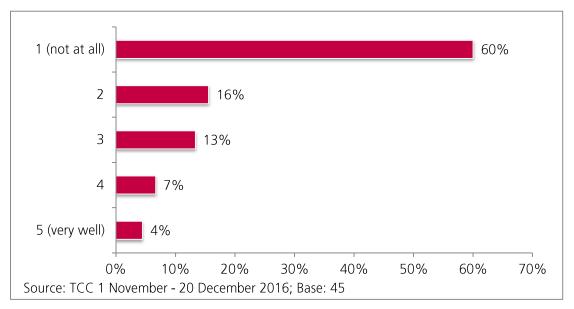


Fig.27: Q2a: How well do you think this will sustain and develop community-based daytime support? - standard paper only

3.12 Personal budgets for people with eligible needs – Councilprovided Community Support Service Option A

3.12.1 Online survey

How well do you think that Option A meets the needs of people who use services?

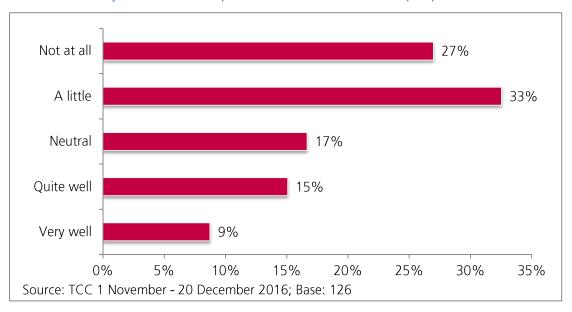


Fig.28: Q9: How well do you think that Option A meets the needs of people who use services? - online only

3.12.2 Standard paper survey

How well do you think that Option A meets the needs of people who use services?

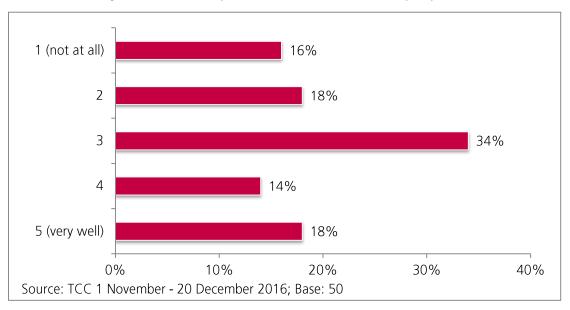


Fig.29: Q9: How well do you think that Option A meets the needs of people who use services? - standard paper only

3.12.3 Easy read survey

Will Option A meet the needs of people who use services?

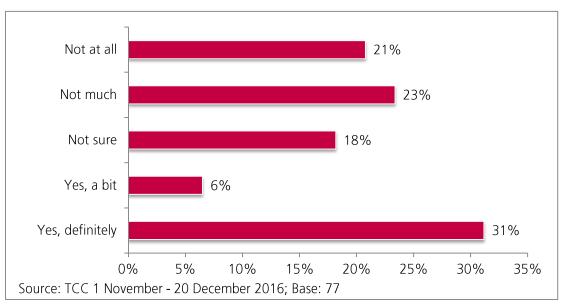


Fig.30: Q9: Will Option A meet the needs of people who use services? - easy read only

3.13 Personal budgets for people with eligible needs – Councilprovided Community Support Service Option B

3.13.1 Online survey

How well do you think that Option B meets the needs of people who use daytime support services?

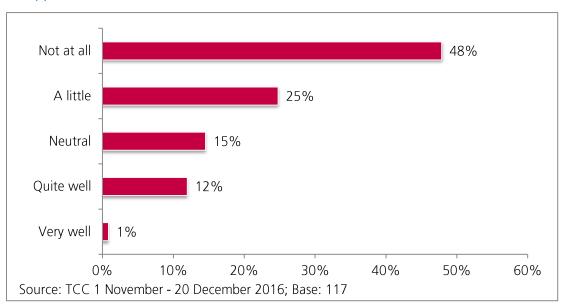


Fig.31: Q9: How well do you think that Option B meets the needs of people who use services? - online only

3.13.2 Standard paper survey

How well do you think that Option B meets the needs of people who use daytime support services?

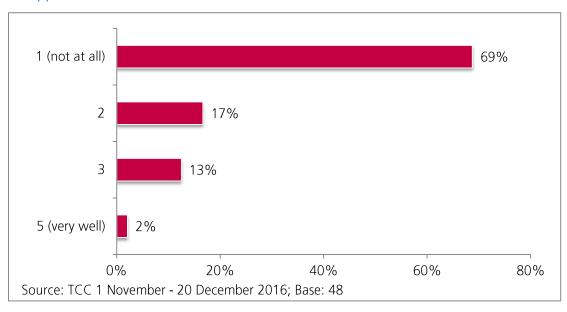


Fig.32: Q9: How well do you think that Option B meets the needs of people who use services? - standard paper only

3.13.3 Easy read survey

Will Option B meet the needs of people who use services?

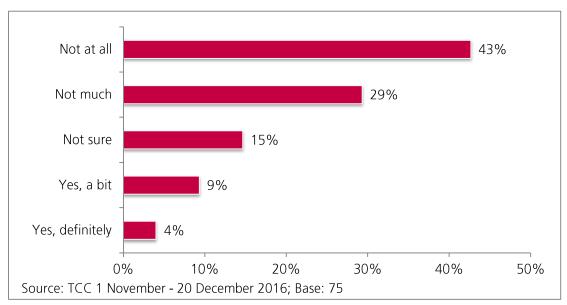


Fig.33: Q9: Will Option B meet the needs of people who use services? - easy read only

Appendix 3: Survey questions

(To be read alongside consultation document)

Oxfordshire's population is growing and ageing. Looking to the future, it is clear the number of older people needing care and support will continue to increase significantly. The number of people with learning disabilities and physical disabilities is also expected to rise slightly. As the numbers of people needing care and support increases, the numbers of carers who need advice and support will also increase.

In developing our understanding of the needs for daytime support in Oxfordshire, we have listened to over 600 people who use daytime support, their carers, as well as providers of care and support, and community groups.

People have told us that their priorities for daytime support include social contact, getting out of the house, maintaining independence and having a meal. Alongside seeing friends, people with learning disabilities emphasised going to work, getting a job and learning new skills.

Carers' needs are predominantly for respite, but the support and opportunities that daytime support provides to those they care for is very important to them too. This is as well as the reassurance that they are safe and are being cared for by skilled, caring and qualified staff.

time support.				
nave missed?				
0	Don't know			
If you answered yes, please use the box below to comment				
(nave missed?			

The county council's aims for daytime support

Our aims for daytime support have been shaped by what people have told us daytime support means to them and what they need from this support. They are also in line with the council's corporate aim for a 'Thriving Oxfordshire' and current social care legislation and guidance.

We want to:

- enable everyone to live well in their communities, accessing facilities, resources and opportunities available locally,
- promote wellbeing, reduce loneliness and social isolation, by supporting individuals and communities to support each other,
- encourage community daytime support initiatives to flourish.

We want to:

 ensure people have access to good information, advice and resources and are aware of the full range of opportunities to promote their independence and prevent their needs from escalating.

We want to:

ensure there are opportunities and support available for vulnerable people to connect
with others, make and sustain friendships. This means supporting as many people as
possible who have disabilities to work or volunteer, and enabling those who are not
working to take part in meaningful activities which promote their wellbeing and
independence.

For people with assessed eligible needs, we want to:

- ensure they are able to access the care and support they need to live well in their communities, and have choice and control over how this works for them.
- ensure there is a range of good-quality, flexible and responsive support options for people to choose from, which can meet a variety of needs and aspirations.

For carers we want to:

 ensure they are able to have a break from caring, with peace of mind that the person they care for is being well looked after.

Options for future daytime support in Oxfordshire

In line with our aims for daytime support in Oxfordshire, we are proposing a model that supports people to live well in their local community, provides open access support to more vulnerable people, and provides dedicated support for those most in need.

We will need to achieve this with fewer resources and the following options are our proposals for how to do this.

Personal budgets for people with eligible needs

Open access tailored support for more vulnerable people

Support for living well in the community

Support for living well in the community

We want to support people to live well in their local community, taking part in a range of locally available opportunities to promote their wellbeing.

We aim to reduce loneliness and social isolation by supporting individuals and communities to support each other.

The majority of daytime support is provided by community groups and charities without funding from the county council.

We want to encourage community initiatives to flourish.

We will provide:

- flexible and responsive information and advice, working with the Community Information Network
- a local, countywide offer to promote wellbeing
- support to voluntary organisations and communities to offer various opportunities, including those targeted to meet the needs of particular groups.

See pages 30 - 32 of the report of the review of daytime support for more information on these proposals.

How is this different to what is provided now?

Voluntary and community daytime support

We would replace our current annual funding for 47 community daytime support services of £992,000 a year, with grant pots totalling £250,000 a year, which services could bid for under the following two categories:

Sustainability fund - We propose to provide grants to enable the ongoing delivery of daytime support services in areas of high need.

Innovation fund - We propose to provide one-off grant funding to establish self-sustaining projects to fill gaps in services.

We will offer support to voluntary and community organisations to become self-sustaining, and communities to develop local solutions, through the community and voluntary sector support we fund.

Transport – We will work with affected services to find alternatives to current transport arrangements, including offering our bookable transport service (The Comet) and supporting the development of Good Neighbour Schemes, as the current model for transport for some daytime support will not be provided.

Q2a: How well do you think this will sustain and develop community-based daytime support?

Please circle you	ur answer on the s	scale of 1 to 5		
1 = not at all ar	nd 5 = very well			
1	2	3	4	5
Q2b: Please ex	plain your answe	r.		

Q3: Can you suggest any other ways that would sustain and develop community-based daytime support?

Open access tailored support for more vulnerable people

We want to enable everyone to live well in their communities, accessing facilities, resources and opportunities available locally. Some people need more tailored support to achieve this. For example, to develop work-related skills and find a job, or in overcoming barriers to taking part in local activities.

We intend to do this by offering one-to-one support from skilled staff and volunteers to help individuals to work out what living well means for them and then work towards achieving their goals. This type of support will be available to everyone who can benefit from it, free of charge, regardless of their level of need. This might be time-limited support, or it could be provided on a longer-term basis if this is needed to support and maximise the person's independence.

See pages 32 - 33 of the report of the review of daytime support for more information on these proposals.

How is this different to what is provided now?

Wellbeing and Employment Support Service, 'OxForward'

• This service provides wellbeing and employment support to people over the age of 18 with learning disabilities, autism and physical disabilities. We expect it to support 700 people each year, to increase their wellbeing through various opportunities, or to move into and maintain volunteering roles and employment. We propose that we should continue to fund this service at a cost of £500,000 a year.

Dementia Support Service

This service provides support to people with dementia and their families across
 Oxfordshire, through Dementia Advisors. It provides face to face support to an average of
 120 people per week. One of the options in the consultation on the Oxfordshire carers'
 strategy and carers' personal budgets review is to continue to fund this service. This
 option will depend on the outcome of that consultation.

Q4: Please say what you think are the key strengths of these options
Q5: Please say what you think are the key weaknesses of these options
Personal budgets for people with eligible needs

The county council will continue to provide a core service for people who are eligible for social care support, which makes sure they have the daytime support they need to live independent and fulfilling lives.

- We will ensure everyone with assessed eligible needs is able to access the care and support they need. They will have a personal budget, to enable them to choose between a range of different options.
- We will ensure there are a variety of options to choose from, which meet a wide range of needs for care and support. We anticipate this being a mix of voluntary sector provision, private sector provision and council provision.
- We will provide a Community Support Service which people can choose to
 purchase with their personal budget or own money if self-funding. This service
 will be available countywide and will provide a wide range of flexible, costed
 support options and tailored activities, on both an individual and group basis. It
 will ensure that everyone in Oxfordshire is able to access the daytime support they
 need.

See pages 34 - 40 of the report of the review of daytime support for more information on these proposals.

60

How is this different to what is provided now?

Increased choice

We will support the availability of a wide range of support options, which people can choose to buy with their personal budgets or self-fund.

We are proposing to provide an **Innovation Fund** (as described on page 8 of this document) offering one-off grant funding to self-sustaining initiatives.

Q6: How do you think the Innovation Fund can increase the range of support
options available to people to buy with their personal budgets or self-fund?

Council-provided Community Support Service

- We will replace our Health and Wellbeing Centres and Learning Disability Daytime Support services (22 building-based services) with a countywide Community Support Service.
- It will provide flexible transport to people who are eligible for transport support. The same staff who support people to take part in a range of daytime opportunities will provide transport.
- The service will be available to everyone based on need, enabling older people, people with learning disabilities and people with physical disabilities and other complex needs to get the right support for them.
- People who pay for their own support will be able to buy the service from the
 council at the same price as we charge people we fund. This is the actual cost of
 providing the service. How much you pay will be based on a financial assessment.
 Indicative costs of the service are available on page 40 of the report of the review
 of daytime support.

There are two options for delivering the council provided Community Support Service:

Option A: Centre-based option for the Community Support Service

In this option, the service would be delivered from 8 dedicated building bases. The locations of these bases would be: Oxford, Banbury, Didcot, Witney, Bicester, Wantage, Abingdon and Wallingford.

It would still provide a range of flexible options to people who do not want to use the base, including individual and group support on an outreach basis. However, a higher proportion of support would be delivered at the bases than in the alternative option (B). It would provide one-to-one and group support, individual and group sessions, utilising facilities available at the base, as well as in local communities.

The bases would provide multi-functional spaces for people with a wide range of needs for daytime support, for example older people, people with learning disabilities, people with physical disabilities and people with dementia.

We will explore options to offer multi-use settings to widen the facilities on offer. For example, this could include incorporating a café, a library or spaces to run health and social care clinics. The bases could also be used by voluntary and community organisations to provide a broader offer of activities and services.

Q7: Please say what you think are the key strengths of this option
Q8: Please say what you think are the key weaknesses of this option
Q8: Please say what you think are the key weaknesses of this option
Q8: Please say what you think are the key weaknesses of this option

Q9: How well do you think that Option A meets the needs of people who use services?

Please circle your answer on the scale of 1 to 5

1 = not at all and 5 = very well

Option B: Mixed option for the Community Support Service

In this option, the service would be provided to four geographical areas in Oxfordshire (City, North, South and West).

It would provide a range of flexible options to people in their communities, including individual and group sessions and support on an outreach basis. It would use various community facilities as bases where needed, such as libraries, leisure centres and allotments.

We would also explore how the service could make use of local, accessible specialist facilities and safe spaces, for example in extra care housing schemes, council buildings and leisure centres.

There would also be four small, building bases in Oxford, Banbury, Didcot and Witney, to ensure sufficient specialist facilities and safe spaces are available across the county to meet everyone's needs for daytime support. These bases would be used by people who cannot be supported using facilities and bases available across the county, and for the provision of specialist services that cannot be provided elsewhere. For example, they would include spaces suitable for people who need specialist equipment to meet their complex health needs, rooms equipped for sensory integration work sessions, and spaces where people who need to have quiet time can do so in a safe, supportive environment.

Q10: Please say what you think are the key strengths of this option
Q11: Please say what you think are the key weaknesses of this option

Q12: How well do you think that Option B meets the needs of people who use daytime support services?

Please circle your answer on the scale of 1 to 5

1 = not at all a	and 5 = very well			
1	2	3	4	5
-	you believe are the options (A and B)?	e most important th	nings that <u>must</u> ha _l	open in
Please referen	ice the option(s) in	your response		
	anything that eith you think should b	ner option A or opti ne provided?	ion B or both optic	ons will not
Please referen	ce the option(s) in	your response		
Overall impac	ct of proposals			
wish to use s	•	the person you care nore greatly affecte		•
		munity Impact Assess r communities for m		assesses

Equalities monitoring form also included as part of the survey.

Appendix 4: Age UK Oxfordshire and Action for Carers Oxfordshire submission

Background

Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire's (ACO) response to the Daytime Support Consultation is based on consultation with around **400** individuals and groups and reflective work, involving:

- clients and their families, staff and volunteers in all our Community Clubs,
- carers through the Carers Voice Panel and other carers' groups
- 80 members of our own staff from across the AUKO family of organisation (Carers Oxfordshire, Circles of Support, Community Information Network, Dementia Oxfordshire, Generation Games, Information and Advice Helpline, Specialist Advice Service as well as our Admin, Finance, IT and Personnel team) at a workshop on 13th Dec to consider the proposals
- providers of independent, specialist dementia day care
- providers of other independent day services across the county.

We are submitting our comments from our position as an **advocate** for older people and carers, as a **provider** of daytime support and as a key **strategic partner** of OCC in the development of the best possible range of daytime support within available resources. These three interests clearly overlap very significantly in relation to this consultation.

Age UK Oxfordshire and Action for Carers Oxfordshire fully recognise the imperative OCC is under to make savings, and the Autumn Statement and subsequent government statements have given no cause for optimism that financial pressures will do anything but increase. We deplore the failure of successive governments to resource social care adequately.

We deeply regret that savings have to be made to **preventive** services at a time of unprecedented pressure on the health and social care system. We strongly believe that this pressure will not be lifted without greater emphasis on - and resourcing of - a wide range of community based preventive interventions, opportunities and support for people with eligible and non-eligible needs alike. Yet we are seeing preventive interventions reducing across both health and social care.

We believe that the impact of reduced spending on prevention will be felt predominantly in:

- increased demands on unpaid carers, whose own health and wellbeing will be further compromised and whose ability to continue caring will be put at risk
- increased incidence of loneliness and isolation for many of our most vulnerable individuals who are not eligible for social care.

We are concerned that the impact of this will be felt in increased pressure on an already over-stretched NHS and care system, some of which will be immediate but we also anticipate significant and as yet unforeseen impact in the coming years.

Notwithstanding these concerns, we believe the proposals provide opportunities, which we are keen to work with OCC, with older people, communities and partners to realise.

Executive summary

- We broadly support:
 - > the three 'levels' of daytime support, which provide a helpful framework
 - > the establishment of an Innovation Grant
 - > the establishment of a Sustainability Grant
 - Option A (with elements of Option B)
- We have significant **concerns** about the impact of the proposals on:
 - people whose needs fall just short of being eligible but are never the less quite high level, and
 - people with eligible needs whose savings and / or income mean that they narrowly miss out on being eligible for a personal budget.
- Our concerns apply to three groups of people in particular:
 - carers particularly older carers of people with learning disabilities and people living with dementia, carers of working age who are juggling caring responsibilities with work and carers who are caring for a significant part of their week.
 Affordability, accessibility and duration of respite are of critical importance to this group, many of whom struggle financially
 - > people who 'have no-one', who are isolated and experience loneliness
 - people living with dementia.
- We have further **concerns** about specific aspects of the proposals:
 - > transport proposals as they stand will not provide sufficient access to Daytime Support indeed, we believe they may prevent some people from accessing it;
 - the shifting burden of costs onto individuals will deter some people from accessing Daytime Support, particularly those closest to the threshold for receiving financial support, who are also likely to be those whose wellbeing is most compromised. They are at risk of being further removed from essential support, adding to the pressure on health services;
 - the timetable for a programme of such significant change is very tight;
 - the impact on local communities / community buildings could be significant, through a reduction in income from services making use of their venues, at a time when we are trying to further develop and strengthen communities. We recognise that delivery into each community still requires positive engagement from each individual community, the extent of which is currently unknown.

Summary of recommendations

We have made a number of recommendations, which are discussed in detail in our response below but are summarised for ease of reference here:

- 1. OCC works with strategic partners to review the need for **community building / community development** approaches to 'develop the market' in daytime support.
- 2. OCC works with the Community Information Network on a **phased implementation** plan.
- 3. Older people affected by the changes must be routinely offered a **benefits check** and support to complete applications for Attendance Allowance, Pension Credit etc where appropriate.
- 4. The **Sustainability Grant**: those areas of the county where deprivation amongst older people does not match deprivation in the wider population should be included in the eligibility criteria for the grant.
- 5. The **Innovation Grant**: clear guidelines and criteria should be co-produced, and include that the grant should be used to **unlock potential** in organisations, communities and partnerships.
- 6. A tapered Transition Grant for one year only should be established to enable independent day centres to make the changes /adapt provision. The grant would have clearly set goals.
- 7. OCC invests in adequate accessible, affordable **transport** to underpin the new model, meeting a range of different needs.
- 8. OCC to engage with specialist providers of **independent dementia day care** as a group, to clarify their strategic place within the new model, build on their strengths and skills and agree a way forward which ensures that vulnerable people are not put at risk.
- 9. OCC works with AUKO and other providers to **raise the profile** of the new Daytime Support service.

Our approach

Age UK Oxfordshire's mission is to work within communities to support older people to stay independent and live life to the full and our vision is of a world where those we serve are loving life.

Daytime support clearly lies right at the heart of our vision and we are passionate about work that ensures people have something to 'light up their lives'.

Having recognised the imperative OCC are under to make savings, the main issues under consideration through this consultation are thus:

- 1. how to make best use of the reduced resource available through OCC to provide accessible and affordable daytime support for those who need it
- 2. how to unlock currently untapped resources in communities and other sectors to develop creative, accessible and affordable daytime support options.

The **broad scope** of the review of daytime support is welcome – it is important to be clear about what daytime support offers both to carers and to people whose are isolated and at risk of being lonely. Although the primary driver for change is the adverse financial climate, the focus of OCC's review has been **aspirational**.

We support the increased emphasis on **personalisation**. We believe that individuals know best what they need and want and we are committed to supporting them in realising that.

We support the belief that it <u>is</u> possible to do things better and to spend less in the process, by encouraging increased partnership work between agencies (including arts and leisure organisations, businesses and commercial organisations) and finding innovative ways of utilising untapped assets within communities, including volunteer reserves.

As providers of daytime support, we are enthusiastic about playing our part in delivering change, but, along with other voluntary providers, the loss of income if and when these proposals are implemented will be very significant for us. Unless we can find ways of replacing this income, our ability to ensure that we can continue to help people achieve positive outcomes though daytime support – albeit in a different way-will be significantly compromised.

It is also important to recognise that the new daytime support model represents a very significant shift in the balance of responsibility away from statutory providers towards communities, some of which have more resources to enable them to meet this challenge, than others. We believe there is a need to consider the support that communities will need in the shape of facilitators / community builders / community connectors who can take a wide, holistic view, catalyse change and act as the glue that holds things together.

We therefore <u>strongly recommend</u> that OCC works with strategic partners to review the need for community building / community development approaches to develop the market in daytime support.

Our Community Information Network (CIN) team are standing by to refocus their work and help people affected by the changes, who are not eligible for a personal budget, to find person centred community based solutions. However, this refocussing will inevitably be at the expense of the day to day work of CIN, which threatens to undermine other aspects of daytime support.

We therefore <u>strongly recommend</u> that OCC works with the Community Information Network on a phased implementation plan.

Consultation Questions

In the sections that follow, we outline our detailed response to the 15 consultation questions.

Are there any additional needs that have been missed?

Our staff workshop on Dec 13th about the consultation generated the following ideas about need from the 80 staff members present:



This, and our other work, is broadly consistent with the comprehensive needs assessment undertaken by OCC as part of the review process. There are two area of need which we believe need further exploration:

Personal budgets for older people

Studies have failed to produce a consistent and coherent view of the impact of personal budgets for older people. But what is clear is that in order to realise the full

potential of personal budgets, older people need additional help, to think through the options and to source support¹ regardless of the funding regime.

Affordability of support

One of the implications of these proposals for older people and carers is that the costs of providing daytime support will increasingly be borne by individuals, some of whom can ill afford to pay for the support they receive now and will struggle to meet any increase.

We <u>strongly recommend</u> that individuals affected are routinely offered a benefits check and support to complete applications for Attendance Allowance, Pension Credit etc where appropriate.

Support for living well in the community

- 1. How well will the proposals sustain and develop community-based daytime support?
- 2. Are there other ways that would sustain and develop community-based daytime support?

Sustainability Grant

We strongly support the establishment of a Sustainability Grant to target areas of multiple deprivation, because the often lifelong impact of deprivation on the health and wellbeing of people in later life is very significant and because in areas of deprivation there are fewer resources to support local community provision. We are aware that there are areas of the county where deprivation amongst older people does not match deprivation in the wider population.

We would therefore **urge** OCC to include these areas in the eligibility criteria for this grant.

Innovation Grant

We strongly support the establishment of an Innovation Grant because we passionately believe that the range of options for older people could be much richer than at present and that there are resources which can be unlocked to support the development and maintenance of a richer menu.

One example of this is 'cultural participation', for which there is increasing evidence of benefit to the health, wellbeing and quality of life of older people. New Age UK

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¹ SCIE Report 63, Jan 2013

research, Index of Wellbeing in Later Life, due to be published in February 2017, shows that cultural participation is a key deciding factor in calculating whether an older person is likely to be experiencing a greater sense of wellbeing or not. The research details how cultural participation positively supports social engagement, but there is also a large and growing evidence base that demonstrates how cultural participation also contributes to both better physical and mental health:

- The Sidney de Haan Research Centre on Arts and Health² conducted the world's first randomised controlled trial into the benefits of singing in 2010 - 11. The 'Silver Song Club' project examined the impact of singing in a study of 200 people over the age of 60. The intervention group showed consistently improved health over the control group.
- A mixed methods study³ into a dance project led by English National Ballet and for people with Parkinson's disease demonstrated improvements in balance and stability and pointed towards intellectual, artistic, social and physical benefits from such programmes.
- The Dulwich Picture Gallery project 'This is living' included a 'museums on prescription' programme and connected with communities across South London reaching many older people with depression and dementia, and achieved enhanced identity and self-worth, new social networks, and above all a purpose in daily living for very isolated people.

There are opportunities to develop **Arts Partnerships** in Oxfordshire which can greatly increase cultural participation eg through 'relaxed' screenings / showings etc. The Innovation Grant should help to unlock some of this potential – which may include larger grants from the Arts Council and other funding bodies.

There are also opportunities for innovative partnership with businesses and commercial partners. We suggest this work needs co-ordinating by OCC and third sector partners.

We recommend that one of the criteria for the Innovation Grant is that it should be used to unlock potential in organisations, communities and partnerships.

Transition Grant

Outside of the areas of multiple deprivation, we are aware that some of the 46 communities affected by the withdrawal of contract income will struggle with the tight timetable for such a massive programme of change. Communities will be looking to sustain existing provision through a mixed economy of support – community fundraising, small grants, business and commercial sponsorship, lower cost venues, increased volunteering, increased client fees, a slightly different 'offer'.

We strongly recommend a tapered transition grant for one year only, with clearly set goals and the flexibility and support from OCC to make the changes / adapt

³ A mixed methods study into ballet for people living with Parkinson's, Houston & McGill 2012 ⁴ 'This is living – Good Times: Art for Older People at Dulwich Gallery, Oxford Institute for Ageing (sic) 2010.

² www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-researchcentre

provision over the coming months for the 46 to help existing services to adapt to change.

This will significantly increase the likelihood of existing provision making a successful journey towards sustainability, albeit in a slightly different form.

Transport

'Transport needs to be seen as the central pillar of the new Daytime Support model'.

'Without access to affordable, easy to arrange, wheelchair-accessible, dementiafriendly supported transport designed to meet a range of needs, Daytime Support Options might as well not exist.'

(Members of AUKO staff – outreach.)

The transport proposals as they stand have given rise to widespread concern that the new service will simply be inaccessible for too many individuals. The Comet as it currently operates is simply not up to the job – it needs investment and development to make it more flexible and responsive. Good Neighbour Schemes and Volunteer led transport have a major role to play, but they cannot absorb all the needs. We have particular concerns for:

- ➤ those with significant mobility problems, who cannot get in and out of a car or who require wheelchair accessible transport
- > those who need help to organise transport or who require chaperoning.

The importance of transport cannot be too strongly emphasised. Members of our staff and carers who fed back to us indicated that in many cases people used an existing day centre or H&WB Centre <u>because</u> transport is available. We <u>strongly recommend</u> that OCC invests some of the additional savings we understand the proposals have yielded in adequate transport to underpin the new model.

Independent dementia day care

There are a number of independent day centres providing specialist support to people living with dementia and their families – the Alzheimer's Society provision within Abingdon H&WB Centre, three Daybreak Centres in Oxford City and Kidlington, the October Club in Wantage and our own Bluebells, Kingsmoor and Sharecare (Holton). These Centres meet high levels of need and employ very skilled staff.

We <u>strongly recommend</u> that OCC engages with these specialist providers as a group and with representatives from Dementia Oxfordshire to clarify their place, to complement support within the new model and agree a way forward.

Marketing / Connecting people with options

'There is insufficient understanding of what's available now and this could potentially get worse'.

(Member of AUKO staff – outreach.)

It is vitally important that people know what support exists in their communities and are encouraged to access the options that suit them, through a single point of access, which might be the *OxForward*, *Dementia Oxfordshire* or the Community Information Network. This is particularly important with the increased emphasis on personal budgets – people need not just information but in many cases help to make choices, encouragement to take the first steps and in some cases, support on a first visit / first few visits.

AUKO staff identified a range of barriers to people accessing daytime support which included lack of awareness of what is on offer, stigma attaching to 'day centres for old people' and loss of confidence / anxiety about trying something new.

We <u>recommend</u> that OCC works with AUKO and other providers to raise the profile - and the image - of the new daytime support service and to identify 'community connectors' in local communities to ensure people are able to take up available options.

Daytime support v daytime opportunities

We have made a distinction between 'daytime support' and 'daytime opportunities'. The proposals will encourage a much wider menu of 'opportunities', which is to be welcomed, but it needs coordinating, and opportunities that offer sufficient support will be more expensive and harder to make cost effective and we are concerned that they may become thinner on the ground.

Our outreach teams have identified issues with services that are 'not inclusive of people with dementia or other higher level needs eg support with challenging behaviour or continence'. It may be that these needs will be assessed as eligible needs, and thus people will be eligible for Option A or Option B, but we believe that people should also be able to access the support they need in their local community.

Open access tailored support for more vulnerable people

- 3. Key strengths of these options
- 4. Key weaknesses of these options

AUKO is the lead provider of the Dementia Support Service, so our comments are influenced by that experience, but we believe this relatively new service is a vital component of daytime support services for people of all ages living with dementia. Dementia Advisers and Support Workers are alongside people living with dementia from diagnosis throughout their journey, aiming to help people 'live well with dementia'. They act as 'community connectors', linking people in to activities, social

opportunities and sources of support and stimulation in their local communities (as well as, of course, providing a wide range of information and advice about legal and financial issues and sources of practical care and support).

In order for the service to be effective, there is a need for a range of activities and support to connect people to – the service cannot be effective without this. DAs report that: 'specialist dementia day centre services are very limited and not available in all areas' and it will be vitally important for the new model to address this. These needs range from 'relaxed' or 'dementia friendly' mainstream activities for people living with mild to moderate dementia to much more supported environments for people living with advanced dementia.

Personal budgets for people with eligible needs

5. How can the Innovation Fund increase the range of support options available to people to buy with their personal budgets or self-fund?

See section above on Innovation Grant.

The aims and scope of the grant need to be clearly thought through alongside clear and transparent criteria for the award of grants. This is a relatively small pot of money with huge expectations surrounding it and applications are likely to significantly outstrip the resource available. Clear and transparent criteria will prevent organisations and individuals from wasting time with applications that will go nowhere.

We <u>recommend</u> that this task is undertaken as a coordinated co-production exercise.

Option A

Both Option A and Option B represent very significant change to service models that have existed for many years, which people value and depend upon. People have experienced difficulty visualising quite how either option might work and what the implications for them / for people they support might be. Added to this, the changes have been driven by the need to make financial savings, which has added to people's anxiety.

Carers in particular have asked for more information about examples of similar service models operating successfully elsewhere.

6. Key strengths of Option A:

- > It offers consistency / continuity of staff and setting week on week, which for some people, including those living with dementia which is moderate to advanced, is important'welcome familiarity' 'a family feeling'
- ➤ Good geographical spread across the county, which will improve access.
- > The option feels more familiar / easier to envisage.
- > Transport is built in.

- ➤ It will provide a day's respite for carers, which is what many of the carers with the greatest caring responsibilities have welcomed about the option.
- ➤ It will serve as a 'hub' for other professional support, including physio, OT, speech therapy, I&A, outreach workers (Carers Oxfordshire, Community Networkers, Dementia Advisers etc)
- > It is thought to be a less risky option.

7. Key weaknesses of Option A

- Potential costs are high: for self-funders, particularly those closest to the financial threshold, this is likely to be a deterrent and for those with personal budgets, guarantees are needed that the budget will cover the costs......'budget is barely enough to meet assessed care needs with little left for day care.'
- ➤ It is a more institutionalised / less individualised model, with a danger of being perceived as a 'ghetto'
- > It provides less opportunities for community integration.
- People struggled to see how a 'generic centre' will work for different ages and levels of need...... to what extent will different needs be able to be met in different spaces / rooms / areas?
- A more 'old-fashioned' option.....'dull dull dull!' said one respondent
- > 'Not everyone's a joiner.'
- ➤ 'What about Thame / Henley?'

8. How well does Option A meet the needs of people who use services? See 6 and 7 above.

9. Key strengths of Option B

- More personalised and more choice and control for those who are able to benefit from the more tailored approach in community settings.
- > More integrated into the community
- > More 'mainstream'.
- > Potentially more variety of experience and choice.

10. Key weaknesses of Option B

- For those with highest levels of need who will benefit from a stable, building-based service and for whom 'mainstream' activities may not be an option, the length of the journey involved with only four sites is prohibitive. People who are frail, with significant dementia, with challenging behaviour and / or with continence issues would not be able to manage a journey of this length.
- More limited choice for those with highest levels of need.
- Potential costs are high: for self-funders, particularly those closest to the financial threshold, this is likely to be a deterrent and for those with personal budgets, guarantees are needed that the budget will cover the costs.
- Community groups and activities are not always welcoming to people living with dementia and / or others with behaviours that differ from societal norms.

- People can be afraid to go to more public places; embarrassment, fear and anxiety.....'
- > This is a more costly option and people queried whether there would be enough capacity 'enough to go round'.
- > It may offer only short periods of respite for carers ie not a day's break.
- > Potentially more risky.
- 'It can be poorly supervised and become a crawl between coffee shops, unreliable and isolating.'
- > Potentially more isolating for people who enjoy being part of a group.
- > Potential problems with recruitment of staff and heavily dependent on the quality of individual staff.

11. How well does Option B meet the needs of people who use services? See 9 and 10 above.

12. What are the most important things that <u>must</u> happen in either or both options?

- > The individual must be at the core of either/both options.
- > Both options must still allow for personalised care and support.
- > Processes must be put in place to ensure that the needs and concerns of individuals and their families / carers are recognised / heard / responded to.

13. Is there anything that either Option A or Option B will not provide that you think should be provided?

Neither option may be affordable to people who fund their own care. This is the biggest risk with both options, which may mean people simply opt out, particularly those who are closest to the threshold for financial support.

This may mean that people with eligible needs who are isolated and at risk of loneliness remain so and that carers do not get the break they need. Many carers, particularly older carers, depend on the person they care for being supported in day services two or thee days a week. This would be seen as prohibitively expensive for many under either option. The fear then would be that care will break down.

14. Do you believe that some people could be more greatly affected by the proposals than others?

We have already outlined our **concerns** about the impact of the proposals on:

- > people whose needs fall just short of being eligible but are never the less quite high level and
- > people with eligible needs whose savings and / or income mean that they narrowly miss out on being eligible for a personal budget.

We think that three groups of people may be more greatly affected than others:

Carers

Carers, in particular older carers of people with learning disabilities and people living with dementia, carers of working age who are juggling caring responsibilities with work and carers who are caring for a significant part of their week, have expressed their concerns about the proposals.

The evidence from carers shows that caring has a significant impact on their health and wellbeing. Over three quarters (76%) of carers responding to a Carers UK Survey in 2015 were concerned about the impact of caring on their health over the next year⁵.

82% of carers reported that caring has had a negative impact on their health⁶. Three quarters (74%) of carers find it difficult to get a good night's sleep while nearly half (47%) struggle to maintain a balanced diet⁷. 41% have experienced an injury or their physical health has suffered as a result of caring⁸. This has consequences for carers' mental health, with a worrying 84% saying they feel more stressed, 78% saying they feel more anxious, and 55% reporting that they have suffered from depression as a result of their caring role⁹.

48% of carers responding to the same Carers UK survey¹⁰ said that they are struggling to make ends meet.

These figures are not inconsistent with our experience of working with carers locally. Carers' assessments are identifying the wellbeing needs of only a small percentage of Oxfordshire's 61,000 plus carers (less than 10%) and daytime support provides invaluable respite to families who are in receipt of very little else by way of support.

Carers have emphasised throughout the consultation that <u>affordability</u>, <u>accessibility</u> <u>and duration of respite are of critical importance to them</u> (and the figures relating to health and wellbeing and financial hardship above bear this out).

We are also concerned that **people who are isolated and experience loneliness** and **people living with dementia** whose needs fall just short of being eligible and / or whose savings or income mean that they narrowly miss out on being eligible for a personal budget may also be more greatly affected by the proposals than others.

Recommendations

⁵ Carers UK State of Caring, 2015

⁶ Carers UK State of Caring, 2015

⁷ Carers UK State of Caring, 2015

⁸ Carers UK State of Caring, 2015

⁹ Carers UK State of Caring, 2015

¹⁰ Carers UK State of Caring, 2015

We have made a number of recommendations throughout the body of this report, which have been summarised for ease of reference above.

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